



NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

DRAFT

POLICY AND GUIDELINES:

COMPETENCE REVIEW POLICY

Date

Associated Policy Documents

- Competency-based standards for Chiropractors
- Code of Ethics
- Complaints and Notifications Policy

Revision Schedule

Version	Date Approved	Next Review
One		

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DEFINITIONS

Chiropractic Board or Board: The title ‘Chiropractic Board’ and ‘Board’ refers to the Chiropractic Board, including the appointed Board members or the Secretariat, as the context requires. The Board is a Responsible Authority under the HPCAA.

Competence Review Panel (CRP): A panel appointed by the Board or its delegate to conduct competence reviews ordered by the Board.

HDC: Health and Disability Commissioner appointed under the Health and Disability Commissioner Act 1994.

HPCAA: Health Practitioners Competence Assurance Act 2003.

Notification: Any written information the Board receives from any person about a chiropractor, which does not meet the definition of “complaint” as set out above. This includes concerns about a chiropractor’s competence, health, and ethics.

Notifier: Any person who makes a written notification to the Board of concerns about a chiropractor’s practice, where that concern does not meet the definition of a “complaint.”

Privacy Act: Privacy Act 2020.

Required standard of competence: The standard of competence reasonably to be expected of a health practitioner practising within that practitioner’s scope of practice (s5 HPCAA)

Risk of Harm: Risk of harm may be indicated by:

- a pattern of practice or behaviour over a period that suggests the chiropractor’s practice of chiropractic may not meet the required standards; or
- a single incident that demonstrates a significant departure from accepted standards of chiropractic practice; or
- recognised poor practice or performance where local interventions have failed – this does not exclude notification of serious concerns where internal review or audit is inaccessible or unavailable to the person with the concern; or criminal offending; or
- professional isolation with declining standards that become apparent.

Risk of Serious Harm: Risk of serious harm may be indicated by:

- the potential that an individual patient is seriously harmed by the chiropractor; or
- the chiropractor may pose a continued threat to more than one patient and as such the harm is collectively considered ‘serious’; or
- sufficient evidence to suggest that an alleged criminal offending is of such a nature that the chiropractor poses a risk of harm to one or more members of the public.

INTRODUCTION

1. The Board exercises statutory functions under the HPCAA to protect the health and safety of members of the public. Those functions include reviewing the competence of chiropractors and, where necessary, remediating any deficiencies identified in the chiropractor's practice.
2. This policy sets out the processes the Board has adopted for the conduct of competence reviews that it orders under section 36 of the HPCAA. The purpose of a competence review is to identify 'whether the chiropractor's practice of the profession meets the required standard of competence.'
3. It is important to note a competence review is not a disciplinary process. It does not investigate a specific complaint, although complaints may trigger a review and guide its focus. Instead, the objective of a competence review is to assess a practitioner's current competence and, if a deficiency is found, to put in place appropriate mechanisms and safeguards to assist the practitioner to meet the required standard of competence, while ensuring the chiropractor is safe to practise. Throughout this process, the Board is committed to ensuring it is fair to all parties and complies with rules of natural justice.

RECEIPT AND CONSIDERATION OF A COMPETENCE CONCERN

4. When a notification of a competence concern is received under section 34 of the HPCAA, the Board must make inquiries into the matter. To assist with making these inquiries, the Board expects the person raising the concern to allow themselves to be identified to the chiropractor in question, and for a copy of their notice to be released to the chiropractor for a response. In certain circumstances the Board may withhold the name of the notifier if it could be withheld under the Privacy Act 2020. These circumstances are rare and the threshold for withholding information is high.
5. In most cases, the Board's inquiries will take the form of release of the notification to the chiropractor, with an invitation to make comments and provide any information they wish the Board to consider. The Board may ask the chiropractor for other supporting information.
6. There are other pathways that may lead to a Board decision requiring a chiropractor to undergo a competence review. These include (but are not limited to):
 - A complaint by a member of the public that indicates to the Board there may be concerns about the chiropractor's competence (see the Board's *Complaints and Notifications Policy* for more information on this process);
 - Concerns raised because of a CPD audit; or
 - Concerns raised by any other person, or agency (e.g. ACC) about a chiropractor's competence.
7. Regardless of the way in which the concern is brought to the Board's attention, the Board will give the chiropractor a reasonable opportunity to comment before it considers the notification.
8. In making the decision on what, if any, action is required, considerations will include (but are not limited to):
 - Whether the chiropractor's explanation satisfies the Board that the concerns raised do not warrant a competence review;
 - If the information indicates a one-off event, the seriousness of that event or departure, and the likelihood, in the circumstances, of a recurrence;

