

Standards and Code of Ethics

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New Zealand Acupuncture
Standards Authority Inc.

Te turanga taumata
Excellence in Acupuncture

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Standards of Acupuncture Practice

A standard is an agreed upon level of performance that has been developed to characterise, measure and provide guidance for achieving competency in practice.

These standards require practitioners to demonstrate a high level of theoretical and applied health knowledge, with a specialist body of acupuncture knowledge. Such knowledge will enable practitioners to work autonomously as health providers.

Each standard is accompanied by a series of capabilities, which specify the qualities, and activities that interpret the standard. These are intended as a guide to the standard.

These standards have been developed to characterise the minimum level of competency for qualified Health Professionals working autonomously or adjunctively in acupuncture. They are aligned with the Learning Outcomes for the NZQA National Diploma in Acupuncture.

Purpose of These Standards

- To delineate the nature and scope of Traditional Chinese and or Western Acupuncture within Health Professional Practice.
- To guide the development of acupuncture practice at the highest possible level.
- To provide a format against which acupuncture practice will be assessed.

Acupuncturists will meet the following standards and capabilities within their acupuncture practise:

Standard 1

Integrate acupuncture theory and philosophy to make a diagnosis:

- assess consumer complaints using appropriate theoretical and diagnostic methods
- analyse the information obtained to make an appropriate diagnosis

Standard 2

Treat the consumer using Acupuncture safely and effectively:

- select the appropriate acupuncture treatment and method
- use the correct method within appropriate guidelines
- appropriately complete the treatment for the chosen method
- observe the consumer and collect information about the effectiveness of the acupuncture treatment
- anticipate, recognise and manage any adverse reactions
- document acupuncture procedures
- anticipate, recognise and manage any adverse reactions
- document acupuncture procedures

Standard 3

Show an ability to work as an autonomous practitioner within own health discipline using acupuncture:

- show sound understanding of own discipline/s
- recognise own scope of practising when using acupuncture
- recognise own limitations, referring consumers when appropriate
- collaborate with colleagues to critique, develop and disseminate acupuncture knowledge and practice
- develop professional networks

Standard 4

Practise as an autonomous health professional using and /or integrating acupuncture for the best outcome for the consumer:

- recognise and understand the differing philosophies in managing consumers
- analyse and select treatments from differing philosophies when needed in treatment contexts
- analyse treatment from appropriate philosophical perspectives
- involve consumer in decision making of own treatment options
- demonstrate respect for consumers and other professionals' values and viewpoints

Standard 5

Evaluate the quality and effectiveness of acupuncture and their health professional practise:

- value ongoing supervision and self evaluation
- maintain and develop own knowledge and expertise
- analyse the quality, development and changes in own practice
- collect data on and evaluate the effectiveness of acupuncture treatment from the perspectives of practitioner and consumer

Ongoing Monitoring of clinical standards

A registered acupuncturist will:

- provide written evidence of ongoing education yearly as determined by NZASA'S Registration Board e.g. conferences, study groups etc.
- provide evidence of financial membership of an accredited acupuncture organisation
- belong to a peer review group that meets at least thrice yearly. Documentation to be supplied to NZASA
- supply a current professional practising certificate, if applicable



Code of Ethics

Introduction

NZASA is a professional organization involved with Health-care delivery to the New Zealand public in the field of Acupuncture.

NZASA supports the promotion of a “Charter on Medical Professionalism” which covers financial and clinical resources of the nation, equitable access to care for all members of the public with commitment to improving quality of care, and continual upgrading of scientific knowledge, (Ref: the NZMJ 10 May 2002).

Categories for contents:

- (1) Professional Conduct to the Patient
- (2) Professional Responsibilities: to patient and colleagues
- (3) Competence and Accountability of Practitioners
- (4) Description of services leading to signing of Informed Consent
- (5) Confidentiality
- (6) Advertisements and Media involvements: Public statements and publications
- (7) Commercial involvements
- (8) Fees
- (9) Sexual misconduct with patients
- (10) Teaching
- (11) Clinical Research
- (12) Animal treatments
- (13) Disciplinary mechanisms and Penalties.
- (14) Re-registration of previously dismissed practitioner.

Professional Conduct

- 1.1 The patient’s health and well-being shall be the practitioner’s first priority
- 1.2 Ensure that all conduct between you and your patient is above reproach at all times.
- 1.3 Exploitation of any patient whether it be physical, sexual, emotional or financial is unacceptable.
- 1.4 Practitioners should practise the science and art of Acupuncture to the best of their ability, in full moral independence, with compassion and respect for human dignity.

