



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

Consultation Summary Report

Revised Professional Standards for Chiropractors

August 2023

Table of contents

1. Introduction	2
2. Context	2
2.1. Chiropractic practice in Aotearoa New Zealand	3
2.2. Professional Standards and models of care.....	3
2.3. Patient and public expectations of a Chiropractor	5
3. Consultation	6
3.1. Phase one of the consultation	6
3.2. Phase two of the consultation	8
4. Finalisation of the Revised Competency Based Professional Standards for Chiropractors	11
4.1. Scope limitations.....	11
Appendix 1: Development and review process	12
Background	12
2020-2022 Review	12

1. Introduction

The statutory function of Te Poari Kaikorohiti o Aotearoa - New Zealand Chiropractic Board (the Board) is to register chiropractors who are capable of functioning in a safe, professional, and patient-centred manner. The Board is required to set standards of clinical competence, cultural safety, and ethical conduct to be observed by practitioners. In 2020, the Board commissioned a review of the 2010 Competency-based Professional Standards for Chiropractors.

A review¹ was established to revise the Professional Standards. Comparative analysis was completed of international chiropractic professional standards, including those from Australia and the United Kingdom, as well as other aligned health practitioner standards in New Zealand. Information on broad trends for professional competency standards was also considered, which helped inform the approach to revision. The review concluded that the Professional Standards for Chiropractors needed to be more flexible, contemporary, patient-centred, and holistic.

Draft Professional Standards were developed for consultation with stakeholders and practitioners in the chiropractic community. Consultation was conducted in two phases, with all the feedback received, summarised, and presented to the Board for determination.

The final revised Professional Standards for Chiropractors were delivered to the Board in 2023.

This revision of the 2010 Professional Standards reflects an acknowledgement from the Chiropractic Board that professional competency-based standards must be responsive to changes in both the profession and wider society, be enduring, inclusive of Te Tiriti commitments, reflect contemporary competency-based models and align with other health practitioners.

The Professional Standards will be reviewed every five years to ensure they remain relevant and fit-for-purpose, with amendments applied as necessary to reflect developments and changes to the field of chiropractic practice in Aotearoa New Zealand.

2. Context

The Chiropractor's Professional Standards (the Standards) were established in 2010 to ensure practising chiropractors in Aotearoa New Zealand were competent and had the appropriate skills, experience, and training to provide an adequate level of service. The requirements also supported consistency of professional services across the country.

Since the Standards were first endorsed there have been significant societal changes, as well as advancements in treatment options and understanding of certain health issues. Consequently, the Board commissioned a review of the 2010 Standards and development of new Standards, more relevant to the Chiropractic and health landscape in 2020 and beyond.

As part of the review, the need for flexibility was acknowledged given there are a variety of factors that can impact the way Professional Standards are recorded, interpreted, and assessed across Aotearoa New Zealand. This includes logistical challenges presented for chiropractors located rurally versus in urban areas, and cultural considerations for Māori practitioners and patients. The revised Standards were developed with this in mind.

The Professional Standards:

- define the knowledge, skills, attitudes, and behaviours required to practise as a chiropractor.

¹ Additional information about the review is noted in Appendix 1.

- define competencies and provide indicators based on six key principles of **Professional Responsibility, Chiropractic Expertise, Communication and Collaboration, Scholarship, Management and Leadership, and Cultural Safety**.
- describe the minimum standards and competencies required when working as a chiropractor.

The Professional Standards outline competencies for chiropractors, which is the minimum a chiropractor needs to do and know to work within their scope of practice. The Professional Standards focus on the standard and quality of care provided by chiropractors. Other Board policies, such as the [Code of Ethics](#), [Standards of Cultural Competence](#), and [Continuing Professional Development Recertification Programme](#) provide greater detail on specific elements of chiropractic practise that are touched on in the Professional Standards.

The Professional Standards are used by a variety of organisations and people such as: qualified practitioners from Aotearoa New Zealand and overseas; practitioners returning to practise; the Board; the Council on Chiropractic Education Australasia; the New Zealand Chiropractic Association; the New Zealand Chiropractic College and any other chiropractic education providers that may emerge in Aotearoa New Zealand; and other health practitioners.

The Professional Standards also help inform patients of what to expect when receiving care from their chiropractor. Education competency standards for graduating chiropractors and the Professional Standards are aligned, but distinctly separate.

