

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



**PHYSIOTHERAPY** NEW ZEALAND  
*Kōmiri Aotearoa*



The Physiotherapy Board  
of New Zealand

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

## Contents

Introduction .....	3	6. Physiotherapists act with integrity in all professional activities .....	15
Preamble .....	4	7. Physiotherapists strive for excellence in the practice of physiotherapy .....	16
Te Tiriti o Waitangi/The Treaty of Waitangi .....	5	8. Physiotherapists communicate effectively and cooperate with colleagues, other health professionals and agencies, for the benefit of their patients/clients and the wider community .....	17
Relationships with other codes and legislation .....	5	9. Physiotherapists take responsibility to maintain their own health and wellbeing.....	18
Terminology .....	5	10. Physiotherapists accept responsibility for upholding the integrity of the profession .....	19
10 Principles of the Code.....	6	Useful references – available online.....	21
1. Physiotherapists respect patients/ clients and their whanau and families.....	7	Glossary of terms .....	22
2. Physiotherapists act to promote the health and wellbeing of the patient/client, while acknowledging, respecting and facilitating patient/client autonomy .....	7	Bibliography.....	23
3. Physiotherapists respect confidentiality, privacy and security of patient/client information .....	11		
4. Physiotherapists treat people fairly .....	13		
5. Physiotherapists practise in a safe, competent and accountable manner .....	14		





# Introduction

The Physiotherapy Board (the Board) and Physiotherapy New Zealand have developed the *Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct* (the Code) to set expectations for the professional behaviour of registered physiotherapists working in New Zealand.

The Board operates under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) whose principal purpose is to protect the health and safety of the New Zealand public by providing for mechanisms to ensure that physiotherapists are competent and fit to practise. Under section 118(i) of the HPCA 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.'

The new Code has arisen through the regular review of both the Board's *Standards of Ethical Conduct* (March 2006) and Physiotherapy New Zealand's *Code of Ethical Principles* (May 2003). The Board and Physiotherapy New Zealand agreed that it would be beneficial and less confusing to have a unified set of standards for the profession which reflects the current health environment and ethical challenges that physiotherapists may experience in their practice.

The principles included in the Code are based on commonly agreed values for health professionals and adapted for physiotherapy practice. The development of this Code has been led by Dr Lynley Anderson, Bioethics Centre University of Otago, with wide consultation with the physiotherapy profession and other key stakeholders. This has resulted in a code that is reflective of current ethical concerns experienced by physiotherapists practising in a variety of settings in New Zealand. The addition of the commentary provides some interpretation of the principles. As well as setting the standard for ethical decision making, it is expected that the Code with commentary may assist with challenging ethical dilemmas which require additional debate with peers before reaching a decision.



Maree Grbin  
Chair, Physiotherapy Board



Gill Stotter  
President, Physiotherapy New Zealand





## Preamble

The purpose of the Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct is to provide a set of guidelines 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 a patient's/client's freedom to decide for him or herself; this includes informed consent.
- **Beneficence:** to do good or to provide benefit to patients/clients.
- **Non-maleficence:** to not cause harm to patients/clients.
- **Justice:** to treat people fairly and to allocate resources fairly between patients/clients.
- **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: hospitals or rest homes, private practice, community based settings, educational facilities, 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.

# Te Tiriti o Waitangi/The Treaty of Waitangi

The Code acknowledges Te Tiriti o Waitangi/The Treaty of Waitangi as the founding document of Aotearoa New Zealand, and recognises and respects the specific importance of health services for Maori as the indigenous people of Aotearoa New Zealand.

## Relationships with other codes and legislation

Under section 118 of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), 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 the foundation document for those standards.

This Code should be read in conjunction with relevant legislation in Aotearoa New Zealand and with policies, procedures, competencies and standards that regulate professional practice. Relevant law has been identified throughout this Code. It is important that all physiotherapists have a full understanding of and comply with the laws and regulations that govern the practice of physiotherapy in Aotearoa New Zealand.

## 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 an aspirational standard that the physiotherapy profession aims to promote. Here the physiotherapist is expected to comply, but may use their discretion.

