NEW ZEALAND
CHIROPRACTIC BOARD
TE POARI KAIKOROHITI O AOTEAROA

COMPETENCY-BASED PROFESSIONAL STANDARDS FOR CHIROPRACTORS

Effective 2010

Preface

The Chiropractic Board's statutory function is to register chiropractors who are capable of functioning in a safe, professional, and patient focused manner.

This document is the standard for all chiropractors working within the scope of practice of chiropractor.

The Chiropractic Board intends that this document be reviewed after five years (ie at the end of the year 2014). This will ensure that any significant new competency requirements can be incorporated. The document is however, written in such a way that new changes in practice and technology should be able to be accommodated within its parameters.

Competency Definition:

Competencies are what a chiropractor needs to do and to know to work within the chiropractic scope of practice.

These competencies are based on clinical skills and application, patient safety, professionalism, and communication.

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Chiropractic Board

The Chiropractic Board (hereafter called the Board) is constituted under the Health Practitioners Competence Assurance Act 2003 (the Act).

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.

Background

The Chiropractic Board over a number of years has recognised the need to have a clear definition of the standards of professional knowledge and skills required for practice as a chiropractor. It is a statutory requirement that the Board establishes core competencies.

These competencies have developed over time. In 1992 representatives of the New Zealand Chiropractors' Association (NZCA) were part of a project team established by the Australian Government, to develop competency-based professional standards for entry-level chiropractors in all states and territories in Australia. It was recognised by the Australian Government that the competency standards in New Zealand would be similar to those for practice in Australia. With no chiropractic education occurring in New Zealand at that time, many New Zealanders seeking to become chiropractors in this country undertook chiropractic studies in Australia. The results of the 1992/93 project were published.[1]

In 1993 the NZCA established the School of Chiropractic in Auckland. The Board recognised that the School needed a standard upon which to establish its training programme The Board was faced with two options for establishing a set of competency-based professional standards for registration. It could either develop its own standards or it could adopt/modify existing competencies developed by another chiropractic regulatory body.

The imminence of a joint Australian and New Zealand Government initiative in the form of a trans-Tasman mutual recognition arrangement for goods and services, suggested to the Board that an opportunity presented itself to adopt the Australian chiropractic competency-based standards (which New Zealand chiropractors had contributed to) and modify them for use in New Zealand. Permission was sought from the Australian National Office of Overseas Skills Recognition (NOOSR) and the Australasian Council on Chiropractic Education (ACCE), to use the competency standards as outlined above. This permission was granted.

The Trans-Tasman Mutual Recognition Act 1997 (TTMRA) came into effect in 1998. Identical legislation passed in Australia meant that the Chiropractic Board in New Zealand and the registration authorities of the individual states and territories of Australia are required to register an applicant for registration on a reciprocal basis; on the grounds that the person already holds registration in New Zealand or an Australian jurisdiction. The need for commonality of standards of professional chiropractic competence and mutual confidence in the registration process for assessment of overseas-trained chiropractors has now become an issue for the chiropractic registration bodies on both sides of the Tasman.

In 1997 the Board sent every chiropractor registered in New Zealand who held a current annual practising certificate, a copy of the Australian *Competency-Based Professional Standards for Chiropractors.* These chiropractors were asked to critically assess the suitability of what became, for the Board, draft competency-based chiropractic professional standards. The responses were reviewed by the Education Committee of the Board and agreed changes were incorporated into the competencies.

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[1] *Competency based professional standards for entry level practitioners.* Monograph. V Kleynhans A M (Ed Victoria: The Australasian Council on Chiropractic and Osteopathic Education,1993

The final competencies were adopted by the Board on 12 February 1998 and further ratified in February 2006.

This document was further altered to incorporate New Zealand legislative changes and was adopted in its present form in 2010.

This document provides guidelines for the requirements of the profession. Tertiary institutions have the freedom to set their own syllabi and determine course content within these guidelines.

Competency-Based Professional Standards for Chiropractors
Adapted from Kleynhans (1993).