2.1. Chiropractic practice in Aotearoa New Zealand

A chiropractor is a health practitioner registered to provide chiropractic care in Aotearoa New Zealand. Chiropractors practise individually and in teams to promote and improve the health and wellbeing of their patients. They practise within the limits of their education and competence and are accountable and responsible for their actions. A chiropractor focuses on the relationship between the structure (primarily of the spine) and function of the human body (primarily the nervous system). They are trained to assess for neuromusculoskeletal² dysfunction and provide chiropractic care (including conducting specific adjustments and advice on activities of daily living and rehabilitative exercises) that supports the best health outcomes for patients.

Chiropractors commit to upholding the Professional Standards and continuing professional development when they join the Aotearoa New Zealand register and upon renewing their registration.

For more information on the role and definition of chiropractors and chiropractic practice in Aotearoa New Zealand, please refer to the Board's policy: Scope of Practice – Chiropractor.

2.2. Professional Standards and models of care

The review of the 2010 Professional Standards found they needed to be more flexible, contemporary, patient-centred, and holistic. Substantive changes were made to the style and content of the Professional Standards as a result of this conclusion.

For the design of the revised Professional Standards to reflect contemporary competency-based models and align with other health practitioners, the Board adopted the following models:

² Neuromusculoskeletal describes the interactions between nerves, muscles, and the skeleton.

Neuromusculoskeletal dysfunction refers to conditions with associated signs and symptoms related to the nervous, muscular and/or skeletal systems.

Patient centric model

Patient, or people-centred care is defined as providing care that is both respectful of and responsive to the preferences, needs, and values of a patient.³ The term ‘patient’ is used as an inclusive term for those referred to elsewhere as consumers, clients, customers, service users etc.

Evidence-based

An important aspect of a patient-centred model is the use of evidence-based or evidence-informed practice (EBP), which considers that decisions around care should be based on ‘the best available, current, valid, and relevant evidence. These decisions should be made by those receiving care, informed by the knowledge of those providing care, within the context of available resources.’⁴

It is important that EBP integrates clinical expertise and expert opinion, the best available evidence, as well as patient values. This ensures that patients can access a high standard of care that is mindful of their needs and preferences. This also aids consistency of recommendations across chiropractic practice and related health services.⁵

Accessibility

It is important for Professional Standards to be accessible to everyone who wishes to use them. By using common language and avoiding prescriptive terminology, the Standards can be utilised by practitioners, patients, assessors, and the public. This helps to increase transparency and inform both practitioners and patients of what to expect when seeking care from a registered chiropractor.

Professional Standards consider differing experience levels, skill development and practice environments for chiropractors. The Professional Standards should be accessible for all chiropractors, from practitioners entering the profession, to those with extensive experience.

Flexibility

By using a patient-centred, evidence-based, and accessible model for Professional Standards, Professional Standards are likely to be more responsive to future changes. The COVID-19 pandemic highlighted a need for greater flexibility to respond to periods of change, as well as the possibility of the utilisation of new technologies and evidence. A flexible, durable set of competence-based standards are able to respond to change without compromising the overall intent: patient safety and competence of practitioners.

Cultural Safety

Aotearoa New Zealand is culturally and ethnically diverse, and the many cultures that make up our communities include a variety of approaches and perspectives to healthcare. Each patient and practitioner bring their own culture and experience to a consultation. Recognising that culture plays an important role in how patients and practitioners interact is the foundation of providing culturally safe care. Culture dimensions may include but are not limited to: indigenous status, age or generation,

³ World Health Organisation. People-centred and integrated health services: an overview of the evidence (May 2015)

⁴ Dawes, M., Summerskill, W., Glasziou, P. et al. [Sicily Statement in Evidence Based Practice](#). BMC Med Educ 5, 1 (2005).

⁵ Wilson, Barbara and Mary-Jean (Gigi) Austria. “What is Evidence-Based Practice?” Accelerate University of Utah Health curriculum (2021). Available at: <http://accelerate.uofuhealth.utah.edu/explore/what-is-evidence-based-practice>

gender identity or expression, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief, and disability.⁶ Culture and identities can change over the course of a lifetime.

Te Tiriti o Waitangi

In Aotearoa New Zealand, culturally safe and competent care involves ensuring the principles of Te Tiriti o Waitangi are integrated into chiropractic practice. The Crown affirms that Māori – as tangata whenua – hold a unique place in our country. The introduction of the [New Zealand Public Health and Disability Act 2000](#) confirms the place of Te Tiriti o Waitangi within the health sector as fundamental to the improvement of Māori health. The Board is committed to ensuring the principles of Te Tiriti o Waitangi are fully recognised across all elements of chiropractic practice and underpin the Professional Standards (see the Board’s Policy on [Standards on Cultural Competence](#)).