- Any insights demonstrated by the chiropractor in their response;
 - Whether the chiropractor has made changes to their practice and if so, whether the Board is satisfied that the changes made will mitigate the risk of a recurrence;
 - Whether public safety can be achieved with less regulatory force than a competence review (such as a request for the chiropractor to reflect further on the matter, undertake some education, and report back to the Board before a specified date).
 - Whether similar concerns about the chiropractor have previously been brought to the Board's attention, and if so, whether the new information, combined with the prior information, indicates a pattern of practice that was not previously evident.
9. Options open to the Board when considering a notification of competence concerns include:
- Taking no further action;
 - Seeking further information and reconsidering the matter;
 - Providing an educational letter to the chiropractor or a request for the chiropractor to take some actions and report back;
 - Ordering a competence review;
 - Determining that the matter is outside of the Board's jurisdiction, and if so, advising the notifier of any appropriate authority they may wish to approach; or
 - If, in the Board's opinion, the information raises questions about the chiropractor's conduct or fitness to practise, referring the matter to a PCC, or for a health assessment, as applicable.

THE COMPETENCE REVIEW PROCESS

TERMS OF REFERENCE

10. Sections 34 to 44 of the HPCAA set out the legal requirements for conducting competence reviews. The form of a review is at the Board's discretion; however, reviews will typically be composed of two chiropractors and a lay person however there may be certain circumstances where that standard is not appropriate. Depending on the circumstances of the case, the Board may decide that the review will be carried out in another way (including by fewer or more CRP).
11. The Board will draft terms of reference for the review. The terms of reference will, among other things, specify:
- the background to the decision for the review;
 - reasons for the review
 - the process to be followed;
 - domains of competence or areas of practice that must be assessed;
 - expected timeframes;
 - possible outcomes of the review process; and
 - the proposed membership of the competence review panel (CRP)
12. The terms of reference will include a requirement that the CRP must immediately inform the Registrar if, at any time, it believes that the chiropractor may pose a risk of harm to the public by

practising below the required standards of competence. The CRP must provide reasons for its belief.

13. When appointing a CRP, the Board needs to be satisfied that all members are in good standing with the Board; that is, they do not have outstanding conduct, competence, or health-related issues. Potential members will be advised of the identity of the chiropractor to enable them to declare any conflict of interest before appointment¹.
14. Once the terms of reference are drafted and a proposed CRP recruited, the chiropractor will be given the opportunity to make submissions on the proposed form of the review, and the proposed CRP.
15. The Board will consider any submissions made by the chiropractor but will not necessarily make changes. Where the chiropractor raises a concern about the appointment of any CRP member (for example, a conflict of interest) the Registrar will consider those concerns and will decide whether to replace the member(s).
16. On appointment, the CRP will need to sign an agreement to maintain the confidentiality of the information acquired during the competence review before they are provided with any further information.

CONDUCTING THE REVIEW

17. Once the terms of reference have been approved by the Board, the CRP will be provided with the background information and will contact the chiropractor to commence the review.
18. The competence review will generally include an on-site visit to the chiropractor's place of work, as it is important to assess the chiropractor's practice within their own practice setting. However, some circumstances may warrant a different approach. Without limitation, the competence review may also include any one or more of the following:
 - interviews with the chiropractor under review;
 - interviews with colleagues and/or other relevant individuals (including colleagues, supervisors, peers, and in certain circumstances, patients);
 - observation in a clinical setting by the two CRP concurrently, unless this is deemed inappropriate;
 - clinical file reviews;
 - case-based oral discussions on clinical files; and/or
 - a review of continuing professional development records.
19. The chiropractor must make their clinical records available for review by the CRP². The chiropractor will be given an opportunity to put any information before the CRP, including written statements or relevant documentation. The confidentiality of any clinical records of the chiropractor is protected - that information may not be disclosed except for the purpose of making a

¹ As the chiropractic community in New Zealand is small, a situation may arise where a reviewer knows the chiropractor (or, in the case of a notification of competence concerns, the complainant). This does not necessarily mean that there is a conflict of interest, but if the reviewer is, or has been, in a personal or working relationship with either party they must consider declaring a conflict of interest.

² Section 42 HPCAA

report to the Board in relation to the chiropractor, or for the other purposes identified in section 44(1) of the HPCAA.

