

Physiotherapy Standards

May 2018

Advertising standard

Introduction

The Physiotherapy Board (Board) recognises the value of providing information to the public about practitioners and the services they provide and that advertising can provide a means of conveying such information. Any information provided in an advertisement for a service should be reliable and useful in assisting consumers to make informed decisions about accessing services and health care choices.

Advertising can have adverse consequences when it is false, inaccurate, misleading or deceptive, and can lead to the provision of inappropriate or unnecessary health services, or create unrealistic expectations.

Advertising means any information published about your practice, including but not limited to, signage, corporate printing such as business cards, stationery, and social and print media such as websites, Facebook, LinkedIn, newspapers.

The purpose of this statement is to protect the public from advertising that is false, misleading or deceptive⁹ and to guide physiotherapists about the advertising of health-related products and services. This will support the appropriate use of health resources and ensure that patients can make informed decisions about their health care.¹⁰

New Zealand law

Health Practitioners Competence Assurance Act 2003 includes protecting the public by only allowing qualified people to claim to be health practitioners (Section 7). It stipulates the necessity of a current practising certificate issued by the responsible authority within a scope of practice (Section 8) and entering particulars of qualifications on the register (Section 138(1)).

The Advertising Standards Authority Advertising Codes (including the Therapeutic Products Advertising Code, Therapeutic Services Advertising Code, and Advertising Code of Ethics) are also relevant. This has specific information relating to the use of patient testimonials to consumers.

Practitioners must also be aware of other legislation and standards relating to advertising including, but not limited to, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers' Rights, and the Advertising Standards Authority's Codes.

9 False, misleading or deceptive advertising can also give rise to a breach of the Fair Trading Act 1986, which carries penalties in the order of \$60,000 in respect of an individual and \$200,000 in respect of a body corporate.

10 As required by Right 6 of the Code of Health and Disability Services Consumers' Rights.

1. Professional obligations

1.1 Ethical Standards

The [Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct](#) (2017) states:

- » **6.1:** Physiotherapists must provide truthful, accurate and relevant information and must not knowingly make misleading representations to patients and those legally entitled or authorised to receive information.
- » **10.5:** Physiotherapists must when engaged in advertising or promotion:
 - Claim only those titles and qualifications to which they are entitled and ensure that any perceived or actual misperceptions about qualifications are avoided and corrected.
 - Must not use any advertising methods and/or material that bring the profession into disrepute.
 - Not engage in any conduct that is misleading as to the nature, characteristics, effectiveness, and/or suitability of any product, and/or service.

The example of advertising ‘free physio’ is misleading for patients whose management is subsidised by an insurer or funder e.g. ACC, Southern Cross, Primary Health Organisation (PHO).

1.2 Public safety

Practitioners must not advertise in a manner that could be considered as an attempt to profit from or take advantage of limited consumer understanding. It is inappropriate for a physiotherapist to prejudge a patient’s ability to afford a particular treatment, or the value that a patient puts on any treatment.

1.3 Informed consent

Informed consent has specific parameters as set out in the Board’s Informed consent standard. The main purpose for the advertising of services is to present information that is reasonably required by consumers to make decisions about the services offered and should not be used for informed consent.

1.4 Ensuring competence

When advertising a service, a practitioner must be competent by reason of his or her education, training and/or experience to provide the service advertised or to act in the manner or professional capacity advertised. A practitioner must be certain that any claims made in advertising material can be supported by best available evidence. This refers particularly to claims regarding outcomes of treatment, whether implied or explicitly stated.

1.5 Comparative advertising

It is difficult to include all required information to avoid a false or inaccurate comparison when comparing one health service or product with another. Therefore, comparative advertising contains a risk of misleading the public. Practitioners must not advertise in any way, which disparages other practitioners and the services they offer.

1.6 Authorising the content of advertising

Practitioners are responsible for the form and content of the advertising of health-related services and products associated with their practice. Practitioners must not delegate this responsibility. If you hold responsibility for management or governance within a corporate organisation, you may reasonably be held responsible for the content of any advertising published by that organisation.

You also have some responsibility in situations in which you make yourself available, or provide information to, media reports, magazine articles, 'reality' shows or advertorials. In such circumstances, you are responsible for the comments you make and the information you provide.

1.7 Appropriate language and images

Language and images convey powerful messages about physiotherapy practice that reflect on the whole profession. Care is needed with language and when using images in advertising to ensure that they avoid unnecessary stereotyping and are culturally appropriate. Careful use should be made of models in a state of undress, images of skeletons or other graphical representations of the body, and images that could be deemed offensive. Care should always be taken to ensure the correct copyright permissions, and appropriate consent have been arranged before publication.

2. Advertising nature of practice

The use of the term Specialist: a physiotherapist who does not hold specialist registration must not claim or otherwise hold him or herself out to be a specialist, either explicitly or by implication, or convey that perception to the public.

3. Advertising of professional qualifications and memberships

Advertising titles, professional qualifications or memberships may be useful in providing the public with information about experience and expertise. These may be misleading or deceptive if patients can interpret the advertisements to imply that you are more skilled or have greater experience than is the case. Professional qualifications are those qualifications obtained from reputable institutions by examination or formal assessment.

4. Testimonials¹¹

Advertisements must not unduly glamorise products and services or foster unrealistic expectations. Testimonials can create an unrealistic expectation of outcomes for individual patients and must not be used or quoted in your advertising or on any websites, social media forums or any other platforms you control that advertise your services.¹²

11 Testimonial has its ordinary meaning of a recommendation or positive statement made by another person, for example, about a physiotherapist's care, skill, expertise or treatment. Testimonials include expressions of appreciation or esteem, a character reference or a statement of the benefits received from the care provided. Testimonials are not limited to comments from patients but may also include feedback and endorsements from colleagues, other health care professionals, friends, whānau, family and other persons in the physiotherapist's network.

12 You must not encourage patients to leave testimonials on websites, or other platforms you control that advertise your or your practice's

5. Discount coupons or gift certificates

If you advertise using discount coupons or gift certificates, you must ensure that these do not undermine your relationship with the patient and the informed consent process. In particular, you must ensure that your coupon or certificate is clear that:

- » purchase of the certificate or coupon does not equate to granting informed consent
- » ensure the assessment and treatment is necessary and appropriate
- » before treatment, you will discuss treatment options with the patient
- » the patient has the right to opt out of treatment at any time
- » you will not provide the requested treatment if your assessment indicates that the patient is not a suitable candidate.

6. Consequences of breach of advertising requirements

- » If you have a concern about advertising, you should contact the Board. Where advertising appears to breach a code or law, the Board may refer complaints to another agency, such as the NZ Advertising Standards Complaints Board or the Commerce Commission.
- » This practice standard may be used by the Health Practitioners Disciplinary Tribunal, the Board, and the Health and Disability Commissioner as a standard by which a physiotherapist's conduct is measured. At the conclusion of an investigation by another agency, the Board may initiate a conduct review, which could result in additional sanctions.

services, nor should you encourage patients to submit testimonials about your or your practice's services to third party websites. It is your responsibility to monitor regularly the contents of such websites or platforms and to remove any testimonials that are posted there. However, you are not responsible for any unsolicited testimonials or comments that are published on a website, in social media or other forms of media over which you do not have control.

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\) Principle 10.5](#)

[Australian Health Practitioner Regulation Agency. Advertising resources](#)

[Physiotherapy Practice thresholds for Australia & Aotearoa New Zealand \(2015\) Key competencies 2.1 and 3.1](#)

[Dental Council. Advertising Practice Standard](#)

[Medical Council of New Zealand. Statement on advertising](#)

[The Code of Health and Disability Services Consumers' Rights](#)

[The Consumer Guarantees Act 1993](#)

[The Fair Trading Act 1986](#)

[The Medicines Act 1981](#)

[Therapeutic and Health Advertising Code 2016](#)

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Cervical manipulation standard

Introduction

Manipulation is a passive therapeutic technique performed by a therapist applying a specifically directed manual impulse or thrust to a joint at or near the end of the passive (physiological) range of motion. It is often accompanied with an audible pop or crack.¹³

The Health Practitioners Competence Assurance Act 2003 (HPCAA), Part 1 section 9, restricts certain activities to particular health practitioners, in order to protect members of the public from the risk of serious or permanent harm (“Health Practitioners Competence Assurance Act”, 2003; The Ministry of Health, 2014). One of the restricted activities is the application of high velocity, low amplitude manipulative techniques to cervical spine joints (Cartwright, 2005). Although the incidence of serious adverse events as a result of cervical manipulation is very low, the severity of a serious adverse event is potentially very high. Physiotherapists are entitled to perform cervical manipulation, and with this comes responsibilities.

New Zealand law

The Health Practitioners Competence Assurance Act 2003

Health Practitioners Competence Assurance (Restricted Activities) Order 2005

1. Informed consent and documentation

(See Informed consent standard)

- 1.1 Physiotherapists must seek patient informed consent before providing any physiotherapy services, ensuring their consent is freely given and appropriately documented.
- 1.2 Written informed consent is required as the severity of a serious adverse event is high.

Cervical spine Examination Framework¹⁴

This framework covers assessment for the potential of cervical arterial dysfunction (CAD) prior to management of the cervical spine. The importance of the subjective history in particular health-related risk factors now has greater importance in predicting risk than the physical tests..

13 Rubinstein SM, van Middelkoop M, Assendelft WJJ, de Boer MR, van Tulder MW. Spinal manipulative therapy for chronic low-back pain (Review). The Cochrane Library 2011, Issue 2.

14 The New Zealand Manipulative Physiotherapy Association (NZMPA) has published a more detailed version (2016) of this framework which is based on information from the IFOMPT website and Rushton et al. (2014)

2. Subjective assessment

The following risk factors must be screened for:

- 2.1 Cervical arterial dysfunction: The risk factors associated with an increased risk of either internal carotid or vertebral arterial pathology should be thoroughly assessed during the patient history.
- 2.2 Upper cervical instability: The risk factors associated with an increased risk of bony or ligamentous compromise should be thoroughly assessed during the patient history.
- 2.3 History: The signs and symptoms of serious pathology and contraindications / precautions to treatment should be thoroughly assessed during the patient history stage of assessment.
- 2.4 Decision-making: At the end of the subjective assessment a decision needs to be made whether to proceed with the objective testing; if there are any precautions or contraindications; the physical tests necessary; and the order of testing.