*A Glossary of Terms is set out in Appendix 1, page 22.*



# 10 Principles of the Code

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

1. **Physiotherapists respect patients/clients and their whanau and families.**
2. **Physiotherapists act to promote the health and wellbeing of the patient/client, while acknowledging, respecting and facilitating patient/client autonomy.**
3. **Physiotherapists respect confidentiality, privacy and security of patient/client information.**
4. **Physiotherapists treat people fairly.**
5. **Physiotherapists practise 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/clients and the wider community.**
9. **Physiotherapists take responsibility to maintain their own health and wellbeing.**
10. **Physiotherapists accept responsibility for upholding the integrity of the profession.**

## 1. Physiotherapists respect patients/clients and their whanau and families.

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

- 1.1 **respect the dignity, privacy, bodily integrity, and mental wellbeing of patients/clients.**
- 1.2 **behave in a respectful manner towards their patients/clients as well as their whanau and family**
- 1.3 **practise with due care and respect for an individual patient's/client's culture, needs, values, worldviews and beliefs, including the needs, values and beliefs of Maori.**
- 1.4 **not impose their own values and beliefs on patients/clients or their whanau and families.**

**Relevant law includes:** Rights 1, 2 and 4 Code of Health and Disability Services Consumers' Rights 1996.

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

**Physiotherapists must:**

- 2.1 **consider the health and wellbeing of the patient/client to be their first priority.**
- 2.2 **respect the autonomy and freedom of choice of the patient/client.**

**Commentary:** *The autonomy of the patient/client is paramount. Physiotherapists must respect the freedom of the patient/client to choose their physiotherapist (where practicable), or to refuse physiotherapy treatment (even if doing so would harm them). Patients/clients are also entitled to seek a second opinion, and physiotherapists should assist in this. For autonomy of children see 2.7.*

**Relevant law includes:** Rights 5, 6 and 7 Code of Health and Disability Services Consumers' Rights 1996.



**2.3 establish respectful partnerships with patients/clients that acknowledge patient/client needs and goals.**

*Commentary:* These partnerships may include the patient's/client's whanau and family if that accords with the patient's/client's needs and values.

**Relevant law includes:** Rights 1, 4 and 8 Code of Health and Disability Services Consumers' Rights 1996.

**2.4 involve the patient/client in the creation of care plans, and revisit patient/client goals and plans on a regular basis.**

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

*Commentary:* Patients/clients are entitled to information about the diagnosis and prognosis, care plan, alternative treatments, risks and benefits associated with treatment, costs associated with treatment, results of any tests, the name of the physiotherapist providing care and any other relevant information. This information must be provided in a manner that can be understood by the patient/client. Patients/clients 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/client in ascertaining whether additional information is required to enable the patient/client to make an informed choice and give informed consent.

**Relevant law includes:** Rights 5, 6 and 7 of the Code of Health and Disability Services Consumers' Rights 1996.

**2.6 seek patient/client consent prior to providing physiotherapy services, ensuring that patient/client 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), innovative procedures or when the patient/client 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/clients 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/client's circumstances change. Consent should be considered an ongoing conversation between the physiotherapist and the patient/client and should therefore be obtained prior to each interaction. In some cases patient/client consent may be inferred, for example where the patient/client returns for a repeat treatment. But physiotherapists should be alert to the possibility that a patient/client may wish to withdraw consent to ongoing or future treatment and this must be respected.

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

**Relevant law includes:** Right 5, 6 & 7 Code of Health and Disability Services Consumers' Rights 1996; section 11 New Zealand Bill of Rights Act 1990.

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

**Commentary:** There are times when a patient/client is unable to give consent due to compromised decision making capacity. Examples include children, those with advanced dementia or other form of mental disability, and those who have lost their decision making capacity due to physical illness, injury or sedation.

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

**Relevant law includes:** Doctrine of necessity in the common law.

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

In the case of a child, the child's parent is normally entitled to consent on behalf of the child. However, section 36 Care of Children Act 2004 states that children aged 16 and over 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. Even if the child is not competent to consent, his or her assent should be sought and documented. Not only does this show respect to the child patient/client, but it is also more likely to ensure the child's participation in the treatment.

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

If an incompetent adult patient/client has no welfare guardian or Enduring Power of Attorney authorising someone to consent on behalf of the patient/client, the physiotherapist must act in the patient's/client's best interest having taken reasonable steps to ascertain the views of the patient/client, for example by consulting with the whanau and family. The purpose of this consultation is not to seek consent from the family but to determine what choice the patient/client 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/client, taking into account the views of suitable persons who are available and interested in the welfare of the patient/client.

**Relevant law includes:** Section 36 Care of Children Act 2004; Gillick v West Norfolk and Wisbech AHB (1986); Protection of Personal and Property Rights Act 1988; Right 7 Code of Health and Disability Services Consumers' Rights 1996.