2.3. Patient and public expectations of a Chiropractor

A key aspect of a chiropractor’s professional conduct is ensuring patients are provided with the information needed to enable informed consent. Chiropractors must ensure that patients are actively involved in their own care.

[The Code of Health and Disability Consumers Rights](#) (the Code) enshrines patients’ rights, as well as compliance obligations from the provider. In addition to the Code, the Board’s [Code of Ethics](#) provides patients and the public with information on what ethical standards they can expect chiropractors to meet. The Professional Standards are complementary to and reinforcing of these fundamental rights and obligations.

Public safety is the Board’s absolute priority. If a patient believes a chiropractor is not meeting the Professional Standards, they should raise these concerns with the chiropractor in the first instance. If the matter is not resolved, the patient can: report the concern to the Registrar of the New Zealand Chiropractic Board⁷ or; report their concern the Office of the Health and Disability Commissioner⁸. Matters related to health information privacy and security should be referred to the Office of the Privacy Commissioner⁹. More information regarding the Board’s complaint management process is available on the Board’s [website](#).

⁶ Medical Council of New Zealand. “Statement on Cultural Safety” (2019). Available at: <https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf>

⁷ The Registrar, NZ Chiropractic Board, PO Box 9644, Wellington 6011, New Zealand
Telephone +64 4 474 0740, or email registrar@chiropracticboard.org.nz

⁸ Telephone 0800 11 22 33 or email, hdc@hdc.org.nz. Website - www.hdc.org.nz

⁹ Telephone 0800 80 39 09, or complete the online enquiry form on the website – www.privacy.org.nz

3. Consultation

Consultation on the revised Professional Standards was carried out in two Phases. The purpose of the consultation was to seek feedback on the suggested revisions to the 2010 Professional Standards for Chiropractors. Feedback was sought on the proposed principles, competency standards and indicators which defined the knowledge, skills, attitudes, and behaviours required for chiropractic practice. The first consultation phase concluded in late-August 2022, whilst the second phase was carried out from late-October to mid-December 2022.

Feedback for the first phase of the consultation was requested primarily from peak bodies in the chiropractic industry. A consultation document was provided to potential respondents that set out explanatory information and the draft standards. Following the first phase of the consultation, suggested amendments were analysed and provided to the Board for decision. Based on their decisions, amendments were incorporated into the revised Standards, to be considered by the second cohort of stakeholders in phase two of the consultation.

In phase two, feedback was sought through a dedicated survey, which contained set questions for each Standard, and some more general questions about the revised Standards as a whole. The survey link was provided to registered chiropractors and a range of stakeholders including professionals within relevant fields of practice, health agencies and industry organisations.

3.1. Phase one of the consultation

In the first phase of consultation, **41 peak bodies, organisations and professional representatives** were invited to provide feedback on the revised Professional Standards. This included the World Federation of Chiropractic, Council on Chiropractic Education Australasia; the New Zealand Chiropractic Association; the New Zealand Chiropractic College, and other health professions like nursing. Peak bodies representing Māori and Pacific health practitioners, and patient advocacy groups were also invited to respond. Te Whatu Ora (Health New Zealand) and Te Ake Whai Ora (Māori Health Authority) were provided with the draft standards for their consideration.

Seeking feedback from a diverse range of groups was important to ensure the revised Standards were consistent with emerging best practice, inclusive and able to accommodate changes in Aotearoa New Zealand's environment. The Standards are to be made available to patients and the public, so additional stakeholders outside of those usual high-level groups were included.

Four weeks were provided for comments to be received with additional time provided for those who requested it. Six substantive responses were received, with other organisations acknowledging receipt.

There was an even distribution of comments on each of the Standards from respondents, with many focussing on the need to tighten definitions or amend wording to better enable practitioners to measure their performance against the Standards and adhere to them.

General comments

A few respondents queried whether any guidance would be developed to accompany the Professional Standards, noting that some elements were unclear, such as who would determine what the indicators would look like; how the indicators would be assessed and, whether the Standards and indicators would be enforceable.

One respondent also considered that more could be done to give guidance to chiropractors on inclusivity and diversity as it relates to individual identity, such as including additional pronouns or

response options to intake forms, and only asking for gender or sex where it is necessary for chiropractic practice.