3. Objective assessment

The following objective measures should be tested:

- 3.1 Blood pressure: As hypertension is a risk factor for CAD, blood pressure should be taken in either sitting or lying prior to further examination.
- 3.2 Craniovertebral ligament testing: Craniovertebral ligament testing should be undertaken prior to any treatment consideration.
- 3.3 Neurological examination: This should include assessment of the peripheral nerves, cranial nerves, and include assessing for an Upper Motor Neurone lesion.
- 3.4 Positional testing: Rotational position tests may be indicated (i.e. sustained end-range rotation left and right).

4. Education

- 4.1 Cervical spine high-velocity, low-amplitude thrust manipulation is a restricted activity under the HPCAA. The competency of cervical thrust techniques and prerequisite testing means physiotherapists must have completed a course specific to these skills to become proficient and safe to practice these skills.
- 4.2 To ensure ongoing competence physiotherapists must complete some form of ongoing professional development in this area.

Related resources

[NZMPA Updated Code of Practice for Cervical Spine Management \(2016\)](#)

[Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct \(2017\)](#)

[The Code of Health and Disability Services Consumers' Rights](#)

[Rushton, A., Rivett, D., Carlesso, L., Flynn, T., Hing, W., & Kerry, R. \(2015\). International framework for examination of the cervical region for potential of cervical arterial dysfunction prior to orthopaedic manual therapy intervention. *Physiotherapy*, 101, e1305-e1306.](#)

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This statement is scheduled for review in 2023. Legislative changes may make this statement obsolete before this review date.

The document has relied heavily on the NZMPA Updated Code of Practice for Cervical Spine Management (2016), and we acknowledge their generosity in allowing us to use and modify their document.

Cultural competence standard

Introduction

Physiotherapists in Aotearoa New Zealand practise within a culturally diverse environment. They are required to be competent when engaging with health consumers whose cultures may differ from their own, and with colleagues and other health professionals from diverse backgrounds.

Health consumers' cultures affect the way they understand health, well-being and illness, the choices regarding their health, how they access health care services and how they respond to interventions.

Culture may include, but not be limited to age, gender, sexual orientation, race, socio-economic status (including occupation), religion, ethnicity and organisational culture, physical or mental or other impairments. Cultural competence is a contemporary term that encompasses concepts, which are holistic and patient-centred.

Te Tiriti o Waitangi – Treaty of Waitangi

The Board acknowledges Te Tiriti o Waitangi/Treaty of Waitangi as a founding document of Aotearoa New Zealand, which informs legislation, policy and practice and aims to reduce the health inequalities between Māori and non-Māori. It recognises and respects the specific importance of health services for Māori as the indigenous people of Aotearoa New Zealand.

To practise effectively in Aotearoa New Zealand, a physiotherapist needs to understand the relevance and be able to apply the Tiriti o Waitangi/Treaty of Waitangi principles, whilst promoting equitable opportunity for positive health outcomes within the context of Māori health (models), including whānau (family health), tinana (physical health), hinengaro (mental) and wairua (spiritual health).

Physiotherapists in Aotearoa New Zealand must be able to work effectively with people whose cultural realities are different to their own. To achieve this, they require a working knowledge of factors that contribute to and influence the health and well-being of Māori communities including spirituality and relationship to the land and other determinants of Māori health.

Physiotherapy standards of cultural competence are integrated both implicitly and explicitly throughout all physiotherapy competencies. These are incorporated in the Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct and the Physiotherapy practice thresholds in Australia and Aotearoa New Zealand.

Culturally competent physiotherapists contribute to improved and equitable outcomes for health consumers and all those working in the health sector through:

- » the understanding of their own culture and that of the consumer and the organisation where they are employed
- » continued development of confidence in the physiotherapist-patient relationships
- » improvement in communication with, and increased information gained from, patients
- » improved communication with other providers and colleagues
- » development of appropriate patient-centred goals
- » increased engagement with treatment plans ensuring better health outcomes
- » increased patient, whānau and family satisfaction
- » having advancing knowledge and understanding of the diverse cultures where they are employed.

New Zealand law

[Human Rights Act 1993](#)

[New Zealand Bill of Rights Act 1990](#)

[The Code of Health and Disability Services Consumers' Rights 1996](#)

Cultural competence is a process of continuing self-development for the betterment of patients. As such, physiotherapists must demonstrate the appropriate awareness and knowledge, attitudes, and skills of cultural competence.

1. Awareness and knowledge

To work successfully with health consumers of different cultural backgrounds, a physiotherapist must demonstrate appropriate awareness and knowledge including:

- » recognition that Māori and other cultures' definitions of health may involve multiple dimensions that extend beyond the physical and medical diagnoses
- » an awareness and acknowledgement of their own limitations of cultural knowledge and an openness to ongoing learning and development
- » an awareness of a patient's right to identify with any cultural parameters that they choose

- » an understanding that patients may identify with multiple cultures
- » An awareness that a patient's culture may have an impact on:
 - their perceptions of health, illness and disease
 - their access to health services
 - the delivery of health care practices
 - their interactions with medical professionals and healthcare systems
 - treatment preferences.

2. Attitudes

To work successfully with health consumers of different cultural backgrounds, a physiotherapist must demonstrate appropriate attitudes including:

- » a preparedness not to impose their own values on patients
- » a willingness to understand their own cultural values and beliefs and the influence these have on their interactions with patients
- » a commitment to ongoing development of their own cultural awareness and practices including those of their colleagues and staff
- » promote and actively support a culturally bias-free environment
- » a willingness to appropriately challenge the cultural bias of individuals or health systems where this will have a negative impact on patients.

3. Skills

To work successfully with health consumers of different cultural backgrounds, a physiotherapist must demonstrate appropriate skills including:

- » establishing a rapport with health consumers of other cultures, and respectfully inquire about the cultural background and beliefs of the patient
- » identifying how a health consumer's culture might inform the physiotherapist-patient relationship
- » identifying actions (conduct), which may be appropriate and inappropriate
- » considering the health consumer's cultural beliefs, values, practices, and social rules in developing a relevant treatment plan for the patient
- » including a patient's whānau, family and community in their physiotherapy care, where appropriate
- » working cooperatively with individuals and organisations in a patient's culture
- » working with other healthcare professionals to provide integrated culturally competent care
- » reflecting on and improving their own practice to ensure equitable outcomes and demonstrating life-long learning in cultural competence.

- » communicating effectively by:
 - recognising that communication styles of patients may differ from their own and modifying these as required
 - working with interpreters as required.
 - acknowledging any cultural dissimilarity when discussing a patient-centred treatment plan

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\)](#) Principles 1 and 4

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) Cultural competence (pp 11- 12) and Key competencies 1.3, 1.4, 2.1, 2.2, 4.1, 5.1, and 7.2

ACC (2008). The Māori patient in your practice.

Bacal, K., Jansen, P., Smith, K. (2006). Developing cultural competency in accordance with the Health Practitioners Competence Assurance Act. *New Zealand Family Physician*, 33 (5), 305-309.

Durie, M. (2005). *Nga tai matatu: Tides of Maori endurance*. OUP Catalogue.

Kingi, T. R. (2007). *The Treaty of Waitangi: A framework for Māori health development*.

Main, C., McCallin, A., Smith, N. (2006, November). Cultural Safety and Cultural Competence: what does it mean for physiotherapists? *NZ Journal of Physiotherapy*, 34 (3), 160-166.

Ratima, M., Waetford, C., Wikaire, E. (2006, November). Cultural competence for physiotherapists: reducing inequalities in health between Māori and non-Māori, *New Zealand*.

Journal of Physiotherapy, 34 (3), 153-159.

New Zealand Journal of Occupational Therapy, 54(1), 4-10

Online education: www.mauriora.co.nz: [Foundation Course in Cultural Competency](#)

Souza, R. (2008). Wellness for all: the possibilities of cultural safety and cultural competence in New Zealand. *Journal of Research in Nursing*, 13, 125-135.

[Tae Ora Tinana](#). Maori partner of Physiotherapy New Zealand.

Waitangi Tribunal Te Rōpū Whakamana i te Tiriti o Waitangi. [Meaning of the treaty](#).

Waitangi Tribunal Te Rōpū Whakamana i te Tiriti o Waitangi. [Principles of the treaty](#).

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Informed consent standard

Introduction

Trust is a vital element in the patient - physiotherapist relationship. For trust to exist, patients and physiotherapists must believe that the other party is honest and willing to provide all necessary information that may influence the treatment or advice. 'Consent' for health professionals means permitting someone to do something they would not have the right to do without such permission. The patient must indicate that approval for a particular assessment, and/or procedure(s) has been given, or declined.

Informed consent is a culturally sensitive interactive process between a physiotherapist and patient where the patient gains an understanding of his or her condition and receives an explanation of the options available including an assessment of the expected risks, side effects, benefits and costs of each option and thus can make an informed choice and give their informed consent.

Legally valid informed consent consists of three key components. The patient must be **competent** to consent, appropriately **informed**, and able to give **voluntary** consent or not.

New Zealand law

[Code of Health and Disability Services Consumers' Rights \(1996\)](#) states every patient has the right to make an informed choice and to give informed consent, except in certain circumstances (Right 4 & 5).

The [Care of Children Act 2004](#) (Section 36) states that children over the age of 16 years can give consent as if they are adults. It is not clear whether parental consent is always necessary for (medical) treatment for persons under 16 years. Section 36 does not automatically prohibit persons under 16 years from consenting treatment.

1. Consent

- 1.1 Physiotherapists must seek patient informed consent before providing any physiotherapy services, ensuring their consent is freely given and appropriately documented. ([Aotearoa New Zealand Code of Ethics and Professional Conduct 2017, 2.6](#)).