20. The chiropractor is entitled to have a support person present during the review with any associated patients' consent. The role of the support person is to focus on supporting the chiropractor under review. While the support person may ask questions about the review process, it is not their role to answer questions on behalf of the chiropractor under review or otherwise to participate in the review process. The support person must comply with reasonable rules or requests made by the CRP.

REPORTING TO THE BOARD

DRAFT REPORT

21. The CRP will prepare a draft report of its findings and recommendations. The report will, among other things, set out:
 - the scope of the competence review;
 - the domains of competence or areas of practice that were assessed;
 - the assessment methods used;
 - examples to support the CRP's views; and
 - the CRP's opinion on whether the chiropractor's practice meets the required standard of competence.
22. If the CRP's opinion is that the chiropractor does not meet the required standard of competence, the report should also:
 - specify the skill area or areas in which the chiropractor is deficient (with examples); and
 - make recommendations on how the deficiencies may be overcome.
23. The report may include any other general recommendations that would be of assistance to the chiropractor in maintaining or improving their competence.
24. It is important to note that the CRP's role is to gather information and report on their findings to the Board. The Board is the final decision-maker on whether the chiropractor meets the required standard of competence. Although the CRP are asked to comment on whether the chiropractor meets the required standard of competence, ultimately this is a decision for the Board or the Registrar, acting under the delegated authority from the Board. The CRP must ensure that their report is sufficiently clear and detailed for the Board to make an informed decision.

FINALISING THE REPORT

25. The draft report will be provided by the CRP to the Registrar, who will review it to:
 - confirm it complies with the terms of reference for the review;
 - ensure accuracy with the Board's standards, statements, and guideline documents;
 - identify whether there are any potentially contradictory statements requiring clarification; and
 - ensure that the report provides sufficient detail and clarity for the Board to make an informed decision on whether the chiropractor meets the required standard of competence.

26. For the avoidance of doubt, the Registrar will not provide an opinion on the findings or ask the CRP to reconsider its opinion – the Registrar’s role is to ensure the report is clear, and if not, to ask the CRP to address any aspects of the report that may need further clarity.
27. Once the Registrar has completed their review of the draft report, the CRP will then provide it to the chiropractor for their review and comment. The CRP will consider any feedback provided by the chiropractor, and then finalise and submit a final report to the Board for its consideration.
28. Before the final report is considered by the Board, the chiropractor will be given a further opportunity to make submissions and be heard on the final report and the question of whether the chiropractor has met the required standard of competence.

BOARD DECISION ON REPORT

29. When the Board considers the report, it must decide whether the chiropractor meets the required standard of competence. If so, the matter will be closed. The Board may still recommend to the chiropractor that they take up any suggestions or recommendations made by the CRP or the Board.
30. If the Board believes the chiropractor does not meet the required standard of competence, it must make one or more of the following orders³:
 - the chiropractor undertakes a competence programme;
 - one or more conditions be included in the chiropractor’s scope of practice;
 - the chiropractor sits an examination or undertake an assessment specified in the order; and/or
 - the chiropractor be counselled or assisted by one or more nominated persons.
31. Similarly, if the chiropractor fails to respond adequately to the requirement to undertake a competence review and as a result, the Board has been unable to conduct or complete the review, then the Board has, for the purposes of section 38(1), reason to believe that the chiropractor fails to meet the required standard of competence⁴.
32. Any order concerning competence is not intended to be punitive in nature; rather, it is intended to be educative and to assist the chiropractor to attain the required standard of competence. However, when making orders the Board must always consider the principal purpose of the HPCAA, which is to protect the health and safety of the public.
33. In making orders concerning competence the Board will consider the circumstances of the chiropractor concerned, including actions that may be appropriate to address identified deficiencies in the chiropractor’s practice.
34. Commonly, the Board will require the chiropractor to complete a competence programme comprising:
 - competence objectives to be met, usually in direct alignment with areas of the chiropractor’s practice that the CRP has identified as deficient;
 - suggestions or directions as to how the chiropractor may go about meeting the listed objectives;

