



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

Code of Ethics

Adopted February 2013



Preamble

The Chiropractic Board of New Zealand (the Board) is the regulatory authority for chiropractors in New Zealand, drawing its authority from the Health Practitioners Competence Assurance Act 2003 (the Act). The Board's primary focus is to protect the health and safety of members of the public by providing for mechanisms to ensure that chiropractors are competent and fit to practise. The Board has the responsibility of registering chiropractors and issuing annual practising certificates (APC). The provisions of the Act and the expectations outlined in this document reflect that society expects high standards of a registered chiropractor.

The title 'chiropractor' is protected by the provisions of the Act and may be used only by persons who have been registered under this Act. It is an offence under part 1, section 7 of the Act for an unregistered person to hold themselves out as a chiropractor. This offence is punishable by a fine of up to \$10,000. Health Practitioners Competence Assurance Order 2005 provides that certain activities are restricted to registered health practitioners; this includes "applying high-velocity, low-amplitude manipulative techniques to cervical spinal joints."

The following Code has been prepared pursuant to the powers and functions conferred on the Board under part 6, section 118 (d), (i) and (k) of the Act. It is a guide to all chiropractors and is not exhaustive. The description of a chiropractor is contained within the Board's Scope of Practice document as required by the Act part 2, section 11.

The Code provides a guide for:

1. the public to assess reasonable expectations of chiropractors;
2. chiropractors to monitor their performance and that of their colleagues, including allowing for improving performance and maintaining professional standards;
3. the Board in applying its judgement in determining professional conduct; and
4. the Health Practitioners Disciplinary Tribunal in applying its judgement when assessing a chiropractor's behaviour.

The relationships and the criteria included indicate aspects of professional behaviour for which chiropractors are accountable. The Board and the Health Practitioners Disciplinary Tribunal have a residual discretion outside the Code of Ethics to determine whether professional misconduct has occurred. This document should be read in conjunction with all other Board Policies, Guidelines and other relevant legislation.

Where colleagues or members of the public have concerns about the behaviour or fitness to practise of a chiropractor, these should be directed to either:

The Registrar	or	The Health & Disability Commissioner
Chiropractic Board		P O Box 1791
P O Box 10-140		AUCKLAND
WELLINGTON		

Formal procedures on notification of disabilities or receipt of a complaint are followed in accordance with the relevant sections of the Act. All complaints in relation to the Code of Health and Disability Services Consumers' Rights 1996 will be forwarded to the Health and Disability Commissioner for assessment. The Code of Ethics is reviewed three yearly.

Dr Bruce Adam
Chairperson
February 2013



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CODE OF ETHICS

1. *General Considerations*

- 1.1 The practice of chiropractic in New Zealand is governed by legislation. A person cannot practise Chiropractic unless they are registered in New Zealand and hold a current APC, or are a student enrolled in a Board accredited chiropractic programme and adhering to the protocols of the training institution.
- 1.2 This Code is designed to support and guide chiropractors in the provision of chiropractic care within an ethical framework. Chiropractors have a responsibility to be familiar with this Code and comply with the standards contained within.
- 1.3 The public can expect that all chiropractors will understand and adhere to the standards of this Code.

Note- In addition to the points below, please reference the Board's "Competency-Based Professional Standards for Chiropractors" document available on the Board's website: <http://chiropracticboard.org.nz/Publications-Forms/>.

- 1.4 All chiropractors have a duty to ensure that the care of patients is their first concern.
- 1.5 All chiropractors have a duty to ensure that their health status does not impede their ability to provide chiropractic care and maintain public safety.
- 1.6 Chiropractors should strive to attain the highest degree of professional competence and integrity in the application of chiropractic care. Chiropractors should aim to use appropriate clinical judgment and management to seek the best outcome for their patients.
- 1.7 Any unqualified and/or unregistered persons claiming to provide chiropractic services should be reported to the Board.
- 1.8 The use of the title 'Doctor' must be qualified, for example, John Doe, Doctor of Chiropractic or Dr John Doe, chiropractor or otherwise be immediately and obviously reflected in the context of use. *Also refer to the Board's Advertising Guidelines at <http://chiropracticboard.org.nz/Publications-Forms/>.*

2. *Chiropractor's Interactions*

2.1.1 Interactions with Patients –General

- 2.1.1.1 Chiropractors must comply with the Code of Health and Disability Services Consumers' Rights 199
- 2.1.1.2 Informed consent from the patient, or authorised person, must be obtained before commencing chiropractic management. The process of obtaining informed consent must comply with the Code of Health and Disability Services Consumers' Rights 1996, particularly Rights 5, 6 and 7.