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

*Commentary:* If a physiotherapy student (or another person such as a physiotherapy assistant) is to be involved in the treatment of a patient/client prior consent must be sought by the physiotherapist in charge of the patient's/client's treatment. Consent must be sought without the student present to allow for freely given consent. The patient/client should also be informed that they may withdraw consent to being treated by a physiotherapy student.

- 2.9 not exploit any patient/client whether physically, sexually, emotionally, or financially. Sexual contact of any kind with patients/clients is unacceptable.**

*See NZSP Policy on Professional Sexual Boundaries (2003).*

**Relevant law includes:** Right 2 Code of Health and Disability Services Consumers' Rights 1996.

- 2.10 establish and maintain appropriate professional boundaries with patients/clients and their whanau and families.**

*Commentary:* Our society trusts physiotherapists to act in the best interest of their patients/clients. A power imbalance exists within the therapeutic relationship that can easily lead to exploitation or abuse if that trust is not respected. Professional boundaries describe the limits to the relationship that a physiotherapist should observe when treating patients/clients and their family. For guidance please refer to: 'A nurse's guide to professional boundaries.' A document from the Australian Nursing and Midwifery Council and the Nursing Council of New Zealand: 2010.

**Relevant law includes:** Rights 1 and 2 Code of Health and Disability Services Consumers' Rights 1996.

- 2.11 make provision for continuity of care when 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/client's ongoing care and treatment should be provided to the replacing physiotherapist in a timely manner.*

**Relevant law includes:** Right 4 Code of Health and Disability Services Consumers' Rights 1996.

#### **Physiotherapists should:**

- 2.12 consider and where practicable attend to 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.

- 2.13 be alert to the needs and special concerns of vulnerable groups. Where patients/clients or others are subject to abuse physiotherapists 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/client 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 person under the age of 17 is voluntary in Aotearoa New Zealand. 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 confidentiality and its limits apply in those situations. Physiotherapists should consult relevant experts prior to disclosing suspected abuse of adult patients/clients. See also 'Family Violence Guidelines', (2007) Ministry of Health.

**Relevant law includes:** Sections 15 and 16 Children, Young Persons and their Families Act 1989.

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

#### Physiotherapists must:

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

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

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

*Commentary:* The general rule is that identifiable health information must not be disclosed without patient/client consent. In some circumstances access to state (e.g. ACC) or employer-funded treatment may require disclosure of relevant health information.

There are very limited situations when identifiable patient/client information **must** be disclosed even though the patient may not have given consent. The most common example is on





request from another healthcare provider who is to provide care for the patient/client. There is also a duty to disclose health information to a parent or guardian or the personal representative of a deceased patient/client on their request. Such requests are made under section 22F Health Act 1956 and may be declined if the physiotherapist has reasonable grounds for believing that the patient/client would not want the information disclosed or if disclosure would be contrary to the patient's/client's interests.

In some circumstances information **may** be disclosed without patient/client consent and even against the patient's/client's wishes (e.g. when the patient/client poses a serious and imminent threat to themselves or someone else). These situations are rare and unlikely in the physiotherapy context.

Sharing relevant health information is permitted when transferring care between health care providers. That may include sharing health information with the patient's/client's caregiver such as a family or whanau 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.

**Relevant law includes:** Part IV Privacy Act 1993; Rule 11 Health Information Privacy Code 1994; section 22F Health Act 1956.

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

**Commentary:** Examples of secure storage of patient/client records include; storing in a locked filing cabinet or in a locked office, or on a password protected computer in a locked office, or on a password protected storage device. Patient/client records must be disposed of in accordance with the law.

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

**Relevant law includes:** Rule 5 Health Information Privacy Code 1994.

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

**Commentary:** Electronic records make accessing patient/client information relatively easy. Only those people who are authorised to do so should access patient/client records, and access must only be made of the records of those patients/clients who are under that physiotherapist's care.

**Relevant law includes:** Privacy Act 1993; Rule 10 Health Information Privacy Code 1994.

## 4. Physiotherapists treat people fairly.

### Physiotherapists must:

- 4.1 not discriminate or deny access to physiotherapy services on the basis of a person's 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 includes:** Right 2 Code of Health and Disability Services Consumers' Rights 1996; Part 2 Human Rights Act 1993.

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

**Commentary:** When a physiotherapist is deciding which patients/clients 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 includes:** Rights 2, 3 and 4 Code of Health and Disability Services Consumers' Rights 1996.

- 4.3 be responsible stewards of health care resources.

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

### Physiotherapists should:

- 4.4 advise managers or funders and patients/clients and their whanau and families when resources are insufficient to allow safe and adequate care.