³ Section 38(1) HPCAA

- a Board-appointed supervisor;
 - the outcome expected for each objective;
35. The Board may also require a follow-up competence review, at the chiropractor's cost, to examine whether the identified deficiencies have been resolved and the chiropractor is now practising at the required standard of competence.
36. In every case where the Board makes orders concerning competence the Board will consider whether including one or more conditions in the chiropractor's scope of practice is necessary to ensure that there is appropriate monitoring, guidance, or assistance to return the chiropractor to the required standard of competence without posing a risk of harm to the public.
37. In deciding about including conditions in the chiropractor's scope of practice, under section 38(1)(b) HPCAA the Board will have regard to its principal purpose of protecting the health and safety of the public. Factors to be considered will include:
- that any condition must be one that the Board considers is the least restrictive mechanism necessary to achieve the purpose of improving competence and protecting the health and safety of the public;
 - the fact that conditions in a chiropractor's scope of practice are a matter of public record. This enables health consumers to make an informed choice about their treatment provider, but it may also impair the chiropractor's employment prospects or motivation to improve;
 - the extent to which any other orders under section 38 HPCAA adequately address the areas of competence that require improvement, while also protecting the health and safety of the public.
38. The types of conditions that may be included in a chiropractor's scope of practice include (but are not limited to):
- a condition that the chiropractor practises subject to the supervision of one or more nominated practitioners;
 - a condition that the chiropractor practise subject to the oversight of one or more nominated practitioners;
 - a condition that the chiropractor does not perform stated tasks, or performs those tasks only in stated circumstances;
 - a condition that the chiropractor practise only in a stated capacity, for example, as the employee of a stated person;
 - any other condition that the Board believes on reasonable grounds to be necessary to protect the safety of the public.
39. Where any order concerning competence is made, the Registrar must inform the person from whom a notice given under section 34(1) or (2) has been received, that an order has been made

PROTECTIVE MEASURES

INTERIM ORDERS *PENDING* COMPLETION OF A COMPETENCE REVIEW

40. In every case where a chiropractor is required to undergo a competence review the Board will consider whether interim orders are necessary under section 39 of the HPCAA to protect the health and safety of the public.

41. The Board may make interim orders if a chiropractor's competence is to be reviewed under section 36 of the HPCAA and the Board has reason to believe that the chiropractor may pose a risk of serious harm to the public by practising below the required standard of competence.
42. Interim orders available to the Board include suspension of the chiropractor's annual practising certificate or altering the chiropractor's scope of practice by including conditions that the Board considers appropriate.
43. Before proposing to make an interim order under section 39 of the HPCAA, the Board must be satisfied that:
 - the chiropractor is to be reviewed under section 36 of the HPCAA; and
 - there are reasonable grounds for believing that the chiropractor poses a risk of serious harm to the public by practising below the required standard of competence.
44. Having reasonable grounds for believing that there is a risk of serious harm requires the Board to have regard to the information before it, and to base its decisions on relevant information and not speculation. In the context of interim orders, it is not necessary to await the outcome of the competence review to have reasonable grounds for a belief. The question is whether the Board has adequate information to support its belief that the practitioner poses a risk of serious harm to the public by practising below the required standard of competence.
45. Before making any interim order, the Board must inform the chiropractor concerned why it is considering making the interim order and give the chiropractor a reasonable opportunity to make written submissions and be heard on the question, either personally or by a representative.
46. In deciding about an interim order, the Board will have particular regard to its principal purpose of protecting the health and safety of the public. However, it will also consider, without limitation:
 - a. any information that it holds at that time about the chiropractor's competence or concerns about the chiropractor's competence, including any submissions by the chiropractor on the matter;
 - b. any information relevant to whether the chiropractor poses a risk of serious harm to the public (as per the Board's definition of risk of serious harm);
 - c. any information about whether the possible risk of serious harm is, or can be, managed in any other way, including:
 - i. whether the chiropractor is currently working, or intending to work;
 - ii. the chiropractor's practice environment, including whether the chiropractor is in sole practice, group practice, an employee, or a locum, and what (if any) supervision or support is available in the practice environment (such as the availability or assistance of a trusted professional peer); and
 - iii. the chiropractor's obligations and responsibilities in the practice environment (for example, case load, supervision of others, practice management)
 - d. the consequences to the chiropractor if any proposed interim order is made.
47. When considering what (if any) interim orders are appropriate in the circumstances, the Board will ensure that it uses the least restrictive approach to protect the health and safety of the public. For example, the Board will only propose to make an order to suspend the chiropractor's practising certificate if it is satisfied on all the information before it that the chiropractor poses a risk of serious harm that cannot be managed appropriately by restricting his or her practice or putting other safeguards in place.

