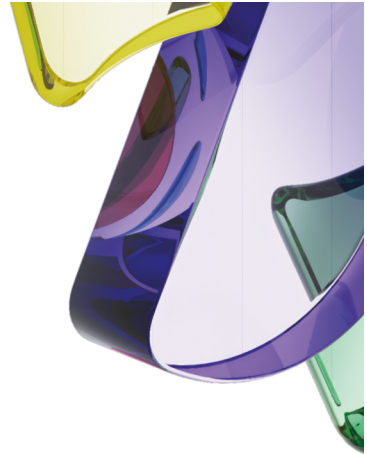




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TE POARI KAIKOROHITI O AOTEAROA | THE NEW ZEALAND CHIROPRACTIC BOARD

RESPONSIBLE AUTHORITY PERFORMANCE REVIEW REPORT SUBMISSION

The final report for this responsible authority's review is submitted to the Ministry of Health and the review was completed as below.

AUTHORITY NAME	Te Poari Kaikorohiti o Aotearoa the New Zealand Chiropractic Board
DATE OF REVIEW	21 May 2026
FINAL REPORT DATE	20 June 2026

Review Team		
Name	Role	Background
Donna Gordon	Lead Reviewer	Qualified and experienced lead assessor and Registered Nurse.
Richard Tankersley	Bi-Cultural Reviewer	Qualified and experienced assessor.
James Dunne	Technical Expert	Registrar, Physiotherapy Board

Stakeholder interviews	
Name/role/de-identified	comments
Mrs T (Chiropractor) Committee member	In academia and practice. Was on the Committee established to support the Boards review of the Code of Ethics. The Board are generally good –the chair noted as being well-mannered and calm and the Secretariat noted as always being available providing sound advice. The CCEA (Council on Chiropractic Education Australasia) accredit the New Zealand programme. [I] Was on the accreditation committee. There are processes for reaccreditation. Feel the (accreditation) programme is robust. In terms of the Aotearoa New Zealand context, there is a 'huge' cultural lens overlayed on the process. There are cultural elements in all education. Cultural elements are encouraged through the CPD programme for individual Chiropractors. The Association also sends out information regarding opportunities for cultural training.
Mr B (Chiropractor)	Recent NZ graduate.

NZ graduate	Board make efforts to connect with the profession, noting they have been 'on the road' updating on what was happening. Public does not seem to have a strong understanding of the profession. Essentially the Association is the agency that focuses on raising the professions profile. Education has moved to case-based learning, cultural elements are encouraged with deeper integration in learning. Professional development (CPD) encourages learning across all cultures, including Māori. In undergraduate training there are cultural components and treaty principles in papers, and application to clinical practice.
Mrs C (Chiropractor) Chiropractic Association	In respect of Board engagement [I] have had a lot of contact over years. There is a Memorandum of Understanding (MoU) in that has supported a professional and cordial relationship between the Board and Association. Board are 'firm but fair' and take their responsibility seriously. Strengths (of the Board & Secretariat) – the CEO is experienced, reasoned, rationale and a great sounding board. The Chair (of the Board) is a good steward. The Board shows no 'favouritism,' they are a good board that fulfils their function. The Association is working to improve the public profile of the profession. In terms of culture/equity - 5-10 years ago, there were gaps in education, noticed to have improved over the years with a greater understanding of different communities. The Board has cultural competencies.
Mr K (Chiropractor) Chiropractic College	There is a MoU in place (Board, Association, College) and there are meetings formally three times/year. The Board takes a 'no surprises' approach, these meetings allow leaders of profession to be given a 'heads up'. In between the formal meetings there are open lines of communication - every couple of weeks I may have contact - this makes my job easier. Accreditation of the programme managed by CCEA. The College has just gone through the accreditation process having received a 5-year period of accreditation with no conditions. Now have a good relationship with CCEA. There is no interest in extended scopes, profession believe they have a unique identity. Challenges (for profession): profession has grown (College operating for some 30 years) and want to support post graduate programmes. In the process of going to NZQA. Chiropractors can use completion of PG programmes as CPD. Raising the public profile of the profession [sits with] the association. Last year a working group was formed to develop strategies to increase profile.

Responsible Authority Core Performance Standards Review Report

Authority Name	Te Poari Kaikorohiti o Aotearoa the New Zealand Chiropractic Board
Date of Review Report	21 May 2026
Name of reviewing Designated Auditing Agency	BSI New Zealand

Executive Summary

Te Poari Kaikorohiti o Aotearoa | the New Zealand Chiropractic Board (the Board) comprises seven members, consisting of five health practitioners and two laypersons ([Board members](#)). One of the laypersons is *Te Arawa, Ngāti Tūwharetoa*.