Competencies

1. Public Health and Community Interaction

1.1 Awareness of responsibility, accountability and competence of chiropractors in New Zealand society

1.1.1 Awareness of national guiding principles and requirements for health care in the health services.
1.1.2 Awareness of the necessity to remain competent within the chiropractic scope of practice.
1.1.3 Awareness of responsibilities to society in terms of law (refer to the Chiropractic Board Code of Ethics and Standards of Practice document for further information.
1.1.4 Understands the needs of Maori and areas of concern in Maori health.
1.1.5 Understands the needs of Pacific Islander's and areas of concern in Pacific Islander's health.
1.1.6 Understands the needs of other ethnic groups and areas of concern in other ethnic groups health.
1.1.7 Understands the socio-economic context of health.

1.2 Awareness of public health concepts

1.2.1 Demonstrates an understanding of the New Zealand health system.
1.2.2 Awareness of significant public health matters, including the major causes of mortality and morbidity in New Zealand and the world.
1.2.3 Understands the role of disease prevention in New Zealand, particularly in the areas of cancer, circulatory disease, respiratory disease, and digestive disease.
1.2.4 Understands the significance of accidents and the importance of accident prevention.
1.2.5 Understands the significance that neuromusculoskeletal disease has in the overall public health context. Demonstrate a knowledge of the natural history of neuromusculoskeletal diseases and syndromes and the factors which may prevent them and understand their significance within the overall public health context.
1.2.6 Understands the significance of the major risk factors for disease such as obesity, poor nutrition, alcohol abuse, drug abuse, stress, smoking, exposure to harmful environmental factors, poor hygiene, and genetic factors.
1.2.7 Understands the health problems during pregnancy, infancy, childhood, adolescence, adulthood, and old age.
1.2.8 Understands the concepts of primary, secondary and tertiary prevention in health and disease.
1.2.9 Recognises the role that chiropractors can play in overall public health practice, including public hospitals.
1.2.10 Recognises the benefits and limitations of screening for disease and in particular neuromusculoskeletal disorders.
1.2.11 Understands the special areas of women's and men's health and the cultural aspects of public health.
1.2.12 Understands the special areas of cultural aspects of public health.
1.2.13 Understands the needs of disabled persons.

2. Health Care System Interaction

2.1 Relates effectively to and knowledgeably with other professionals and agencies

2.1.1 Recognises the paradigms within which other professionals function.
2.1.2 Treats other professionals with respect.
2.1.3 Communicates effectively.

2.2 Understands relevant health care economics

2.2.1 Understands statutory and private recommendations on reimbursement/payment of chiropractic fees.
2.2.2 Understands economic benefits through use of chiropractic treatment for specified health problems.

2.2.3 Appreciates the relative merits of the treatment options available in regard to cost, benefit and efficiency of such options.
2.2.4 Understands the ethical and clinical issues associated with both under and over-servicing of patients for their presenting condition.

3. Professional Interface

3.1 Understands professional responsibility, strengths, limitations and legal responsibilities

3.1.1 Abides by the Board's Code of Ethics and Standards of Practice document.
3.1.2 Ensures adequate, ongoing care for patients during times of absence.
3.1.3 Accepts responsibility for appropriate management of the health problems identified in each patient.
3.1.4 Recognises professional and personal limitations in providing chiropractic care, particularly in the area of non-neuromusculoskeletal diseases.
3.1.5 Demonstrates capability for writing clinical reports and correspondence.
3.1.6 Understands the implication of impairment, disability and handicap.

4. Management of Practice Environment

4.1 Manages the physical and psychological practice environment

4.1.1 Legislation relevant to establishment and operation of a clinic must be followed.
4.1.2 Is aware of statutory and ethical health and safety requirements.
4.1.3 Is aware of cultural, religious and other considerations.
4.1.4 Is aware of Treaty of Waitangi responsibilities.