48. The Board may reconsider making interim orders if it receives further information that raises concerns about the safety of the chiropractor's practice at any time after a competence review is ordered, or during the competence review. The Board will, therefore, require the CRP to keep the Board informed of any concerns about the safety of a chiropractor's practice identified before or during a competence review.

INTERIM ORDERS FOLLOWING A COMPETENCE REVIEW

49. If after conducting a competence review the Board has reason to believe that the chiropractor may pose a risk of **serious** harm by practising below the required standard of competence, it may propose interim orders⁵. The interim orders available to the Board include suspension of a chiropractor's practising certificate or altering the chiropractor's scope of practice by including conditions.
50. Before making an interim order, the Board must be satisfied that:
- the chiropractor has been reviewed under section 36 of the HPCAA; and
 - there are reasonable grounds for believing that the chiropractor poses a risk of serious harm to the public by practising below the required standard of competence; and
 - the chiropractor has been informed why the Board is considering making the interim order; and
 - the chiropractor has been given an opportunity to make written submissions and be heard on the matter, either personally or by a representative.
51. The Board must be satisfied that any conditions included in the chiropractor's scope of practice would be the least restrictive action to protect the health and safety of the public. The Board will have regard to the guidance on interim orders set out at section 5 above.
52. **NOTE:** An interim order made following a competence review ceases to have effect on the later of:
- a. the completion of the review; or
 - b. the attainment of a pass in the relevant examination or assessment ordered under section 38(1)(c) of the HPCAA.

RISK OF HARM NOTIFICATIONS

53. Where the Board has reason to believe that the practice of the chiropractor may pose a risk of harm to the public, it must promptly give notice to certain persons or agencies of the circumstances of that belief.
54. A notification could, therefore, be made at any time before, during or after the competence review, if the Board has reason to believe the chiropractor may pose a risk of harm to the public. The persons to whom such a notice would be given are:
- a. the Accident Compensation Corporation;
 - b. the Director-General of Health;
 - c. the Health and Disability Commissioner;
 - d. any person who, to the knowledge of the Board, is the employer of the chiropractor.

⁵ Section 39 HPCAA

55. The Board may also give notice to any person who works in partnership or association with the chiropractor where it believes the practice of the chiropractor may pose a risk of harm to the public.
56. It is important to note that the threshold for making a notification under section 35 of the HPCAA is lower than the threshold for making an interim order under section 39 of the HPCAA (“risk of harm to the public” vs “risk of serious harm to the public”).

COSTS

57. The cost of a competence review lies with the Board unless it is conducted as part of a competence programme.
58. All costs associated with a competence programme are to be met by the chiropractor. The Board will have regard to costs when setting the programme.

APPENDIX ONE (TERMS OF REFERENCE)

TERMS OF REFERENCE FOR COMPETENCE REVIEW

[Practitioner's name] ([Registration Number]) Registered: [date of Registration]

Draft: [date of draft]

Finalised: [date TOR is finalised]

INTRODUCTION

1. This competence review is being undertaken in accordance with sections 36 and 37 of the Health Practitioners Competence Assurance Act 2003 (HPCAA), for the purpose of determining whether [practitioner's name]'s practice of Chiropractic meets the required standard of competence.

BACKGROUND

2. [enter details of the background to the matter, and why the competence review is taking place]

DECISION

3. [enter details of the reasoning for the decision to order a competence review]

PURPOSE AND SCOPE OF THE COMPETENCE REVIEW

4. The purpose of the competence review is to determine whether [practitioner's salutation and surname]'s practice of Chiropractic meets the required standard of competence which, means the standard of competence reasonably to be expected of a practising chiropractor.
5. The competence review will assess [practitioner's salutation and surname]'s competence to practise having regard to any relevant standards or other guidance set or recognised by the Board, and to any other information that, in the CRP' opinion, is relevant. Without limiting the generality of the review, the CRP is to have regard to the adequacy of:
 - a. [any issues of concern that have been highlighted].
6. It is not the role of the CRP to attempt to resolve any of the specific complaints or concerns referred to in the competence notification or patient complaint. Any information of this nature is made available to the CRP to give relevant background information and to put the competence review into context.
7. When conducting the competence review, the CRP must act consistently with the principles of natural justice. This means that the CRP must be impartial and fair throughout the competence review process. To comply with the rules of natural justice the CRP should (among other things):
 - a. collect relevant information and disregard irrelevant information;
 - b. conduct an objective appraisal of the facts; and
 - c. act without undue delay, while giving [practitioner's salutation and surname] reasonable time to provide a response and any further information that the CRP may request.

