

Physiotherapy Standards framework 2018



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Excellence in
Physiotherapy**

Introduction

The Physiotherapy Board (Board) have developed the *Physiotherapy Standards framework* to provide a benchmark of minimum standards expected of registered physiotherapists in New Zealand. The Board operates under the Health Practitioners Competence Assurance Act 2003 (HPCAA) whose principle purpose is to provide mechanisms to ensure physiotherapists are competent and fit to practise and most importantly protecting the health and safety of the New Zealand public.

Under section 118(i) of the HPCAA, one of the functions of the Board is, 'to set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession.' This framework incorporates the key competence documents related to physiotherapy practice.

The *Aotearoa New Zealand Code of Ethics and Professional Conduct* (the Code) sets the expectations for the professional behaviour of registered physiotherapists working in New Zealand. The Board and Physiotherapy New Zealand (PNZ) developed the Code in 2006 combining their respective Ethical Codes. This reflected the importance of a unified ethical code for the profession. The Board and PNZ have reviewed the Code (2011) to ensure it is reflective of the current ethical environment for physiotherapists practising in a variety of settings in New Zealand and aligns with the *Physiotherapy practice thresholds in Australia & Aotearoa New Zealand* (the thresholds). The addition of the commentary provides some interpretation of the principles. As well as setting the standard for ethical decision-making, it is expected the Code with commentary may assist with challenging ethical dilemmas, which require additional debate with peers before reaching a decision.

The *Physiotherapy Standards* describe in detail the expected minimum clinical and cultural standards for specific issues identified as relevant to physiotherapy. These standards have been developed through discussion with the public and profession. In conjunction with the Code and the thresholds describe what the public and the profession expect of a competent physiotherapist.



Janice Mueller
Chair, Physiotherapy Board

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Physiotherapy Standards framework

Patients expect and are entitled to quality physiotherapy.

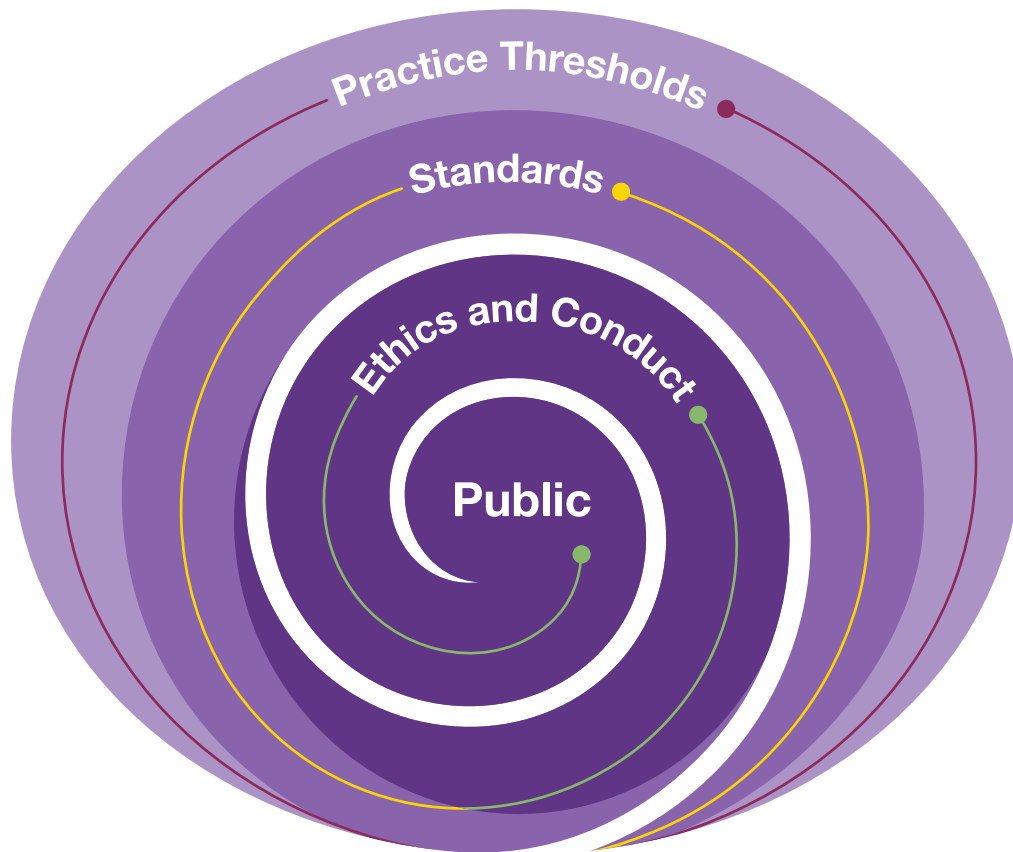
Patients expect and are entitled to quality physiotherapy. Physiotherapists make the care of patients their first concern: they are competent; keep their knowledge and skills up to date; are honest and trustworthy and act ethically; establish and maintain good relationships with patients, their whānau and families, and colleagues.

The principal purpose of the Physiotherapy Board (Board) is to protect the health and safety of the public by providing mechanisms to ensure physiotherapists are competent and fit to practise.

The Board has the following key functions:

- » prescribing scopes of practice
- » determining qualifications
- » accrediting entry-level physiotherapy programmes and associated institutions
- » registering physiotherapists
- » issuing annual practising certificates
- » setting standards and supporting physiotherapists to uphold these standards
- » recertifying and promoting lifelong learning for physiotherapists
- » reviewing the practice of physiotherapists if there is a concern about performance, professional conduct or health.

Physiotherapy Standards framework



There are four components to the framework:

- » **Public** – they are the centre of the framework
- » **Ethics and Conduct** – the Aotearoa New Zealand Code of Ethics and Professional Conduct
- » **Standards** – the Physiotherapy Standards detail the minimum standards required of physiotherapists
- » **Practice Thresholds** – the Physiotherapy practice thresholds of Australia and Aotearoa New Zealand (2015).

Collectively, the Ethics and Conduct, the Standards, and the Practice Thresholds form the Physiotherapy Standards framework. These define the standard of ethical conduct, clinical and cultural competence that all registered physiotherapists legally must meet.

Note: The public is the core of the Board's responsibility. The Standards use the term 'patient', which may be substituted with the 'client' where appropriate. The reference to patients is to improve the readability of the documents for both the public and physiotherapist.

Index of documents

Section 1 – Aotearoa New Zealand Code of Ethics and Professional Conduct (2018)

The *Aotearoa New Zealand Code of Ethics and Professional Conduct*, with commentary is a joint publication with Physiotherapy New Zealand (PNZ) that describes responsibilities expected of physiotherapists in Aotearoa New Zealand.

Section 2 – Physiotherapy Standards

The Physiotherapy Standards describe in detail the expected minimum standards for specific issues, which have been identified as relevant for physiotherapy.

These include:

- » [Advertising standard](#)
- » [Cervical manipulation standard](#)
- » [Cultural competence standard](#)
- » [Informed consent standard](#)
- » [Internet and electronic communication standard](#)
- » [Involvement of an additional person during a consultation standard](#)
- » [Non-treating physiotherapists performing assessments of patients for third parties standard](#)
- » [Physiotherapists administering medicines in the absence of a doctor standard](#)
- » [Physiotherapy health records standard](#)
- » [Sexual and emotional boundaries standard](#)
- » [Sports physiotherapist standard](#)
- » [Telehealth standard](#)
- » [The use of physiotherapy titles standard](#)
- » [Treatment of whānau, family members and others close to you standard](#)

Section 3 – Physiotherapy practice thresholds in Australia & Aotearoa New Zealand (2015)

The thresholds describe the level of competence required for initial and continuing registration as a physiotherapist in New Zealand.

About the Physiotherapy Standards framework

Under section 118(i) of the Health Practitioners Competence Assurance Act 2003 (HPCAA), a function of the Physiotherapy Board is to set standards of clinical competence, cultural competence and ethical conduct for physiotherapists. Under Right 4 of the Code of Health and Disability Service Consumers' Rights patients also have "the right to have services provided that comply with legal, professional, ethical and other relevant standards." The Board has developed the Physiotherapy Standards framework to be the foundation document for these standards.

The Physiotherapy Standards framework provides an overview to assist physiotherapists to understand and comply with the requirements of the legislation. There are three main sections: The Aotearoa New Zealand Code of Ethics and Professional Conduct, the Physiotherapy Standards, and the Physiotherapy Practitioner thresholds of Australia and Aotearoa New Zealand. Together these describe what the public and the profession expect of a competent physiotherapist and have been developed through discussion with the public and the profession.

The Physiotherapy Standards are not exhaustive. There may be obligations or situations that are not expressly provided. In such circumstances, a physiotherapist's priority should always be the care of their patients.

The Physiotherapy Standards framework is addressed to physiotherapists but is also intended to provide the public with the minimum standards they can expect from physiotherapists.

How the Physiotherapy Standards framework applies to you

- » For physiotherapy students, the Physiotherapy Standards framework identifies the basic duties of a physiotherapist and serves as a source of education and reflection.
- » For physiotherapists, the Physiotherapy Standards framework serves as a basis for you to monitor, and reflect on, your conduct and that of your colleagues. The Health Practitioners Disciplinary Tribunal, the Board's Professional Conduct Committees and the Health and Disability Commissioner may use the Physiotherapy Standards as a standard by which to measure your professional conduct.
- » For patients, the Physiotherapy Standards framework provides guidance for assessing the minimum ethical and clinical conduct expected of physiotherapists.

If you believe that a physiotherapist is not meeting standards outlined in *Physiotherapy Standards framework*, you should:

- » raise your concerns with the physiotherapist, or
- » report your concerns to the attention of the physiotherapist's employer, or
- » report your concerns to the Registrar of the Physiotherapy Board,¹ or
- » report your concerns to the Office of the Health and Disability Commissioner,² or
- » in the event of matters related to health information privacy and security, report your concerns to the Office of the Privacy Commissioner.³

Professionalism

Profession has been defined as:

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served, to the profession and to society.”⁴

Professionalism has been defined as:

“A set of values, behaviors, and relationships that underpins the trust that the public has in doctors.”⁴

Professionalism is the core of being a physiotherapist, as patients trust their physiotherapists with their health and well-being. The professionalism definition above is also pertinent to the profession of physiotherapy.

Professionalism includes the obligation to maintain and improve standards

Specifically:

- » Act in accordance with relevant thresholds, codes and standards
- » Keep your professional knowledge and skills up to date
- » Recognise, and work within, the limits of your competence
- » Be committed to autonomous maintenance and improvement in your clinical standards in line with evidence-based practice

¹ There is a section on the Board's website where you can [register a complaint or concern](#), or you can telephone the Board on 04 471 2610.

² Telephone 0800 11 22 33 or email hdc@hdc.org.nz. For more information refer to www.hdc.org.nz

³ Telephone 0800 80 39 09, or email enquiries@privacy.org.nz. For more information refer to www.privacy.org.nz

⁴ Cruess, S. R., & Cruess, R. L. (2012). Teaching professionalism—Why, What and How. Facts, views & vision in ObGyn, 4(4), 259.

- » Demonstrate reflectiveness, personal awareness, the ability to seek and respond constructively to feedback and the willingness to share your knowledge and to learn from others
- » Accept responsibility for maintaining the standards of the profession
- » Be personally accountable for your professional practice – you must always be prepared to explain your decisions and actions.

Professionalism includes upholding the legislation and standards set by other agencies

The Health Practitioner Competence Assurance Act 2003 has its principal purpose to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practice in their profession.

The Code of Health and Disability Services Consumers' Rights 1996 gives rights to consumers, and places obligations on all people and organisations providing health and disability services, including physiotherapists.

The Health Information Privacy Code 1994 governs the collection and use of health information. A plain English edition has been published by the Office of the Privacy Commissioner and is available from www.privacy.org.nz.

New Zealand is a signatory to the *United Nations Convention on the Rights of Persons with Disabilities*. This convention is intended to protect the rights and dignity of persons with disabilities. The convention includes provisions to ensure that persons with disabilities enjoy full equality under the law, and have their rights and dignities protected.

Glossary of terms

Family: Those persons whom the patient identifies as being a family member.

Patient: An individual who has engaged with a physiotherapist. Note the consideration of when a patient is no longer determined to be a patient is not limited to the date of discharge (refer to *Sexual and emotional boundaries standard*). The term patient may be substituted with the term client, where appropriate.

Student: A physiotherapy student enrolled in an accredited physiotherapy programme, an international physiotherapy student on clinical placement in New Zealand with a signed Memorandum of Understanding between a NZ School of Physiotherapy and the student's institution, or a postgraduate physiotherapy student under the supervision of a tertiary institution within New Zealand.

