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

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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 including: hospital or rest home, private practice, community based, educational facility, industry, tertiary educational institutions, sports environment, or 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 and Aotearoa New Zealand (2015), Essential components (p12)

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
recognising health inequities and inequalities within the context of Māori health (models), including whānau (family health), tinana (physical health), hinengaro (mental) and wairua (spiritual health).

Relevant resources; Physiotherapy Board Standard 2017 (in development), the Physiotherapy practice thresholds in Australia and Aotearoa New Zealand (2015). (Key features, cultural competence, pp.11, 12)

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.

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 has 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; or
- Such other action as the Physiotherapy Board may deem appropriate in the circumstances.
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 using their professional judgement and/or seeking advice from senior colleagues.

Patient:
The term ‘patient’ may be substituted with the term ‘client’ as not all provision of physiotherapy services involves patients.

A Glossary of Terms is set out in Appendix 1.

Aotearoa New Zealand Physiotherapy Code of Ethics 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.

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.
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, family and carers.

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.

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: The autonomy of the patient is paramount. 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 should 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.

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 such as invasive procedures (e.g. acupuncture, or internal examinations or treatments), risky procedures (e.g. cervical manipulation), or innovative procedures, or when the patient is to be 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. In some cases patient consent may be inferred for example where the patient returns for a repeat treatment. 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.

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

Commentary: There are times when a patient is unable to give or refuse 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 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 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.


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 during a consultation for example a physiotherapy student (or another person such as a physiotherapy assistant, support person, chaperone, peer review observer, interpreter, student, Board supervisor) is to be involved in the treatment of a patient, prior consent must be obtained by the physiotherapist in charge of the patient’s treatment. 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 should also be informed that they may, at any time, withdraw their consent to being treated by a physiotherapy student (or another person).

Relevant resources; Physiotherapy Board Standard 2017 (in development), Physiotherapy New Zealand guideline: When another person is present during a consultation (2012)

2.9 not exploit any patient whether 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 and Aotearoa New Zealand 2015 2.1G, 2.1J.


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

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 family.

Relevant law; Code of Health and Disability Services Consumers’ Rights 1996, Rights 1, 2 and 4.


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.

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.

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, not 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 care of a vulnerable adult or child and makes it an offence to fail to protect a child or vulnerable adult from risk of death or grievous bodily harm or sexual assault. Refer to sections 151, 152, 195 and 195A.

Physiotherapists should consult relevant experts prior to disclosing suspected abuse of adult patients.


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 practice thresholds in Australia and 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 health care providers. That may include sharing health information with the patient’s caregiver such as a family or whānau 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.


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.
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.


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 safe and adequate care.

4.5 feel able to refuse to treat a patient if they have good reasons for doing so, and should inform the patient of the decision, 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 (transport, health service, etc) 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 and Aotearoa New Zealand 2015. 4; 2.1C; 7.1E; 7.2E.

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 Board key competencies and standards.

5.5 incorporate safety and risk management strategies within physiotherapy practice to ensure the safety of patient and staff.


Relevant resources: Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015 4.4.

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

Relevant resources; Physiotherapy New Zealand guideline: For the use of physiotherapy assistants / support workers (2012)

5.7 keep contemporaneous, 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 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.

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 and 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: 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’.

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; Health Quality and Safety Commission New Zealand – Kupu Taurangi Hauora o Aotearoa (2013), New Zealand Health and Disability Services – National Reportable Events Policy 2012, Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015. 6; 1.1; 1.3A; 2.2; 3.3; 4.4; 5.1, Physiotherapy New Zealand Patient Adverse Reaction Reporting Form (2016).

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.

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.

7.3 declare to research participants and proposed publishers where research funding has 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, 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 resource; Physiotherapy practice thresholds in Australia and 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 social media).

Relevant law; Code of Health and Disability Services Consumers’ Rights 1996 Right 4.
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.

Physiotherapists should:

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.

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 be 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 in Australia and Aotearoa New Zealand 2015. 8; 1.1G; 2.2E; 3.2C; 5.2.

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 HPtCA 2003, 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 HPtCA 2003 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 HPtCA 2003 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.

• Note to employers: Employers must promptly notify the Physiotherapy Board in writing where a physiotherapist resigns or is dismissed for competency reasons.

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


Relevant resources; Board Standard 2017 (in development). Physiotherapy New Zealand Social Media for Physiotherapists 2016.

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 qualifications to which they are entitled and ensure that any perceived or actual misperceptions about qualifications are avoided and corrected.
- Use advertising methods and/or material which does not 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 resources; Physiotherapy Board Standard 2017 (in development), Physiotherapy New Zealand guideline: Advertising as a Physiotherapist (2014).

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 and Aotearoa New Zealand 2015. 6.18 & C.

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

Commentary: Providing treatment for 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 dynamics that may make it difficult for the patient to change providers.

Some exceptions exist, including: in emergency situations where the patient will suffer further harm if care is not provided; or in rural 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 Board Standard 2017 (in development), Physiotherapy practice thresholds in Australia and Aotearoa New Zealand 2015. 10; 2.1C&J; 2.2A; 2.3B; 3.1B; 4.4A; 6.2. Physiotherapy New Zealand guideline: Treatment of whānau and family members and Self-Treatment (2015)
Useful references

*Physiotherapy practice thresholds in Australia and Aotearoa New Zealand (2015).*


**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.*

**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:** Physiotherapists 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 receiving physiotherapy services or a research participant. The term patient may be substituted with the term client.

**Postgraduate student:** A student enrolled in a postgraduate qualification.

**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:** Undergraduate physiotherapy student: a physiotherapy student enrolled in an accredited physiotherapy programme 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), Waahi Tapu (sites of importance) and access to whānau, Hapū and iwi.

**Whānau:** Family, including the family group and may extend beyond the nuclear or biological group.

**Bibliography**

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

- Physiotherapy Board of Australia & Physiotherapy Board of New Zealand. (2015) Physiotherapy practice thresholds in Australia and Aotearoa New Zealand
- The Health and Care Professions Council (2016). Standards of conduct, performance and ethics