COMPETENCE REVIEW PANEL (CRP)

8. The Board has appointed [**convenor**] and [**second reviewer**] who are both registered chiropractors, and [**layperson**] to conduct the competence review.
9. [convenor's name] will act as Convener. The Convener is primarily responsible for ensuring that the CRP undertake their responsibilities under the HPCAA in a fair and efficient manner, and that their work is completed as soon as reasonably practicable.

PROCESS AND FORMAT OF THE REVIEW

10. The CRP will assess [practitioner's salutation and surname]'s competence in accordance with these terms of reference and any legislative requirements or lawful directions of the Registrar on behalf of the Board.
11. The competence review must include the following actions:
 - a. [practitioner's salutation and surname] will provide to the CRP a detailed curriculum vitae (CV) including their employment history, clearly stating their duties, responsibilities, areas of practice, and any other matters specified by the CRP. [practitioner's salutation and surname] should provide the CV to the CRP no later than 5 working days after the CRP requests it.
 - b. [practitioner's salutation and surname] will provide to the CRP a professional development report no later than 5 days after the CRP request it, summarising the professional development activities undertaken by [practitioner's salutation and surname] for the last three years. This report will include appropriate supporting evidence and documentation and a reflective statement indicating the purpose of the professional development activities and perceived benefits, along with planned activities for the current year.
 - c. The CRP will visit [practitioner's salutation and surname]'s practice (and any former practice, if appropriate), and will together:
 - I. Undertake a random audit of a minimum of 10 of [practitioner's salutation and surname]'s clinical records. Any additional audits will be at the discretion of the CRP. When selecting records, the CRP will randomly select a date within the last three months, take the first patient from that date, the second patient from the next day, and so on until the required number of files have been selected. It should include the initial assessment and follow-up records of at least three patients.
 - II. Observe and assess [practitioner's salutation and surname]'s clinical practice. This shall include the review and assessment of a minimum of three patient consultations, including one initial (new) patient presentation and a follow-up patient presentation. Unless it is clearly impractical, there must be three different patient presentations observed by the CRP. If the requirements are not met, the Board may consider the review incomplete.
 - III. To enable the CRP to carry out these assessments, at least one week prior to the practice visit by the CRP, [practitioner's salutation and surname] must notify the CRP of at least four patients who are willing to participate in a clinical peer review during the practice visit.
 - IV. Interview [practitioner's salutation and surname] in relation to any one or more of the clinical files audited, and/or following the assessment of the practitioner's practice. The interview may cover a range of topics/issues identified in the audit of [practitioner's salutation and surname]'s files or the assessment of his practice and is intended to follow-up on what was observed and to ensure [practitioner's salutation and surname] has adequate clinical documentation systems and processes.

12. Subject to the above, the CRP may regulate its own procedure in the manner it thinks fit. For example, the CRP may interview any colleagues of [practitioner's salutation and surname] or other persons as appropriate and may use any tools or methods that the CRP consider are appropriate or necessary to review and assess [practitioner's salutation and surname]'s competence to practise as a chiropractor.

Note: The Board does not advocate the use of any peer review or notes audit templates but acknowledges that CRP might find the guidance provided by such documents helpful in some situations. However, standard templates may not always be useful or applicable given the diversity of chiropractors' work environments and specific aspects of practice under review.

13. [practitioner's salutation and surname] will be given the opportunity to put any information before the CRP that he/she wishes it to consider.
14. [practitioner's salutation and surname] must make their clinical records available for examination by the CRP for the purpose of the review. The confidentiality of any information obtained by the CRP through that examination is protected under section 44 HPCAA. In general, the CRP may not use or disclose any information obtained during the review other than for the purpose of making a report to the Board in relation to the chiropractor concerned.
15. If at any time the CRP believe that [practitioner's salutation and surname] may pose a risk of harm to the public by practising below the required standard of competence, the CRP must immediately inform the Board of that belief and the reasons for it.