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).⁵ 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.⁶

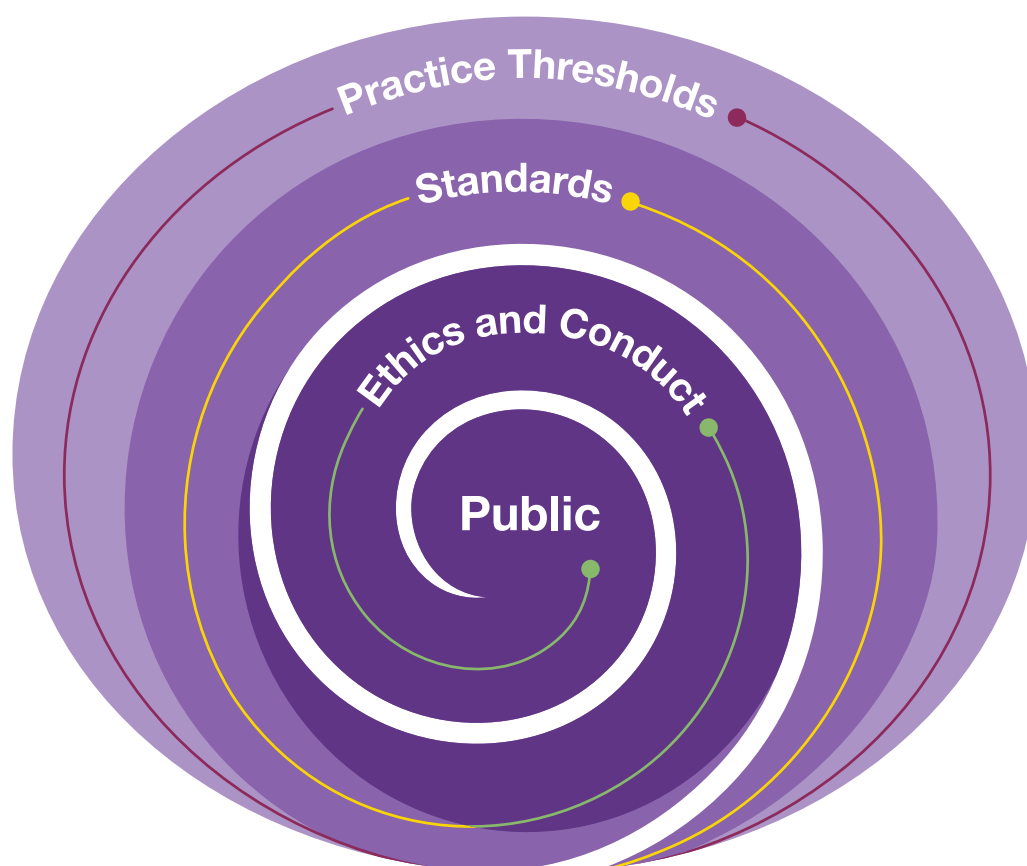
Related resources

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

[Physiotherapy Practice Thresholds for Australia & Aotearoa New Zealand \(2015\) and Key competencies 1.1, 1.3, 2.2, 3.3, 4.4, 5.1.](#)

Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct with commentary

May 2018



PHYSIOTHERAPY NEW ZEALAND
Kōmiri Aotearoa



Physiotherapy Board
of New Zealand Te Poari Tiaki Tinana o Aotearoa

Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct with Commentary

Preamble

The purpose of the Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct (Code) is to provide a foundation for the professional behaviour expected of physiotherapists in Aotearoa New Zealand. This Code is based on longstanding ethical values and professional principles of:

- » **Respect and dignity:** to acknowledge, appreciate and value the worth of an individual or group.
- » **Respect for autonomy:** to respect the patient's freedom to decide for him or herself, this includes informed consent.
- » **Beneficence:** to do good or to provide benefit to patients.
- » **Non-maleficence:** to not cause harm to patients.
- » **Justice:** to treat people fairly and to allocate resources fairly between patients.
- » **Responsibility:** to be reliable and dependable.
- » **Trustworthiness and integrity:** to be honest and able to be trusted.
- » **Citizenship:** the standard of an individual physiotherapist's behaviour as a member of the professional group.

The principles expressed in this document reflect the values considered fundamental to the practice of physiotherapy in Aotearoa New Zealand. The aim of the Code is to cover areas of ethical concern most commonly experienced by physiotherapists. It is not intended to address all ethical concerns, nor provide solutions to all ethical problems. Physiotherapists are expected to exercise their ethical judgement and balance ethical values.

The Code acknowledges the many areas of clinical work and other work environments of physiotherapists in Aotearoa New Zealand that may include but is not limited to: a hospital or residential aged care facility, private practice, community-based, educational facility, industry, tertiary educational institutions, sports environment, telehealth, and military.

The Code also recognises that physiotherapists may act in a role of first contact practitioner, or in response to referrals from others.

Relevant resources: [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\), Essential components](#)

Te Tiriti o Waitangi/Treaty of Waitangi

The Code 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).

Relevant resources: [Physiotherapy Standards 2018](#), the [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\)](#). (Key features, cultural competence)

Relationships with other codes and legislation

Under section 118(i) of the [Health Practitioners Competence Assurance Act 2003](#) (HPCAA), the Physiotherapy Board is responsible for setting standards of clinical competence, cultural competence and ethical conduct for physiotherapists. This Code has been developed to be such a standard and as the foundation document for other standards.

This Code should be read in conjunction with relevant legislation and case law in Aotearoa New Zealand and with policies, procedures, thresholds, competencies, and standards that regulate professional practice.

While relevant law has been identified throughout the Code wherever possible, the Code is not a substitute for and does not address in detail, the full range of legal obligations that apply to physiotherapists, such as, for example, those under privacy, child protection, employment and health and safety legislation. It is important that all physiotherapists have a full understanding of and comply with all laws and regulations that govern the practice of physiotherapy in Aotearoa New Zealand. Where there is any conflict between the Code and the law, the law takes precedence.

Terminology

Physiotherapists must:

The term ‘must’ is used where the statement sets a minimum standard that all physiotherapists are obliged to achieve.

Physiotherapists should:

The term ‘should’ indicates that the physiotherapist may use their discretion. A statement marked as ‘should’ and not ‘must’ recognises that in some contexts and situations the physiotherapist requires a degree of flexibility in their response. Guidance is offered by the ‘should’ statement, but it is up to the individual physiotherapist to decide, and be able to justify, using their professional judgement and/or seeking advice from experienced colleagues.

Patient:

The term ‘patient’ may be substituted with the term ‘client’ where appropriate.

A Glossary of Terms is set out in Appendix 1.

Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct with commentary

The commentary appended throughout is intended to provide helpful interpretation of the principles involved. In some instances, it is illustrative rather than exhaustive. Physiotherapists should apply the following principles where specific situations are not covered in the commentary.

Breach of Code

This Code will be used by the Physiotherapy Board as a standard by which a physiotherapist's conduct is measured. The Code may also be used by the Health Practitioners Disciplinary Tribunal (HPDT), the Health and Disability Commissioner (HDC), the Ministry of Health and the courts as a standard by which a physiotherapist's conduct is measured.

A failure by a physiotherapist to comply with this Code may result in, as appropriate:

- » A referral to a Professional Conduct Committee, if one or more questions about the appropriateness of the conduct or safety of the practice of a physiotherapist have been raised, pursuant to section 68(3) of the HPCAA
- » A Professional Conduct Committee laying a charge before the HPDT
- » A competence review pursuant to section 36(4) of the HPCAA
- » A referral to the HDC
- » A referral to the Ministry of Health Enforcement unit
- » Such other action as the Physiotherapy Board may deem appropriate in the circumstances.

Principles

1. Physiotherapists respect the patient and their whānau and families.
2. Physiotherapists act to promote the health and wellbeing of the patient while acknowledging, respecting, and facilitating patient autonomy.
3. Physiotherapists respect confidentiality, privacy, and security of patient information.
4. Physiotherapists treat people fairly.
5. Physiotherapists practice in a safe, competent and accountable manner.
6. Physiotherapists act with integrity in all professional activities.
7. Physiotherapists strive for excellence in the practice of physiotherapy.
8. Physiotherapists communicate effectively and cooperate with colleagues, other health professionals and agencies, for the benefit of their patients and the wider community.
9. Physiotherapists take responsibility for maintaining their own health and wellbeing.
10. Physiotherapists accept responsibility for upholding the integrity of the profession.

Professional Conduct

1. Physiotherapists respect the patient and their whānau and families.

The relationship between physiotherapist and their patient is one of trust, and as such physiotherapists must:

- 1.1 respect the dignity, privacy, bodily integrity, and mental wellbeing of patients.**
- 1.2 conduct themselves in a respectful manner towards the patient as well as their whānau, family and carers.**
- 1.3 practise with due care and respect for a patient's culture, needs, values, worldviews and beliefs, including Te Ao Māori.**
- 1.4 not impose their own values and beliefs on patients or their whānau and family.**

Relevant law; [Code of Health and Disability Services Consumers' Rights 1996](#), Rights 1, 2, 3 and 4.

Relevant resources; [Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015](#) Principle 1; 1.3; 1.4; 2.2B; 4.1C; 5.1.

Physiotherapy Standards (2018); [Cultural competence standard](#)

2. Physiotherapists act to promote the health and wellbeing of the patient while acknowledging, respecting, and facilitating patient autonomy.

Physiotherapists must:

2.1 consider the health and wellbeing of the patient to be their first priority.

2.2 respect the autonomy and freedom of choice of the patient.

Commentary: Physiotherapists must respect the freedom of the patient to choose their physiotherapist (where practicable) or to refuse physiotherapy treatment (even if in doing so that would harm them). The patient is also entitled to seek a second opinion, and physiotherapists should assist this process. For autonomy of children or the adult patient with diminished decision-making capacity, see section 2.7 of this Code.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996, Rights 5, 6 and 7.](#)

2.3 establish respectful partnerships with patients that acknowledge patient needs and goals.

Commentary: These partnerships may include the patient's whānau and family if that accords with patient needs, values and wishes.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996, Rights 1, 4 and 8.](#)

2.4 involve the patient in planning care, and revisit patient goals and plans on a regular basis.

2.5 clearly and adequately inform patients of the purpose and nature of the physiotherapy intervention to enable all patients to make an informed choice.

Commentary: The patient is entitled to information about his or her diagnosis and prognosis, care plan, alternative treatments, risks and benefits associated with treatment, costs associated with treatment, results of any tests, and the name of the physiotherapist providing care and any other relevant information. This information must be provided in a form, language and manner that can be understood by the patient. The patient must be given the time and opportunity to ask questions and have them answered to their satisfaction. Where necessary and practicable, an interpreter must be supplied. The physiotherapist should be guided by the patient in ascertaining whether additional information is required to enable the patient to make an informed choice and give informed consent.

Relevant law; [Code of Health and Disability Services Consumers' Rights 1996, Rights 5, 6 and 7.](#)

Physiotherapy standard (2018): [Informed consent standard](#)

2.6 seek patient consent prior to providing physiotherapy services, ensuring that patient consent is freely given and appropriately documented.

Commentary: For most physiotherapy procedures verbal consent is usually sufficient (however this should be documented in patient records). Written consent is required in many cases including where there is significant risk of adverse effects, a student is involved, experimental procedures, or when the patient is involved in research. Written consent is not necessarily a safeguard for the physiotherapist if the process of informed consent has not been fulfilled. Getting patients to sign a non-specific consent to any future proposed treatment is not acceptable. Consent must be

obtained for every new treatment, or when the patient's circumstances change. Consent should be considered an ongoing conversation between the physiotherapist and the patient and should be obtained prior to each interaction. Physiotherapists should be alert to the possibility that a patient may wish to withdraw consent to ongoing or future treatment and this must be respected.

If the patient refuses treatment, this must be documented in the patient record together with the information provided to the patient. If the patient was referred by another practitioner, the referring practitioner should be informed of the refusal.

Relevant law; [Code of Health and Disability Services Consumers' Rights 1996, Right 5, 6 & 7](#); [New Zealand Bill of Rights Act 1990, s 11](#).

Physiotherapy standard (2018): [Informed consent standard](#)

2.7 act in accordance with the law where the patient has compromised decision-making capacity, or is unable to provide informed consent.

Commentary: There are times when a patient is unable to give or refuse informed consent due to compromised decision-making capacity. The patient with diminished decision-making capacity has the right to make informed choices and give informed consent to the level of their understanding. Whether or not a patient can give or refuse consent to treatment depends on whether the person is able to understand the treatment decision that they are being asked to make.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996, Right 7](#).

In emergency situations where treatment is necessary to save a patient's life, or to prevent harm to the patient, and the patient's wishes are not known, the professional is expected to act in the patient's best interests (which may include, for example, providing resuscitation).

Relevant law: [Doctrine of necessity in the common law](#).

If there is no emergency, but the patient is unable to consent, the physiotherapist should seek informed consent from a person who is legally entitled to consent on behalf of the patient, if there is such a person.

In the case of a child under the age of 18, the child's parent or guardian is normally entitled to consent on behalf of the child. However, s 36 Care of Children Act 2004 states that children aged 16 or 17 years old are deemed to have the same decision-making capacity as adults to consent or refuse consent to treatment for their benefit. A child below the age of 16 who has sufficient knowledge and understanding of the nature, risks and benefits of the particular treatment is also competent to consent or refuse consent to the treatment. This test, known as the Gillick decision-making capacity (or competency) test, requires an individual assessment of the capacity of the child in relation to the particular decision for which the consent is required. Where a child is not competent to consent (and/or a parent or guardian has consented on the child's behalf), the child's assent should be sought and documented. Not only does this show respect to the child patient, but it is also more likely to ensure the child's participation in the treatment.

An adult patient who does not have decision-making capacity (and is therefore incompetent) may have executed an Enduring Power of Attorney for Personal Care and Welfare prior to becoming incompetent authorising someone else to make decisions on behalf of the patient. Alternatively, the court may have appointed a welfare guardian to provide informed consent. The patient may also have made an Advance Directive, which may be relevant to care.

If an incompetent adult patient has no welfare guardian or Enduring Power of Attorney for Personal Care and Welfare authorising someone to consent on behalf of the patient, the physiotherapist must act in the patient's best interests having taken reasonable steps to ascertain the views of the patient, for example by consulting with the whānau and family. The purpose of this consultation is

not to seek consent from the family but to determine what choice the patient would make if he or she were competent. If the patient's views cannot be ascertained, the physiotherapist must act in the best interests of the patient, taking into account the views of suitable persons who are available and interested in the welfare of the patient.

