

# Responsible Authority Core Performance Standards Review Report

<b>Authority Name</b>	<b>New Zealand Chiropractic Board - Te Poari Kaikorohiti o Aotearoa</b>
<b>Date of Review Report</b>	<b>1 February 2022</b>
<b>Name of reviewing Designated Auditing Agency</b>	<b>BSI Group New Zealand Limited</b>

## Executive Summary

The New Zealand Chiropractic Board is the responsible authority under the Health Practitioners Competence Assurance Act (the HPCA Act), for the regulation of the Chiropractic profession.

The Board has approximately 750 registered chiropractors with 930 total on their register. Chiropractic is a health care profession that focuses on disorders of both the musculoskeletal system and the nervous system and the effects of these disorders on general health.

The Secretariat consists of 1.5 (FTE) staff for the Registrar / General manager and the Deputy Registrar with a vacancy for another 0.5 staff available for projects and future growth.

The Board is made up of seven Board members: five health practitioners and two laypersons. Board committee include Finance, Audit & Risk Committee, Registration & Recertification Committee, and a Policy Committee.

There is one scope of practice that is for Chiropractor with three approved pathways for registration.

Processes and systems are well established to register applicants, issue practising certificates, review and improve competence, and respond to complaints, conduct and health notifications.

There is a public website that contains key information for the public and practitioners on its role, functions, and core regulatory processes. This includes policies, standards, newsletters, annual reports, and the Board's current strategic plan. A complete website review is scheduled for 2022.

The Board demonstrates principles of right-touch regulation through its policies, processes, systems, consultations, governance and how it works with its practitioners and stakeholders.

The Board's Strategic Plan 2021-2026 identifies strategic priorities, and an annual business plan implements the strategy. The Strategic Goals are:

1. Optimise mechanisms to ensure chiropractors are competent, fit to practise and focus on cultural safety, with the aim of achieving health equity and improved health outcomes.
2. Provide standards of clinical competence, cultural safety, and ethical conduct, and ensure that the standards reflect the expectations of the public, the profession, and stakeholders.

3. Improve the Board's relationship and partnership with the public, the profession, and stakeholders to further the Board's primary purpose – to protect the health and safety of the public.

Key initiatives are being implemented that link to the Strategic Plan include:

- currently reviewing the CPD programme and proposing to move to an annual cycle (currently a two-year cycle), and introduce a requirement for chiropractors to engage and reflect on at least one cultural competency activity each year,
- competency-based standards, draft *Professional Standards for Chiropractors*, are currently undergoing a review, and
- have commissioned work to develop a Te Tiriti o Waitangi statement and framework for integration into the Board's strategic plan and competency standards, and to develop a strategy for engaging with Māori.

The recommendations for improvement identified from this performance review include building on the current initiatives. These are:

- further explore with CCEA more specifically including the New Zealand cultural context in the CCEA's Accreditation standards and Accreditation policy and procedures,
- completing the review of the *Professional Standards for Chiropractors* and implement with the profession, and
- continue the journey for the Board working as a Tiriti engaged organisation applying the principles of equity and a Te Tiriti framework.

This performance review identified a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020, implement an ongoing and timely policy review process and complete its workforce survey.

## Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	PA	L	To further explore with CCEA more specifically including the New Zealand cultural context in the CCEA's Accreditation standards and Accreditation policy and procedures.	6 – 12 months (up to 31 December 2022)
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: <ul style="list-style-type: none"> <li>• Informed by relevant evidence</li> <li>• Clearly articulated and accessible</li> </ul>	PA	L	To continue to complete review of the <i>Professional Standards for Chiropractors</i> and implement with the profession.	6 – 12 months (up to 31 December 2022) and ongoing
10.1	The RA: <ul style="list-style-type: none"> <li>• Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions</li> </ul>	PA	L	To continue the journey for the Board working as a Tiriti-engaged organisation applying the principles of equity and a Te Tiriti framework.	6 – 12 months (up to 31 December 2022) and ongoing

## Functions under section 118 HPCA Act 2003 and their related core performance standards

### Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of Core Performance Standards. These standards are aligned with the functions under section 118 of the HCPA Act.

### Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

**The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.**

<b>Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>There is one scope of practice, Chiropractor with three approved pathways for registration and this document is on the Board's website.</p> <p>The Board has defined clear and coherent competencies for the chiropractor scope of practice:</p> <ul style="list-style-type: none"> <li>• Competency-based professional standards for chiropractors</li> <li>• Standards of cultural competence</li> <li>• Code of ethics</li> <li>• Advertising policy</li> </ul>	FA			
1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>The Gazette notice 10/12/12 identifies that registration as a chiropractor in New Zealand under the Chiropractic Board Scope of Practice requires either:</p> <ul style="list-style-type: none"> <li>• a Council on Chiropractic Education Australasia (CCEA) accredited Chiropractic qualification from the New Zealand College of Chiropractic, Auckland; or</li> <li>• a pass in an examination set by the New Zealand Chiropractic Board for chiropractors trained overseas who have graduated from an institution with accreditation status as recognised by a member body of the Council on</li> </ul>	FA			

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		<p>Chiropractic Education International (CCEI); or</p> <ul style="list-style-type: none"> <li>under the provision of the Trans-Tasman Mutual Recognition Act 1997, registration by the Chiropractic Board of Australia at the time of application.</li> </ul>				
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	<p>New Zealand has one educational institution providing one chiropractic qualification: the New Zealand College of Chiropractic (NZCC). The Board contracts the Council on Chiropractic Education Australasia (CCEA) to undertake the accreditation and monitoring of NZCC. The Board has one constituted member on the CCEA Board.</p> <p>Accreditation and monitoring of the programmes and the NZCC are framed within a set of consistently applied standards. The NZCC programme is accredited for a set period and is subject to ongoing monitoring by CCEA and the Board. If, during the monitoring process, it is found that the standards are no longer being met, conditions may be imposed, or the accreditation of a programme may be revoked.</p> <p>At the end of an accreditation, CCEA provides the Board with a comprehensive report and their recommendations of accreditation status, where any concerns</p>	PA	L	To further explore with CCEA more specifically including the New Zealand cultural context in the CCEA's Accreditation standards and Accreditation policy and procedures.	6 – 12 months (up to 31 December 2022)

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		<p>raised are addressed. The Board provides the final decision on granting accreditation.</p> <p>The accredited programme must demonstrate alignment with the clinical and cultural competence standards, and the ethical standards required of chiropractors. The programme is conducted in accordance CCEA's Accreditation standards and Accreditation policy and procedures.</p> <p>NZCC's last accreditation was granted April 2016. An accreditation was scheduled for 2021, however, due to the impacts of COVID-19, the Board and CCEA agreed to grant a 12-month extension and they are accredited to 30 June 2022.</p> <p>The CCEA provides an annual report to the Chiropractic Board of New Zealand.</p> <p>The Board's current review competency-based standards for draft <i>Professional Standards for Chiropractors</i> scheduled to completed early 2022 could link to the CCEA's Accreditation standards and Accreditation policy and procedures including a specific New Zealand cultural context.</p>				
1.4	the RA takes appropriate actions where concerns are identified	Monitoring allows for early intervention by the Board if concerns are raised about an accredited qualification and maximises the likelihood that students enrolled in the	FA			

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		<p>programme can complete their studies and graduate with a qualification recognised by the Board. The ongoing monitoring of the NZCC programme is managed through CCEA.</p> <p>The CCEA's Accreditation Policies and procedures (July 2015) includes:</p> <p>Annual reports: Member Institutions shall report annually their financial status, enrolment, and other data on their operations. Other data should include student progress profiles (pass/fail rates per year of course), significant curriculum developments/changes, plus an update on progress in implementing their strategic plan.</p> <p>CCEA completed the annual program report 2021 with the New Zealand College of Chiropractic.</p> <p>Progress reports: Member Institutions shall provide Progress reports in certain situations: i. as required by Council in connection with (re) accreditation findings; ii. where a substantive program or institutional change is planned; iii. where a decision is made to suspend or discontinue an accredited program.</p> <p>In addition, the Board's Chair, and Registrar/General Manager meet with the NZCC executive team annually to view</p>				

