

Aide-Mémoire

Health New Zealand
Te Whatu Ora

Update on Orthopaedic Advanced Clinical Practice Physiotherapy (Musculoskeletal (MSK) Pathway)

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To:	Hon Simeon Brown, Minister of Health		
From:	Dr Richard Sullivan, Executive National Director - Clinical		
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Contact for further discussion (if required)			
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Attachments	
Appendix 1:	PR Points

Appendix 1 has been withheld in full.

Purpose

1. You requested further advice about implementation of Orthopaedic Advanced Clinical Practice Physiotherapy, including an update on the status of the funding for this initiative, clarity about timelines for full national implementation, and an indication of what can be announced and when.

Background

2. In August 2024, a national hospital Musculoskeletal (MSK) pathway was introduced as an interdisciplinary initiative.
3. Accompanied by an implementation guide, the pathway outlines clinical guidelines that enable Advanced Clinical Practice Physiotherapists (ACPPs) to undertake First Specialist Appointments (FSAs) for patients newly referred into orthopaedic services.
4. At the time, explicit advice was given whereby these roles were not to address the patients already on an ESPI2 waiting list; accordingly, ACPPs can currently only see patients newly added to the waitlist, not those waiting over 4 months.
5. A national capability framework for ACPPs was also developed.
6. In July we advised you that a range of scalable options for the delivery of orthopaedic FSAs undertaken by ACPPs were being considered [HNZ00090666 refers]. We have since approved 15.6 FTE of ACPPs across the country.

Discussion

Service delivery

7. So far, the pathway has delivered over 6,234 FSAs and 8,103 total appointments without additional funding.
8. Additionally, funded postgraduate training has been provided at AUT and Otago for 50 private and community physiotherapists.

Status of funding

9. National approval was granted on 29 August to progress the appointment of 15.6 FTE MSK ACPPs for orthopaedic services. This equates to an approximate \$2 million investment in this workforce. These roles formed part of the submission on the contribution of Allied Health to achieve national ESPI2 targets.
10. Active recruitment into these roles is underway. The FTE allocation across each region is illustrated in Table 1. Recruitment updates will continue to be provided through the weekly report.

Table 1- Approved FTE by Region and District

Region	District	FTE	Total
Northern	Waitematā	0.8	3.0
	Counties Manukau	1.0	
	Te Tai Tokerau	1.2	
Te Manawa Taki	Bay of Plenty	1.0	3.6
	Waikato	2.6	
Central	Whanganui	0.5	2.0
	MidCentral	0.5	
	Wairarapa	1.0	
Te Waipounamu	Waitaha	3.5	7.0
	Nelson Marlborough	1.0	
	South Canterbury	1.0	
	Southern	1.5	
Total			15.6

Implementation timelines

11. Given that districts are responsible for local implementation, we cannot provide specific dates for when nationwide implementation will occur, which will be dependent on specialist staff availability across districts. However the National Chief Allied Health, Scientific and Technical is working with the national recruitment team and the district Chiefs to ensure consistency of approach and prioritisation of these roles.
12. Current implementation status of the MSK pathway across the districts is illustrated in Table 2 below.

Table 2 - District pathway implementation status

District-Level Implementation Status			
Northland	Implemented	Hawkes Bay	In Progress
Waitematā	Implemented	MidCentral	In Progress
Auckland	Implemented	Wairarapa	Not started
Counties Manukau	Implemented	Capital & Coast	Implemented
Waikato	In Progress	Hutt Valley	Implemented
Bay of Plenty	Implemented	Nelson Marlborough	In Progress
Tairāwhiti	Not started	West Coast	Implemented
Lakes	In Progress	Canterbury	Not started
Taranaki	Implemented	South Canterbury	In Progress
Whanganui	In Progress	Southern	Implemented

Potential announcements

13. You are welcome to announce the approval of additional FTE. Potential PR points have been included in **Appendix 1**.

Next steps

14. Health NZ Clinical leaders will be engaging with key stakeholders to progress revisions to the current MSK pathway. This will include addressing anomalies, such as ensuring ACPPs are able to see long waiters as part of an interprofessional orthopaedic team approach. Further discussions will consider a fast-track recruitment approach to expedite appointments.
15. The local Chief Allied Health Scientific and Technical Officers are aligned to support recruitment, implementation and reporting.
16. Ongoing updates will be provided through the weekly report as appropriate.

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