REPORTING TO THE REGISTRAR:

16. The CRP will prepare a draft written report using the template report form provided by the Board.
17. The Board expects that the CRP will provide this report in draft to the Registrar within 20 working days of conducting the review (unless there are good reasons for any delay). The report will include, without limitation:
 - a. A summary of the process undertaken; and
 - b. The CRP' opinion as to whether [practitioner's salutation and surname]'s practice of Chiropractic meets the required standard of competence as expected of a chiropractor practising in the general scope of practice, as set out within the Chiropractic Standards framework. The CRP will provide reasons for that opinion, with examples to support those reasons.
18. For the purposes of paragraph [insert number of the previous paragraph] (b) above, when reaching an opinion as to whether [practitioner's salutation and surname] meets the required standard of competence the CRP shall have regard to the following factors:
 - a. whether any issues identified by the CRP are serious in nature;
 - b. the extent to which those issues have the potential to impact on patients; and
 - c. whether it is necessary for the Board to be involved in the remediation of [practitioner's salutation and surname]'s practice.
19. For example, if any issues identified in [practitioner's salutation and surname]'s practice are not serious, do not have the potential to impact on patients, and the CRP do not consider it necessary

- for the Board to be involved in the remediation of [practitioner's salutation and surname]'s practice, then it would be open to the CRP to conclude that, in the CRP' opinion, [practitioner's salutation and surname] meets the required standard of competence.
20. Conversely, if the issues identified in [practitioner's salutation and surname]'s practice are serious in nature, have the potential to impact on patients, and the CRP consider it is necessary for the Board to intervene, then the CRP may consider that [practitioner's salutation and surname] does not meet the required standard of competence.
 21. If the CRP' opinion is that [practitioner's salutation and surname] does not meet the required standard of competence, the CRP must specify:
 - a. The areas in which [practitioner's salutation and surname]'s practice is deficient;
 - b. Recommendations for addressing the deficiencies. These recommendations may include any remedial action that the CRP consider appropriate, and any ongoing assessments that may be required;
 - c. Any other general recommendations that may be of assistance to [practitioner's salutation and surname] in maintaining or improving his/her competence, including for example whether there is a need for [practitioner's salutation and surname] to receive ongoing business support or professional supervision, or any other support or supervision.
 22. Upon receipt of the draft report from the CRP, the Registrar will review the report to confirm that it:
 - a. complies with the terms of reference for the review;
 - b. is consistent with Board standards, statements, and guideline documents, and
 - c. provides sufficient detail and clarity for the Board to be able to make an informed decision on whether [practitioner's salutation and surname] meets the required standard of competence.
 23. The Registrar may ask the CRP to clarify any aspects of the report where, in the Registrar's opinion, information is not sufficiently clear. Once this has occurred, the CRP will provide [practitioner's salutation and surname] a copy of the draft report, and he/she will be given a reasonable opportunity (not less than 10 working days) to comment on any factual inaccuracies or to set out any further comments he/she wishes to make about the content of the report. The CRP will consider any comments received on the draft report and then finalise the report and send it to the Registrar.
 24. Once the report has been finalised, the final report will be provided to the Board for a decision on whether [practitioner's salutation and surname] meets the required standard of competence. Before the report is submitted to the Board, [practitioner's salutation and surname] will be given a further opportunity to comment on the final report and be heard on the matter, either personally or through a representative.
 25. The role of the competence CRP is to advise the Registrar on their findings. The final decision as to whether [practitioner's salutation and surname] meets the required standard of competence is one for the Board to make.

COSTS AND OTHER MATTERS

26. The costs incurred by the CRP in conducting the competence review lie with the Board.

APPENDIX TWO: COMPETENCE REVIEW REPORT

[insert name of practitioner and their registration number]Registered chiropractor

CRP:

Date:

Instructions to Competence CRP

1. Please complete the report as fully as possible, but in any event no later than 20 working days after completing the review. If you are unable to meet this timeframe, please contact the Registrar as soon as you are aware that a delay is likely.
2. You may need to modify the template to reflect the individual circumstances of the competence review.
3. Please note that the purpose of a competence review is educative and supportive. There should be no suggestion that disciplinary or conduct proceedings may arise as a result of the review.
4. Examples, prompts and guiding information are written in italics. In some cases, you will be able to use the information provided in these sections by removing the italics and retaining the text.

FRAMEWORK FOR COMPETENCE REVIEW

The competence review was held at *[insert place]* on *[insert date]*.

The CRP should comment on how the review was undertaken. This is an example of how the day may have be planned:

The format for the day was as follows -

Time	Subject
	Arrival and introduction
	15-minute discussion on orientation to the clinic and programme for the day
	Clinical Observation
	Discussions with chiropractor
	Lunch break
	Audit of clinical files
	Further review of Clinical Observation
	Further discussions with chiropractor
	Review concludes

We believe we have given *[name of practitioner]* a reasonable opportunity to provide information to the CRP.