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		<p>NZCC's facilities and to discuss the year that was. The Board Chair also observes the final year student's end of year exam.</p> <p>In response to the COVID-19 pandemic, CCEA implemented regular meetings with the heads of all schools for Australasian chiropractic programmes. Summary reports were provided, and joint follow up meetings are held with the Board, CCEA and the Chiropractic Board of Australia.</p> <p>In addition, the CCEA executive and the Board's General Manager conduct quarterly meetings where topics of mutual interests are discussed.</p>				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers Section 118c) To consider applications for annual practicing certificates						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Board's public register is available on their website and the public can easily search for a practitioner. Searches can be carried out via name, registration number or practice status. It is connected to the (NERS) database and updates in real time.</p> <p>Conditions on scope of practice are displayed except for those related to health issues. Where a practitioner has conditions on their practice due to health concerns, the condition on the register is stated as "please contact the Board for conditions." This alerts the reader that the practitioner is subject to conditions on their practice and therefore acts to protect public health and safety while also protecting the privacy of the practitioner in terms of sensitive health information.</p> <p>The currency of the register is reviewed yearly after the close of the APC renewal period (expire 31 March).</p>	FA			
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> <li>Register applicants who meet all statutory requirements for registration</li> </ul>	<p><u>Registration</u></p> <p>The Board has polices / guidelines and registration information on its website, for Zealand graduates, Australian registered (TTMRA applicants), and Overseas educated.</p> <p>Registration applications are managed by the Deputy Registrar who works under</p>	FA			

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	<ul style="list-style-type: none"> <li>Issue practicing certificates to applicants in a timely manner</li> <li>Manage any requests for reviews of decisions made under delegation</li> </ul>	<p>delegation from the Registrar. Currently, New Zealand graduates can apply for registration online. By the end of the 2020/2021 financial year, all applicants will be able to complete their registration application online.</p> <p>The Board's English Language Policy for Registration applies to all applicants applying to register with the Board where English is not their first language. This includes applicants who have received their education in Aotearoa New Zealand, and those who received their education elsewhere.</p> <p>The Criminal History Policy requires all applicants to complete declarations regarding any convictions in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of three-months or longer.</p> <p>If a criminal conviction is declared, the applicant is required to complete a Reflection Sheet which is submitted with their registration application to the Registration &amp; Recertification Committee for review.</p> <p>All overseas-educated practitioners (who are not registered in Australia) are required to undergo a competence examination through CCEA as per the Gazette notice. This exam ensures the Board the</p>				

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		<p>chiropractor is competent to practice in New Zealand.</p> <p>Chiropractors who completed their primary education in a jurisdiction other than New Zealand do not receive education in aspects of healthcare unique to New Zealand. Therefore, the Board set a Newly Registered Overseas-Trained Practitioners Recertification Programme requiring all chiropractors whose primary qualification was not obtained in New Zealand, and who register or re-register as a chiropractor after April 2020, to complete education on practising in the New Zealand context.</p> <p>All chiropractors to whom this recertification programme applies must successfully complete the following three-training courses relevant to the practice of chiropractic in New Zealand: Mauriora: Foundation course in cultural competence, Clarify: Overview of the New Zealand Health Sector, and Clarify: Obligations of Health Practitioners under the Health Practitioners Competence Assurance Act 2003.</p> <p>The Deputy Registrar undertakes an annual visit to the NZCC to talk to the final year students where the registration process is outlined.</p> <p>From time to time, visiting chiropractors come to New Zealand to present at NZCC</p>				