This includes, but is not limited to:

- » the initial assessment and treatment
- » the continuation of care and any changes in treatment
- » any clinical imaging
- » recording of an assessment or treatment
- » when a physiotherapy student is involved
- » course participation that involves the application of techniques and modalities
- » course demonstrations
- » education and research in addition to informed consent for assessment and treatment.

- 2.2** Physiotherapists must seek prior consent for the presence of an additional person(s), who is not directly involved in the patient's care, attending an assessment and/or treatment. ([Involvement of an additional person during a consultation standard](#)).

This includes, but is not limited to:

- » A chaperone, supervisor or peer reviewer
- » An observer for education, peer review or research purposes
- » An interpreter.

2. Competence to give consent

- 2.1** Every patient must be presumed competent to make an informed choice or give informed consent unless there are reasonable grounds for believing that the patient is not competent. The patient's age can be a relevant factor to take into account when determining competence. Several other factors must also be considered, these include:

- » the patient's level of understanding, including language and maturity
- » the seriousness of the assessment and/or treatment
- » whether the particular individual, regardless of their age, has the capacity to consent to the particular form of treatment proposed
- » where a patient has diminished competence, that patient retains the right to make informed choices and give informed consent to the extent appropriate to his/her level of competence.

2.2 Determining competence

Physiotherapists must act in accordance with the law where the patient has compromised decision-making capacity or is unable to provide consent. ([Aotearoa New Zealand Code of Ethics and Professional Conduct 2017, 2.7](#)).

In any communication regarding Informed Consent, the physiotherapist should try to validate a patient's comprehension. If there is any doubt a second opinion should be sought.

3. Information

- 3.1** Physiotherapists must clearly and adequately inform the patient of the purpose and nature of the physiotherapy intervention to enable their informed choice ([Aotearoa New Zealand Code of Ethics and Professional Conduct 2017, 2.5](#)).
- 3.2** Patients have the right to sufficient information to make an informed choice or give informed consent. This includes, but is not limited to:

- » an explanation of the patient's condition
- » an explanation of the options available, including an assessment of the expected risks, side effects, benefits, and the costs, and different treatment options including public and private where appropriate
- » the advice about treatment frequency, and estimated numbers of treatments
- » explanation of any proposed participation in teaching or research, including whether the research requires and has received ethical approval
- » any other information required by legal, professional, ethical, and other relevant standards
- » the results of tests and procedures.

3.3 Patients are entitled to honest and accurate answers to any questions about services, including the identity and qualifications of the provider, the recommendation of the provider, how to obtain a second opinion from another provider, and the results of relevant research. If requested, a written summary of the information must be provided.

4. Effective communication

4.1 Patients are entitled to effective communication in a form, language and manner that enables the patient to understand the information provided, and for this to take place in an environment that enables open, honest, and effective communication. The involvement of whānau, family or other support persons may often help with understanding.

4.2 Where necessary and reasonably practicable, patients have the right to a competent interpreter (see [Involvement of an additional person during a consultation standard](#)).

5. Shared decision-making

Physiotherapists must involve the patient in planning care, and revisit their goals and plans on a regular basis ([Aotearoa New Zealand Code of Ethics and Professional Conduct 2017, 2.4](#)).

6. Voluntary consent

The patient must be able to give consent freely, without being subject to discrimination, coercion, harassment or exploitation. The patient has the right to refuse services and to withdraw consent that has already been given, without prejudice. The patient is also entitled to express a preference as to who will provide services and have that preference met where practicable.

7. Oral and written informed consent

- 7.1** Oral informed consent is sufficient for routine assessments and treatments where any perceived risk to the patient (or therapist) is minimal.
- 7.2** Written informed consent is required if:
- » there is a significant risk of adverse effects on the patient or if there is any doubt whether an assessment or treatment has an associated risk
 - » a physiotherapy student is involved. The initial informed consent pertaining to a patient's assessment and treatment by physiotherapy students must be undertaken and documented by the supervising physiotherapist and prior to introducing the student (see [Involvement of an additional person during a consultation standard](#))
 - » the patient is to participate in any research. This will be part of the research ethics process and in addition to consent for any assessment and treatment
 - » Written consent, along with the patient's signature, should include the options and risks discussed.
- 7.3** Documenting informed consent: All oral and written informed consent must be clearly documented, dated, and include an explanation of the information provided.

8. Consent of minors

- 8.1** The Code of Rights does not specify an age for consent and makes a presumption that every consumer of health services is competent to make an informed choice and give informed consent unless there are reasonable grounds for believing that the consumer is not competent.
- 8.2** Children over the age of 16 are considered legal adults. Consent given by a parent or guardian for the treatment of a child or an impaired adult does not necessarily imply assent to treatment by the patient. Should there be any doubts about consent, care must be exercised before proceeding. The patient must still be provided with information appropriate to their level of ability to understand, and retains the right to make informed choices and give informed consent to the extent appropriate to their level of competence.
- 8.3** You should assess a child's competency and form an opinion on whether they are able to give informed consent. A competent child is one who is able to understand the nature, purpose and possible consequences of the proposed investigation or treatment, as well as the consequences of non-treatment.

9. Treatment fees and costs

- 9.1 If any costs (fees) are involved in providing physiotherapy, before providing treatment, the physiotherapist should ensure, via the informed consent process, that the patient has been informed that fees are involved.
- 9.2 It is unwise for a physiotherapist to prejudge a patient's ability to afford a particular treatment.

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct](#) (2018) Principle 2.5, 2.6 and 2.8

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) Role1 and Key competencies 2, 3.1, and 5.1

[The Code of Health and Disability Services Consumers' Rights](#)

[The Health Information Privacy Code \(1994\)](#)

[The Privacy Act \(1993\)](#)

[Information, choice of treatment and informed consent. Medical Council of New Zealand](#)

[Informed Consent Practice Standard. Dental Council of New Zealand](#)

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Internet and electronic communication standard

Introduction

The physiotherapist- patient relationship is underpinned by the principles of transparency, confidentiality and trust. Use of the internet, email, texting and social media do not change those principles.

The internet, email, texting and other methods of electronic communication are useful tools, which can help health professionals communicate with patients and one another, find information and participate in specialised, worldwide medical and physiotherapy discussion groups. The internet can also empower patients and allow them to inform themselves about their condition and treatment.

New Zealand law

[The Code of Health and Disability Services Consumers' Rights.](#)

[The Health Information Privacy Code 1994, Health \(Retention of Health Information\) Regulations 1996.](#)

1. Use of internet and electronic communication

- 1.1 Physiotherapists need to be aware of the limitations of any method of communication they or their patients use and to ensure they do not attempt to provide a service, which puts patient safety at risk.
- 1.2 Physiotherapists are also reminded that patients have rights under New Zealand's privacy laws and the Code of Health and Disability Services Consumers' Rights with respect to electronic communication, as they do with all other forms of communication.
- 1.3 Physiotherapists must behave respectfully towards colleagues in any electronic communication and not include dismissiveness, indifference, bullying, verbal abuse, harassment or discrimination. Colleagues must not be discussed on social media.
- 1.4 Physiotherapists must ensure their websites, and use of social media does not bring the profession into disrepute.

2. Use of the internet for information by patients

- 2.1 Patients sometimes come to physiotherapists with detailed information about their conditions obtained from the Internet and may wish to discuss this with you. Sometimes the information is of poor quality and creates unrealistic expectations. In such cases, care should be taken to provide sound reasons why the patient should reject the information and where possible, provide evidence to support the alternative advice or treatment that you are recommending.

- 2.2** You should not discourage patients from using the Internet to research their condition or treatment but may need to remind them that Internet research cannot take the place of a face-to-face consultation.

3. Use of email, texting and social media

Communication of health information

- 3.1** Whatever method you use to communicate health information to patients or other health professionals, you must consider issues of privacy, security and the sensitivity of that information. The Health Information Privacy Code 1994 applies rules to the health sector to ensure the protection of individual privacy. You must ensure that you act within the rules it outlines.¹⁵
- 3.2** Email, texting and other electronic media provide a quick and efficient form of communication that is often appreciated by patients. If you choose to use this form of communication, advise your patients of any limits you would like to place on its use. For example, you should advise patients not to use email if urgent advice is required and that communication will usually only take place during normal business hours.
- 3.3** If you send patient information electronically, ensure that the quality of the information is preserved (take particular care with images and formatting).
- 3.4** If you choose to video a patient for their use (for example posture, gait or exercise prescription), use their own device that they can take away rather than sending it to them via messaging or email.
- 3.5** There are security issues specific to the use of email. It is difficult to verify a person's identity from an email; some families and groups share a common email address, and a number of different people may access computers (particularly family computers). For these reasons, check with the patient before sending them sensitive information by email.
- 3.6** You must keep clear and accurate patient records that report any information provided electronically by the patient that:
- » is clinically relevant
 - » reflects a decision they have made about treatment
 - » is needed for the provision of ongoing care (such as a change in contact details).

The patient record must document any correspondence you send to the patient that includes:

¹⁵ For technical assistance to ensure your system is secure and allows for the safe exchange of health information refer to the Health Network Code of Practice (published by Standards New Zealand) or the Ministry of Health's [Health Information Security Framework](#).

- » relevant clinical information
- » options for treatment
- » decisions made and the reasons for them
- » the proposed management plan.

3.7 Comply with the principles of the Health on the Net Foundation (HON) Code of Conduct,¹⁶ when publishing information on the Internet.

Use of social media

3.8 Physiotherapists should use caution when publishing information where members of the public can access it. In particular, do not disclose information about yourself that might undermine your relationship with patients. Similarly, do not disclose information that might identify and cause distress to colleagues, patients and their families.

3.9 Physiotherapists must remain professional in their use of social media to seek out information about your patients. Patients have expectations of privacy and may choose not to disclose certain information to you in a clinical setting — even when that information is openly accessible online. If you consider that it is medically necessary to access your patients' websites or online profiles, seek their permission before accessing those sites. Confirm the accuracy and relevance of online information with the patient before using it to inform your clinical decision-making or entering it into the patient record (see Rule 10, Health Information Privacy Code (1994)).