- 4.5 feel free to refuse to treat a patient/client if they have good reasons for doing so, and should inform the patient/client of alternative options of care, and where appropriate to refer to another practitioner.

**Commentary:** Good 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 whanau, family, or their employees.





**4.6 advocate to reduce health disparities and inequalities, and improve access to physiotherapy 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/clients. Where such disparities are identified physiotherapists may choose to take an advocacy role to speak for those patients/clients 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.*

**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 activities.**
- 5.3 provide physiotherapy services that are clinically justifiable.**
- 5.4. practise according to documented competencies and standards and maintain these.**
- 5.5 incorporate safety and risk management strategies within physiotherapy practice to ensure the safety of patients/clients and staff.**
- 5.6 provide clear and appropriate direction and support for less experienced colleagues and support staff.**

5.7 **keep contemporaneous, accurate and legible records of patient/client treatment and progress.**

*Commentary:* Making sure that patient/client records are up-to-date, accurate and legible is of utmost importance.

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

**Relevant law includes:** Rules 3, 6, 7, 8, 10 and 11 Health Information Privacy Code 1994.

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

## 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/clients 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/clients.**
- 6.3 **act with honesty and integrity in all professional activities (including when interacting with: funders, employers, employees, insurers).**

*Commentary:* Refrain from employment arrangements, relationships with industry, or other arrangements that may jeopardise professional obligations to the patient/client or be in breach of professional standards.





- 6.4 not accept gifts or other considerations from industry or others that may influence or give the appearance of influencing the physiotherapist's professional judgement.

*Commentary:* When offered a gift from a patient/client (or their whanau, family member), respond in a manner appropriate to the context, and the intent of the giver, taking care not to allow it to influence clinical decision-making or commitments to other patients/clients.

- 6.5 be alert to potential conflicts of interest and take appropriate steps to declare and minimise conflicts of interest.

*Commentary:* Physiotherapists may find themselves in a position where their professional obligations conflict with their personal interests. In such situations they should not only declare their conflict, but also take steps to avoid or minimise the conflict, such as not participating in the relevant decision.

**Relevant law includes:** Common law, professional and ethical standards. Rights 5 & 6 Code of Health and Disability Services Consumers' Rights 1996.

- 6.6 ensure that financial remuneration is commensurate with the work performed.

*Commentary:* Payment in excess of work performed may cause the physiotherapist to overlook the health and wellbeing of the patient for monetary gain. In situations of recruitment of research participants, excessive payment may lead physiotherapists to recruit patients/clients inappropriately for monetary gain.

## 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 Physiotherapy Board's recertification programme, physiotherapists are required to engage in continuing professional development.

- 7.2 engage in peer review activities.

- 7.3 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 meets certain standards. Research ethics committees that are accredited by the Health Research Council will require all research to meet nationally agreed standards.

**Relevant law includes:** 'Ethical Guidelines for Intervention Studies', (2009) Ministry of Health; 'Ethical Guidelines for Observational Studies', (2006) Ministry of Health; section 16 New Zealand Public Health and Disability Act 2000; section 32 Accident Compensation Act 2001.

7.4 declare to research participants and proposed publishers where research funding has been received from industry or any other person or organisation.

7.5 ensure that financial remuneration for participating as a research investigator is commensurate with the work performed.

*Commentary:* Payment in excess of work performed may cause the physiotherapist to overlook the health and wellbeing of the research participant and recruit patients/clients inappropriately for monetary gain.

#### Physiotherapists should:

7.6 subject the development of innovative therapies to a research protocol to ensure patient/client safety and a sound evidence base for treatments.

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

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

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

8.2 refer patients/clients 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/client, 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.

**Relevant law includes:** Right 4 Code of Health and Disability Services Consumers' Rights 1996.





## 9. Physiotherapists take responsibility to maintain 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 endeavour to recognise when fatigue, stress, physical or mental illness or any other condition may reduce their clinical or other skills and seek and comply with professional advice.

*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.

**Relevant law includes:** Right 4 Code of Health and Disability Services Consumers' Rights 1996.

- 9.3 engage in activities that encourage self awareness and reflective practice and seek appropriate support when working in clinical areas where suffering, grief and loss are commonplace.

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

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

### Physiotherapists must:

- 10.1 bring unsafe or unethical behaviour by another physiotherapist or other health professional to the attention of the appropriate authority wherever legally required.

*Commentary:* Section 34 Health Practitioners Competence Assurance Act 2003 states that: If a physiotherapist has reason to believe that another health practitioner (another physiotherapist or other health professional) 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.