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		<p>or conferences. In response, the Board developed a Visiting Chiropractors to New Zealand policy outlining the requirements of those coming to New Zealand</p> <p><u>Annual Practising Certificates</u></p> <p>Once registered, chiropractors can apply online to hold an annual practising certificate (APC), hold a non-practising status or be removed from the register.</p> <p>There is an Issuing Practising Certificates Policy (including return to practice).</p> <p>Once payment has been received and the application is reviewed by Deputy Registrar, the APC is issued, usually within 24-48 hours of a completed application. Chiropractors can complete a paper application for a partial year (three-month) APC</p> <p>The Annual Practising Certificate (APC) and disciplinary levy fees are reviewed each year at the Board's August meeting to ensure they are fit for purpose and will meet the Board's financial obligations.</p> <p><u>Reviewing Decisions Made Under Delegation</u></p> <p>All applications that cannot be approved by the Deputy Registrar are initially reviewed by the Registrar, and then by the Board's Registration and Recertification</p>				

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		Committee, who can approve, propose to decline an application, or propose a condition on practice. Any applicant can request to have this decision reviewed by the Board.				

**Function 3: Section 118d) To review and promote the competence of health practitioners**  
**Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners**  
**Section 118k) To promote education and training in the profession**

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3.1	<p>The RA has proportionate, appropriate, transparent, and standards-based mechanisms to:</p> <ul style="list-style-type: none"> <li>Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard</li> <li>Review a health practitioner's competence and practice against the required standard of competence</li> <li>Improve and remediate the competence of practitioners found to be below the required standard</li> <li>Promote the competence of health practitioners</li> </ul>	<p>The Board has a two-year continuing professional development (CPD) cycle, with 10-20% of the profession audited at the end of each cycle.</p> <p>The current CPD cycle was scheduled to end 31 December 2020, however, due to the impact of the COVID-19 pandemic, the Board agreed to extend this cycle for a further 12 months.</p> <p>Practitioners manage their own CPD through their online profile on the Board's website where they log their CPD activities and upload supporting documentation.</p> <p>Each year, chiropractors complete a recertification plan, identifying areas for development relevant to their practice. This is a self-reflective process and a living document that may be changed in response to new understanding.</p> <p>There is a policy for the Continuing Professional Development Recertification Programme, Guidance for establishing a formal peer group and recording formal peer group activities and Guidance for setting a CPD plan.</p> <p>The Board is currently reviewing its CPD programme. The review was sent out to the profession for consultation. The Board is</p>	FA			

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		<p>proposing to introduce a requirement for chiropractors to engage and reflect on at least one cultural competency activity. Consultation closed on 22/10/21 on a revision of the CPD standards and Draft CPD policy and guidelines.</p> <p>The key proposed changes to the CPD standards are: to move to an annual cycle (currently a two-year cycle), all practitioners will be required to complete 20-hours of CPD each year (currently 50-hours over two-years), to remove the current two-tiered classification (group A and group B) with more emphasis on a need for a variety of CPD activities to be undertaken and to introduce a requirement that chiropractors engage in at least one cultural safety CPD component each year.</p> <p><u>Promote the competence of health practitioners</u></p> <p>The Board produces publications from time to time to help educate and guide the profession: ACC – treating family, Extended term management plans and pre-payment arrangements, Guidance for issuing certificates of sickness or injury, Position statement on vaccination, Telehealth, a dedicated COVID-19 pandemic page including all Alert Level</p>				

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		<p>policies, and communications sent to the profession.</p> <p>Late 2019, early 2020 the Registrar/General Manger and Board members visited various locations around New Zealand holding educational sessions to discuss the Board's CPD programme, specifically CPD content and evidence. These sessions were well attended, with nearly half of all practising chiropractors attending their local session.</p> <p>The Board continues to look for opportunities to educate the profession with plans to develop resources the profession can use. For example, in the 2022 year, the Board plans to develop informational resources for Clinical records and Informed consent</p>				

**Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information**

**Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public**

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <ul style="list-style-type: none"> <li>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</li> </ul>	<p>The Board's website provides information for the public, employer, or a health practitioner on how to raise a complaint or concern about a chiropractor. This includes sections for Raising a complaint about a chiropractor (public) and Raising a concern about a colleague (health practitioner).</p> <p>The Board does not routinely receive a significant numbers of complaints and notifications.</p> <p>In 2020 there was 1 competence and 10 conduct (4 referred to PCC) and for 2021 1 competence and 4 conduct (3 with no further action) notifications and complaints.</p>	FA			
4.2	<ul style="list-style-type: none"> <li>Identifying and responding in a timely way to any complaint or notification about a health practitioner</li> <li>Considering information related to a health practitioner's conduct or the safety of the practitioner's practice</li> <li>Ensuring all parties to a complaint are supported to fully inform the authority's consideration process</li> </ul>	<p>The website includes information regarding Competence reviews, Conduct processes Health reviews, a flowchart of the complaints process, and a flowchart of the Professional Conduct Committee (PCC) process.</p> <p>When a complaint is received alleging the practice or conduct of a health practitioner has affected a health consumer, it is promptly forwarded to the Health and Disability Commissioner (HDC) as required under s.35 HPCA Act. Complaints referred</p>	FA			

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		<p>to the Board from the HDC or that are not related to a health consumer are considered by the Board at its next meeting.</p> <p>Any allegations of serious harm are reviewed by the Board Chair to ascertain if any immediate action is required for example interim suspension or condition. In this case, a special Board meeting is called as soon as practicable.</p> <p>ACC are promptly informed of any complaints pertaining to an allegation of ACC fraud. ACC are notified of any case resulting in a cancellation or suspension of an APC.</p> <p>The Board does not have a separate committee to review complaints or notifications. All cases are reviewed by the full Board and conflicts of interests are noted and managed on a case-by-case.</p> <p>Actions that can occur by the Board to protect public safety include:</p> <p><u>Competence Review:</u></p> <p>A competence review focuses on assisting the practitioner to improve their standard of practise. It is not a disciplinary process; the</p>				

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		<p>review is designed to be fair, constructive, supportive, and educative.</p> <p>Should the Board decide the required standard of competence is not being met it must make one of the following orders:</p> <ul style="list-style-type: none"> <li>• that the practitioner undertake a competence programme;</li> <li>• One or more conditions be included on the practitioner's scope of practice;</li> <li>• To require the practitioner to undertake an examination or assessment;</li> <li>• That the practitioner must work under supervision.</li> </ul> <p><u>Conduct</u></p> <p>If there is a conduct concern the Board may decide to refer a chiropractor to a Professional Conduct Committee (PCC).</p> <p>PCCs are appointed by the Board to investigate information that raises questions about the appropriateness of a chiropractor's conduct, or the safety of their practice should the need arise.</p>				

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		<p>A PCC is a statutory committee that regulates its own procedure. Every PCC consists of one layperson and two registered chiropractors.</p> <p>The PCC can make recommendations to the Board to:</p> <ul style="list-style-type: none"> <li>• counsel the practitioner</li> <li>• review the competence of the health practitioner</li> <li>• review the practitioner's scope of practice</li> <li>• have a charge be brought against the health practitioner in the Health Practitioners' Disciplinary Tribunal</li> <li>• take no further steps.</li> </ul> <p>The Board has a notification register with all competence and conduct cases to track common themes and is inclusive of both historical and current cases.</p> <p>All relevant parties are kept up to date with the progress of their complaint/case.</p>				
4.3	Enabling action, such as informing appropriate parties (including those	The Board has a Publication of Orders (naming policy) that applies where the	FA			

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**Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public**