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\) Principle 8 and 10](#)

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\) Key competencies 1.1, 2.2, 3.2 and 5.2](#)

[Guidelines: Social Media and Electronic Communication. A nurse's guide to safe use of social media and electronic forms of communication.](#) Published by the Nursing Council of New Zealand.

[Physiotherapy health records standard](#)

[Telehealth standard](#)

[Sexual and emotional boundaries professional standard](#)

[Social Media and the Medical Profession](#) Published by NZ Medical Council

Physiotherapy New Zealand (2013) [Social Media e-book for Physiotherapists](#) (Members only).

[The Aotearoa New Zealand Code of Ethics and Professional Conduct](#)

[The Code of Health and Disability Services Consumers' Rights](#)

[The Health Information Privacy Code \(1994\)](#)

[The Privacy Act \(1993\)](#)

[Netsafe – online safety for New Zealand](#)

May 2018

This statement is scheduled for review in 2023. Legislative and/or technical changes may make this statement obsolete before this review date.

This document has relied heavily on the Medical Council of New Zealand's Statement on the use of the Internet and electronic communication as physiotherapists and doctors face similar issues. We acknowledge The Medical Council of New Zealand for their generosity in allowing us to use and appropriately amend their document.

Involvement of an additional person during a consultation standard

Introduction

In some or all consultations a physiotherapist or patient may want, or be required to have, an additional person or persons present. When an additional person attends a consultation, the physiotherapist and the patient should understand their respective rights to grant or withhold consent, and understand when the attendance of an additional person is mandatory. The role and function of the additional person should be understood by all parties. The patient's right to confidentiality and privacy must be considered when arranging for an additional person to be present.

Definition and role of the additional person

The role of the additional person during a consultation will be determined by the physiotherapist and the patient. An additional person may be present to participate in any one of the following roles:

- » a support person for the patient who is chosen by the patient and may include friends, whānau and family
- » a chaperone present during the consultation at the physiotherapist's request to add a layer of protection for the physiotherapist and patient
- » an observer for the physiotherapist; commonly used for education including peer review for continuing professional development. This observer is often another physiotherapist
- » an interpreter for the patient to assist in the patient/physiotherapist communication
- » a student or other health professional involved in training; as part of their education
- » a Board or Registrar appointed supervisor for a physiotherapist with Board imposed supervision
- » a Board or Registrar appointed physiotherapist to review a physiotherapist's competence.

New Zealand law

[The Code of Health and Disability Services Consumers' Rights 1996](#) states that patients have the right to have one or more support persons of their choice present. These rights extend to those occasions where the patient is participating in teaching or research (Right 8 and 9, respectively).

1. Informed consent

Informed consent must be obtained and documented for any additional person or persons to be present during a consultation (refer [Aotearoa New Zealand Code of Ethics and Professional Conduct 2.8, Informed consent standard](#)). If any additional person is present during a consultation, they should be formally introduced.

2. Support person/whānau

- 2.1 Every patient has the right to have one or more support persons of his or her choice present, except where safety may be compromised, or another patient's rights may be unreasonably infringed.
- 2.2 The support person may be present during all or part of the assessment and treatment to provide support for the patient. Any aspect of an assessment or treatment may cause discomfort or confusion and the patient has the right to request one or more support people in attendance. The function and role of the support person focuses on the needs of the patient, whether it be holding the patient's hand, observing the consultation or asking questions on behalf of the patient.

3. Chaperone

- 3.1 Chaperones may be used in any situation where the patient or physiotherapist may feel uncomfortable.

A physiotherapist may request a chaperone for a number of reasons:

- » their presence adds a layer of protection for the physiotherapist and the patient
- » to acknowledge a patient's vulnerability and to ensure a patient's dignity is preserved at all times
- » it is the policy of the organisation or practice to have an additional person in attendance
- » to assist the health professional during the assessment and treatment (for example – may assist with undressing/dressing patients as required)
- » to provide emotional comfort and reassurance.

4. An observer

- 4.1 An observer may be used for continual professional development to assess the physiotherapist, with the intention of providing advice and guidance on how the physiotherapist can improve his or her skills.

- 4.2** The role of the observer is to observe the consultation or part of a consultation on the physiotherapist's behalf. The level of the observer's interaction in the consultation should be agreed to before the consultation is initiated, both between the physiotherapist and observer, and between the physiotherapist and patient.
- » The patient must be provided with an explanation prior to the consultation, without the observer presence, about the role that the observer may take in the consultation and asked whether they consent to have the observer present during the consultation.

5. An interpreter

- 5.1** An interpreter should be present to assist during the communication between the physiotherapist and patient, when necessary and practicable. An interpreter may assist with translating a different language or with the communication or understanding of someone with a disability or alternative form of communication (e.g. sign language). Trained interpreters are less likely to make errors and are more likely to understand confidentiality, and improve outcomes.
- » Whānau and family, particularly those under 16 years old, should not be used as interpreters, except in emergencies, due to potential power, and/or cultural issues, and/or conflicts of interest. (refer [Aotearoa New Zealand Code of Ethics and Professional Conduct 2.5](#))

6. A student

- 6.1** As part of their education, health professional students need the opportunity to access and learn from physiotherapists or other health professionals through on-the-job training. This includes observing and participating in patient consultations.
- 6.2** If a physiotherapist requests to have one or more students attend a consultation, the patient must be provided with an explanation prior to the consultation, without the student(s) presence, about the role that the student(s) may take in the consultation and asked whether they consent to have the student observe or participate in the consultation.

7. A 'Board appointed' supervisor

Supervision, when required by the Board, means the monitoring of, and reporting on, the performance of a health practitioner by a professional peer ([Health Practitioners Competence Assurance Act 2003 Part 1, section 5](#)). The supervisor, in this case, is a physiotherapist appointed by the Board and is independent of the physiotherapist being supervised.

- 7.1 Some physiotherapists may have a condition imposed on their registration or annual practising certificate that requires a 'Board appointed' supervisor to be present during certain consultations. This condition may be imposed as part of the Board's Return to Practice programme or as a result of disciplinary action against the physiotherapist and is intended to provide protection for patients.
- 7.2 The physiotherapist who has a 'Board appointed' supervision condition on their practice must inform any employer of the condition.
- 7.3 The presence of a 'Board appointed' supervisor is not optional, and if a patient does not agree with this requirement, the patient will need to see another physiotherapist. A physiotherapist with a 'Board appointed' supervision condition must, if questioned by the patient, disclose the reason for this requirement.

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\) Principle 2](#)

[Chaperones. Medical Protection UK.](#)

[Medical Council of New Zealand. Sexual Boundaries in the Doctor-Patient Relationship.](#)

[Informed Consent Standard](#)

Physiotherapy New Zealand Position Statement (2012), [Clear sexual boundaries in the patient – physiotherapist relationship: a guide for physiotherapists / patients.](#)

[Physiotherapy New Zealand Position Statement \(2012\). When another person is present during a consultation](#)

[The Health Information Privacy Code \(1994\)](#)

[The Privacy Act \(1993\)](#)

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This statement is scheduled for review in 2023. Legislative and/or technical changes may make this statement obsolete before this review date.

This document has relied heavily on the Medical Council of New Zealand's Standards and resources on sexual boundaries as these Health Professionals face similar issues. We acknowledge The Medical Council of New Zealand for their generosity in allowing us to use and appropriately amend their document.

Non-treating physiotherapists performing assessments of patients for third parties standard

Introduction

Non-treating physiotherapists are those who are contracted or employed by a third party to undertake an independent assessment for a second opinion, expert advice (used in legal proceedings), assessment for employment suitability, and eligibility for health services or compensation.

The purpose of the physiotherapy assessment varies depending upon the role of the third party. A non-treating physiotherapist's assessment may take several forms, including a consultation with the patient, physical examination, or a file review of the patient's medical and physiotherapy history.

Physiotherapists, who are employed by a third party and perform independent assessments of patients, are required to maintain a professional standard of care and are expected to meet the standards of practice outlined in this statement.

New Zealand law

[The Health Practitioners Competence Assurance Act 2003.](#)

[Code of Health and Disability Services Consumers' Rights.](#)

1. The role of the non-treating physiotherapist

- 1.1** As the non-treating physiotherapist, the role is to perform a physiotherapy assessment and provide an impartial physiotherapy opinion to the third party. As the title indicates, the role does not include providing any form of treatment to the patient.
- 1.2** Decisions made by a third party will be influenced by your opinion, and this may affect the outcome for the patient. Therefore, the Physiotherapy Board (Board) considers that in making a recommendation there is a responsibility to ensure that the professional opinion and recommendations are accurate, objective and based on all the available evidence.
- 1.3** The treating physiotherapist should be informed when an assessment is to be conducted by the non-treating physiotherapist for a third party. The results and any recommendations of the assessment should be communicated with the treating physiotherapist, if appropriate.

2. Performing physiotherapy assessments

- 2.1 If the physiotherapist does not consider themselves suitably qualified to conduct the assessment or identifies a conflict of interest, they must decline the referral and do not have to provide the third party with an explanation.
- 2.2 If the third party considers that a physical assessment is not required, they must be satisfied (and be able to justify) that they have all the information necessary to make an accurate assessment without performing a physical assessment or speaking with the patient.
- 2.3 The basis of the relationship between the patient and the non-treating physiotherapist is not the same as that between the patient and their treating physiotherapist, so it is important to ensure a high professional standard of care as these patients are often vulnerable.
- 2.4 The patient must be treated with respect, to ensure the assessment is free from coercion, discrimination, harassment and exploitation (Right 2, [Code of Health and Disability Services Consumers' Rights](#)).

3. Effective communication and consent

Poor communication with a patient can lead to unmet expectations, misunderstandings and confusion about the non-treating physiotherapist's responsibility to the patient.