Professional Responsibilities: to patients and colleagues

- 2.1 Ensure that every patient receives appropriate investigation into their complaint or condition, including collation of information for optimal management.
 - 2.1.1 Practitioners should recognise their own clinical and diagnostic limitations and know when to refer a patient to another health care professional.
 - 2.1.2 Ensure that accurate and legible records of fact are kept for each consultation/contact.
 - 2.1.3 When referred a patient for treatment from another Healthcare practitioner, report back to that healthcare worker of your treatment.

Competence and Accountability of Practitioners

- 3.1.1 Every Practitioner has a duty to keep abreast of new technical skills and knowledge and to strive to improve the standards and quality of acupuncture services in the community.
- 3.1.2 The Practitioner must submit to an audit/assessment of his/her practice should it be required by the disciplinary or other regulatory body.
- 3.1.3 The practitioner shall do all things necessary to maintain hands, clothing, linen, needles and equipment, in a clean and hygienic condition to reduce the risk of transferring infectious diseases, as set out in the NZASA's Codes of Safe Practice for Acupuncturists (see Appendix E).
- 3.1.4 The practitioner should be conversant with the Code of Rights as set out in the brochure from the Health and Disability Commissioner called: Code of Health and Disability Services Consumers' Rights (see Appendix C).

Description of Services leading to signing of Informed Consent

- 4.1.1 The Practitioner will not misrepresent their acupuncture qualifications, experiences or services.
- 4.1.2 Professional qualifications and description of services help the Public to make informed choices of the quality and type of service provided by the practitioner, and the profession as a whole.
- 4.1.3 Any advertising will not contravene the Commerce Act 1986, or the Fair Trading Act 1986 or any more recent additions or amendments thereto.
- 4.1.4 All practitioners must explain the diagnosis and treatment they propose to administer, in language that the patient seems able to understand.
- 4.1.5 It is a legal requirement that the patient gives his/her consent before treatment commences. Otherwise, legally, it can be construed as an assault.
- 4.1.6 Minors (children under 16years) should have their parent or guardian sign the Informed Consent form after the treatment has been explained to the appropriate and present party.

Confidentiality

- 5.1 All records, medical and personal information a Practitioner learns from patients shall be confidential, between the patient and practitioner, except when:
 - (a) Required otherwise by rule of law or a court order
 - (b) In an emergency where the information may assist in the saving of the patient's life, or may assist in the prevention of damage or disease to the patient.
 - (c) In consultation with other Healthcare Practitioners for the purpose of better diagnosing or treating, or co-ordinating the treatment of the patient.
 - (d) The patient has consented to the nature and extent of the disclosure.
 - (e) When a patient is not legally or medically competent to give consent to the disclosure of information, the consent may be obtained from the patient's legal representative.
 - (f) When the information is used for other purposes such as training the patient's identity will be protected.
 - (g) While records (written or electronic) relating to a patient's treatment are the property of the Practitioner, the patient is entitled to copies of the information on those records. The Practitioner should keep the original records.
 - (h) Records should be kept for 10 years after the last entry.

Advertisements and Media Involvements: Public statements and publications

- 6.1.1 Whenever possible, when asked to make comments by the Media, the Practitioner should convene with the NZASA executive.
- 6.1.2 Caution should be used in making statements to ensure that the Public does not misinterpret the information.
- 6.1.3 Any statement should avoid being self-laudatory, imply any superior professional ability, or denigrate colleagues.

- 6.1.4 When making any statements or comments the Practitioner should not only take into account the personal views held, but also take great care to respect that of the majority, and where those two views are at a variance, it should be made quite clear whether the Practitioner is speaking in a personal capacity or with the backing of NZASA.

Commercial Involvements

- 7.1.1 Practitioners should exercise careful judgement before accepting any gift, hospitality or gratuity which could be interpreted as an inducement to use or endorse any product, equipment or policy. In all cases of doubt, advice should be sought from the executive of NZASA.
- 7.1.2 When Practitioners are acting as agents for, or have a financial or other interest in, commercial organizations, their interest must be declared to patients.
- 7.1.3 Where potential conflict arises between the best interests of particular patients and commercial or rationing prerogatives, practitioners have a duty to explain the issues and dilemmas to their patients.

Fees

- 8.1 Like all professionals, practitioners have the right to fair recompense for the use of their skills and experience. However, motives of profit must not be permitted to influence professional judgement on behalf of patients.
- 8.2.1 It shall be unethical to exploit a patient for financial gain by representing to him a condition is worse than it really is or will get worse unless treatment continues indefinitely when such is not the case.