There were several comments regarding strengthening or clarifying aspects of the Standards. Some suggested amending certain statements to be more robust – changing words from “should” to “must”, for example. Some considered there were duplications across the Standards, and others thought it was important to avoid vague or passive language, as this could allow for misinterpretation.

Professional Responsibility

Most respondents proposed specific amendments to the wording of the Standards. These were generally language changes, as referenced in the preceding paragraph. There was concern the language was too aspirational. The Board chose to retain the use of active language.

There were suggestions that the Board adopted. This included one comment that argued for the removal of certain wording regarding performance standards, noting that all accredited chiropractors are required to meet the same minimum requirements to safely practise.

Chiropractic Expertise

Feedback received focussed on the issue of consent, noting it as of critical importance in chiropractic care. Comments included amendments to wording to be more explicit (replacing “permission” with “consent”). Such changes were agreed by the Board.

Some respondents highlighted the recording and storing of patient information and felt this was not promoted enough within the Standards – with one submission observing indicators in addressing this were conflated with other professional obligations. The Board decided that separate indicators for recording patient information and the safe storage of records would be included in this Standard.

Other feedback concerned the language used in this Standard, considering some of it too restrictive. Wording changes were suggested to allow for more flexibility and account for future evolution of the chiropractic profession. For example, it was suggested that words like “current” be replaced with more adaptable terms such as “clinically appropriate”. Such changes were agreed by the Board.

Communication and Collaboration

Respondents generally agreed with this Standard, but feedback suggested there was repetition or cross-over with other Standards. For example, the indicators that referenced record keeping or cultural safety were discussed elsewhere. One submission disagreed with the specific wording of the cultural safety indicator in this section, commenting that it was not appropriate for patients to determine how cultural safety is defined.

Other respondents suggested removal of the term “whānau”, believing it to be out of place in the Standards document, or to include an English equivalent. Other comments suggested “whānau” be added to the glossary section.

Scholarship

Some respondents considered that this section was vague and too subjective. Several respondents raised questions about references to “relevant professional benchmarks”, and asked for further information on what these benchmarks were.

A few respondents discussed continuing professional development (CPD), considering that not enough of this occurs for chiropractors in Aotearoa New Zealand and that the scope was too narrow.

Management and Leadership

This Standard received the least feedback, with only two comments both regarding the wording used in reference to “potential or actual conflict”. One comment queried what type of scenario was being referenced in this section, which led to consideration of additional guidance or linking this section to the Code of Ethics.

The other comment suggested a wording change to this paragraph; however, it was decided this did not communicate the active language used throughout the Standards.

Cultural Safety

Several comments disagreed with the Cultural Safety aspects of the revised Standards and indicators, suggesting the requirements were not reconcilable with medical practices and overly responsive to the current socio-political landscape. There were many comments noting difficulties in achieving these Standards and the challenges associated with measuring cultural safe behaviours.

There was a total of 13 comments on the cultural safety aspect of the proposed revised Standards. The Board disagreed with 11 of these statements and chose not to make changes to the revised Standards. Where changes were proposed and accepted, these were in relation to specific wording used – for example the need to maintain consistent definitions with the rest of the document, and the use of more inclusive terminology such as “gender identity” instead of “gender”.

3.2. Phase two of the consultation

The second phase of **consultation was designed to obtain feedback on the revised Standards from chiropractors** and provide an opportunity for chiropractic colleges, councils, and associations to comment on the changes made from the first phase of engagement.

Feedback was requested on the proposed principles, competency standards, and indicators. Specifically, feedback was requested on the indicators for each of the outlined Standards, what, if anything, was missing and if the Standards were fit-for-purpose in everyday chiropractic practice. It also sought comments from chiropractors on their overall impression of the revised Professional Standards.

The survey link was sent to all registered chiropractors, promoted via the Board website and reminder were issued on two separate occasions. The window for responses was twice as long as the first phase (approximately two months).

The survey link was opened by **44 respondents**, all of whom answered the first question (are you responding as an individual or organisation), confirming 39 respondents were individuals, and five were organisations. Whilst **15 respondents provided substantive feedback** to one or more questions, 21 respondents did not complete any questions beyond the first one. There were a mix of views but generally support for the revision of the standards was expressed, with minor caveats around wording and clarity. The majority of the feedback focused on cultural safety and the principles that underpin this concept.