Therefore, when assessing the patient:

- 3.1 The physiotherapist must ensure the patient understands the purpose of the physiotherapy assessment and the physiotherapist's role. This explanation should include discussion about the differences between the roles of non-treating physiotherapist and the patient's own physiotherapist.
- 3.2 The physiotherapist must explain what will happen during the assessment and ensure the patient is informed of what the physiotherapist is doing throughout the consultation. This includes explaining the scope of the consultation and any tests the assessment may require.
- 3.3 The physiotherapist must obtain the patient's informed consent and ensure the patient adequately understands that any aspect of the physiotherapy assessment may be included in the report to the third party. The patient must also be advised that he or she has the right to withdraw from the assessment at any time, and be informed of any relevant policy held by the third party in relation to the withdrawal of consent and the process that should be followed to organise another assessment with a different physiotherapist. In either of these circumstances, the physiotherapist should record in the report to the third party at what point the assessment was terminated and why.

- 3.4** The physiotherapist must explain and ensure that the patient understands what will happen after the consultation. Specifically, the patient understands that the report will be the property of the third party. Any questions or requests for information should be directed to the third party.

4. Recording a consultation

- 4.1** A patient may want to record the consultation by video or audiotape. This request should be considered carefully and, if the physiotherapist does not consent, the third-party should be asked to arrange for another physiotherapist to conduct the assessment.

5. Reports for the third party

- 5.1** Once the physiotherapy assessment has been completed, it is standard practice for the physiotherapist who performed the assessment to provide a written report to the third party with their physiotherapy opinion. The report must be accurate and objective. If there is a concern the physiotherapist's opinion cannot be accurate, based on all the information provided in the file, this must be stated in the report. Further methods of investigation can be recommended if appropriate such as medical referral and x-rays.
- 5.2** If there has been any documentation or information provided by the third party, this should be listed as part of the report.
- 5.3** If the third party has requested recommendations (such as suitability for an employment position), these recommendations must not compromise the patient's safety.

6. Physiotherapy assessments by the patient's own physiotherapist.

- 6.1** In some circumstances, the patient's usual physiotherapist will be requested to perform an assessment that would otherwise be performed by a non-treating physiotherapist. This is usually because the patient lives in an isolated area where a non-treating physiotherapist is unavailable. In this situation, the physiotherapist should explain the difference in their role.
- 6.2** The physiotherapist must ensure that any assessment of a current patient to a third party is accurate, objective and based on all the available evidence.

7. File assessments by a non-treating physiotherapist

- 7.1** The physiotherapist may be employed or contracted as a non-treating physiotherapist to perform an assessment based solely on information in the patient's file. In such circumstances, and as with any other form of assessment, you must be satisfied that you have all the information necessary and a physical examination is not required before providing your professional opinion or recommendation.
- 7.2** It is not acceptable to include conclusions in the report to the third party unless the physiotherapist was confident and can justify that consulting with the patient or the patient's own physiotherapist was not necessary.

8. Financial influences for the non-treating physiotherapist

- 8.1** The physiotherapist must not allow the financial interests of either the patient or the third party to influence their assessment, opinion or recommendations.

Related resources

[Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct \(2018\).](#)

[The Code of Health and Disability Services Consumers' Rights](#)

May 2018

This statement is scheduled for review by in 2023. Legislative changes may make this statement obsolete before this review date.

The document has relied heavily on the Medical Council's ['Non-Treating Doctor's Performing Assessments of Patients for Third Parties'](#), and we acknowledge their generosity in allowing us to use and modify their document.

Physiotherapists administering prescription medicines standard

Introduction

Physiotherapists administering prescription medicine is a delegation of care, which carries risks and responsibilities for both the authorised prescriber who is delegating and the physiotherapist who is administering. Although most instances of physiotherapists administering medicines occur within hospital settings for example with nebuliser administration, other instances may include team sports physiotherapists or physiotherapists working in inter-professional settings.

Physiotherapists are frequently asked about medication by their patients. Specific information on this topic can be found in the 'Physiotherapists administering prescription medicines standard'.

New Zealand law

Prescription medicine can only be administered to a person either:

- (a) in accordance with a prescription given by an authorised prescriber, designated prescriber or delegated prescriber; or
- (b) in accordance with a 'standing order'.

[Medicines Act 1981](#), s 3(c) (i)(ii)

'A standing order is a written instruction issued by a medical practitioner [doctor] or dentist. It authorises a specified person or class of people (e.g. paramedics, registered nurses) who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs. The intention is for standing orders to be used to improve patients' timely access to medicines. It is an offence to fail to meet the requirements of the Medicines (Standing Order) Regulations. The Ministry of Health may, from time to time, audit any standing order.'

— Ministry of Health, 2012

Physiotherapists administering medicines must comply with the Medicines Act 1981. They must be experienced physiotherapists with appropriate pharmacology training for their area of practice. Physiotherapists administering medicines via injection must have appropriate, relevant and recognised education and training for their area of practice and ensure they have professional support and mentoring structures in place in order to meet their professional and ethical obligations.

Physiotherapists are included as a 'specific person or class of people' in the Medicines (Standing Order)

Regulations 2002, s4(2). As persons engaged in the delivery of a health service, physiotherapists are currently authorised to administer and/or supply medicines under standing orders.

[NZ Government Medicines Regulations \(Standing orders\) 2002](#)

Physiotherapists, working in accordance with their scope of practice under the Health Practitioners Competence Assurance Act 2003 (HPCAA), need to ensure their patients receive safe and appropriate evidence-informed treatment.

1. Prescription medicine administration

- 1.1** Physiotherapists administering medicine understand that public safety is paramount. If there is any doubt or concern regarding any part of the medicine administration, they must seek help and advice from a suitably qualified colleague.
- 1.2** Physiotherapists administering medicine in accordance with a prescription given by an authorised prescriber, designated prescriber, or delegated prescriber must:
 - » ensure that instructions from the prescriber are clear and unambiguous
 - » ensure that you are able to communicate with the prescriber if necessary
 - » keep comprehensive, up-to-date, accurate, and legible documentation of care given
 - » debrief with the prescriber on a regular basis and on completion of the prescription.
- 1.3** Physiotherapists administering medicine in accordance with a prescription given by an authorised prescriber, designated prescriber, or delegated prescriber must:
 - » not deviate from the prescription
 - » ensure that administration via injection is only undertaken by physiotherapists who have completed appropriate, relevant and recognised education and training for their area of practice.

2. Standing order medicine administration

- 2.1** Physiotherapists administering medicine via standing orders must:
 - » make sure of their legal obligations by thoroughly understanding the regulations and guidelines
 - » ensure that instructions from the prescriber are clear and unambiguous
 - » not deviate from the standing order
 - » ensure that you are able to communicate with the prescriber at all times
 - » keep up-to-date, accurate, and legible documentation of care given
 - » debrief with the prescriber on a regular basis and on completion of the standing order
 - » maintain appropriate competencies, as determined by the prescribing doctor, and be aware of their limitations.

3. Nicotine replacement therapy

The Ministry of Health has developed an online certification for the prescription of Nicotine Replacement Therapy (NRT) by health professionals. If a physiotherapist intends to prescribe NRT, they must undergo the ABC smoking cessation training module available on the Quitline website.

Related resources

Anderson L. (2011). Physiotherapists administering medications under instruction. British Journal of Sports Medicine Online.

Anderson L. (2010). Travelling light - sports physiotherapists administering medications in the absence of a doctor. New Zealand Journal of Sports Medicine, 37 (2), 38-42.

[New Zealand Legislation Medicines \(Standing Order\) Regulations 2002](#)

[New Zealand Legislation Medicines Act 1981](#)

[Ministry of Health Standing Order Guidelines](#)

May 2018

This statement is scheduled for review in 2023. Legislative and/or technical changes may make this statement obsolete before this review date.

Physiotherapy health records standard

Introduction

Health records are essential for the provision of quality health care services and support enhanced outcomes for health consumers. Health records include all forms of documentation irrespective of the medium, i.e. paper or electronic, held by private practices or organisations.

Documenting and maintaining an appropriate patient health record is important for the following reasons:

- » to ensure patient safety
- » to provide continuity of care
- » to provide a standardised way of communicating between physiotherapists and other health professionals
- » to provide an accurate record of the care the patient received. In the event of a dispute or investigation, health records provide vital information.

New Zealand law

Physiotherapists must be familiar with the law governing this area of practice including the Health Information Privacy Code 1994 and Health (Retention of Health Information) Regulations 1996. A practical guide to the interpretation of health information privacy 'On the Record' is available on the website of the Privacy Commissioner (See link in Related Resources below).

The Health Information Privacy Code (HIP): Rule 5 outlines requirements and suggests guidelines for transmission of health information and pertains to cloud storage; Rule 6 outlines the requirements for access of health information; Rule 7 pertains to the correction of health information; Rule 9 outlines the requirements for retention of all health information related to an individual patient.

All electronic documentation should comply with the Archives New Zealand Digital Record Keeping Standard August 2010.

Legal access to patient records is outlined in the Privacy Act 1993, Parts 4 and 5.

The Public Records Act (2005) applies to most records held by government agencies.

New Zealand Standards Health Records 8153:2002 provides requirements for all physiotherapists practising in New Zealand.

The Ministry of Health's cloud computing policy was revised in June 2017 and applies to all health providers.

1. Creation and content of health records

Patients should feel confident that their health information will be recorded with their appropriate informed consent (see [Informed consent standard](#)), respectfully, with regard to their cultural needs, and be kept confidential (except where legally required to do otherwise).

1.1 Patient health records will be kept in a document or file specific to that individual and contain:

- » key demographic data such as full name, NHI number (if available), date of birth, gender, ethnicity, contact details, and, where needed, residency status and name of the General Practitioner
- » the date (and in some instances time)
- » the principal/primary diagnosis
- » relevant associated conditions or additional diagnoses
- » relevant family or personal history
- » medications
- » a comprehensive subjective and objective assessment
- » analysis of the patient's signs and symptoms
- » relevant outcome measurements
- » patient goals and management plan
- » information given to the patient
- » a record of consent given or refused
- » all treatment and other interventions, with the date they took place
- » progress made and discharge plan
- » letters and reports to, or from, referring health professionals or other involved parties, and any clinical photographs and/or digital images. These need to be dated
- » note of risks and/or problems that have arisen and the action taken to rectify them
- » electronic authentication or printed name, signature and designation of the physiotherapist responsible.