Relevant law: [Care of Children Act 2004](#) s 36; Great Britain. (1984). Gillick v West Norfolk and Wisbech Area Health Authority. The all England law reports, 1985(1), 533. [Protection of Personal and Property Rights Act 1988](#), [Protection of Personal and Property Rights Amendment Act 2007](#), [Code of Health and Disability Services Consumers' Rights 1996, Right 6 & 7](#).

Relevant resources:

Physiotherapy Standard (2018): [Informed consent standard](#)

2.8 seek patient consent if a physiotherapy student (or other person) will be present during the provision of physiotherapy services or providing aspects of care.

Commentary: If an additional person is present and is to be involved in the assessment and/or treatment of a patient, prior consent must be obtained by the physiotherapist in charge of the patient's treatment. Examples of the additional person is a support person, chaperone, observer, interpreter, a student or other health professional involved in training, a Board or registrar appointed supervisor or competence reviewer. Consent must be sought without the student/other person present to allow for freely given consent. The supervising physiotherapist must be cautious and diligent when considering the involvement of a physiotherapy student or another person. The supervising physiotherapist plays an important role in maintaining professional standards in relation to the assessment and treatment, and continues to owe a duty of care to the patient.

Patients must be informed that they may, at any time, withdraw their consent to being treated by a physiotherapy student (or another person).

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996, Rights 6, 7 and 9](#).

Relevant resources:

Physiotherapy Standards (2018): [Informed consent standard](#), [Involvement of an additional person during a consultation standard](#).

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

2.9 not exploit any patient physically, sexually, emotionally, or financially. Sexual contact of any kind with patients is unacceptable, and in nearly all instances sexual contact with former patients would be regarded as unethical.

Commentary: It is acknowledged that in some instances the former patient– physiotherapist professional relationship may have been brief, minor in nature, or in the distant past. In such circumstances and where a sexual relationship has developed from social contact away from the professional environment, impropriety would not necessarily be inferred.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996, Right 2 & 4](#).

Relevant resources:

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 2.1G, 2.1J.

Physiotherapy standard (2018): [Sexual and emotional boundaries standard](#).

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

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

2.10 establish and maintain appropriate professional boundaries with students under their supervision.

Physiotherapy standard (2018): [Sexual and emotional boundaries standard](#)

2.11 establish and maintain appropriate professional boundaries with patients and their whānau and families.

Commentary: Society trusts physiotherapists to act in the best interest of patients. A power imbalance exists within the therapeutic relationship that can easily lead to exploitation or abuse if trust is not respected. Professional boundaries describe the limits to the relationship that a physiotherapist should observe when treating patients and their whānau and family.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#), Rights 1, 2 and 4.

Relevant resources:

Physiotherapy standard (2018): [Sexual and emotional boundaries standard](#)

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

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

2.12 make provision for continuity of care when closing or relocating a place of practice, or otherwise planning to be absent from their place of practice.

Commentary: A written record of the transfer of care together with any notes on the patient's ongoing care and treatment should be provided to the replacing physiotherapist or other healthcare provider in a timely manner.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#), Right 4; [Health Information Privacy Code 1994](#)

Physiotherapy standard (2018): [Physiotherapy health records standard](#)

Physiotherapists should:

2.13 consider and, where practicable, advocate for the health needs of the community within which they practise.

Commentary: Physiotherapists may become aware of health needs that go beyond the individual patient and may affect the wider community and require a broader-based intervention.

2.14 be alert to the needs and special concerns of vulnerable groups. Where there are concerns that patients or others may be subject to abuse physiotherapists should consider their legal and ethical obligations.

Commentary: Children, the elderly and the disabled may be particularly vulnerable to physical, sexual or emotional abuse. Where a physiotherapist suspects that a patient is being abused, they should be guided by relevant policies and procedures of their employer. In the absence of such guidance, the physiotherapist should seek advice from health providers with expertise in dealing with abuse.

There is no legal requirement to report abuse, even if the victim is a child. Reporting of suspected abuse of a child or young person is currently not mandatory in New Zealand, however, if a report is made to the relevant child protection authorities, the reporter is immune from criminal, civil and professional liability provided the report was made in good faith. Disclosure will not be a breach of confidentiality or privacy. There are no equivalent provisions for abuse of adults. General principles of privacy and confidentiality and its limits apply in those situations. The Crimes Act 1961 also places an obligation on certain people who have the care of a vulnerable adult or child and makes it an offence to fail to protect a child or vulnerable adult from the risk of death or grievous bodily harm or sexual assault. Refer to sections 151, 152, 195 and 195A.

Physiotherapists should consult relevant professionals prior to disclosing a suspected abuse of adult patients (useful resources are listed below).

Relevant law: [Crimes Act 1961](#) sections 151, 152, 195 and 195A; [Oranga Tamariki Act 1989](#) sections 15 and 16, [Privacy Act 1993](#), [Health Information Privacy Code 1994](#), [Vulnerable Children Act 2014](#).

Relevant resources:

[Ministry of Health's 'Family Violence Assessment and Intervention Guidelines: Child abuse and intimate partner violence' \(June 2016\)](#), ['Family Intervention Guidelines: Elder abuse and neglect' \(August 2007\)](#).

Physiotherapy New Zealand Guideline (2016): [Vulnerable children act and health worker safety checks](#)

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 1.1; 1.2; 1.3; 1.4, 2.1; 3.1; 5.1; 6.1F.

3. Physiotherapists respect confidentiality, privacy and security of patient information.

Physiotherapist must:

3.1 hold all patient information in confidence (including when the patient has ended treatment).

Commentary: Trust is important in the physiotherapy-patient relationship, and maintaining confidentiality is central to that trust. It is expected that physiotherapists respect the confidentiality, privacy, and security of patient information. However, the duty of confidentiality is subject to exceptions outlined below.

3.2 not disclose identifiable personal or health information about a patient without the patient's permission, unless disclosure is required or permitted by law.

Commentary: The general rule is that identifiable personal or health information must not be disclosed without patient consent.

There are very limited situations when identifiable patient information must be disclosed even though the patient may not have given consent. The most common example is on request for health information from another healthcare provider who is to provide care for the patient. There is also a requirement to disclose health information to a parent or guardian or the personal representative of a deceased patient on their request. Such requests are made under s 22F Health Act 1956 and may be declined if the physiotherapist has reasonable grounds for believing that the patient would not want the information disclosed or if disclosure would be contrary to the patient's interests.

In some circumstances, personal or health information may be disclosed without patient consent and even against the patient's wishes (e.g. when the patient poses a serious threat to themselves or someone else).

Sharing relevant health information is permitted when transferring care between healthcare providers. That may include sharing health information with the patient's caregiver such as a whānau or family member. Sharing non-identifiable health information for purposes of education, professional/clinical supervision, or consultation with others about appropriate treatment is also permitted. However, in these circumstances, care must be taken to prevent people being inadvertently identified.

There are a number of other provisions in legislation under which information can be requested from, and supplied by, a physiotherapist. The bodies which make such requests should make it clear what statutory authority they are relying on. A physiotherapist can and should ask the requesting body to clarify in writing exactly what information is sought, the reason for the request, and the statutory provision which might permit or require the physiotherapist to provide that information.

Relevant law: [Privacy Act 1993 section 6 \(principles 11\)](#), [Health Information Privacy Code 1994 Rule 11](#), [Health Act 1956 section 22F](#), [Code of Health and Disability Services Consumers' Rights 1996](#) Right 4.

3.3 ensure that all patient records and images are stored securely.

Commentary: Patient records must be retained and disposed of in accordance with the law.

If photographs or other images of the patient were taken for clinical reasons, specific consent must be sought if those photographs or images are to be used for advertising, promotion or academic purposes.

Relevant law: [Privacy Act 1993](#) Section 6 (principle 5), [Health Information Privacy Code 1994](#) Rule 5, [Health \(Retention of Health Information\) Regulations 1996](#).

3.4 not access patient information unless the physiotherapist is involved in that patient's care or has specific permission to do so from the patient or the patient's legal guardian.

Commentary: Only those people authorised to do so should access patient records, and access must only be made when necessary for providing care.

Relevant law: [Privacy Act 1993](#) section 6 (principle 10), [Health Information Privacy Code 1994](#) Rule 10.

Relevant resources:

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 2.1E; 2.1I

Physiotherapy standard (2018): [Physiotherapy health records standard](#)

4. Physiotherapists treat people fairly.

Physiotherapists must:

4.1 not discriminate on the basis of race, gender, age, religion, ethnicity, disability, sexual orientation, political affiliation, economic, social or health status or any other legally prohibited grounds of discrimination.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#) Right 2, [Human Rights Act 1993](#) Part 2.

Physiotherapy standard (2018): [Cultural competence standard](#)

4.2 use a coherent, robust and transparent rationale when allocating resources.

Commentary: When a physiotherapist is deciding which patients should get access to resources before others, it is important to use a rationale that is reasonable and acceptable. For example, prioritising one person over another on the basis of personal friendship or because one person is considered to be a 'better' person is not acceptable.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#) Rights 2, 3 and 4.

4.3 be responsible stewards of healthcare resources.

Commentary: Within the level of their role, physiotherapists need to ensure that limited healthcare resources are used wisely but with consideration for the individual and collective needs of patients. Treatments (including frequency of treatment) must always be able to be justified on clinical grounds (see section 5.3 of this Code).

Physiotherapists should:

4.4 advise managers or funders, and patients and their whānau and families where appropriate when resources are insufficient to allow adequate care.

4.5 feel able to refuse to treat a patient if they have good reasons. The patient should be informed of the reasons, alternative options of care, and where appropriate to refer to another healthcare provider.

Commentary: Reasons for refusing treatment might include: where the physiotherapist believes the treatment requested will provide no clinical benefit; where the physiotherapist has a conflict of interest; where the patient poses a serious risk of harm to the physiotherapist, their whānau, family, or their employees; or is under the influence of alcohol or other drugs.

4.6 advocate to reduce health disparities and inequalities, and improve access to services.

Commentary: Occasionally policy or changes to policy such as transport and health service may negatively impact on the health and wellbeing of particular groups of patients. Where such disparities are identified physiotherapists may choose to take an advocacy role to speak for those patients affected by such policy. Any physiotherapist who takes on an advocacy role in their professional capacity should remember that they represent the profession and should carry out such advocacy within their scope of practice. Physiotherapists who take on such a role should seek guidance from their professional organisation.

Relevant resources:

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015). 4; 2.1C; 7.1E; 7.2E.

Physiotherapy Standards (2018): [Cultural competence standard](#)

5. Physiotherapists practise in a safe, competent and accountable manner.

Physiotherapists must:

- 5.1 base physiotherapy interventions on the best available evidence.**
- 5.2 make sound professional judgements within their scope of practice and level of expertise and be accountable for their professional practice.**
- 5.3 provide physiotherapy services that are clinically justifiable.**
- 5.4 practise according to documented Physiotherapy practice thresholds in Australia & Aotearoa New Zealand.**
- 5.5 incorporate safety and risk management strategies within physiotherapy practice to ensure the safety of patient and staff.**

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#), Right 4; [Health and Safety at Work Act 2015](#).

Relevant resources: [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 4.4, 4.5

- 5.6 provide appropriate direction and support for less experienced colleagues and support staff.**

Relevant resources: [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 6.2, 7.2

Physiotherapy New Zealand (2012) [Guideline for the use of physiotherapy assistants/support workers](#)

- 5.7 keep comprehensive, up-to-date, accurate, and legible patient records.**

Commentary: Making sure that patient records are comprehensive, up-to-date, accurate and legible is of utmost importance. In particular:

- Patient records are a vital source of communication between health professionals providing care to a patient. The records must, therefore, provide clear details on investigations and diagnosis using recognised terminology, information provided by and given to the patient, consent given by the patient, and treatment carried out.
- Physiotherapists should be mindful that treatment records may be accessed by the patient and so all entries must be respectful.
- Patient records may be viewed by others (such as the Accident Compensation Corporation (ACC) or the Health and Disability Commissioner) and so must contain sufficient detail to enable others to understand the care provided.

Relevant law: [Health Information Privacy Code 1994](#), Rules 3, 6, 7, 8, 10 and 11; [Privacy Act 1993](#).

Relevant resources:

Physiotherapy standard (2018): [Physiotherapy health records standard](#)

5.8 have a full understanding of and comply with the laws and regulations that govern and impact on the practice of physiotherapy in New Zealand.

Relevant resources:

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 5; 1.2; 2.1F; 2.2; 3.2B; 4.3; 4.4; 4.5; 6; 7.2,

[Standards New Zealand Allied Health Service Sector Standards - Physiotherapy Services \(SNZ HB 8171.1.2005\)](#).

6. Physiotherapists act with integrity in all professional activities.

Physiotherapists must:

6.1 provide truthful, accurate and relevant information, and must not knowingly make misleading representations to patients and those legally entitled or authorised to receive information.

6.2 fully disclose any interests, including financial interests, held in products and services recommended to their patients.

6.3 act with honesty and integrity in all areas of professional practice (including when interacting with: funders, employers, employees, insurers).

Commentary: Physiotherapists must ensure that professional obligations and standards are not jeopardised by employment/contractual arrangements, relationships with industry, or other arrangements.

6.4 not accept gifts or enter into financial arrangements that may influence or give the appearance of influencing the physiotherapist's professional judgement.

Commentary: When offered a gift (koha) from a patient (or their family member), or where other incentives are offered from industry or others, physiotherapists must respond in a manner appropriate to the context, and the intent of the giver. Physiotherapists must take care not to allow any gift (koha) or incentive to influence their clinical decision-making, compromise the standard of care provided to any patients, or affect their cooperation with other healthcare providers. The physiotherapist must not encourage a patient to give, lend or bequeath money or gifts (koha) that will benefit a physiotherapist directly or indirectly.