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- 2.1.1.3** A chiropractor must respect a patient's right to refuse care.
- 2.1.1.4** A chiropractor should ensure that all conduct in the practice of chiropractic is beyond reproach and that no advantage is taken of any patient including exploitation of a sexual, physical, emotional, financial nature or for personal gain.
- 2.1.1.5** A chiropractor must not impose their personal beliefs on patients.
- 2.1.1.6** A chiropractor must not over-service a patient. Management of a patient must be appropriate and clinically justified.
- 2.1.1.7** A chiropractor must not overstate or exaggerate the seriousness of a patient's condition.
- 2.1.1.8** A chiropractor should provide an evaluation of the patient's condition and expected progress based on the case history and assessment to the patient or authorised person.
- 2.1.1.9** A chiropractor should not exaggerate the efficacy of their services or give specific guarantees regarding the results to be obtained from chiropractic management of the patient's presenting health status.
- 2.1.1.10** A chiropractor will not at any time misrepresent their professional qualification/s.
- 2.1.1.11** A chiropractor should, where reasonably practical, make provision for the continuing chiropractic management of patients during their absence from practice.
- 2.1.1.12** A chiropractor should not neglect nor abandon a patient they have accepted in the course of their practice, nor should they discharge that patient before the conclusion of care without written notice to the patient or authorised person or until another practitioner has assumed full responsibility for the case.
- 2.1.1.13** Chiropractic care should be based on true patient need and tailored to meet a particular patient's needs and goals.
- 2.1.1.14** A chiropractor must not leave a patient feeling pressured or coerced into chiropractic care.
- 2.1.1.15** A chiropractor must maintain records on all patients during care and retain all records for a minimum of 10 years after the most recent date on which management was provided to the patient. Records remain the property of the chiropractor.
- 2.1.1.16** The disposal or destruction of all records (including, but not limited to, written and electronic) must be full and complete to protect patient privacy.
- 2.1.1.17** No activity that requires unique skill, knowledge, discretion and judgement of a chiropractor can be delegated.

2.1.2 Interactions with Patients – Confidentiality and Privacy (Adopted – March 2015)

- 2.1.2.1** All patients are entitled to confidentiality and privacy.
- 2.1.2.2** The practitioner will provide appropriate space to enable private and confidential consultation and discussion to take place, to the exclusion of all others both aurally and visually.



- 2.1.2.3** If the practitioner proposes to provide treatment in a setting where there is limited aural and visual privacy, the patient must be advised of that at the first point of contact.
- 2.1.2.4** A patient's initial consultation must be in a private setting.
- 2.1.2.5** If the practitioner proposes to treat a patient in an environment where there is limited aural and visual privacy the patient must be advised that they always have the option of a private setting or closed room. If this cannot be provided the patient must be transferred to another practitioner who provides a private practice setting. A patient may consent to receiving treatment in an environment where there is limited aural and visual privacy provided all options have been advised to the patient. All such consents shall be recorded in writing and signed by the patient.
- 2.1.2.6** The practitioner must take into account the role of parents and guardians when fulfilling their confidentiality and privacy obligations to a patient. Practitioners should also take into account consideration of their own safety.
- 2.1.2.7** Practitioners must ensure that all staff are aware of the need to respect the confidentiality and privacy of patients and refrain from discussing patients in a non-professional context.
- 2.1.2.8** Practitioners must ensure that use of social media and e-health is consistent with the practitioner's ethical and legal obligations to protect privacy.
- 2.1.2.9** Practitioners must comply with all statutory regulation as set out in Section 4 of this Code.