There were 40 specific issues identified or changes requested to the revised Standards during this phase: five of these did not prompt any change in the proposed revised Standards, six were considered out of scope of the consultation or were not for immediate action and provided to the Board for awareness only. The remaining comments were presented to the Board for consideration and discussion. Whilst feedback received was generally evenly distributed across all the proposed Standards, Communication and Collaboration received the least amount of feedback. One of these

related to the alignment with ACC expectations for notetaking (see below). The other comment in this section was reflected in a number of the Standards areas regarding a need to further develop the competencies with Māori chiropractor practitioners, and in alignment with priorities set out in Whakamaua: Māori Health Action Plan 2020-2025, Te Tiriti O Waitangi Principles tino rangatiratanga, and Māori value of whakawhanaungatanga, kotahitanga, manaakitanga. It was agreed by the Board that targeted engagement should take place in the future to obtain input from Māori health stakeholders.

Of particular concern were some of the indicators for the draft Standard: **Lead others effectively and efficiently**. It was suggested some of the terminology was ambiguous and could be subjective depending on individual interpretation, making these indicators problematic. On providing this feedback to the Board, discussion took place with a view to making relevant amendments to address this issue. Following Board discussion, however, a decision was made to remove this Standard and its indicators, noting that the key activities and behaviours were already sufficiently addressed in other Standards areas.

General comments

Many respondents described the revised Professional Standards as thorough, clear, improved, and well-balanced. One respondent mentioned that the Professional Standards had room to change and adapt with their environment.

Some respondents thought the Standards covered everything they should although, others considered them too broad in scope, with one respondent commenting that the Standards were more aspirational than achievable.

Feedback suggested some Standards were vague or subjective and it was unclear what they would look like in practise, citing a lack of a metric to measure themselves against. Guidance was requested to support everyday implementation of the Standards, with one respondent suggesting access to resources and support for additional training. There was concern of a lack of adequate reflection of the role of technology, and a suggestion that the Standards need to include responsibility around online consultations and referrals.

Some respondents focused their submissions solely on the provisions in the Standards that addressed cultural safety, cultural competence, Te Tiriti o Waitangi and the acknowledgement of the impact of racism and colonisation in Aotearoa New Zealand. These submissions generally disagreed with the standards incorporating these elements as they did not believe these issues to be of significance to chiropractic practice.

A small number of submissions raised concerns with the Covid-19 vaccine mandates.

Professional Responsibility

Many respondents suggested specific amendments to these Standards, including that they were perceived to be vague, too broad, and the difficulty in measuring the Standards as they were written.

Several respondents had comments around the demonstration of professional and ethical integrity. These respondents generally thought the standard was too vague, questioning what definition of ethical/financial integrity was intended to be used as this was considered subjective.

Some respondents commented on their support of the standards, considering them clear and appropriate.

Chiropractic Expertise

Many respondents suggested amendments to the standards. These amendments largely revolved around alignment with the Chiropractic Accreditation & Competency Standards (CCEA) 2017; allowing more flexibility in implementation of the Standards; and reframing to what they considered achievable in day-to-day practise. A few respondents considered some of the Standards inadequate for the level chiropractors work at.

Some respondents suggested additional areas should be covered by these Standards, such as concomitant care or subgroups like paediatrics, practitioners that deal with sports injuries or have done post-graduate courses.

Communication and Collaboration

Respondents generally considered these standards to be adequate, with one commenting that they were clear, concise, and unambiguous. The New Zealand Chiropractors' Association considered these Standards were much improved following revisions as a result of Phase one consultation.

One respondent queried whether standards around note taking are in line with expectations of ACC, citing that many notes from chiropractors they have seen are sub-standard. The Board considered this issue to be sufficiently addressed in the indicators regarding factual, complete, and timely records and therefore required no further action.

Scholarship

Some respondents considered that some of the Standards in this section were vague or subjective. Several respondents raised questions about references to “relevant professional benchmarks” and asked for further information on what these benchmarks were.

A few respondents discussed continuing professional development (CPD), considering that not enough of this occurs for chiropractors in Aotearoa New Zealand and that the scope is too narrow.

Management and Leadership

Some respondents commented that these Standards were sufficient and appropriate. One respondent did not think this section should be a part of the Standards at all, citing it as an overreach in expectations.

Other respondents considered that some of the standards in this section were vague or subjective. There were some questions about the definition of leadership and how these standards were expected to work in day-to-day practise.