1.2 Information must be added to patient records after every physiotherapy encounter, including when the patient contacts the physiotherapist by telephone or other means, does not attend, or another person contacts the physiotherapist about the patient or on the patient's behalf. Receipt of reports (diagnostic procedures, letters from other professionals) should be acknowledged or electronically recorded and stored with the patient records. The use of 'copy and paste' or 'auto-population' as a method of documenting in an electronic system is discouraged. Each patient record is unique, and patient records must be verified and updated accordingly.

- 1.3 Abbreviations or acronyms: Abbreviations or acronyms within patient records have the potential to cause confusion and threaten patient safety when care is transferred to another physiotherapist or another health professional. Care should be taken only to use those abbreviations or acronyms that are clear and widely understood. A list of approved abbreviations used by the clinic/ physiotherapist should be available on request.
- 1.4 Timing: Patient records must be filled out at the same time as the events you are recording or as soon as possible afterwards.
- 1.5 Additions and alterations: Alterations to patient records must be identifiable. The person amending the patient record must date and initial or sign the correction – or authenticate electronically, so they are identifiable. If altering a record, the original statement should be struck through (making clear that it has been corrected) leaving it able to be read. Efforts to obliterate original statements may appear as an attempt to cover up errors in care in the event of a dispute. Patients can request a correction and/or ask for the addition of information.
- 1.6 Physiotherapists supervising students must ensure all student notes are sighted and countersigned.

2. Storage and security of health records

- 2.1 Patient records must be stored securely to protect the information from loss, theft, tampering, and unauthorised access or disclosure.
- 2.2 Patient records should be reproducible without loss of content and accessible for the duration of storage time required.
- 2.3 Patient records should be kept away from public areas, and access should only be possible by appropriate members of staff.
- 2.4 Electronic records must be password protected and not shared, and a system for regular back-up should be in place.
- 2.5 All health providers wanting to store personal health information in a cloud service may do so provided they first undertake a formal risk assessment.¹⁷

3. Access and retrieval

- 3.1 All access and retrieval of health records should be undertaken by identifiable authorised personnel.
- 3.2 Patients have a right of access to information in their records. The practice is acting as the custodian of individual patient health records.

17 Guidance on how to manage risk assessments can be found at ICT.govt.nz

- 3.3** Third party access to health records/information can only be provided:
- » with the patient's written consent (except when permitted or required by law)
 - » by Court Order
 - » as part of an existing signed arrangement with funder or insurer.

The physiotherapist should seek organisation/legal advice if there are concerns regarding the right to access.

4. Transportation and transfer of information

- 4.1** Every effort must be made to ensure safe physical or electronic transportation/transmission of patient information in order to minimise the risk of loss or damage.

Steps may include:

- » secure storage of patient health records during transport between clinical sites
- » password protection or encryption on all electronic transfers of information
- » using authorised encrypted electronic record sharing services, such as HealthLink
- » having published guidelines for the use of mail, faxes and email for transmitting health records, which protect the privacy of the health information.

- 4.2** Transfer of patient documentation.

Planning should take place to ensure responsibility for patient documentation is transferred, with the patient's consent, if the practice closes for any reason, in keeping with their risk management policies and procedures:

- » if a practice is sold, there will be a contractual negotiation between the proprietor and the purchaser for the transfer of the health records
- » in the case of planned closure, such as retirement, the physiotherapist needs to make arrangements for another practitioner to accept responsibility or for patients to pick up their own records
- » in the case of unexpected closure due to such causes as illness, incapacity, suspension, deregistration, bankruptcy, or death, the physiotherapist should have arrangements in place for another physiotherapist or an attorney to take responsibility for the safe transfer of patient documentation in the best manner to maintain continuity of care
- » in the case of unexpected closure, such as natural disaster, every practical action should be taken to ensure security and retention of patient documentation.

5. Retention and disposal of health records

- 5.1 All health records must be retained for a minimum of 10 years from the day following the last day of the patient consultation.
- 5.2 Retention of records for longer than the minimum 10 years is recommended for children with significant problems or patients with conditions likely to persist in the long-term.

6. Disposal of patient documentation

Documentation must be disposed of in a manner which ensures its confidentiality. Privacy and security requirements must be met, and everything necessary and practicable must be done to ensure that the destruction of records is complete.

7. Disputes or complaints

In the event of a dispute or a complaint, the patient record may be the key source of information about what occurred in the physiotherapy/patient encounter, and a copy may be requested by disciplinary bodies. It is, therefore, imperative to maintain high-quality records to recall why decisions were made, whether consent was obtained and what treatment was undertaken. Appropriate, and high-quality patient records are therefore important for the safety of the patient and the physiotherapist.

Related resources

[Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct \(2018\)](#). Principle 3 and Principles 2.12 and 5.7

[Archives New Zealand Digital Record Keeping Standard August 2010](#)

[Cloud Computer Checklist for Small Business](#). Guidelines for 'cloud' storage.

[Cloud computing and health information](#), Ministry of Health (2017)

[Government Chief Information Officer website, Assess the risks of cloud services \(2017\)](#)

[Health Records 8153:2002. Standards New Zealand.](#)

[Health Information Privacy Code](#)

[On the Record. A practical guide to health information privacy](#). Office of the Privacy Commissioner (2011)

[Informed Consent Standard](#)

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\)](#) Role 1 and Key competencies 2.1, 2.11, 3.2, 4.3, 4.4, 4.5, 5.1, 6.1, 6.2 and 7.2.

May 2018

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Sexual and emotional boundaries standard

Introduction

Clear professional boundaries are key to fostering effective therapeutic relationships. They allow a physiotherapist and a patient to engage safely and effectively within this therapeutic relationship. The therapist-patient relationship is not equal due to the power imbalance. Clear professional boundaries also apply to the professional relationships involving students and research participants.

Professional boundaries refer to the clear separation that should exist between professional conduct that is associated with meeting the health needs of patients and a practitioner's personal views, feelings and relationships, which are not relevant to the therapeutic relationship. The purpose of clear professional boundaries is to encompass the therapy and do no harm.

The Physiotherapy Board of New Zealand (Board) does not tolerate any behaviour of a sexual nature between physiotherapists and patients. Sexual behaviour in a professional context is almost always abuse.

Professional boundaries between a physiotherapist and a student under the physiotherapist's supervision, or research participants under the physiotherapist's supervision also need to be respected due to the power imbalance.

New Zealand law

New Zealand law states that sexual harassment is unlawful ([Human Rights Act 1993](#)).

[The Code of Health and Disability Services Consumers' Rights 1996](#) states that Health Consumers have a "Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation." (Right 2)

Definition of transgressions

The transgression of professional sexual boundaries is sexual harassment; this is divided into three broad groups. These are sexual impropriety (behaviour that is demeaning to the patient); sexual transgression (inappropriate touching); and sexual violation (sexual activity that may be patient or therapist initiated). Any of these three categories could involve criminal charges.

1. Boundaries

- 1.1 Maintaining clear professional boundaries is integral to the physiotherapist-patient relationship.
- 1.2 A sexual, emotional or inappropriate relationship is never acceptable with a patient. This includes relationships as a result of using the professional position with those close to the patient such as their carer, guardian, parent, spouse or parent of a child patient.

- » The consideration of when a patient is no longer determined to be a patient is not limited to the date of discharge.

A person can still be considered a current patient depending on:

- the nature of the professional consultation
- the length of the professional relationship
- the degree of dependency involved in the professional relationship
- and the level of knowledge and personal disclosure that occurred during the relationship.

- 1.3 A sexual relationship with a former patient is not recommended. As therapist-patient relationships are individual, the Board has no specific rules on when it is acceptable, or not, to have a relationship with a former patient.
- 1.4 A sexual relationship with a former patient is never acceptable when the patient is discharged for the sole purpose of starting a relationship, or if there is any use of the power imbalance gained from the therapist-patient relationship.
- 1.5 A sexual, emotional or inappropriate relationship is never acceptable with a student under a physiotherapist's supervision and not recommended with a former supervised student.

2. Safeguarding professional boundaries

- 2.1 Ensure appropriate informed consent is gained for all examinations, treatment and asking the patient to disrobe (see [Informed consent standard](#)).
- 2.2 Ensure appropriate patient draping.
- 2.3 Use chaperones in any situation where the patient or therapist may feel uncomfortable (see [Involvement of an additional person during a consultation standard](#)).
- 2.4 Every consumer has the right to have present one or more support persons of their choice, as per legislation. It may be appropriate to draw this to the attention of some patients (see [Involvement of an additional person during a consultation standard](#)).
- 2.5 Only relevant personal details should be included in a patient assessment.
- 2.6 Never use sexually demeaning words or actions.
- 2.7 Ensure professional boundaries are maintained when using electronic communication, including social media (see [Internet and electronic communication standard](#)).
- 2.8 Do not involve patients in your problems. Seek professional help.
- 2.9 Inform all colleagues and staff of the Board's standards in this area.

- 2.10** Physiotherapists have an ethical obligation to inform an appropriate authority (the Board, Health and Disability Commissioner) in ‘good faith’ if they become aware that another physiotherapist is, or may be breaching sexual boundaries (see [Aotearoa New Zealand Code of Ethics and Professional Conduct 10.2](#)).
- 2.11** Consult with respected colleagues in any situation where there is uncertainty in regards to a specific professional boundary.