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	<p>specified in section 118(g)) that a practitioner may pose a risk of harm to the public</p>	<p>Board is considering whether to publish the name of the Chiropractor who is the subject of an order or direction made by the Board. The policy sets out the circumstances in which a Chiropractor may be named.</p> <p>All parties are kept informed as required and this includes where identified; employers, the Accident Compensation Corporation, the Director General of Health, and the Health and Disability Commissioner.</p> <p>A notification policy is currently in draft, to be reviewed/accepted at the next Board meeting.</p>				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> <li>Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession</li> <li>Take appropriate, timely, and proportionate action to minimise risk</li> </ul>	<p>Health notifications can occur at registration, renewal of APC, or during the year.</p> <p>If the practitioner acknowledges that their practice is affected by a health condition (mental or physical condition), the Board will discuss an option for them to voluntarily either limit their practice or cease to practise while the situation is explored further.</p> <p>Options include:</p> <ul style="list-style-type: none"> <li>Surrendering their annual practising certificate.</li> <li>Putting into effect any agreed limitation on practice.</li> <li>Requiring them to submit to a medical examination by a medical practitioner approved by the Board.</li> </ul> <p>Decisions the Board can make following a health review include:</p> <ul style="list-style-type: none"> <li>If the practitioner is unable to perform the functions of their scope of practice, it must order that they are suspended from practise.</li> <li>If the practitioner can perform the functions of their scope of practice but only if certain conditions are observed,</li> </ul>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>it must order that conditions be placed on their scope of practice.</p> <p>The Board will continue to monitor the practitioner until they have fully recovered and are safe to practise unrestricted in their registered scope of practice.</p> <p>Information and processes related to health notifications are managed to align with the intent of the HPCA Act. A consultant has been engaged to further document the Board's processes clearly for staff and Board members to use. This work will be completed by the end of the current financial year.</p>				

**Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> <li>• Informed by relevant evidence</li> <li>• Clearly articulated and accessible</li> </ul>	<p>The Board standards include:</p> <ul style="list-style-type: none"> <li>• Competency-based professional standards for chiropractors</li> <li>• Standards of cultural competence</li> <li>• Code of Ethics</li> <li>• Advertising policy</li> </ul> <p>Competency standards: The Board is currently reviewing it Competency-based professional standards for chiropractors and engaged Allen + Clarke to assist in developing contemporary competency standards that will future proof the profession. These will be sent out for two consultations, the first with higher level stakeholders and once their feedback has been considered and appropriate changes made, they will be distributed to the whole profession for consultation.</p> <p>Code of ethics: The Board's Code of Ethics is scheduled to be reviewed in 2022 once the revised competency standards are finalised and published.</p> <p>Cultural competency: The Board's Standards of cultural competence policy document sets out the Board's expectations of practitioners in terms of embracing cultural competence as a cornerstone of their professional practice.</p>	PA	L	To continue to complete review of the <i>Professional Standards for Chiropractors</i> and implement with the profession.	6 – 12 months (up to 31 December 2022) and ongoing

**Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>The Board developed its cultural standards in 2017.</p> <p>The competency-based standards are currently undergoing a review due to be completed early 2022.</p> <p>The draft <i>Professional Standards for Chiropractors</i> consist of five principles which collectively describe the characteristics of a competent chiropractor and the abilities to be demonstrated in practice:</p> <ol style="list-style-type: none"> <li>1. Professional Responsibility</li> <li>2. Chiropractic Expertise</li> <li>3. Communication and Collaboration</li> <li>4. Scholarship</li> <li>5. Management and Leadership</li> </ol> <p>These draft standards include that culturally safe and competent care involves ensuring the principles of Te Tiriti o Waitangi are integrated into chiropractic practice.</p> <p>The Board's code of ethics and advertising policy are scheduled for review in the 2022/2023 financial year.</p>				
6.2	Developed in consultation with the profession and other stakeholders	The Board has an established consultation policy and processes for consulting on core regulation standards. Policies and standards are sent out to the profession	FA			