5. Patient Assessment

5.1 Obtains and records patient history

5.1.1 Obtains informed consent from the patient or authorised person as outlined in the Board's Code of Ethics and Standards of Practice document.
5.1.2 Patient apprehension, physical discomfort, disability, and signs of mental disorder is acknowledged.
5.1.3 History-taking is approached in a structured manner.
5.1.4 Verbal and non-verbal communication is delivered in an appropriate manner.
5.1.5 Questions are asked in a clear, concise, purposeful and organised manner. They are appropriately directed and redirected to obtain a substantial history, using open, non-leading questions, verbal and non-verbal techniques; probing elicits more explicit information by seeking clarification, extension or accuracy.
5.1.6 The patient's verbal and non-verbal responses are recognised, actively listened to, and recorded.
5.1.7 The patient's clinical presentation and history is appropriately explored and findings recorded.
5.1.8 Factors (including psychosocial factors) which may explain the patient's presentation are recognised and considered.
5.1.9 The significance of the history is discussed with the patient or other appropriate party.
5.1.10 Patients with a different ethnic, cultural or linguistic background to the practitioner are recognised and supported in order to obtain a history and other clinical data.
5.1.11 Silence during delayed responses is allowed for.

5.2 Performs an appropriate physical examination

5.2.1 Obtains informed consent from the patient or authorised person as outlined in the Board's Code of Ethics and Standards of Practice document.
5.2.2 Performs an examination which exhibits components of a general physical examination, neuromusculoskeletal examination, and chiropractic examination.
5.2.3 The risks and benefits are considered in all studies conducted or ordered to evaluate the patient's clinical status.
5.2.4 All examinations are performed in a structured, logical and appropriate manner, ensuring adequate and relevant assessment of the patient's presentation.

5.2.5 Patient modesty and comfort is considered and provided for.
5.2.6 Adequate time is allocated.
5.2.7 Abnormal physical findings including those that suggest referral are managed in an appropriate manner.
5.2.8 The information obtained from the examination is accurate and representative of the patient's presentation.
5.2.9 All examination data is recorded in writing.
5.2.10 The examination conducted is accurate, skilful, minimises discomfort, is relevant to the patient's presentation, and procedures are modified to accommodate unusual clinical situations.

5.3 Imaging examination and interpretation

5.3.1 Obtains informed consent from the patient or authorised person as outlined in the Board's Code of Ethics and Standards of Practice document.
5.3.2 Selection of imaging studies is based on integration of data obtained from the history and physical examination findings; relevance and acceptable levels of clinical usefulness and cognisance of the risk-benefit ratio involved.
5.3.3 Images are thoroughly scrutinised in an organised manner.
5.3.4 Anatomical structures observed on an image are correctly identified in terms of altered structure and function of the tissues studied.
5.3.5 Interpretation of images is made at a level which permits biomechanical assessment and recognition of basic pathology.
5.3.6 The distinction is made between normal and abnormal imaging findings which may be indicative of an underlying pathophysiological process.
5.3.7 Imaging data is correlated with relevant clinical findings and noted in the patient's file.
5.3.8 Imaging findings are incorporated into appropriate case management.
5.3.9 The need for further imaging studies to assess and monitor changes in the patient's clinical status is recognised. Care is exercised to avoid any unnecessary harmful exposure.
5.3.10 Sound clinical reasoning is employed when determining if additional x-ray studies are required.
5.3.11 Ability to write an adequate imaging report to third parties is demonstrated.
5.3.12 Basic knowledge of imaging procedures such as computerized tomography (CT) and magnetic resonance imaging (MRI) in addition to x-ray is demonstrated.
5.3.13 Understands and applies the requirements stated in the National Radiation Laboratory's codes of safe practice including but not limited to NRL Code 6 for the use of x-rays in chiropractic diagnosis where he or she owns or operates x-ray equipment.

6. Case Management

6.1 Establishes differential and working diagnosis (clinical impression) from the information acquired

Where a chiropractor accepts a patient for chiropractic management:

6.1.1 All relevant patient and examination data including but not limited to vertebral subluxation is used to identify the probable pathophysiological process(es) responsible for the patient's presentation and is used to arrive at a differential diagnosis (clinical impression).
6.1.2 Based on the differential diagnosis or clinical impression, a decision is taken to:
a) accept responsibility for chiropractic management of the patient;
b) seek consultation and/or participation in care with another health care provider
c) refer all further patient evaluation and/or care to another healthcare provider.
6.1.3 The diagnosis and prognosis or reason for referral where applicable are explained to the patient in a concise and clear manner.