Sexual Misconduct with Patients

- 9.1.1 NZASA supports Touch as a crucial healing part of acupuncture when that Touch is caring or nurturing and not sexual or exploitive.
- 9.1.2 It is always the responsibility of the Practitioner to ensure that interaction with each patient occurs in a context in which the patient is informed and consents.
- 9.1.3 Breaches of the Practitioner/Patient relationship risks causing psychological damage to the patient. Sexual misconduct inevitably harms the patient.
- 9.1.4 Exploitation of the patient is an abuse of power. Because of this power imbalance between practitioner and patient, patient consent can never be a defence.
- 9.1.5 Should the Practitioner and patient mutually agree to a relationship outside the profession, then that should ensure the patient is first referred to another practitioner.
- 9.1.6 The guiding principle is that there is no exploitation of the patient (adult or child) or his/her immediate family. There must not be abuse of the Practitioner's power.
- 9.1.7 Definitions : Sexual abuse can be described on 3 levels:
- (a) Sexual impropriety
 - (b) Sexual transgression
 - (c) Sexual violation.

Sexual impropriety includes but not limited to:

- Inappropriate disrobing or draping practices, including deliberately watching a patient dress or undress, and inadequate privacy for this procedure.
- Conducting an intimate examination of a patient in the presence of students or other parties without the informed consent of the patient.
- Inappropriate comments about, or to the patient, as well as making sexual comments about a patient's body or underclothing.
- Making sexualised or sexual demeaning comment to the patient.
- Ridicule of a patient's sexual orientation (homosexual, heterosexual, or bisexual).
- Making comments about potential sexual performances during an examination or consultation (except where pertinent to professional issues of sexual function or dysfunction).

- Requesting details of sexual history or likes and dislikes not clinically indicated for the type of consultation.
- Any conversation regarding the sexual problems, preferences or fantasies of the practitioner.

Sexual transgression means any inappropriate touching of a patient that is of a sexual nature, short of sexual violation. Sexual transgression includes but not limited to:

- (a) The touching of breasts or genitals, except for the purpose of appropriate physical examination or treatment, or where the patient has refused or withdrawn consent to the touching as part of such examination or treatment.
- (b) Kissing of a sexual nature.
- (c) Propositioning a patient.

Sexual Violation means practitioner/patient sexual activity, whether or not initiated by the patient, including but not limited to:

- (a) Sexual intercourse, masturbation and other forms of genital or sexual stimulation.

Teaching

- 10.1.1 Teaching involving direct patient contact must be undertaken with sensitivity, compassion, respect for privacy, and, whenever possible, with the consent of the patient, guardian or appropriate agent.
- 10.1.2 Wherever possible, patients should be given sufficient information on the form, and content of the teaching, and adequate time for consideration, before consenting or declining to participate in clinical teaching. Refusal by a patient to participate must not interfere with other aspects of the professional relationship or to access to appropriate treatment.

Clinical Research

- 11.1.1 Scientific progress is based on research which relies on experimentation and systematic observation involving human subjects.
- 11.1.2 Before proceeding obtain the consent of all subjects or their agents, but only after explaining the purpose of the clinical research and any possible health hazards which can be reasonably foreseen.
- 11.1.3 Never allow the interest of Science to take precedence over consideration related to the well being of the subjects. In any study ensure that every patient is assured of the best-proven diagnostic and therapeutic methods

Animal Treatments

- 12.1 Members of NZASA are registered for the treatment of humans.
- 12.2 If a practitioner has specialised in the treatment of animals any such service should be conducted separately from their clinical practice for human patients.

Disciplinary Mechanisms and Penalties

- 13.1 All Practitioners shall abide by the ruling and decisions made by the Disciplinary Committee concerning ethical behaviour and standards of professional conduct.
- 13.2 The Disciplinary Committee will observe the principles of natural justice, such as to give due notice and details of the charge, to give opportunity to be heard, with lack of bias, absence of malice and proceed with all due fairness.
When decisions are made by the Disciplinary Committee concerning any penalty, these will be adhered to by the member involved.
- 13.3 see next page...

13.3

In November 2009, the NZASA Executive agreed:

“Members found not using sterile single use disposable needles will have their registration suspended. They will be placed under Supervision with spot checks over a period of six months. Their ACC license will also be suspended while under supervision. After six months, their membership will be reinstated if approved by the Supervisor.”

All costs relating to the above scenario will be met by the Member concerned.

Concerning Re-registration of offending Practitioner

14.1 The primary concern of NZASA is to protect the Public, so approval will only be given with much caution and only when the applicant can provide evidence of successful therapy and /or rehabilitation. This will also have to be supported by an independent assessment by a person or persons appointed for that purpose. All costs relating to this and other matters relating to their application for registration are to be met by the applicant.