<b>Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
		<p>and key stakeholders for consultation. The Board has a dedicated page on its website for consultations which includes the latest consultation and recent consultation outcomes.</p> <p>The Board is currently considering what can be done to improve its approach to ensure ongoing regulatory framework reviews are inclusive of a Māori perspective.</p>				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	<p>The Board's 2021-2026 strategic plan outlines the Board's commitment to Tiriti o Waitangi and how the Board mahi will reflect Te Tiriti o Waitangi and responsiveness to Māori.</p> <p>The Board recently engaged the services of Piripi Winiata of Kawea Law and Consultancy and this mahi includes developing a Te Tiriti o Waitangi statement and framework for integration into the Board's strategic plan and competency standards.</p> <p>Building the Board's collective understanding of cultural competency is ongoing.</p>	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The Board has an ongoing collaborative relationship with other authorities. This includes several other responsible authorities at both the executive and Board level (i.e., Board's Chair and Registrar / General Manager attends quarterly meetings with the Physiotherapy Board and Osteopathic Council). An example is COVID-19 Alert Level Policies.</p> <ul style="list-style-type: none"> <li>Liaison with the other responsible authorities includes attendance at the Health Regulatory Authority, and the monthly Partner Regulatory Group (PRG) meetings where the 11 partner responsible authorities at 22 Willeston Street share the work they are doing. The Board is co-located here with these 11 other responsible authorities.</li> <li>Professional Conduct Committee membership training undertaken for multiple responsible authorities.</li> <li>There is a Service Level Agreement (SLA) agreement with the Nursing Council of New Zealand, which provides back-office services such as finance services.</li> <li>Attendance at CLEAR Conferences, which focus on regulation activities.</li> <li>The collective responsible authorities have met during 2021 to discuss potential initiatives including a collaborative workshop in May.</li> </ul>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>In addition to working collaboratively with the other responsible authorities, the Board is involved in inter-disciplinary collaboration and cooperation that includes the following.</p> <ul style="list-style-type: none"> <li>Actively works with government agencies including Health Workforce New Zealand, Allied Health, Ministry of Health, and the Minister of Health</li> <li>Attendance at and support of Allied Health meetings.</li> <li>The Board's Chair and Registrar/General Manager attend meetings with the New Zealand Chiropractic Association and ACC.</li> <li>In addition to the above, the Board is a member of the World Federation of Chiropractic and were founding members of the International Chiropractic Regulatory Society</li> </ul>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> <li>Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions</li> </ul>	<p>The Board has a clear understanding of its role in protecting the health and safety of the public. The Board's website has a section "Our Responsibilities" that outlines the role of the Board. This includes information about how chiropractors are competent and fit to practice.</p> <ul style="list-style-type: none"> <li>prescribe the qualifications required for scopes of practice within the profession;</li> <li>programmes to ensure the ongoing competence of health practitioners;</li> <li>receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners;</li> <li>to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession;</li> <li>to set standards of clinical competence, cultural competence, and ethical conduct;</li> <li>to promote education and training in the profession;</li> <li>to promote public awareness of the responsibilities of the authority;</li> </ul>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.2	<ul style="list-style-type: none"> <li>Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes</li> </ul>	<p>The Board has a public website that contains key information on its role and functions and processes that regulate the practitioners.</p> <p>The Board publishes an annual report and newsletters on a regular and ongoing schedule.</p> <p>The website is regularly reviewed to ensure it remains current, accurate, and fit for purpose. The Board has scheduled a complete website review for 2022 and includes plans for publishing key documents in multiple languages.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> <li>Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions</li> </ul>	<p>In its five-year strategic plan (2021-2026), the Board explicitly made a commitment to improve how it will foster and support equitable health care for Māori, align with the Government's direction for Māori health advancement, and support the acquisition of Māori health goals.</p> <p>In 2021 the Board has been looking to undertake engagement with Māori to seek advice on the various elements of its regulatory framework to better ensure the framework is responsive to the needs of Māori as tangata whenua of Aotearoa.</p> <p>The Board recently engaged the services of Piripi Winiata of Kawea Law and Consultancy to: 1. develop a Te Tiriti o Waitangi statement and framework for integration into the Board's strategic plan and competency standards; 2. develop a strategy for engaging with Māori (whānau, Māori health providers, and other interested Māori rōpū) to understand: a. how the profession can support health outcomes for Māori; b. strategies for ensuring health and safety for Māori in regulating chiropractic health services.</p> <p>This work will be completed in phases starting with the statement and framework around Te Tiriti o Waitangi and then moving to an engagement strategy.</p>	PA	L	To continue the journey for the Board working as a Tiriti engaged organisation applying the principles of equity and a Te Tiriti framework.	6 – 12 months (up to 31 December 2022) and ongoing