Section 2.1.1 is not intended to prevent:

- The teaching of students in a communal setting where the need for direct supervision necessitates a more open treatment environment; or
- The teaching of chiropractic technique in an educational facility or during structured educational sessions where the need for an open treatment environment is necessary to provide appropriate instruction; or
- The provision of treatment on the sports field during sporting activities, or as part of the provision of treatment to a sports team; or
- The provision of treatment in an emergency.

2.1.3 Interactions with Patients –Extended Term Management Plans (ETMP) and Pre-payment Arrangements (PPA)

The Board recognises that patients have varying health goals and priorities that may require varying timeframes to address. Furthermore, the Board recognises that chiropractic management may address various health goals and priorities over differing timeframes. Chiropractors may recommend ongoing care even in the absence of symptoms to address longer term functional goals. ETMP plans must comply with the ETMP and PPA Policy. Chiropractic management plans that have a contractual basis for pre-payment of care must comply with the ETMP and PPA Policy. *Please see the ETMP and PPA Policy at <http://chiropracticboard.org.nz/Publications-Forms/>.*

2.1.4 Interactions with Patients –Sexual Misconduct

A chiropractor cannot have a sexual relationship with a patient unless that patient is the chiropractor's spouse or partner. Sexual behaviour in a professional context is abusive. Sexual behaviour includes but is not limited to the following:

- 2.1.4.1.1** the use of language (whether written, electronic or spoken) of a sexual nature;



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- 2.1.4.1.2 the use of visual material of a sexual nature;
- 2.1.4.1.3 physical behaviour of a sexual nature.

The Board condemns all forms of sexual misconduct in the chiropractor/patient relationship. The Board impresses on chiropractors the need for open and clear communication to avoid misinterpretations and misperceptions. The consent of a patient to sexual contact does not necessarily preclude a finding of misconduct against the chiropractor by the Board.

The Board will use the following guide in determining whether, and to what extent sexual misconduct has occurred:

- a. **Sexual connection** means sexual activity between chiropractor and patient, whether or not initiated by the patient, including but not exclusively:
 - any form of genital or other sexual connection;
 - masturbation or clitoral stimulation, involving the chiropractor and patient.
- b. **Sexual transgression** includes *any* touching of a patient that is of a sexual nature, other than behaviour described in sexual connection, including but not exclusively:
 - inappropriate touching of breasts or genitals;
 - inappropriate touching of other parts of the body;
 - propositioning a patient.
- c. **Sexual impropriety** means any behaviour other than sexual touching such as gestures or expressions that are sexually demeaning to a patient or which demonstrate a lack of respect for the patient's privacy, including but not exclusively:
 - propositioning a patient;
 - inappropriate disrobing or inadequate gowning practices;
 - inappropriate comments about, or to, the patient such as the making of sexual comments about a patient's body, or underclothing, or sexual orientation;
 - making inappropriate comments to a patient;
 - making comments about sexual performance during an examination or consultation (except where pertinent to professional issues of sexual function or dysfunction);
 - requesting details of sexual history or sexual preferences not relevant to the type of consultation;
 - any conversation regarding the sexual problems, preferences or fantasies of the chiropractor.

2.1.5 Interactions with the Public – non-therapeutic

The Board recognises that chiropractors have various non-therapeutic interactions with the public for guidance on these *please refer to the Board's Advertising Guidelines at <http://chiropracticboard.org.nz/Publications-Forms/>*.

2.1.6 Interactions between Colleagues

All chiropractors are encouraged to develop collegial relationships with each other.

- 2.1.6.1 A chiropractor should not directly solicit a person to become their patient if they know that person is already attending a colleague. This also applies to:
 - 2.1.6.1.1 an assistant or associate who leaves the employ of a principal;
 - 2.1.6.1.2 chiropractor acting or who has acted as a locum;