6.5 be alert to potential or apparent conflicts of interests and take appropriate steps to declare and minimise them.

Commentary: Physiotherapists may find themselves in a conflict of interest position where their obligations to the patient conflict with their financial, professional or personal interests. In such situations, the physiotherapist must declare their conflict, and take steps to avoid or minimise the conflict.

Relevant law: Rights 4(2) & (5), 5 & 6 [Code of Health and Disability Services Consumers' Rights 1996](#).

6.6 be open and honest when something has gone wrong with the provision of care, treatment or other services.

Commentary: Seek timely advice from experienced colleagues. Inform the patient or, where appropriate, their carers, when something has gone wrong. Acknowledge that something has gone wrong, apologise and take action to put matters right if possible. Provide a prompt explanation of what has happened and why, including any likely effects.

Relevant law: [Health and Disability Services \(General\) Standard NZS 8134.0:2008](#).

Relevant resources: [The Health and Disability Commissioner's 'Guidance on open disclosure policies'](#).

ACC relevant document [Treatment injury document ... Part 2 S32 of the ACC act](#)

6.7 support patients and carers who want to raise concerns about the care, treatment or other services they have received.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#), Rights 8 and 10.

Relevant resources:

[Physiotherapy Board website – Register a complaint or a concern](#)

[Health Quality and Safety Commission New Zealand](#)

[New Zealand Health and Disability Services – National Reportable Events Policy 2012](#),

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015) 6; 1.1I; 1.3A; 2.2; 3.3; 4.4; 5.1

Physiotherapy New Zealand (2016) [Patient Adverse Reaction Reporting Form](#)

7. Physiotherapists strive for excellence in the practice of physiotherapy.

Physiotherapists must:

7.1 commit to ongoing learning and the maintenance and development of clinical and professional skills.

Commentary: As part of the recertification programme, physiotherapists are required to engage in continuing professional development including peer review.

Relevant resources:

[Physiotherapy Board recertification programme](#).

[Physiotherapy New Zealand Continuing Professional Development resources](#) (Members only)

7.2 ensure research in which they are involved has approval from an appropriately accredited research ethics committee where required.

Commentary: It is imperative that research carried out by physiotherapists meet certain standards. Research ethics committees that are accredited by the Health Research Council will require all research to meet nationally agreed standards.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#), Right 9, '[Ethical Guidelines for Intervention Studies, \(2012\)](#)', '[Ethical Guidelines for Observational Studies, \(2006\)](#)', [New Zealand Public Health and Disability Act 2000](#) s 16, [Accident Compensation Act 2001](#) s 32.

- 7.3 declare to research participants and proposed publishers where research funding, support or equipment have been received from industry or any other person or organisation.**
- 7.4 ensure that financial remuneration for participating as a research investigator is commensurate with the work performed.**

Commentary: Like all professionals, physiotherapists have the right to fair recompense for the use of their skills and experience. However, the motive of profit must not be permitted to influence clinical judgement. Payment in excess of work performed may cause the physiotherapist to overlook the health and wellbeing of the research participant and recruit patients inappropriately for monetary gain.

Physiotherapists should:

- 7.5 commit to the formal evaluation and review of innovative therapies to ensure the safety of patients and a sound evidence base for treatment. Research findings should be shared within the scientific literature.**

Commentary: Physiotherapists regularly develop innovative therapies to respond to particular patient needs. Physiotherapists who do this have a responsibility to carry out research on this new treatment to ensure patient safety and to ensure that new treatments are not adopted as accepted treatment without an evidence base.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#) Rights 7(6) & 9.

Relevant resource: [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\)](#). 7&4, 7.1E, 7.2.

8. Physiotherapists communicate effectively and cooperate with colleagues, other health professionals and agencies, for the benefit of their patients and the wider community.

Physiotherapists must:

- 8.1 engage in effective communication and cooperate with colleagues, other health professionals and agencies to achieve optimal outcomes for the patient.**
- 8.2 refer patients in a timely fashion when their needs fall outside the physiotherapist's scope of practice or skill level.**
- 8.3 collaborate with other service providers for the benefit of the patient, keeping referring colleagues informed of the outcomes of assessment and treatment.**
- 8.4 behave respectfully in communication to, and about colleagues or other health professionals and agencies at all times (including when using electronic communication and social media).**

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#) Right 4.

Relevant resources:

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\)](#). 1.1G; 2.2E; 3.2C; 5.2.

Physiotherapy Standards (2018): [Internet and electronic communication standard](#), [Telehealth standard](#).

9. Physiotherapists take responsibility for maintaining their own health and wellbeing.

Physiotherapists must:

- 9.1 refrain from practising while impaired by alcohol or drugs, or when physical, mental or emotional ill health may impair performance.**
- 9.2 engage in activities that encourage self-awareness and reflective practice.**

Commentary: These activities may include reflective writing, reflective group work, professional supervision or mentoring, or individual forms of reflection.

Relevant Resources:

[Physiotherapy New Zealand Continuing Professional Development resources](#) (Members only)

Physiotherapists should:

- 9.3 recognise when fatigue, stress, physical or mental illness or any other condition may affect their professional practice, and seek appropriate professional support.**

Commentary: Some life events including marriage difficulties, bereavement, loneliness, substance abuse, financial difficulties or other forms of stress may make physiotherapists more vulnerable, and at these times the quality of clinical practice may suffer, and professional standards may slip. It is important that physiotherapists are self-aware and engage in reflective practice activities and seek guidance and support.

- 9.4 seek appropriate support when practising in areas where pain, suffering, grief, and loss are commonplace.**

Relevant resources:

[Physiotherapy practice thresholds Australia & Aotearoa New Zealand \(2015\)](#). 9; 2.3; 4.1B&D; 4.2D

Physiotherapy New Zealand (2016): [Professional, supportive and evaluative relationship resources](#) (members only)

10. Physiotherapists accept responsibility for upholding the integrity of the profession.

Physiotherapists must:

- 10.1 raise concerns about issues, wrongdoings or risks you may have witnessed, observed or been made aware of in the practice setting that could endanger a patient or others.**

Commentary:

- Reflect and consider the strength and credibility of the evidence related to the situation.
- Raise your concerns with colleagues or other members of the team if they are contributing to your concerns.
- If you are unsure, seek advice from a senior colleague or professional organisation.
- Formally raise your concerns with your manager or a senior person within your employment situation.
- Escalate your concerns to a higher level within your employing organisations if the issue is not resolved.
- If your efforts to resolve the situation within the workplace continue to be unsatisfactory, escalate your concerns to another appropriate body, for example, the Physiotherapy Board, Ministry of Health, Health and Disability Commissioner, or other health professional regulatory authority.
- Under section 34 [Health Practitioners Competence Assurance Act 2003](#) (HPCAA), you may notify the relevant health regulatory authority if you believe that a health practitioner (a physiotherapist or other health practitioner) may pose a risk of harm to the public by practising below the required standard of competence.

10.2 bring unsafe or unethical behaviour by another physiotherapist or other health professional to the attention of the appropriate authority.

Commentary:

- [Section 45 HPCAA](#) provides that: If a physiotherapist has reason to believe that another health practitioner (another physiotherapist or other health practitioner) is unable to perform the functions required for the practice of his or her profession because of some mental or physical condition, the physiotherapist must promptly give the Registrar of the authority with which the health practitioner is registered written notice of all the circumstances.
- [Section 34 HPCAA](#) provides that: If a physiotherapist has reason to believe that another health practitioner (another physiotherapist or other health practitioner) may pose a risk of harm to the public by practising below the required standard of competence, the physiotherapist may give the Registrar of the health practitioner's registration authority written notice of the belief and the reasons on which that belief is based. A physiotherapist who has acted in good faith would be protected from civil or disciplinary proceedings.
- [Section 34 HPCAA](#) provides that: Whenever a physiotherapist resigns or is dismissed from his or her employment for reasons relating to competence, the person who employed the physiotherapist immediately before that resignation or dismissal must promptly give the Physiotherapy Board's Registrar written notice of the reasons for that resignation or dismissal.

10.3 take particular care to uphold the values within this Code when using electronic communication and social networking sites in a professional or personal capacity.

Relevant law: [Privacy Act 1993 Rules 10 and 11](#), [Health Information Privacy Code 1994](#).

Relevant resources:

Physiotherapy standard (2018): [Internet and electronic communication standard](#).

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

10.4 not undermine patient safety, or the quality and professional standing of physiotherapy when teaching physiotherapy skills to others.

Commentary: There are times when it may be appropriate to teach physiotherapy skills to others (for example, teaching chest physiotherapy techniques to the parents of a child with Cystic Fibrosis to improve the child's quality of life). However, the physiotherapist must consider the potential harms that could eventuate from teaching physiotherapy skills to people who do not have the requisite knowledge or skill base. The physiotherapist must also consider how their actions may undermine the quality of care and the standing of the physiotherapy profession.

Physiotherapists teaching undergraduate or postgraduate physiotherapy students must also ensure that patient safety is not jeopardised, by maintaining appropriate supervision.

Relevant law: [Code of Health and Disability Services Consumers' Rights 1996](#) Rights 4 and 9.

10.5 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 titles and 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.

Relevant law: [HPCAA section 7](#); [Fair Trading Act 1986](#); [Consumer Guarantees Act 1993](#); [Advertising Standards Authority Advertising Codes](#) (including the Therapeutic Products Advertising Code, Therapeutic Services Advertising Code, and Advertising Code of Ethics).

Relevant resources:

Physiotherapy standard (2018): [Advertising standard](#).

Physiotherapy New Zealand Position Statement (2014): [Advertising as a Physiotherapist](#)

Physiotherapists should:

10.6 willingly support the education of physiotherapy students and less experienced colleagues.

Commentary: Teaching, supervising and mentoring students and those less experienced is of benefit to future patients, the individual receiving guidance, and the profession. It also adds value to the supervisor's practice through engagement with the person being supervised and their learning needs.

Relevant resource: [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015). 6.1, 6.2.

10.7 avoid treating whānau, family members and others close to you.

Commentary: Providing treatment for whānau, close family members does not constitute good clinical practice. The potential problems associated with caring for those close to you include the possibility that the physiotherapist lacks objectivity and the presence of power dynamics that may make it difficult for the patient.

Some exceptions exist, including: in emergency situations where the patient will suffer further harm if care is not provided; or in geographically remote settings where no other suitably qualified provider is available. If funding in these situations is to be sought from a third party, then care must be taken to meet particular criteria regarding verification, documentation and care plans.

Relevant resources:

Physiotherapy standard (2018): [Treatment of whānau, family and others close to you standard](#).

[Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#) (2015). 10; 2.1C&J; 2.2A; 2.3B; 3.1B; 4.4A; 6.2.

Useful references

- » [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand \(2015\).](#)
- » [Physiotherapy Standards \(2018\).](#)
- » [‘WCPT Declaration of Principle on Ethical Principles’.](#) *World Confederation for Physical Therapy: 2011*

Relevant law includes

- » *Accident Compensation Act 2001*
- » *Children, Young Persons and their Families Act 1989*
- » *Consumer Guarantees Act 1993*
- » *Crimes Act 1961*
- » *Fair Trading Act 1986*
- » *Health Act 1956*
- » *The Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996*
- » *Health Information Privacy Code 1994*
- » *Health (Retention of Health Information) Regulations 1996*
- » *Health Practitioners Competence Assurance Act 2003*
- » *Human Rights Act 1993*
- » *New Zealand Bill of Rights Act 1990*
- » *Privacy Act 1993*
- » *Protected Disclosures Act 2000*
- » *Protection of Personal and Property Rights Act 1988*
- » *The Health and Safety at Work Act 2016*
- » *Vulnerable children Act 2014*

Glossary of terms:

Accountability: taking responsibility for decisions made and actions taken (or not taken).

Carer: someone who assists/supports the patient.

Clinical reasoning: The thought processes associated with a physiotherapist's examination and management of a patient and is influenced by the therapist (e.g. values and beliefs, knowledge, and cognitive, interpersonal and technical skills), the patient (e.g. needs and goals, values and beliefs, individual physical, psychological, social and cultural presentation), and the environment (e.g. resources, time, funding, and any externally imposed requirements).

Competent physiotherapist: A physiotherapist who consistently integrates and applies knowledge, skills, attitudes and values in an independent, timely manner to the standard required by the Physiotherapy Board.

Competent patient: the decision-making capacity of that patient (see decision-making capacity).

Decision-making capacity: The ability to make a reasoned decision.

Evidence-based practice: EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care.

Family: Those persons whom the patient identifies as being a family member.

Patient: The individual who has engaged with a physiotherapist. Note the consideration of when a patient is no longer determined to be a patient is not limited to the date of discharge (refer to Sexual and emotional boundaries standard). The term patient may be substituted with the term client.

Refer: to send a patient to another health practitioner.

Reflective practice: The activity in which a person reflects on the process and outcomes of a situation with the aim of improving or affirming their professional practice.

Student: A physiotherapy student enrolled in an accredited physiotherapy programme, an international physiotherapy student on clinical placement in New Zealand with a signed Memorandum of Understanding between a NZ School of Physiotherapy and the student's institution, or a postgraduate physiotherapy student under the supervision of a tertiary institution within New Zealand.

Te Ao Māori: Translates to '*the Māori world*'. Te Ao Māori includes te reo (the language and dialects), tikanga (the processes and practices), marae (the community focal point), wāhi taonga and wāhi tapu (treasures and sites of importance) and access to whānau, hapū and iwi.