Cultural Safety

The majority of the comments received on these Standard contested concepts that underpin cultural safety such as unconscious bias, recognition of racism and the effects colonisation, and inequitable health outcomes for certain populations, including Māori. Some comments called for greater coverage of “all cultures” in this section.

Other comments made were generally in support of the section, with some minor caveats around wording.

There were comments suggesting appropriate resourcing be provided to ensure patient care is cultural safe in practise, the importance of Te Tiriti o Waitangi, and what this means for patient care. It was

suggested that an iwi led, Board created policy document or recommended course could be produced and incorporated into the Chiropractor CPD plan.

4. Finalisation of the Revised Competency Based Professional Standards for Chiropractors

The Board received all feedback in summary table format with some suggestions or commentary to inform for decision-making on the final set of Professional Standards for Chiropractors. Changes to address duplication or clarify terms and language were made based on the feedback received, while some feedback was not acted upon or identified for further separate consideration at a later time. The revised standards were signed off by the Board at its August 2023 Board meeting.

4.1. Scope limitations

The purpose of the consultation was to seek feedback on the proposed revisions to the 2010 Professional Standards. Throughout each phase of consultation there were some comments received that were considered to be out of scope for the purposes of this review. These generally included suggestions for specific programmes of work, oversight mechanisms and queries relating to education and training provisions. For example, one respondent wanted to ensure the experience and education of new graduates is sufficient to meet the Standards requirements. They suggested internships or audit systems.

Those comments which were considered outside the scope of this consultation were noted and provided to the Board for their awareness. Any further action or discussion regarding these comments would be decided by the Board independent of this consultation.

Appendix 1: Development and review process

Background

The first School of Chiropractic in New Zealand was established by the New Zealand Chiropractors Association in Auckland in 1993. The Chiropractic Board recognised that the school needed a standard upon which to establish its training programme and could either develop its own standards or adopt/modify existing competencies developed by another chiropractic regulatory body. The Board adopted the Australian Chiropractic Competency-based Standards (which Aotearoa New Zealand chiropractors had contributed to) and modified them for use in Aotearoa New Zealand.

The competencies were adopted by the Board on 12 February 1998 and further ratified in February 2006. This document was further altered to incorporate Aotearoa New Zealand legislative changes and was adopted in its present form in 2010.

2020-2022 Review

In 2020-2022, the Competency-based Standards Review Committee (known as the Review Committee) examined the Professional Standards for Chiropractors (2010).

The Competency-based Standards Review Committee comprised:

- Dr Kristin Grace (Past Chair of the New Zealand Chiropractic Board)
- Dr Marina Fox (Dean of Academics New Zealand College of Chiropractic representative)
- Dr Katie Pritchard (Chiropractor)
- Dr Blair Apperley (Chiropractor)
- Ms Denise Hutchins (lay person and New Zealand Chiropractors' Association representative); and
- Ms Gwen Keel (lay person, legal advisor Waikato-Tainui).

Dr Phil McMaster (Chiropractor and New Zealand College of Chiropractic representative) and Ms Liz Hird (New Zealand Chiropractic Board Member) contributed to the initial phases of the review of the 2010 Professional Standards. Ms Glenys Sharman (New Zealand Chiropractic Board Registrar/General Manager) supported the Review Committee throughout its work.

The Review Committee performed a comparative analysis by reviewing international Chiropractic Professional Standards, such as those from Australia and the United Kingdom. The following standards informed much of the Committee's comparative analysis:

- [Chiropractic Accreditation & Competency Standards CCEA 2017](#)
- [The Code – Standards of conduct, performance, and ethics for chiropractors \(General Chiropractic Council UK, 2016\)](#)
- [Professional standards & competencies for Dieticians \(Dieticians Board 2017\)](#)
- [Physiotherapy practice thresholds in Australia & Aotearoa NZ \(May 2015\)](#)
- [Competence standards for the Pharmacy profession \(2017\)](#)

The Review Committee also sought information on trends for competency standards, which helped inform some of the key approaches outlined in the context section.

The review concluded that the Professional Standards for Chiropractors needed to be more flexible, contemporary, patient-centred, and holistic.

The Review Committee worked to define common principles, inspired largely by the Dietician's professional standards and competencies, and collaborated on draft content. The revised Professional Standards were developed with the intention of wide consultation with registered chiropractors and other stakeholders and interested parties.

Following consultation and consequent revisions, the Professional Standards were presented to the Board for review and sign off, to be published in 2023.