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- 2.1.6.1.3 a chiropractor who is called on to provide emergency care to a patient of a colleague.
- 2.1.6.2 A chiropractor who undertakes the management of a patient because the patient's own chiropractor is not available should render all the assistance they can. At the earliest opportunity, the chiropractor should supply all relevant details of the case whilst under their care to the patient's original case chiropractor.
- 2.1.6.3 A copy of records must be transferred to another chiropractor upon receipt of a request which includes written authority from the patient. When such records are received by another practitioner, they should be acknowledged in written form at the first available opportunity.
- 2.1.6.4 A chiropractor should respond courteously to a request from a colleague requiring their professional assistance.
- 2.1.6.5 Before commencing practice in a new location, a chiropractor is encouraged to make contact with colleagues in that area to foster professional co-operation.
- 2.1.6.6 If a chiropractor forms the opinion that a colleague is behaving unethically, incompetently or poses a risk of harm to the public, they are encouraged, in the first instance, to attempt to discuss and resolve the matter with the colleague. Should the chiropractor wish, they may make a direct written complaint to the Board's Registrar. The Board will only act on a written complaint from an identified chiropractor.
- 2.1.6.7 Under section 34(3) of the Act employers must report the resignation or dismissal of an employee, who is a registered practitioner, for reasons relating to competence. Written notice must be given and include the reasons for the resignation or dismissal.
- 2.1.6.8 A chiropractor should not unduly criticise a colleague in a professional context.
- 2.1.6.9 Where an expert opinion is required of a chiropractor, they should give a relevant, objective opinion.
- 2.1.6.10 A locum, contracted chiropractor or employed chiropractor must immediately notify the principal or principal's representative of any matter or event that has or may have significant adverse implications of a medical, insurance, legal, professional or financial nature.

2.1.7 Interactions with other Health Professionals

- 2.1.7.1 A chiropractor should not unduly criticise another health professional.
- 2.1.7.2 Chiropractors should recognise patients' rights to co-operation between their health providers to ensure quality and continuity of care. *Refer to the Health and Disability Code of Rights, Right 4(5) at http://legislation.govt.nz/regulation/public/1996/0078/latest/DLM209085.html?search=ts_act%40bill%40regulation%40de+emedreg+Code+of+Rights+resel+25+a&p=1/.*

Note- Please also refer to the Competency Based Standards of Practice at <http://chiropracticboard.org.nz/Publications-Forms/>.



2.1.8 Interactions with Third Party Payers

A chiropractor is legally required to be fair and honest when reporting to and claiming from third party payers. Such reports and claims must be a true and accurate record taken from the patient's records and accounts.

3. *Sensitivity to Diversity*

- 3.1 Chiropractors work with a culturally diverse population in New Zealand. Cross cultural interactions are common, and the Board expects chiropractors to be competent and respectful in dealing with patients whose cultures differ from their own. Chiropractors should be respectful and seek to be responsive to cultural and social diversity and, as appropriate, seek advice to ensure competent and culturally safe practice.
- 3.1 Chiropractors should recognise that people with whom they work have cultural and social needs and take reasonable steps to help them meet these needs, provided that this does not contravene the ethical principles of the Code of HD services consumers' rights 1996.
- 3.2 Chiropractors practising in New Zealand should recognise the principles of the Treaty of Waitangi. Chiropractors should be aware of Maori culture and its implications on their practice. Chiropractors who work with Maori should seek advice on appropriate ways to show respect for Maori in their practice.

4. *Responsibility under other Legislation*

A chiropractor should be familiar with their responsibilities under legislation other than the Health Practitioners Competence Assurance Act 2003, including:

- All relevant Accident Insurance Regulations;
- Code of Health and Disability Services Consumers' Rights 1996;
- Commerce Act 1986;
- Consumer Guarantees Act 1993;
- Electronic Transactions Act 2002;
- Employment Relations Act 2000;
- Fair Trading Act 1986;
- Health and Disability Commissioner Act 1994;
- Health and Safety in Employment Act 1992;
- Health Information Privacy Code 1994;
- Holidays Act 2003;
- Human Rights Act 1993;
- Medicines Act 1981;
- Parental Leave and Employment Protection Act 1987;
- Privacy Act 1993 ;
- Radiation Protection Act 1965;
- The Health (Retention of Health Information) Regulations 1996;
- and any relevant new legislation that may be enacted from time to time.

Up to date legislation can be accessed at www.legislation.govt.nz.