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct](#) (2018) Principle 2.9, 2.10, 2.11, 10.2

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) Role 2

Physiotherapy New Zealand Position Statement (2012), [Clear sexual boundaries in the patient – physiotherapist relationship: a guide for physiotherapists / patients](#)

Physiotherapy New Zealand Position Statement (2012). [When another person is present during a consultation](#)

[Medical Council of New Zealand. Sexual Boundaries in the Doctor-Patient Relationship.](#)

[The Code of Health and Disability Services Consumers’ Rights 1996](#)

[The Health Information Privacy Code 1994](#)

[The Privacy Act 1993](#)

[Involvement of an additional person during a consultation standard](#)

May 2018

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This document has relied heavily on the Dental and Medical Council of New Zealand’s Standards and resources sexual boundaries as these Health Professionals face similar issues. We acknowledge The Medical Council of New Zealand and the Dental Council for their generosity in allowing us to use and appropriately amend their document.

Sports physiotherapist practice standard

Introduction

The role of a physiotherapist in the sports environment is to work with an individual or group of individuals within a team to prevent injury, restore optimal function and contribute to the enhancement of sports performance, using sports-specific knowledge, skills and attitudes to achieve best clinical practice. The sports physiotherapists' role is complex incorporating a range of services (see Sports Physiotherapy Competencies and Standards 2005).

The exact nature of and the extent to which physiotherapy services are expected to be provided in a team context would be determined by the service level agreement between the two parties and by the immediate availability of other trained personnel within the teams' support staff structure such as doctor and athletic trainer.

The unique and varied context of Sports Physiotherapy places the physiotherapist in many informal professional and social situations that would not normally be encountered in the typical patient-physiotherapist relationship. This unique environment presents challenges to professional boundaries that do not exist in most other areas of physiotherapy practice.

New Zealand law

The relevant legal document pertaining to this standard is:

- » [The Code of Health and Disability Services Consumers' Rights 1996.](#)

1. Sports physiotherapy context

- 1.1 As a health professional, the sports physiotherapist is bound by all legislative, medicolegal and ethical obligations regardless of the setting, location or context of practice.
- 1.2 A patient is defined in the sports setting as the individual receiving sports physiotherapy services or the group of people for whom the sports physiotherapist is contracted or otherwise engaged to provide sports physiotherapy services.
 - » This includes any member of the defined 'group' (team or tournament group) for which the physiotherapist has been contracted or otherwise engaged to provide physiotherapy services, regardless of whether they have been the recipient of sports physiotherapy services or not and irrespective of whether services are provided on a voluntary or paid basis. (See [Sexual and emotional boundaries standard](#))

2. Boundaries

- 2.1 It is the sports physiotherapists' responsibility to uphold professional standards applicable to their work situation, including establishing and maintaining professional boundaries.

- » A clear understanding and strict maintenance of professional boundaries are necessary in order to preserve the confidence and trust required to establish and maintain effective patient-physiotherapist relationships within the sporting environment.

2.2 Sports Physiotherapists must not exploit any patient physically, sexually, emotionally, or financially.

2.3 Sexual contact of any kind with any patient is never acceptable ([Sexual and emotional boundaries standard](#)).

The consideration of when a patient is no longer determined to be a patient is not limited to the date of discharge. A person can still be considered a current patient depending on:

- » the nature of the professional consultation
- » the length of the professional relationship
- » the degree of dependency involved in the professional relationship
- » the level of knowledge and personal disclosure that occurred during the relationship.

2.4 Sports Physiotherapists must act in a considered and professional manner during all team social activities, especially where alcohol is consumed.

3. Return to play: professional decision-making

3.1 A sports physiotherapist is under no obligation to assist a patient to return to sport following an injury if the sports physiotherapist considers the risk is unacceptable.

A sports physiotherapist must:

- » inform the patient of the potential harm associated with returning to sport and advocate for the patient where the patient is being pressured into taking high levels of risk
- » not knowingly facilitate a return to sport following an injury where there is a high likelihood of a severe outcome for the patient.

4. Medication

Refer to the [Physiotherapists administering medicines in the absence of a doctor standard](#).

5. Health and safety

Sports physiotherapists must hold up-to-date competencies in basic life support and management of acute trauma situations.

6. Continuity of care

6.1 Sports physiotherapists must:

- » Provide appropriate handover of patient information to relevant medical personnel to ensure continuity of care
- » Uphold professionalism in all dealings with other health professionals, particularly where there is inter-professional collaborative practice of the athlete.

7. Health records

7.1 Patients in the sporting domain should feel confident that their health information will be recorded with their consent ([Informed consent standard](#)), respectfully, with regard to their cultural needs, and be kept confidential (except where legally required to do otherwise).

- » Particular care is required in relation to storage and transportation of patient records.
- » Consideration to the patient's privacy and confidentiality rights is essential in relation to any disclosure of personal health information to any third party such as coaches, managers and funders.
- » Patient records must be filled out at the same time as the physiotherapy or as soon as possible afterwards. Information must be added to patient records after every physiotherapy encounter (see [Physiotherapy health records standard](#)).

Related resources

[Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct 2.11.](#)

Bulley, C., & Donaghy, M. (2005). Sports physiotherapy competencies: the first step towards a common platform for specialist professional recognition. *Physical therapy in sport*, 6(2), 103-108.

[Physiotherapy health records standard](#)

[Sexual and emotional boundaries standard](#)

[Sports Physiotherapy Code of Conduct. Physiotherapy New Zealand](#)

[The Code of Health and Disability Services Consumers' Rights 1996](#)

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand 2.1G](#)

May 2018

This statement is scheduled for review in 2023. Legislative and/or technical changes may make this statement obsolete before this review date.

This document has relied heavily on the expert opinion given by Dr Angela Cadogan to a Health Practitioners Disciplinary Tribunal. We acknowledge Dr Angela Cadogan for her generosity in allowing us to use the document.

Telehealth standard

Introduction

Most physiotherapists already use some form of information and communications technology when providing care, and this has become an integral part of physiotherapy practice. Telehealth can help patients in isolated locations receive necessary care, provide patients with more convenient access to care, allow for more comprehensive delivery of services after-hours and allow for the more efficient use of health resources. Telehealth is particularly useful when it is incorporated into an existing system for providing patient care.

In using telehealth, physiotherapists should be aware of its limits and ensure that they do not attempt to provide a service, which puts patient safety at risk. In particular, be aware of the inherent risks in providing treatment when a physical examination of the patient is not possible. For the purpose of this standard 'treating' and 'treatment' covers all aspects of the practice of physiotherapy including assessing, diagnosing, reporting, giving advice, signing certificates, and prescribing exercise programmes.

If physiotherapists provide care to New Zealand-based patients from overseas via telehealth, the Physiotherapy Board of New Zealand (Board) holds the view that they are practising physiotherapy within New Zealand and should, therefore, be registered with the Board.¹⁸ When utilising telehealth, physiotherapists are subject to the same requirements as physiotherapists registered and practising in New Zealand. These include the Board's competence, conduct and health procedures and the complaints resolution processes of the office of the Health and Disability Commissioner. The Board will also notify the appropriate regulatory authorities in other countries if concerns are raised about a particular physiotherapists' practice.

The New Zealand Code of Health and Disability Services Consumers' Rights establishes the rights of patients and places corresponding obligations on physiotherapists with respect to telehealth, as they do with all other forms of health care. This includes but is not limited to informing patients about the provision of telehealth services and seeking the patient's informed consent before the telehealth service is provided.¹⁹

¹⁸ An exception to this rule is when a physiotherapist located overseas is asked by a responsible New Zealand registered physiotherapist to provide an opinion in relation to a patient under the care and/or clinical responsibility of that New Zealand registered physiotherapist. In such cases, the physiotherapist located overseas does not have to be registered to practise in New Zealand. Where input from the overseas-based physiotherapist is likely to be ongoing rather than one-off, it is recommended that the overseas-based physiotherapist have a robust contractual relationship with the New Zealand body, which creates or enables an effective mechanism for dealing with performance and service provision concerns. If you are located in another country and report by telehealth on treatment to New Zealand-based patients then you should contact the Board to discuss our expectations around registration, recertification and mechanisms to protect public health and safety.

¹⁹ [Informed consent standard](#)

Definitions

The Board has defined the following terms as:

In-person: Where the physiotherapist and patient are physically present in the same consultation room.

Telehealth: The use of information and video conferencing technologies, to deliver health services to a patient and transmit health information regarding that patient between two or more locations at least one of which is within New Zealand.

Video consultation: Where the physiotherapist and patient use information and video conferencing technologies to communicate with each other and visual and audio information are exchanged in real time, but the physiotherapist and patient are not physically present in the same consultation room. A video consultation can be conducted between a physiotherapist and patient in the presence of another health practitioner, or it can be conducted with no health practitioner support at the patient's end.

1. Telehealth scope of practice

This standard applies to physiotherapists registered in New Zealand and practising telehealth in New Zealand and/or overseas, and physiotherapists who are overseas and provide health services through telehealth to patients in New Zealand. In both these instances, the physiotherapists must be registered and hold a current Annual Practising Certificate (APC).

2. Providing care

2.1 Any device, software or service used for telehealth must be secure, only allowing the intended recipients to receive and record, and be fit for purpose. It must preserve the quality of the information or image being transmitted.

The Board expects the treatment provided to a patient in another location meets the same required standards as care provided in an in-person consultation.

This includes standards relating to:

- » patient selection, identification, cultural competence, assessment, diagnosis, informed consent²⁰, maintaining the patient's privacy and confidentiality²¹, updating the patient's clinical records and communicating with the patient's relevant primary care provider in a timely manner (unless the patient expressly states that the details of the telehealth consultation are not to be shared with their primary care provider), and follow-up

20 [Informed consent standard](#)

21 See also the section on 'Privacy and confidentiality' on page 11 of the Royal Australasian College of Physicians' Telehealth: Guidelines and practical tips.

- » If, because of the limits of technology, the same standard of service cannot be provided as an in-person consultation then the patient must be advised of this limitation.

2.2 It is particularly important that consideration is given to whether a physical examination would add critical information before providing treatment to a patient or before referring the patient to another health practitioner for services such as diagnostic imaging. If a physical examination is likely to add critical information, then it should not proceed until a physical examination can be arranged. In some circumstances, it may be reasonable to ask another health practitioner in the patient's locality to conduct the physical examination. In those instances, it is important that the patient's informed consent be obtained and communicated clearly for that arrangement, and the referring physiotherapist is available to answer any queries.