6.2 Collaborates or refers as necessary to obtain expert opinion

6.2.1 Referral is based on clinical justification.

6.2.2 Clinical referral to another healthcare provider shall be in writing according to the requirements stated in the Board's Code of Ethics and Standards of Practice document including but not limited to relevant patient information and the reason for referral.

6.2.3 Patients who fail to respond to chiropractic care or who fail to derive any further benefit of such care but still have a problem requiring treatment should be re-evaluated and referred within a reasonable period of time, as necessary.

6.2.4 When patients exhibit signs of vertebro-basilar insufficiency, ischaemia, cauda equina syndrome, or other conditions potentially contraindicating chiropractic intervention, they are evaluated with a view to referral to an appropriate health care provider. Priority is given to conditions which are considered to be clinical emergencies.

7. Planning of Patient Care

7.1.1 Patient history and examination information are evaluated to determine whether they indicate neuromusculoskeletal dysfunction including vertebral subluxation or other physiological dysfunction.

7.1.2 Patient history and examination information are evaluated to determine indications and contraindications for care or modification of care.

7.1.3 Forms a clinical impression which clearly supports a rationale for chiropractic intervention.

7.1.4 Develops a management plan which considers the risks and benefits associated with the selected patient management option(s).

7.1.5 Patient comfort and compliance are taken into consideration.

7.1.6 Develops and modifies an appropriate progress evaluation and management plan based on patient presentation.

7.1.7 Adjusts, revises, or discontinues management plan when outcomes are achieved, client's status changes, or when chiropractic care is no longer effective.

7.1.8 Professional and personal limitations necessitating referral or other action are taken into account when developing or modifying a management plan.

8. Implementation and Provision of Care

8.1.1 Communicates findings and management recommendations, including referral or additional diagnostic procedures, to the patient without the use of jargon.

8.1.2 The nature and implications of all chiropractic procedures to be used are communicated.

8.1.3 The chiropractic management regimen and costs involved are clearly explained to the patient.

8.1.4 Obtains patient acknowledgement and consent.

8.1.5 Ensures physical comfort, privacy and confidentiality.

8.1.6 Selection and application of procedures and techniques is consistent with clinical indicators, normal and abnormal biomechanical and physiological relationships.

8.1.7 All procedures are performed in a skillful manner that results in minimum patient discomfort, patient safety and maximum clinical benefit.

8.1.8 The risk-benefit consideration is applied to all clinical procedures.

8.1.9 Clinical effects which may result from the application of a chiropractic procedure are identified, evaluated and recorded.

8.1.10 Adjustive and/or manipulative force is delivered in a direction and amplitude consistent with anatomical relationships.

8.1.11 Adjustive and/or manipulative procedures are properly modified to meet particular patient variables.

8.1.12 Demonstrates competent selection and application of other modalities where appropriate.

8.1.13 Records relevant information including progress or adverse effects of management choices.

8.2 Referral of patients

8.2.1 Referral is consistent with clinical indications, management plan, physical, physiological, psychological, psycho-social characteristics, cultural considerations and physical habits.

8.2.2 See also 6.2.

8.3 Emergency care and management

8.3.1 Recognises signs of vertebro-basilar insufficiency, ischaemia, cauda equina syndrome, or other conditions, and implements appropriate first aid and resuscitation procedures. Such patients are referred immediately to an appropriate health care provider.

8.3.2 Priority is given to conditions which are considered to be clinical emergencies.

9. Health Education

9.1.1 Educates the client about their condition, self-management, coping and prevention strategies and provides appropriate information about the importance and effects of lifestyle options.

10. Professional Development

10.1.1 Is able to demonstrate cognisance of pertinent research, findings and industry best practice standards and applies this information in clinical case management.