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).⁷ 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.⁸ Whakapapa whānau and kaupapa whānau are social constructs and as such can be located along a continuum depending on the function and intent.

7 Te Puni Kōkiri. (2005)

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

Bibliography

The following documents have been invaluable in drafting the above code:

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Australian Physiotherapy Association (2008). APA Code of Conduct.

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

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

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 vertebrobasilar 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.

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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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We acknowledge The Dental Council and the Medical Council of New Zealand for their generosity in allowing us to use and appropriately amend their relevant documents.

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

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](#)

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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 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 \(1993\)](#)

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 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](https://www.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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This document has relied on the Medical Council of New Zealand's Standards and resources, 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.

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

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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 \(2018\)](#)

May 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 \(Australia\)](#)

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

This document has relied heavily on the Dental Council 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.

Physiotherapy practice thresholds in Australia & Aotearoa New Zealand

May 2015



Introduction

Background to the Physiotherapy practice thresholds

The Physiotherapy Board of Australia (PhysioBA) and the Physiotherapy Board of New Zealand (PBNZ) worked together between 2012 and 2015 to develop and publish the *Physiotherapy practice thresholds in Australia and Aotearoa New Zealand* (referred to here as “Physiotherapy practice thresholds”).

The PhysioBA and PBNZ will regularly review the published Physiotherapy practice thresholds to maintain their relevance to the expectations of threshold competence required for contemporary physiotherapy practice in Australia and Aotearoa New Zealand.

Purpose of the Physiotherapy practice thresholds

The Physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand.

Format of the Physiotherapy practice thresholds

The format of the Physiotherapy practice thresholds draws on a competency framework, the CanMEDS framework, developed by the Royal College of Physicians and Surgeons of Canada (Royal College). The CanMEDS framework “describes the abilities physicians require to effectively meet the needs of the people they serve” (Frank, Snell, Sherbino et al, 2014, p 1). The CanMEDS framework emerged in the 1990s and was first launched by the Royal College in 1996 and subsequently updated in 2005. The Royal College will publish a third version in late 2015.

The main feature of the CanMEDS framework is the thematic arrangement of competencies based on seven integrated roles of physicians in practice. The thematic arrangement of competencies based on roles of practitioners in practice, drawing on the CanMEDS framework, has gained acceptance in several other countries. The medical profession in Australia, Aotearoa New Zealand, Denmark and the Netherlands has adapted the CanMEDS framework for entry to medical practice. Other professions, including the physiotherapy profession in Canada and the Netherlands, have drawn on the CanMEDS framework to describe the competencies that are “essential” at the beginning of, and throughout, a practitioner’s career.

In applying the CanMEDS approach, the Physiotherapy practice thresholds arrange key competencies within seven integrated and thematic roles: *Physiotherapy practitioner*, *Professional and ethical practitioner*, *Communicator*, *Reflective practitioner and self-directed learner*, *Collaborative practitioner*, *Educator* and *Manager/leader*. Although the Physiotherapy practice thresholds arrange key competencies within separate roles, the *Physiotherapy practitioner* role is central to physiotherapy practice in any context, and, as practitioners, physiotherapists integrate the other roles in the Physiotherapy practice thresholds with that central role as they apply to the context of the physiotherapist’s practice.¹

¹ The integration of the central role of the Physiotherapy practitioner with the other roles is best illustrated by the CanMEDS diagram. The CanMEDS diagram has not been reproduced or adapted in this document because it is officially trademarked. It can be viewed at www.royalcollege.ca/portal/page/portal/rc/resources/aboutcanmeds.

The Physiotherapy practice thresholds expand on each of the seven roles at three levels:

1. role definition

2. key competencies

3. enabling components

“Role definition” describes the essential characteristics of physiotherapy practice encompassed by the corresponding key competencies. When combined, the seven role definitions describe the essential characteristics of a competent registered physiotherapist in both Australia and Aotearoa New Zealand.

“Key competencies” are described for each role. The key competencies are the practices necessary for a physiotherapist to safely and effectively perform the central role of physiotherapy practitioner in a range of contexts and situations of varying levels of complexity, ambiguity and uncertainty.² An individual should demonstrate threshold competence for all key competencies relevant to their field of practice.

“Enabling components” describe the essential and measureable characteristics of threshold competence for the corresponding key competency. Threshold competence requires an individual's practice to comprise all the enabling components for the corresponding key competency.

The language used in the Physiotherapy practice thresholds describes behaviours that characterise threshold competence in practice. Each key competency and enabling component is prefaced by the words “Registered physiotherapists in Australia and Aotearoa New Zealand are able to”.

The key competencies and enabling components embed the complex conceptual, analytical and behavioural elements that integrate foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programmes. The Physiotherapy practice thresholds do not explicitly identify the corresponding foundational abilities (knowledge, skills, attitudes, values and judgements) that may be learnt in entry-level programmes at the level of task-oriented elements that, in isolation, do not assure threshold competence in practice.³

Uses of the Physiotherapy practice thresholds

The PhysioBA and PBNZ each have statutory functions as regulators of the physiotherapy profession in Australia and Aotearoa New Zealand respectively. One statutory function of the PhysioBA is “to register suitably qualified and competent persons in the health profession”.⁴ One of the statutory functions of the PBNZ is “to set standards of clinical competence, cultural competence and ethical conduct to be observed by the profession”.⁵

2 The context of a physiotherapist's practice may not be limited to (and may not include) direct clinical care. Many of the abilities described in the key competencies are required in direct non-clinical relationships with patients or clients. The abilities are also required when registered physiotherapists work in management, administration, education, research, policy development, advisory contexts, regulatory contexts or other contexts impacting on public health and safety.

3 Unlike the *Australian Standards for Physiotherapy* (2006) and the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009), the Physiotherapy practice thresholds do not “deconstruct” the key competencies or enabling components into task-oriented performance criteria or examples of evidence.

4 Section 35(1)(a) of the Health Practitioner Regulation National Law Act as in force in each state and territory in Australia.

5 Section 118 of the Health Practitioners Competence Assurance Act 2003 (NZ).

The PhysioBA and PBNZ use the Physiotherapy practice thresholds as a reference point of threshold competence when exercising their statutory functions, including for:

- registration of individuals who completed an approved physiotherapy programme in Australia or a prescribed physiotherapy qualification in Aotearoa New Zealand (see section headed “Physiotherapy practice thresholds and accreditation of physiotherapy education in Australia and Aotearoa New Zealand” for more details)
- registration of individuals who complete their initial physiotherapy qualifications in other countries
- re-registration of individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the PBNZ or PhysioBA receives a complaint or notification about that registrant.

The PhysioBA and PBNZ recognise that other organisations and individuals may use the Physiotherapy practice thresholds as a reference point of threshold competence for other purposes. This could include registrants’ self-assessment of their competence, employers’ performance evaluation and management of physiotherapists in the workplace, and the development of health policy and health workforce strategy by agencies responsible for such work.

Physiotherapy practice thresholds and accreditation of physiotherapy education in Australia and Aotearoa New Zealand

The PhysioBA and PBNZ do not generally directly examine or assess the competence of applicants for registration who completed their physiotherapy studies in Australia or Aotearoa New Zealand, if the programme of study is approved (Australia) or their qualification is prescribed (Aotearoa New Zealand). Instead, the PhysioBA and PBNZ have approved accreditation and/or audit arrangements that enable them to consider these applicants suitably competent for registration as a physiotherapist in the respective country.

As part of the accreditation/audit arrangements, the PhysioBA and PBNZ appoint an accreditation and/or audit body to assess if the physiotherapy programme, and the university that delivers it, provides students with the knowledge, skills and professional attributes to practise physiotherapy. In Australia, the PhysioBA has approved the accreditation standards developed and used by its accreditation body – the Australian Physiotherapy Council.

The Physiotherapy practice thresholds are not accreditation standards but are, as noted, a reference point for the threshold competence required for initial and continuing registration as a physiotherapist in both Australia and Aotearoa New Zealand. The language used in the Physiotherapy practice thresholds describes abilities in practice. The Physiotherapy practice thresholds do not explicitly identify the corresponding foundational abilities (knowledge, skills, attitudes, values and judgements) that may be learnt in entry-level programmes.

Concept of threshold competence

“**Threshold competence**” is used here to describe the competence level required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand. This is based on the premise that competence levels can be described on a continuum. The threshold represents the point on the continuum that delineates a minimum acceptable level of competence to practise as a physiotherapist. This level is described as “threshold competence”.

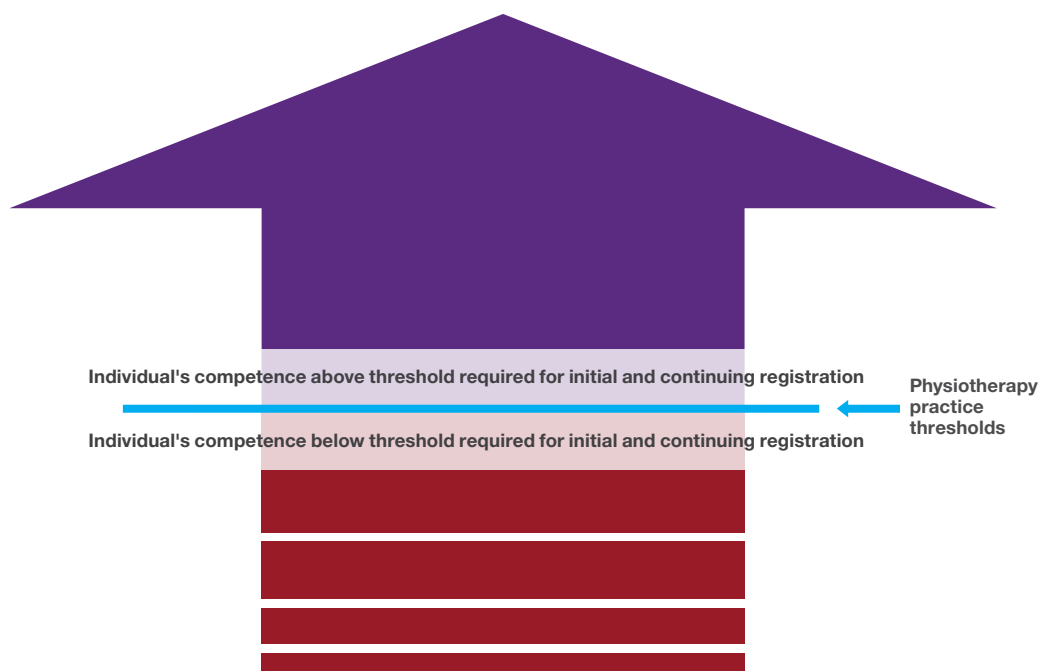


Figure 1: Continuum of threshold competence

Figure 1 illustrates the concept of a line on the competence continuum delineating “threshold competence”. The purple arrow represents the competence on the continuum above the threshold. The red area represents gradations of competence on the continuum below the threshold. The line labelled “Physiotherapy practice thresholds” is the lower margin of the purple arrow – that is, the minimum level of competence required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.

Threshold competence is often referred to as “entry-level” competence and is described from the perspective of an individual wishing to enter practice from below the line representing threshold competence. This approach often describes competence in the context of the current requirements for graduates of education programmes in Australia and Aotearoa New Zealand to enter practice. Entry-level competence described from this perspective frequently comprises task-oriented statements that identify the foundational abilities (knowledge, skills, attitudes, values and judgements) acquired in entry-level programmes during development of the key competencies necessary to practise as a registered physiotherapist at the time the competencies are written.

Rather than describing competence from the perspective of an individual wishing to enter practice from below the line representing threshold competence, the Physiotherapy practice thresholds describe physiotherapy practice at the line representing threshold competence. This perspective defines competence in the context of practice as a physiotherapist and is applicable to a range of contexts including individuals entering from education programmes in Australia and Aotearoa New Zealand. These contexts include physiotherapy practice across various settings and different chosen fields of practice.

The Physiotherapy practice thresholds use key competencies and enabling components to describe threshold competence. The key competencies and enabling components take into account the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into physiotherapy practice relevant to the key competency. The foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programmes are integrated in the abilities described by the key competencies and enabling components of the Physiotherapy practice thresholds.

Maintenance of competence

The Physiotherapy practice thresholds are relevant throughout a registered physiotherapist's career. They describe the minimum level of competence that all registered physiotherapists in Australia and Aotearoa New Zealand must maintain for continuing registration.

The PBNZ and PhysioBA recognise that each physiotherapist's level of competence and chosen field of practice may change over time. Physiotherapists may focus on a particular client group or area of physiotherapy specialisation, or work in roles that do not involve direct client care, such as research, education or management. The fields of physiotherapy practice will also change as new roles emerge in an evolving health-care environment.

Each registered physiotherapist must continue to demonstrate at least the minimum level of competence described by the Physiotherapy practice thresholds in the context of their chosen field of practice. If a physiotherapist wants to change their chosen field of practice, they need to first ensure they can demonstrate at least the minimum level of competence described by the Physiotherapy practice thresholds in the context of their changed field of practice.

A physiotherapist practising below threshold competence may pose a risk to the public. The PhysioBA and PBNZ recognise that many physiotherapists will seek to ensure they excel and maintain a higher level of competence than the threshold.

Essential components of threshold competence

The behaviours listed below are essential components of threshold competence for initial and continuing registration as a physiotherapist in Australia and Aotearoa New Zealand. These behaviours apply across the key competencies and enabling components but are described below to avoid repetition. Physiotherapists in Australia and Aotearoa New Zealand always:

- behave professionally and ethically
- consider each client as a whole, adopt client-centred and family/whānau focused (where relevant) approaches and prioritise cultural safety and cultural respect
- obtain the client's informed consent before acting and acknowledge the inherent power imbalance in the physiotherapist–client therapeutic relationship
- reflect on their practice, recognise the limits of their clinical expertise and competence and take timely action to effectively manage risk in their practice
- use evidence-based practice to support clinical decision-making
- integrate knowledge of pathology, anatomy, physiology and other core biomedical sciences relevant to human health and function, encompassing cardiorespiratory, musculoskeletal, neurological and other body systems, within the context of physiotherapy and the client's needs.