2.3 When working with or receiving reports from telehealth providers, physiotherapists should ensure that the above standards are followed and must notify that telehealth provider, their management and other appropriate reporting channels if there are concerns about the quality of care being provided.

3. Providing care to a patient located outside New Zealand

3.4 Physiotherapists providing care from New Zealand to patients in another country:

- » remain subject to New Zealand law
- » may be subject to other legal obligations, requirements or liabilities in the location where the patient is located
- » may also be subject to the jurisdiction of authorities in the patient's home country
- » may be liable if the patients are assisted to contravene that country's laws or regulations, for example, any importation and possession requirements
- » legal advice should be sought in that country, if necessary.

4. Insurers and third-party payers

Physiotherapists must understand and abide by the policies or recommendations of insurers or third-party payers regarding telehealth. If the insurers or third-party payer policy is unclear, they should be contacted before any assessment and treatment are undertaken.

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\) Principle 8](#)

[The Code of Health and Disability Services Consumers' Rights](#)

[Royal Australasian College of Physicians' Telehealth Guidelines and practical tips](#)

[Internet and electronic communication standard](#)

[NZ Telehealth Resource Centre \(2018\)](#)

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The use of physiotherapy titles standard

Introduction

This standard aims to improve consumer education and avoid the potential for confusion by the public over the use of Physiotherapy titles used by registered physiotherapists.

There are occasions when the perception by the public and some health professionals may be unclear as to whether the titles being used by individuals mean that person is a registered physiotherapist and/or a physiotherapy specialist. Clarity on the use of the titles for physiotherapists is essential in order to avoid any misunderstanding by the public about the qualifications and registration status of persons using such titles.

The Health Practitioners Competence Assurance Act 2003 (HPCAA) provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from professional practice. The HPCAA is New Zealand law, and the Physiotherapy Board of New Zealand (Board) is the authority, which oversees its application for physiotherapists.

In the global context, the World Confederation for Physical Therapy (WCPT), which Physiotherapy New Zealand was a founding member, claims exclusivity to the professional names 'physical therapy' and 'physiotherapy'. It further asserts that the professional titles 'physical therapist' and 'physiotherapist', and all abbreviations referring to these titles (e.g. physio) are the sole preserve of persons who hold qualifications approved by WCPT's member organisations (WCPT, 2013).

Physiotherapy Specialist

Physiotherapy Specialist is a regulated (protected) title. Physiotherapy specialists are expert physiotherapists who have advanced education, knowledge and skills to practise within a specific area of clinical practice.

The term Physiotherapy Specialist may be used differently in other countries. Other terminology to denote specialisation in an area of physiotherapy may include but is not limited to: advanced practitioner; expert; consultant; and extended scope of practice physiotherapist. These do not equate to Physiotherapy Specialist in New Zealand.

New Zealand law

The relevant legal documents and following subsections pertaining to this standard are:

- » [The Health Practitioners Competence Assurance Act 2003](#)
 - » In New Zealand titles of regulated health practitioners are protected by this Act. This states in Key Provisions (Part 1, section 7):
Unqualified person must not claim to be a health practitioner
 - (1) A person may only use names, words, titles, initials, abbreviations, or descriptions stating or implying that the person is a health practitioner of a particular kind if the person is registered, and is qualified to be registered, as a health practitioner of that kind.

- (2) No person may claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practises or is willing to practise a profession as a health practitioner of that kind unless the person— (a) is a health practitioner of that kind; and (b) holds a current practising certificate as a health practitioner of that kind.
- (3) Every person commits an offence punishable on summary conviction by a fine not exceeding \$10,000 who contravenes this section.²²

» Physiotherapy Specialist

The scope of practice and qualifications of a Physiotherapy Specialist in New Zealand are gazetted (HPCAA, Gazette Notice, 2012).

1. Code of practice and use of the term(s)

1.1 In New Zealand the titles:

- » Physiotherapist
- » Physical Therapist
- » Physio

along with associated abbreviations and descriptions of physiotherapy, may only be used by persons who are registered, and qualified to be registered, under the HPCAA as physiotherapists with the Board.

1.1.1 A person who is registered but does not have a current annual practising certificate can use the title physiotherapist but may not in any manner imply they are able to currently practice physiotherapy.

1.2 A physiotherapist who has met the requirements of the Physiotherapy Specialist scope of practice may call themselves a Physiotherapy Specialist in one of the nominated categories such as Physiotherapy Specialist – Musculoskeletal.

2. Physiotherapy Specialist

2.1 Only registered Physiotherapy Specialists can use descriptors that state or imply this status, including derivations of the term specialist, such as specialising or speciality.

2.2 The Physiotherapy Specialist can determine how they promote themselves to define their practice within these speciality areas further. The approved categories for registration under this scope are:

- » Cardiorespiratory
- » Pelvic Health
- » Hand Therapy
- » Musculoskeletal
- » Neurology
- » Occupational Health
- » Older adults
- » Paediatrics
- » Pain
- » Sports.

The Board can also use its discretion on a case-by-case basis if an applicant wants to apply to be a physiotherapy specialist in an area that is not on this list.

Related resources

[Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct \(2018\) 10.5](#)

[Health Practitioners Competence Assurance Act 2003. Part 2 section 11 & 12](#)

[Notice of New Scope Practice \(Physiotherapy Specialist\) * and Related Qualifications. NZ Government Gazette.](#)

[Physiotherapy Board Position Statement. New Zealand registered physiotherapists practising in a defined field.](#)

[Protected titles \(UK\)](#)

[Policy statement: Protection of title \(WCPT\)](#)

[What are the protected titles in National Law \(Australia\)](#)

May 2018

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Treatment of whānau, family members and others close to you standard

Introduction

Physiotherapists may be in circumstances where they must decide whether it is appropriate to provide assessment and treatment to whānau, family members and others close to them. This includes self-treatment. In these situations, it is important to consider and reflect on the physiotherapy ethical and professional obligations.

All patients are entitled to a good standard of care from a physiotherapist, and lack of objectivity can be a problem when providing physiotherapy to whānau, family members, those you work with and close friends. Other problems include:

- » the physiotherapist's professional judgment may be impaired due to the personal nature of the relationship and can impact on diagnosis and treatment
- » the power dynamics present with whānau, family members, colleagues and those close to you
 - might make it difficult for the patient to give an informed consent or consider an alternative provider and/or make a complaint
 - might make it difficult for the physiotherapist to refuse to provide care. (ref [Informed consent standard](#))

It is not good practice for physiotherapists to assess and treat their whānau, family members and others close to them unless there is no other available and appropriately qualified physiotherapist. Physiotherapists should exercise great discretion in carrying out any such therapy and if they have any doubt seek independent verification or consult with a respected colleague.

Definitions

For the purpose of this statement, the Physiotherapy Board has defined the following key terms:

Whānau:

This is generally described as a collective of people connected through a common ancestor (whakapapa) or as the result of a common purpose (kaupapa).²³

Whakapapa and kaupapa are not mutually exclusive. Whakapapa whānau will regularly pursue kaupapa or goals. Whereas kaupapa whānau may or may not have whakapapa connections. Whakapapa whānau and kaupapa whānau are social constructs and as such can be located along a continuum depending on the function and intent.²⁴

23 Te Puni Kōkiri. (2005)

24 Lawson-Te Aho, K. (2010). Definitions of Whānau: A review of selected literature. Families Commission.

Family member:

An individual with whom you have both a familial connection and a personal or close relationship such that the relationship could reasonably be expected to affect your professional and objective judgement. A family member includes, but is not limited to, your spouse or partner, parent, child, sibling, members of your whānau or extended family, or your spouse or partner's extended whānau or family.

Those close to you:

Any other individuals who have a personal or close relationship with you, whether familial or not, where the relationship is of such a nature that it could reasonably be expected to affect your professional and objective judgement such as work colleagues in some circumstances.

New Zealand law

The relevant legal document pertaining to this standard is:

- » [The Code of Health and Disability Services Consumers' Rights 1996](#). This states that Health Consumers have a 'Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation.' (Right 2)

1. Treatment of whānau, family members and others close to you

- 1.1** Physiotherapists should avoid treating whānau, family members and others close to you due to the lack of objectivity and the potential power imbalance.
- 1.2** Some exceptions exist, including:
 - » in emergency situations where the patient will suffer further harm if care is not provided, or
 - » in geographically isolated settings where there is no other suitably qualified provider is available, or
 - » where exceptions exist, there should be a process in place, which allows for independent verification to cover the need for assessment and treatment and any related concerns. This could include a consultation with a respected colleague or a General Practitioner referral.
- 1.3** The treatment of colleagues is only acceptable where power dynamics or other issues have been considered and do not impair objectivity or breach the [Aotearoa New Zealand Code of Ethics and Professional Conduct](#).
- 1.4** Professional documentation is required for any assessment and treatment of whānau, family members, or others close to you. (ref: [Physiotherapy health records standard](#))

2. Insurers and third-party payers

- 2.1 Physiotherapists must understand and abide by the policies or recommendations of insurers or third-party payers regarding remuneration for the assessment and treatment of whānau, family members and others close to them. If you are unsure of the insurers or third-party payer policy in this regard, you should contact them prior to undertaking any assessment and treatment and submitting a claim.

Related resources

[Aotearoa New Zealand Code of Ethics and Professional Conduct \(2018\)](#) Principle 5.7, 6, 10.2 and 10.7

[Physiotherapy practice thresholds for Australia & Aotearoa New Zealand \(2015\)](#) Key competencies 2.1, 2.2, 2.3, 3.1, 4.4 and 6.2

[The Code of Health and Disability Services Consumers' Rights](#)

[The Health Information Privacy Code \(1994\)](#)

[The Privacy Act \(1993\)](#)

[Involvement of an additional person during a consultation standard](#)

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