Section 45 Health Practitioners Competence Assurance Act 2003 stipulates that: If a physiotherapist has reason to believe that another health practitioner (another physiotherapist or other health professional) 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.

- 10.2 take particular care to uphold the values within this code when using electronic communication and social networking sites.

*Commentary:* Social networking sites pose a number of risks for physiotherapists:

- There is a risk that the patient/client may be identifiable, and patient/client confidentiality may be breached inadvertently. Physiotherapists must therefore be particularly careful when discussing any aspect of clinical practice online. If a physiotherapist would like to post patient/client information to an online site to get assistance with patient care or for some other purpose, the physiotherapist must inform the patient/client and get consent to do so.
- Physiotherapists must avoid making comments about other professionals or institutions on social networking sites that could be interpreted as defamatory or inappropriate.
- Physiotherapists must be careful to maintain professional boundaries while using social networking sites.





- Some social networking sites allow public access to some information. Physiotherapists must be mindful about the public persona they want to display.

*For a full discussion about some of the concerns associated with social networking see 'Social Media and the Medical Profession', (2010) AMA, NZMA, NZMSA, AMSA.*

**Relevant law includes:** Rules 10 and 11 Health Information Privacy Code 1994; common law rules on breach of confidentiality.

### 10.3 not undermine patient/client 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/client safety is not jeopardised by maintaining appropriate supervision.*

**Relevant law includes:** Rights 4 and 9 Code of Health and Disability Services Consumers' Rights 1996.

### 10.4 when engaged in advertising or promotion:

- Claim only those qualifications to which they are entitled and ensure that any perceived or actual misinterpretations about qualifications are avoided and corrected.
- Use advertising methods and/or material which do not bring the profession into disrepute.
- Do not engage in any conduct that is misleading as to the nature, characteristics and/or suitability of any product and/or service.

### Physiotherapists should:

### 10.5 willingly engage in teaching physiotherapy practice to physiotherapy students and less experienced colleagues.

### 10.6 avoid treating close family members.

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

*Some exceptions exist, including: in emergency situations where the patient/client 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. Refer to the NZSP Policy on Treatment of Family Members and Self-Treatment (2005) for further details.*

## Useful references – available online

'WCPT Declaration of Principle on Ethical Principles'. World Confederation for Physical Therapy: 2007.

'Social Media and the Medical Profession: A guide to online professionalism for medical practitioners and medical students'. AMA, NZMA, NZMSA, AMSA: 2010.

'A nurse's guide to professional boundaries.' A document from the Australian Nursing and Midwifery Council and the Nursing Council of New Zealand: 2010.

## Relevant law includes

*Accident Compensation Act 2001*

*Children, Young Persons and their Families Act 1989*

*Code of Health and Disability Services Consumers' Rights 1996*

*Health Act 1956*

*Health Information Privacy Code 1994*

*Health Practitioners Competence Assurance Act 2003*

*Human Rights Act 1993*

*New Zealand Bill of Rights Act 1990*

*Privacy Act 1993*

*Protection of Personal and Property Rights Act 1988*



# Glossary of terms

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

**Clinical reasoning:** The thought processes associated with a physiotherapist's examination and management of a client. It is influenced by the therapist (e.g. values and beliefs, knowledge, and cognitive, interpersonal and technical skills), the client (e.g. needs and goals, values and beliefs, and 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/client:** A patient/client with decision-making capacity (see decision-making capacity).

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

**Evidence based practice:** The use of physiotherapy interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatment for specific

problems.

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

**Patient/client:** The individual receiving physiotherapy services.

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

**Refer:** To send a patient/client 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 Aotearoa New Zealand.

**Whanau:** 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:

American Physical Therapy Association (2010) *Code of Ethics for the Physical Therapist*

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

New Zealand Medical Association (2008) *Code of Ethics for the New Zealand Medical Profession*

Occupational Therapy Board of New Zealand (no date) *Code of Ethics for Occupational Therapists*

Pharmacy Council of New Zealand (2011) *Code of Ethics 2011*

The Physiotherapy Board (2009) *Physiotherapy Competencies for Physiotherapy Practice in New Zealand*

Skegg, P. & Paterson, R. (Eds) (2006) *Medical Law in New Zealand*. Wellington: Thomson Brookers.

Swisher, L. & Hiller, P. (2010) The revised APTA Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant: Theory, purpose, process, and significance. *Physical Therapy*. Vol. 90; 5. Pp803-824.