Physiotherapy practice thresholds and assessment of competence

The PhysioBA and PBNZ use the Physiotherapy practice thresholds as a reference point of threshold competence, including for:

- registration of individuals who completed an approved physiotherapy programme in Australia or a prescribed physiotherapy qualification in Aotearoa New Zealand (see section headed “Physiotherapy practice thresholds and accreditation of physiotherapy education in Australia and Aotearoa New Zealand” for more details)

- registration of individuals who complete their initial physiotherapy qualifications in other countries
- re-registration of individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example, if the PBNZ or PhysioBA receives a complaint or notification about that registrant.

The Physiotherapy practice thresholds provide a consistent reference point for assessing an individual's performance in the relevant context of physiotherapy practice. This includes assessment of:

- a physiotherapist's performance in the context of the workplace or a simulated setting for maintenance of registration
- a physiotherapy student's performance in the context of a clinical placement or simulated setting for education purposes
- individuals who were previously registered as a physiotherapist in Australia or Aotearoa New Zealand in the context of a competence assessment for re-registration
- individuals who qualify as physiotherapists in other countries in the context of a competence assessment for initial registration in Australia or Aotearoa New Zealand.

The Physiotherapy practice thresholds also provide a consistent reference point for threshold competence in the context of practice relevant to each of these assessments.

The key competencies and enabling components describe abilities that can be assessed in practice and provide a reference point of threshold competence that can be applied across a range of contexts of practice. Unlike the *Australian Standards for Physiotherapy* (2006) and the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009), the Physiotherapy practice thresholds framework does not “deconstruct” the key competencies or enabling components into task-oriented performance criteria or examples of evidence that reflect the context of current education in Australia or Aotearoa New Zealand. In an educational context, these abilities may be “deconstructed” into task-oriented performance criteria relevant to the foundational abilities integrated at the threshold competence level.

The Assessment of Physiotherapy Practice (APP) instrument established performance indicators and a rating scale for valid measurement of physiotherapy students' level of professional competence in workplace practice (Dalton, Davidson & Keating, 2011). The APP was developed after the *Australian Standards for Physiotherapy* (2006) and the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009) were published and embedded in the accreditation standards for physiotherapy programmes in Australia.

Like the *Australian Standards for Physiotherapy* (2006) and *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009), the Physiotherapy practice thresholds framework is not designed as a “stand-alone” means of measuring competence. The framework supports the establishment of additional performance indicators and rating scales for valid measurement of physiotherapists' competence for different purposes, in different settings and across different chosen fields of practice.

The context of a physiotherapist's practice may not be limited to (and may not include) direct clinical care. Many of the abilities described in the key competencies are required in direct non-clinical relationships with clients. The abilities are also required when registered physiotherapists work in management, administration, education, research, policy

development, advisory contexts, regulatory or other contexts that have an impact on safe, effective delivery of health services in physiotherapy. The performance indicators and rating scales for valid measurement of physiotherapists' competence will depend upon the purpose of the assessment of an individual's competence and the context of physiotherapy practice in which the assessment is taking place.

Terms used in this document

A glossary of terms is provided at the end of this document to help the reader's understanding of the content covered here.

Physiotherapy practice in Australia and Aotearoa New Zealand

Physiotherapists in Australia and Aotearoa New Zealand practise within a legislated regulatory framework (see Appendix 2). Only individuals who hold current registration with the PhysioBA (in Australia) and PBNZ (in Aotearoa New Zealand) are permitted to use the professional title "physiotherapist". In Australia and Aotearoa New Zealand, individuals are generally able to consult a physiotherapist without a third-party referral. This is often referred to as "primary contact" or "direct access" physiotherapy practice. If a third party, such as a government department or an insurer, is paying for a client's physiotherapy, the payment arrangement may require the client to consult another professional before attending physiotherapy.

It is relevant to describe physiotherapy practice in Australia and Aotearoa New Zealand because the Physiotherapy practice thresholds describe the threshold competence required for initial and continuing registration as a physiotherapist in each country.

Description of physiotherapy

The PBNZ has published the following description of the general scope of practice for physiotherapists in Aotearoa New Zealand.⁶

Physiotherapy provides services to individuals and populations to develop, maintain, restore and optimise health and function throughout the lifespan. This includes providing services to people compromised by ageing, injury, disease or environmental factors. Physiotherapy identifies and maximises quality of life and movement potential by using the principles of promotion, prevention, treatment/intervention, habilitation and rehabilitation. This encompasses physical, psychological, emotional, and social well being.

Physiotherapy involves the interaction between physiotherapists, patients/clients, other health professionals, families/whanau, care givers, and communities. This is a people-centred process where needs are assessed and goals are agreed using the knowledge and skills of physiotherapists.

Physiotherapists are registered health practitioners who are educated to practise autonomously by applying scientific knowledge and clinical reasoning to assess, diagnose and manage human function.

The practice of physiotherapy is not confined to clinical practice, and encompasses all roles that a physiotherapist may assume such as patient/client care, health management, research, policy making, educating and consulting, wherever there may be an issue of public health and safety.

⁶ New Zealand Government Gazette, 11 December 2008, No. 192, p 5105.

In Australia, general registration allows unrestricted clinical practice within a practitioner's scope of practice. Unlike Aotearoa New Zealand, there is no defined scope of practice for physiotherapists in Australia. Scopes of practice vary according to different roles; for example, practitioners, researchers and managers will all have quite different competence and scopes of practice. The PhysioBA has published a definition of "practice".⁷ The following description is based on that definition:

Physiotherapy practice is any role, whether remunerated or not, in which the individual uses their skills and knowledge as a physiotherapist ... practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have an impact on safe, effective delivery of health services in physiotherapy.

Key features of physiotherapy in Australia and Aotearoa New Zealand

Physiotherapists in Australia and Aotearoa New Zealand share a culture of professionalism and ethical practice and are generally regarded by the community as socially responsible, trustworthy and credible. Throughout their careers, physiotherapists engage in professional development and practice to continuously maintain competence within their chosen field of practice.

Some physiotherapists in Australia and Aotearoa New Zealand further develop their chosen field of practice and work in roles that require advanced levels of competence. Many physiotherapists take on responsibilities other than direct client care. They may work in management, administration, education, research, advisory, regulatory or policy development roles and many other roles that have an impact on safe, effective delivery of health services. Physiotherapists are well suited to roles that require critical thinking, reasoned decision-making, advanced communication skills, problem-solving skills, leadership and intellectual capacity for innovative and lateral thinking.

Physiotherapists in Australia and Aotearoa New Zealand work in partnership with individuals and populations to optimise their function and quality of life. Physiotherapists promote health and implement strategies to prevent and minimise impairments, activity limitations and participation restrictions including those associated with complex and chronic conditions. Physiotherapists consider each client as a whole and facilitate each client's self-management. They evaluate each client's environment and recognise personal factors that may that client's functioning, disability and health. Physiotherapists in Australia and Aotearoa New Zealand consider these factors and client preferences as part of their evidence-based practice.

Cultural competence

Physiotherapists in Australia and Aotearoa New Zealand must be able to work effectively with people whose cultural realities are different from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture. A holistic, client-centred approach to practice requires cultural competence.

Cultural competence is a commonly used term that encompasses client-centred concepts focused on demonstrating cultural safety and cultural respect and that interact effectively with and respond to each client at all times. Culturally responsive practice requires physiotherapists to reflect not only on their own culture but that of their client and to engage in new and ongoing learning relevant to cultural safety.

7 Physiotherapy Board of Australia, March 2014, *Code of Conduct*.

Physiotherapists in Australia and Aotearoa New Zealand require a working knowledge of factors that contribute to and influence the health and well-being of Aboriginal and Torres Strait Islander and Māori communities respectively. These factors include history, spirituality and relationship to land, and other determinants of health in Aboriginal and Torres Strait Islander and Māori peoples.

Te Tiriti o Waitangi / the Treaty of Waitangi

Te Tiriti o Waitangi / the Treaty of Waitangi is a founding document of Aotearoa New Zealand and informs legislation, policy and practice. Government health policy aims to reduce health inequalities between Māori and non-Māori. Alongside this, the Health Practitioners Competence Assurance Act 2003 (NZ) requires health regulatory authorities, such as the PBNZ, to ensure registered health professionals meet set competencies (including cultural competencies).

To practise effectively in Aotearoa New Zealand, a physiotherapist therefore needs, in addition to meeting cultural competence, to understand the relevance and be able to demonstrate contemporary application of Te Tiriti o Waitangi / the Treaty of Waitangi's three principles of partnership, participation and protection and incorporate the four cornerstones of Māori health, which are whānau (family health), tinana (physical health), hinengaro (mental health) and wairua (spiritual health).

Partnership involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.

Participation requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.

Protection involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Contexts of physiotherapy in Australia and Aotearoa New Zealand

Physiotherapists work across a diverse range of clinical and non-clinical settings in urban as well as regional, rural and remote geographical locations.

Contexts of physiotherapy practice and the ways physiotherapists work in Australia and Aotearoa New Zealand will change as health workforce roles evolve and new roles and technologies emerge.

The key competencies in the Physiotherapy practice thresholds apply to all contexts of physiotherapy practice, irrespective of setting, location, environment, use of technology, field of practice or workforce role.

Assumptions applying to the Physiotherapy practice thresholds

The Physiotherapy practice thresholds assume that, in addition to demonstrating threshold competence for initial and continuing registration, all physiotherapists in Australia and Aotearoa New Zealand have completed a professional entry-level physiotherapy programme leading to a higher education qualification in physiotherapy.

Successful completion of the physiotherapy programme should generally include learning and assessment of all the following foundational abilities:

- knowledge of relevant anatomy, physiology, pathology, other biomedical sciences relevant to human health and function, and psychosocial and other determinants of health encompassing cardiorespiratory, musculoskeletal, neurological and other body systems within the context of physiotherapy and best available research evidence, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice including evidence-based practice, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice with clients across the lifespan, from birth to end of life care, who present with one or more problems such as pain and/or impairment or dysfunction contributing to impairment, activity limitations and participation restrictions, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice across acute, rehabilitation and community practice in a range of environments and settings, and
- competence to practise as a physiotherapist autonomously as well as a member of an interprofessional team in relevant clinical situations, and
- knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice in health promotion and facilitation of client self-management strategies to enhance their health and well-being.

If a physiotherapist's studies led to a higher education qualification in physiotherapy but did not address the matters listed above, it is assumed the individual subsequently completed an examination or assessment to measure their competence before initial registration as a physiotherapist in Australia or Aotearoa New Zealand.

Overview of roles and key competencies

Role	Key competencies
	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
Role 1: Physiotherapy practitioner	1.1 plan and implement an efficient, effective, culturally responsive and client-centred physiotherapy assessment
	1.2 involve the client and relevant others in the planning and implementation of safe and effective physiotherapy using evidence-based practice to inform decision-making
	1.3 review the continuation of physiotherapy and facilitate the client's optimal participation in their everyday life
	1.4 advocate for clients and their rights to health care
Role 2: Professional and ethical practitioner	2.1 comply with legal, professional, ethical and other relevant standards, codes and guidelines
	2.2 make and act on informed and appropriate decisions about acceptable professional and ethical behaviours
	2.3 recognise the need for, and implement, appropriate strategies to manage their physical and mental health and resilience
Role 3: Communicator	3.1 use clear, accurate, sensitive and effective communication to support the development of trust and rapport in professional relationships with the client and relevant others
	3.2 record and effectively communicate physiotherapy assessment findings, outcomes and decisions
	3.3 deal effectively with actual and potential conflict in a proactive and constructive manner
Role 4: Reflective practitioner and self-directed learner	4.1 assess their practice against relevant professional benchmarks and take action to continually improve their practice
	4.2 evaluate their learning needs, engage in relevant continuing professional development and recognise when to seek professional support, including peer review
	4.3 efficiently consume and effectively apply research and commit to practice informed by best available research evidence and new knowledge
	4.4 proactively apply principles of quality improvement and risk management to practice
	4.5 recognise situations that are outside their scope of expertise or competence and take appropriate and timely action
Role 5: Collaborative practitioner	5.1 engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of practice
	5.2 engage in safe, effective and collaborative interprofessional practice
Role 6: Educator	6.1 use education to empower themselves and others
	6.2 seek opportunities to lead the education of others, including physiotherapy students, as appropriate, within the physiotherapy setting
Role 7: Manager/leader	7.1 organise and prioritise their workload and resources to provide safe, effective and efficient physiotherapy autonomously and, where relevant, as a team member
	7.2 lead others effectively and efficiently within relevant professional, ethical and legal frameworks