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
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10.2	<ul style="list-style-type: none"> <li>Ensure the principles of Right-touch regulation are followed in the implementation of all its functions</li> </ul>	<p>The six principles of right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile.</p> <p>The Board demonstrates these principles through its policies, processes, systems, consultations, governance and how it works with its practitioners and stakeholders.</p> <p>The principles of right touch regulation feature throughout the Board's 2021-2026 strategic plan.</p> <p>The Strategic Goals are: 1. Optimise mechanisms to ensure chiropractors are competent, fit to practise and focus on cultural safety, with the aim of achieving health equity and improved health outcomes. 2. Provide standards of clinical competence, cultural safety, and ethical conduct, and ensure that the standards reflect the expectations of the public, the profession, and stakeholders. 3. Improve the Board's relationship and partnership with the public, the profession, and stakeholders to further the Board's primary purpose – to protect the health and safety of the public.</p> <p>The plan is publicly available on the website. An annual business plan implements the strategy.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
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10.3	<ul style="list-style-type: none"> <li>Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern</li> </ul>	<p>The Board maintains a Risks Register that identifies risk across its functions using a risk rating system.</p> <p>Identification and assessment of risks are managed, and the register is updated on a bi-annual schedule.</p>	FA			
10.4	<ul style="list-style-type: none"> <li>Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners</li> </ul>	<p>The Board has a well-established pattern of consulting with relevant stakeholders. Consultations are framed to allow respondents sufficient time to submit their feedback. Different methods of consultation have been used to account for different levels of complexity, for example open-ended email submissions with Survey Monkey for more complex consultations.</p> <p>The Board maintains a list of key stakeholders who are alerted to the release of publications pertaining to the Board's work.</p> <p>There is a Memorandum of Understanding (MoU) agreement with the New Zealand Chiropractic Association and the New Zealand College of Chiropractic.</p>	FA			
10.5	<ul style="list-style-type: none"> <li>Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment</li> </ul>	<p>There is a Governance Policy and a Board member code of conduct. The Board meets four times per year and conducts an annual strategic planning day with the next one scheduled for February 2022.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
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		<p>Board committees are the Finance, Audit &amp; Risk Committee, the Registration &amp; Recertification Committee, and the Policy Committee; they all have terms of reference. There is also an External committee for the Competency-Based Standards for Chiropractors Review Committee.</p> <p>There is a Board member induction guide, and all incoming members receive an orientation session prior to their first meeting.</p> <p>The Board identifies that it fulfils its obligations as an employer and as a public, administrative and regulatory body.</p> <p>This includes fiscal prudence and sustainability which is monitored through external audits under the Public Audit Act 2001 with all annual audits to date having returned an untagged result.</p> <p>Recommendations for quality improvements as set out in annual audit management reports. The Board reviews its practitioner fees annually to align with annual budgets and reserves policy.</p> <p>A consultant has been engaged to document the Board's processes for staff and Board members to use, along with a full set of template letters. This work will be</p>				

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		<p>completed by the end of the current financial year.</p> <p>The Board is completing a workforce survey for March 2022 that is to include ethnicity information.</p> <p><b>Opportunity for Improvement</b></p> <p>This performance review identified a need to update references to privacy legislation in identified policies to refer to the Privacy Act 2020, implement an ongoing and timely policy review process and complete its workforce survey.</p>				