Findings

The findings of the review should be detailed here. If the chiropractor does not meet any of the Competence Standards, then the Board will consider these findings when making its decision as to what action (if any) should be taken.

N.B. The following are examples of items that will be relevant to the review report. Other items not listed may be relevant to your report for the particular review you have undertaken.

Audit of Notes

Overview

Together, we assessed *[insert name of practitioner's]* documentation against the Board's Chiropractic practice thresholds.

We requested to review the following notes: (state how many and what type of notes were reviewed, although note that at least 10 clinical records must be audited)

For example:

- XX sets of notes randomly selected
- Notes from the patients observed
- Current patient's notes / previous notes

Possible inclusions here may be specific examples measured against the practice thresholds. For example: Complete discharge records – Always recorded, usually recorded, almost never recorded, never recorded. Or in half the records, quarter of the records. Or needs improvement in ...

Conclusion

In our opinion the chiropractor *does/ does not* meet the required standard of competence in this area of practice.

Clinical Observation

Overview

N.B: Unless otherwise specified in the terms of reference, a minimum of three patient consultations must be observed, including at least one new patient and one follow up patient.

Together, we observed the following:

- Brief description of each (anonymised) patient such as age, gender, presentation, previously treated- when etc.

You may wish to include brief comments under these headings: Physical surroundings (the practice rooms/ clinic)

Effective communication Evaluation of patient's health needs

Planned and implemented safe and effective client management

Conclusion

In our opinion the chiropractor *does/ does not* meet the required standard of competence in this area of practice.

Professional Practice

Overview

Together, we interviewed *[insert name of practitioner]* on *[insert date(s)]* regarding their professional practice. We focused on:

The following may be addressed

- Clinical reasoning
- Planning and management of patients
- Professional development
- Ethical issues
- Cultural competency

Conclusion

In our opinion the chiropractor *does/ does not* meet the required standard of competence in this area of practice.

Summary of Findings

This list is not exhaustive and is included as guidance only. The key question that you must answer is:

Is the chiropractor practising below the required standard of competence reasonably to be expected of a chiropractor practising within that chiropractor's scope of practice?

Other questions to consider in this section of the report include:

- Does the chiropractor pose a risk of harm to the public?
- Is the chiropractor practising outside his or his/her scope of practice?
- Is the chiropractor fit to practise and able to perform the functions required for the practice of Chiropractic?

CONCLUDING STATEMENTS AND RECOMMENDATIONS

Overall Opinion of the CRP

In our opinion *[insert name of practitioner's]* practice *[meets/does not]* meet the required standard of competence reasonably expected of a chiropractor practising within *[his/her]* scope of practice.

N.B. If the practitioner does not meet the required standard of competence in your opinion you must specify the area or areas where the chiropractor's practice is deficient **and justify your opinion by providing reasons**. List these briefly in bullet points below and tie these back the key points listed the scope of the review outlined in the Terms of Reference.

Recommendations

If you are of the opinion that the chiropractor does not meet the required standard of competence, then you must include recommendations. You may include how the deficiencies may be overcome, any action that is appropriate to assist the practitioner to attain the required standard of competence, and any ongoing assessments needed.

Our recommendations to assist *[practitioner's salutation and surname]* to attain the required standard of competence are:

- xxx

Suggestions

If you are of the opinion that the chiropractor does meet the required standard of competence, but you wish to include general suggestions which may be of assistance to practitioner in maintaining or improving his or standard of competence, you may do so here. However, you should be aware that such suggestions are given on the basis that the practitioner meets the required standard of competence, and therefore may not form part of any competence order made by the Board under section 38 of the HPCA Act.

In order to maintain or enhance *[insert name of practitioner's]* competence, we suggest:

Signed:

XX

Registered chiropractor 70-XX

XX

Registered chiropractor 70-XX

APPENDICES

Bibliography

Conflict of Interest Statement

This is to confirm that we, *[insert name of reviewer 1]* and *[insert name of reviewer 2]*, have not previously met *[insert name of practitioner]*, and to the best of our knowledge have no conflict of interest to declare.

Signed:

(Signature of reviewer 1)

(Signature of reviewer 2)

APPENDIX THREE – INDICATIVE TIMELINE

Action	Time (working days)
From Board decision to notification to practitioner	5
Draft Terms of reference drafted and provided to the practitioner together with identification of proposed CRP	15
Appointment of CRP	5
Commencement of the review	10
Completion of review report – provided to the Registrar	20
Practitioner response to review and provide comments on the report	10
Total	65