Role 1: Physiotherapy practitioner

Definition

As practitioners, physiotherapists integrate the other roles in the Physiotherapy practice thresholds with this central role in their practice context by working in partnership with individuals and populations to optimise their function and quality of life, promote health and implement strategies informed by best available research evidence to prevent and minimise impairments, activity limitations and participation restrictions including those associated with complex, acute and chronic conditions.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
1.1 plan and implement an efficient, effective, culturally responsive and client-centred physiotherapy assessment	<p>1.1A skilfully share information and explanations with the client and relevant others about the purpose of physiotherapy assessment, any relevant risks and options</p> <p>1.1B plan a physiotherapy assessment drawing on applied knowledge of pathology, anatomy, physiology, other core biomedical sciences relevant to human health and function and determinants of health relevant to the client's impairments, activity limitations and participation restrictions</p> <p>1.1C collect information about the client's prior function, physical abilities and participation and identify the client's expectations of physiotherapy</p> <p>1.1D incorporate relevant diagnostic tests, assessment tools and outcome measures during the physiotherapy assessment</p> <p>1.1E analyse the client's response and information gathered during the physiotherapy assessment using clinical reasoning to identify any relationships between assessment findings and modify the assessment appropriately</p> <p>1.1F reflect on the client's presenting problems and information gathered during the physiotherapy assessment and use clinical reasoning to explore and explain the diagnosis and/or causes of presenting problems</p> <p>1.1G assist and support the client, other health professionals and relevant others to make informed health-care decisions by sharing information and explanations about the outcomes of the physiotherapy assessment and diagnosis and, where relevant, options for referral to other physiotherapists and health professionals for further investigation</p> <p>1.1H assist the client and relevant others to understand the risks and rationale for physiotherapy and any referrals to other professionals</p> <p>1.1I recognise and evaluate the social, personal and environmental factors that may impact on each client's functioning, disability and health</p>

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
1.2 involve the client and relevant others in the planning and implementation of safe and effective physiotherapy, using evidence-based practice to inform decision-making	<p>1.2A skilfully share information and explanations with the client, other health professionals and relevant others about the physiotherapy options available across a range of therapeutic approaches and environments to manage the client's presenting problems, and the benefits and realistic expectations of the risks and outcomes associated with each option</p> <p>1.2B facilitate discussions with the client and relevant others to reach agreed goals of physiotherapy that reflect realistic expectations of the risks and likely outcomes</p> <p>1.2C involve the client and relevant others in planning and implementing physiotherapy consistent with the agreed goals</p> <p>1.2D use specific and relevant measures to evaluate a client's response to physiotherapy, and recognise when that response is not as expected</p> <p>1.2E share information and explanations with the client, other health professionals and relevant others about the client's response to physiotherapy</p> <p>1.2F work collaboratively with the client, other health professionals and relevant others to review agreed goals and implement appropriate modifications to subsequent physiotherapy to maintain or improve outcomes</p>
1.3 review the continuation of physiotherapy and facilitate the client's optimal participation in their everyday life	<p>1.3A recognise the complex and interrelated factors including social, economic, physical, historical, political and cultural determinants that may impact on the client, their needs and response to physiotherapy</p> <p>1.3B engage with the client and relevant others to facilitate the client's optimal participation in their everyday life</p> <p>1.3C engage with the client and relevant others to develop an agreed plan to review the continuation of physiotherapy, recognise when physiotherapy is not suitable for the client and identify and facilitate access to more suitable options, including referral to other professionals</p> <p>1.3D when relevant, facilitate the client's transition to a new context, refer for further physiotherapy and link the client to relevant clinical and non-clinical support services</p> <p>1.3E engage with the client and relevant others to promote health, well-being and client self-management</p>
1.4 advocate for clients and their rights to health care	<p>1.4A recognise the client's knowledge, experiences and culture are integral to effectively addressing the presenting health issue and/or restoring function</p> <p>1.4B reflect on cultural factors and respond to the rights and cultural needs of the client and relevant others</p> <p>1.4C advocate for the client's equitable access to effective physiotherapy, other professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness</p> <p>1.4D recognise when the client's access to physiotherapy could be improved by resources such as technology and take action to facilitate that access when relevant</p> <p>1.4E where relevant, advocate for adequate resources to meet service goals and achieve positive outcomes of physiotherapy for their clients</p>

Role 2: Professional and ethical practitioner

Definition

As professional and ethical practitioners, physiotherapists are committed to standards of behaviour that comply with their legal, professional and ethical obligations, and managing their physical and mental health.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
2.1 comply with legal, professional, ethical and other relevant standards, codes and guidelines	2.1A recognise the client's health-care rights and prioritise the client's needs, rights and interests, including their safety 2.1B provide ongoing opportunities for the client to make informed decisions and consent to physiotherapy 2.1C meet their legal, professional and ethical duties and obligations to clients, other health professionals, relevant others, regulators, insurers and/or funders, and the community more broadly 2.1D complete documentation accurately and legibly using language and formatting that complies with relevant professional and legal obligations 2.1E comply with confidentiality and privacy requirements when sharing the client's health and personal information 2.1F comply with work health and safety obligations relevant to their practice context and the environment 2.1G recognise and respect professional boundaries in professional and therapeutic relationships 2.1H recognise and effectively manage conflicts of interest 2.1I comply with legal and regulatory obligations when dealing with the client's health and personal information, client's health records and other physiotherapy documentation 2.1J recognise inappropriate or unethical health practice and comply with relevant professional and legal obligations
2.2 make and act on informed and appropriate decisions about acceptable professional and ethical behaviours	2.2A comply with statutory requirements and standards for physiotherapy at all times 2.2B show compassion, empathy and respect for clients, relevant others and professional colleagues 2.2C apply professional ethical principles to decision-making 2.2D practise physiotherapy within the limits of their scope of practice and expertise 2.2E consult, share knowledge, refer or delegate when encountering an issue outside their scope of practice and expertise
2.3 recognise the need for, and implement, appropriate strategies to manage their physical and mental health and resilience	2.3A recognise the impact of stress and fatigue on their physical and mental health and resilience 2.3B seek appropriate guidance and support from relevant others to manage their physical and mental health and resilience 2.3C not knowingly expose the client or relevant others to increased risk associated with their (the physiotherapist's) physical and mental health and resilience

Role 3: Communicator

Definition

As communicators, physiotherapists use written, verbal and non-verbal methods to effectively and respectfully communicate with clients, family/whānau, other professionals, communities and relevant others and facilitate gathering and sharing of information as appropriate for the situation or context.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
3.1 use clear, accurate, sensitive and effective communication to support the development of trust and rapport in professional relationships with the client and relevant others	<p>3.1A listen effectively to the client and relevant others and respond appropriately to verbal and non-verbal communication</p> <p>3.1B integrate communication technology into practice within relevant legal, professional and ethical frameworks</p> <p>3.1C recognise the culture, level of language and technology proficiency, health literacy and comprehension ability of the client and relevant others and provide communication in accessible formats</p> <p>3.1D adapt their written, verbal and non-verbal communication as appropriate for the situation or context</p> <p>3.1E recognise their communication preferences are influenced by environmental factors and their own culture</p> <p>3.1F adapt their written, verbal and non-verbal communication to reflect the culture, language proficiency, comprehension, impairments, age and health literacy of the client and relevant others</p>
3.2 record and effectively communicate physiotherapy assessment findings, outcomes and decisions	<p>3.2A record the client's clinical data and other information appropriately, accurately, legibly and in client-centred language as soon as practicable</p> <p>3.2B subject to any legal obligations, including client consent, discuss physiotherapy assessment findings and outcomes, and share decision-making with relevant parties including other professionals</p> <p>3.2C provide accurate and appropriate information to insurers and other third parties</p>
3.3 deal effectively with actual and potential conflict in a proactive, professional and constructive manner	<p>3.3A recognise when there is a risk of conflict with the client or relevant others and take timely and appropriate action to effectively manage that risk</p> <p>3.3B adapt communication to effectively resolve conflict with the client and relevant others through negotiation and cooperation, when relevant</p> <p>3.3C seek assistance, as appropriate, to mitigate risk of conflict and to resolve conflict with the client and relevant others</p>

Role 4: Reflective practitioner and self-directed learner

Definition

As reflective practitioners and self-directed learners, physiotherapists access best available research evidence to inform their practice and engage in critical reflection and relevant learning to maintain and enhance their professional competence and quality of their practice throughout their career.

Key competencies	Enabling component
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
4.1 assess their practice against relevant professional benchmarks and take action to continually improve their practice	<p>4.1A assess risks, quality of physiotherapy and the client's physical, verbal and non-verbal responses to physiotherapy throughout the therapeutic interaction</p> <p>4.1B reflect on their professional practice, engage in critical questioning of themselves and others and engage in ongoing personal and professional development to maintain and improve professional practice</p> <p>4.1C reflect on their culture and preferences to support cultural safety and cultural respect in their practice</p> <p>4.1D evaluate their professional support and guidance needs, and seek appropriate professional support and guidance to enhance professional competence, cultural safety and quality of practice</p> <p>4.1E engage in scholarly physiotherapy practice</p> <p>4.1F recognise opportunities to contribute to the development of new knowledge through research and enquiry</p>
4.2 evaluate their learning needs, engage in relevant continuing professional development and recognise when to seek professional support, including peer review	<p>4.2A evaluate their learning needs and gaps in professional competence as health workforce roles evolve and new roles and technologies emerge</p> <p>4.2B seek opportunities and engage in relevant activities to address their identified learning needs and maximise their learning</p> <p>4.2C initiate and implement strategies to develop and achieve realistic goals for their professional development in the workplace</p> <p>4.2D seek, accept, reflect on and respond appropriately to feedback from others in the practice context</p>
4.3 efficiently consume and effectively apply research and commit to practice informed by best available research evidence and new knowledge	<p>4.3A find, appraise, interpret and apply best available research evidence to inform clinical reasoning and professional decision-making</p> <p>4.3B critically appraise, interpret and apply learning from continuing professional development, clinical data and client responses to physiotherapy</p> <p>4.3C measure outcomes, analyse clients' responses to physiotherapy and plan modifications to enhance therapeutic outcomes</p> <p>4.3D advocate for physiotherapy that is supported by best available research evidence</p>

Key competencies	Enabling component
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
4.4 proactively apply principles of quality improvement and risk management to practice	<p>4.4A recognise when their expertise, competence or culture will potentially create risk or compromise the quality of physiotherapy or expected outcomes, seek appropriate and timely assistance, guidance or professional support and engage in relevant learning to enhance relevant aspects of expertise or competence</p> <p>4.4B practise in accordance with relevant clinical guidelines and use evidence-based practice to improve quality and minimise risk</p> <p>4.4C measure and analyse outcomes of practice and implement modifications to enhance those outcomes</p> <p>4.4D identify, assess, appropriately manage and report on risks, treatment injury, near misses and their consequences, adverse events and relevant contributing factors</p> <p>4.4E recognise barriers to efficiency and effectiveness and facilitate strategies that lead to quality outcomes and improvement</p>
4.5 recognise situations that are outside their scope of expertise or competence and take appropriate and timely action	<p>4.5A reflect on the client's response and seek guidance or assistance to effectively manage the therapeutic interaction</p> <p>4.5B seek appropriate professional guidance or assistance to effectively manage situations that are outside their scope of expertise or competence</p>

Role 5: Collaborative practitioner

Definition

As collaborative practitioners, physiotherapists work in partnership with clients, relevant health professionals and relevant others to share decision-making and support achievement of agreed goals through inclusive, collaborative and consultative approaches within legal, ethical and professional frameworks.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
5.1 engage in an inclusive, collaborative, consultative, culturally responsive and client-centred model of practice	<p>5.1A obtain knowledge from, with and about clients and relevant others</p> <p>5.1B work effectively, autonomously and collaboratively with the client and relevant others in a way that acknowledges and respects the client's dignity, culture, rights and goals</p> <p>5.1C collaborate and participate in shared decision-making with the client and relevant others</p> <p>5.1D respect opinions expressed by the client, family/whānau, other professionals and relevant others</p> <p>5.1E facilitate discussions with their clients and relevant others to negotiate and make decisions about physiotherapy for their clients</p> <p>5.1F when appropriate, educate the client and relevant others to implement therapy and monitor client response to that therapy</p> <p>5.1G effectively address barriers to effective professional collaboration</p>
5.2 engage in safe, effective and collaborative interprofessional practice	<p>5.2A recognise that the membership and roles of interprofessional teams and service providers will vary, depending on the client's needs and the context of physiotherapy</p> <p>5.2B collaborate effectively as a member of interprofessional teams that enhance clients' health care by contributing discipline knowledge and participating in collective reasoning and shared decision-making</p> <p>5.2C consult and share knowledge with professional colleagues, seek guidance, assistance or professional support in situations that are outside their expertise or competence or when outcomes of physiotherapy are not as expected</p> <p>5.2D gain cooperation and facilitate good working relationships with the client and relevant others</p> <p>5.2E understand, acknowledge and respect the roles of others providing care and services for the client and work effectively and collaboratively with them</p> <p>5.2F make appropriate decisions to delegate responsibility to, and accept delegation from, others when it is safe, effective and appropriate</p> <p>5.2G work as part of a client-centred interprofessional team that keeps the client's interests at the centre of the care process and recognises barriers to, and facilitates pathways for, efficient transfer of client care, when relevant</p> <p>5.2H collaborate with the interprofessional team to develop, implement, monitor and update policies and guidelines informed by best available research evidence</p>

Role 6: Educator

Definition

As educators, physiotherapists apply learning principles and strategies relevant to the practice context to facilitate learning by other professionals, students, clients, relevant others, funders and/or insurers, communities and governments.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
6.1 use education to empower themselves and others	<p>6.1A apply adult learning principles to facilitate safe and effective learning and assumption of responsibility by other professionals, students, clients, relevant others and communities, taking into account, the level of knowledge, health literacy and role of the person they are educating</p> <p>6.1B support the education of other professionals and physiotherapy students</p> <p>6.1C educate physiotherapy assistants, health workers and relevant others to implement effective and safe therapy</p> <p>6.1D educate, motivate and empower the client and relevant others to take control of their health and well-being and implement effective self-management strategies</p> <p>6.1E recognise the educational value of learning experiences relevant to the physiotherapy setting</p> <p>6.1F use education and empowerment strategies to promote and optimise the client's health and well-being</p>
6.2 seek opportunities to lead the education of others, including physiotherapy students, as appropriate, within the physiotherapy setting	<p>6.2A initiate discussion and proactively recognise opportunities to educate others</p> <p>6.2B facilitate others' education</p> <p>6.2C model good practice, reflection and culturally responsive practice to others</p> <p>6.2D encourage and motivate others to engage in critical reflection and self-directed learning</p> <p>6.2E engage with others to initiate and implement strategies to support their professional development</p>

Role 7: Manager/leader

Definition

As managers and leaders, physiotherapists manage their time, workload, resources and priorities and lead others effectively within relevant clinical and professional frameworks.

Key competencies	Enabling components
Registered physiotherapists in Australia and Aotearoa New Zealand are able to:	Registered physiotherapists in Australia and Aotearoa New Zealand are able to:
7.1 organise and prioritise their workload and resources to provide safe, effective and efficient physiotherapy autonomously and, where relevant, as a team member	7.1A use appropriate strategies to manage their workload safely, effectively and efficiently 7.1B use appropriate strategies to effectively manage and supervise individuals and groups in their work environment 7.1C recognise and respond appropriately to change, uncertainty and ambiguity in their work environment 7.1D operate effectively across a range of settings, and adapt effectively to changes in the practice context 7.1E adapt and, where relevant, innovate to achieve realistic goals within available resources
7.2 lead others effectively and efficiently within relevant professional, ethical and legal frameworks	7.2A positively influence workplace culture and practice through strategic thinking, advocacy, critical reflection, innovative problem solving and initiative 7.2B recognise their leadership style and apply their leadership skills as relevant to the practice context 7.2C encourage, guide and motivate others to operate effectively and efficiently in the practice context 7.2D recognise and report risks within the workplace, including those associated with cultural safety, and work proactively to promote a risk-free environment for clients and relevant others 7.2E advocate, facilitate and, when relevant, lead physiotherapy practice that is informed by best available research evidence, based on client-centred and family/whānau focused (where relevant) approaches, and incorporates cultural safety and respect 7.2F facilitate change informed by best available research evidence when new ways of working are adopted in the practice context

Glossary

Term	Meaning in the context of the Physiotherapy practice thresholds
Activity limitation	Difficulties an individual may have in executing activities (World Health Organization, 2013).
Advocacy	Means speaking, acting or writing with minimal conflict of interest to support the interests of a person or group, to promote, protect and defend their rights or seek justice for individuals or groups, in a fashion that strives to be empathetic (adapted from Health Consumers Queensland, 2010).
Best available research evidence	Means information from valid and clinically relevant research conducted using sound methodology.
Client	May be an individual, a group of individuals, family/whānau, a community or an organisation.
Clinical expertise	The proficiency and judgement that individual clinicians acquire through clinical experience and clinical practice (Sackett et al, 1996).
Collaboration	When health practitioners from different professions work together with patients, families, carers and communities to deliver the highest quality care. Elements of effective collaborative practice include respect, trust, shared decision-making and partnerships (World Health Organization, 2010).
Competence	The ability of a physiotherapist to practise safely and effectively in a range of contexts and situations of varying levels of complexity. The level of an individual's competence in any situation will be influenced by many factors. These factors include, but are not limited to, the physiotherapist's qualifications, clinical experience, professional development and their ability to integrate knowledge, skills, attitudes, values and judgements.
Culture	Can include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture (Physiotherapy Board of New Zealand / Te Poari Tiaki Tinana o Aotearoa, 2011).
Cultural responsiveness	A core concept of client-centred practice that requires the physiotherapist to respond proactively to the health-care issues of socially and culturally diverse clients and relevant others. (Adapted from State of Victoria, Department of Health, 2009.)
Disability	An umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors) (World Health Organization, 2013).
Enabling components	Describe measureable components of the respective key competency at the level of competence required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand. The language used in the enabling components reflects the complex conceptual, analytical and behavioural elements of threshold competence in practice.
Environmental factors	The physical, social and attitudinal environment in which people live and conduct their lives. These are either barriers to or facilitators of the person's functioning (World Health Organization, 2013).

Term	Meaning in the context of the Physiotherapy practice thresholds
Evidence-based practice	Is a problem-based approach where research evidence is used to inform clinical decision-making. It involves the integration of the best available research evidence with clinical expertise, each patient's values and circumstances, and consideration of the clinical (practice) context (Hoffmann, Bennett & Del Mar, 2013, p 14).
Functioning	An umbrella term for body function, body structures, activities and participation. It denotes the positive or neutral aspects of the interaction between a person's health condition(s) and that individual's contextual factors (environmental and personal factors) (World Health Organization, 2013).
Fundamental legal responsibilities	Obligations arising from legal and regulatory frameworks including, but not limited to, frameworks that apply to health records, work health and safety, privacy and the physiotherapist's registration.
Habilitation	Refers to physiotherapy in situations when the client's impairments, activity limitations and participation restrictions are associated with delayed or absent development of the associated abilities and function and the goal is to assist a client to learn, maintain or improve their abilities, function and health.
Health	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946).
Health literacy	A client's knowledge, motivation and competence to access, understand, appraise and apply health information to make effective decisions and take appropriate action for their health and health care (Sorensen et al, 2012).
Health worker	Refers to all individuals engaged in actions with the primary intent being to enhance health. This includes those who promote and preserve health, those who diagnose and treat disease, health management and support workers, professionals with discrete and/or unique areas of competence, whether regulated or non-regulated, conventional or complementary (World Health Organization, 2006).
Impairments	Problems in body function and structure such as significant deviation or loss (World Health Organization, 2013).
Informed consent	Requires ongoing engagement by the physiotherapist with the client and relevant others to ensure the client has received the information that a reasonable person in the same situation would require to make an informed decision about the relevant aspect of physiotherapy.
Interprofessional practice	Two or more professions working together as a team with a common purpose, commitment and mutual respect (Dunston et al, 2009).
Key competency	Practise that is necessary for a physiotherapist to safely and effectively perform the central role of physiotherapy practitioner in a range of contexts and situations of varying levels of complexity, ambiguity and uncertainty. The language used in the key competencies describes abilities in practice and reflects the complex conceptual, analytical and behavioural elements that integrate foundational abilities in the context of practice. They do not include the foundational abilities (knowledge, skills, attitudes, values, and judgments) acquired in entry level programs to learn the key competencies necessary to practise as a registered physiotherapist.

Term	Meaning in the context of the Physiotherapy practice thresholds
Mental health	A state of well-being in which every individual realises their potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community (World Health Organization, 2005).
Participation restriction	Problems an individual may experience in involvement in life situations (World Health Organization, 2013).
Physiotherapy assistant	A health-care worker who works under the supervision of a registered physiotherapist and who has a range of skills that allow a physiotherapist to confidently delegate a higher level of tasks than they would to other support workers. (Adapted from Australian Physiotherapy Association, 2008.)
Professional support	Requires the physiotherapist to engage with other professionals, including physiotherapists, to assist the physiotherapist in their practice. Support may occur in a range of ways including, but not limited to, seeking advice by referring a client to a more experienced physiotherapist for assessment, mentoring and supervision.
Relevant others	As relevant to the context, this may be one or more of the following: a physiotherapist, other professional, a professional colleague, a member of the health-care team, physiotherapy student, physiotherapy assistant, health worker, carer, family/whānau, community.
Scholarly physiotherapy practice	Requires the physiotherapist to engage in activities so they remain well-informed of the literature and new research in their chosen field of practice, including through continuing professional development and interaction with peers, and to use that knowledge within their evidence-based practice.
Simulation	A technique that uses a situation or environment created to allow people to experience a representation of a real event for the purpose of practice, learning, evaluation, testing or to gain an understanding of systems or human actions (Australian Society for Simulation in Healthcare, 2012).
Threshold	The point on the continuum of competence at which an individual's ability across the specified key competencies is sufficient to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.
Threshold competence	The level of competence across the specified key competencies required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.
Well-being	A state in which an individual has the physical capacity, mental health and social resources they need to successfully manage a particular psychological, social and/or physical challenge (Dodge et al, 2012).
Tele-health	An extension of face-to-face consultation that allows clients, physiotherapists and relevant others to interact using communication information technologies such as email, video or telephone conferencing, and remote transmission of images.

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Appendix 1: Development of the Physiotherapy practice thresholds

The project to develop the Physiotherapy practice thresholds comprised the following five stages.

The overall objective of this project was to determine and publish evidence-informed, stakeholder-supported practice thresholds for the physiotherapy profession in Aotearoa New Zealand and Australia.

Stage 1

During **Stage 1**, a comprehensive literature review considered:

1. the most appropriate and contemporary format and nomenclature for the Physiotherapy practice thresholds
2. best practice approaches to develop the Physiotherapy practice thresholds
3. current and possible future health policy relevant globally and specifically to Australia and Aotearoa New Zealand, as it relates to entry-level Physiotherapy practice thresholds.

The project team provided the Project Steering Committee with a report on findings of the literature review and recommendations about a good practice methodology to develop the first draft of the Physiotherapy practice thresholds. The Project Steering Committee refined and agreed on the methodology for Stage 2 of the project.

Stage 2

During **Stage 2**, the first draft of the Physiotherapy practice thresholds was progressively developed through engagement with more than 200 members of the physiotherapy profession in Australia and Aotearoa New Zealand. Triangulation of the following three methods of information gathering from the profession supported a stakeholder-informed, systematic and comprehensive approach to progressive development of the first draft of the Physiotherapy practice thresholds:

1. focus groups to explore the profession's views about key characteristics of practice by new graduate physiotherapists – this information was used to draft a basic framework for the Physiotherapy practice thresholds
2. refinement workshops with members of the physiotherapy profession to progressively refine the basic framework for the Physiotherapy practice thresholds, and
3. an online survey to ascertain the views of users of the *Physiotherapy Competencies for Physiotherapy Practice in New Zealand* (2009) and the *Australian Standards for Physiotherapy* (2006) about those documents.

The consultation draft of the Physiotherapy practice thresholds was informed by the comprehensive literature review in Stage 1 of the project and by analysis of the themes, characteristics and contextual considerations arising from the focus groups, refinement workshops and responses to the online survey.

Stage 3

During **Stage 3**, the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand engaged in wide-ranging consultation about the Physiotherapy practice thresholds. The consultation comprised two phases: a preliminary consultation with key trusted stakeholders and a period of public consultation. The first phase of the consultation ended in September 2014. The project team analysed responses to the preliminary consultation phase and, in consultation with the Expert Reference Group, provided the Project Steering Committee with a report on the responses and recommendations about amendments to the Physiotherapy practice thresholds before public consultation. The Expert Reference Group provided the Project Manager with expert advice, opinion and expertise on the Physiotherapy practice thresholds as well as on questions put to stakeholders as part of the public consultation.

The Physiotherapy Board of Australia and Physiotherapy Board of New Zealand released a draft of the proposed Physiotherapy practice thresholds for public consultation from mid-November 2014 until mid-January 2015. The project team analysed the responses to the public consultation and, in consultation with the Expert Reference Group, made amendments to the Physiotherapy practice thresholds in response to feedback received during the public consultation phase. The Expert Reference Group provided the Project Manager with expert advice, opinion and expertise.

Stage 4

During **Stage 4**, the project team developed a final draft of the Physiotherapy practice thresholds that reflected the Project Steering Committee decisions and Expert Reference Group advice about amendments to the Physiotherapy practice thresholds in response to feedback received during the public consultation phase.

The Physiotherapy Board of Australia and Physiotherapy Board of New Zealand considered and provided feedback on the final draft.

Stage 5

During **Stage 5**, the Physiotherapy Board of Australia and Physiotherapy Board of New Zealand endorsed the final Physiotherapy practice thresholds for implementation.

Appendix 2: Regulation of physiotherapists in Australia and Aotearoa New Zealand

Physiotherapy is regulated within a statutory framework within both Australia and Aotearoa New Zealand, and registration is a statutory requirement for legal practice as a physiotherapist in both countries.

A person must be registered if they want to practise as a physiotherapist and/or refer to themselves as a “physiotherapist”.

Although this document sets out threshold competencies for registered physiotherapists in both countries, different legislation applies in each country, and a physiotherapist must be registered in the country in which they want to practise.

In both countries, statutory regulation creates ongoing requirements for physiotherapists to maintain their registration beyond the initial requirements for registration. These ongoing requirements include compliance with registration standards, maintenance of professional competence and engagement in continuing professional development.

In Australia, physiotherapists are regulated by the Health Practitioner Regulation National Law Act as in force in each state and territory (National Law). Physiotherapists must be registered with the Physiotherapy Board of Australia.

More information about registration and regulation of physiotherapists in Australia is available at www.physiotherapyboard.gov.au.

In Aotearoa New Zealand, physiotherapists are regulated by the Health Practitioners Competence Assurance Act 2003 (HPCA Act). Physiotherapists must be registered with the Physiotherapy Board of New Zealand. More information about registration and regulation of physiotherapists in Aotearoa New Zealand is available at www.physioboard.org.nz.

The *Code of Health and Disability Services Consumers' Rights (NZ)* (the Code) sets out the rights of clients who receive health and disability services in New Zealand, and creates corresponding duties and obligations of providers of those services, including physiotherapists. Under the Code, every client has the right to have services provided that comply with legal, professional, ethical and other relevant standards.

The *Australian Charter of Healthcare Rights* applies to all health settings anywhere in Australia, including public hospitals, private hospitals, general practice and other community environments. It allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care.