In early 2025 the Chiropractic Board comprised eight members. In July of that year one Board member resigned and was not replaced. There were then four Board positions due for reappointment in November/December 2025. Three members were reappointed, and one new member was appointed, leaving the Board with seven members. The Board is supported by two committees – Operational Functions Committee and Regulatory Functions Committee – and a Chief Executive/ Registrar, a Deputy Registrar (20 hours/week) and a Project Administrator (25 hours/week).

The Board's previous Regulatory Authority Performance Review (the Review) was completed in February 2022 which resulted in three recommendations. Reported actions taken in response to the recommendations are as follows:

Recommendation 1: Further explore with CCEA more specifically including the New Zealand cultural context in the CCEA's Accreditation standards and Accreditation policy and procedures.

The Chair and Registrar actively participated in workshops with the CCEA to address this recommendation. The Chair and Registrar directed CCEA to expert advisors on the New Zealand cultural context to inform the process. CCEA's revised standards are now completed and were published on the CCEA website earlier this year: [Guide for using the Accreditation Standards for tertiary chiropractic education programs — Council on Chiropractic Education Australasia](#). CCEA's assessment of overseas practitioners for suitability to register in New Zealand now includes mandatory online cultural context programmes.

Recommendation 2: Complete the review of the Professional Standards for Chiropractors and implement with the profession.

The Board completed a comprehensive review of its Professional Standards for Chiropractors. Updated competency standards were developed through a two-phase consultation process involving 41 organisations, professional bodies, and stakeholders. These standards came into effect on 01 April 2024. The consultation summary report can be accessed [here](#).

Recommendation 3: Continue the journey for the Board working as a Te Tiriti-engaged organisation embodying the principles of equity within a Te Tiriti directed framework.

The Board remains committed to this important journey. To enable this, the Board engaged Dr. Jim Mather from Mather Solutions to facilitate two strategic planning days and participated in a one-day workshop, "Groundworks: Understanding Te Tiriti in Depth". The Board continues its journey to embed Te Tiriti o Waitangi engagement and equity principles in its standards and how it works.

Since the previous review the Board reports major developments as being:

1. Competency standards

The Board completed a comprehensive review of its competency standards, which included two rounds of consultation with stakeholders to ensure the standards reflect current practice and expectations. The updated competency standards have now been finalised and published - [Competence Standards for Chiropractors Practising in Aotearoa New Zealand](#).

2. New Website

The Board participated in a cross-responsible authority initiative, led by the Podiatrists Board and the Medical Sciences Council, in partnership with the [National Centre for Interprofessional Education and Collaborative Practice](#) (NCIPECP). This work focused on the development and implementation of a shared Statement of Intent on Inter-Professional Collaborative Practice (IPCP). The collaboration is ongoing and reflects a collective commitment by responsible authorities to support and promote inter-professional collaboration across the health sector. This initiative was further advanced through engagement at the NCIPECP Showcase held at the University of Auckland in November 2025.

3. MoU with the HDC

On 21 July 2025, the Board entered a Memorandum of Understanding (MoU) with Te Toihau Hauora Hauātanga | the Health and Disability Commissioner (HDC). The MoU formalises the shared commitment of both organisations to promoting and protecting the rights of health and disability consumers, and to safeguarding public health and safety. The agreement supports effective information sharing and aims to streamline the management of complaints and notifications relating to competence, conduct, and health concerns involving

chiropractors. It recognises the Board's role in maintaining practitioner competence and oversight of regulatory matters, which is essential to maintaining public confidence in the chiropractic profession.

4. Human Resources

The Board undertook a review of staff remuneration to ensure alignment with market expectations and organisational needs. In addition, an additional staff member has recently been recruited to support communications and project delivery. These changes also reflect a deliberate shift to ensure the Chief Executive can focus on strategic leadership, regulatory oversight, and implementation of Board priorities, rather than being drawn into day-to-day administrative tasks. This supports more effective delivery of key initiatives, such as Board-led programmes and sector engagement activities, while ensuring appropriate resourcing of operational functions.

5. Strategic plan

The Board undertook a comprehensive review of its strategic direction, culminating in the development of a revised five-year Strategic Plan. This work was progressed over a two-year period through dedicated strategic planning sessions and Board engagement. The updated plan provides a clear framework to guide the Board's regulatory priorities, resource allocation, and future development, ensuring alignment with its statutory responsibilities and the evolving needs of the health sector.

There are several initiatives reported as being underway:

1. Development of Artificial Intelligence (AI) Guidelines

The Board is looking to develop guidance on the use of Artificial Intelligence for both registrants and the secretariat during 2026.

2. CPD program

Following the 2024 CPD audit and increased follow-up required during the 2025/26 annual practising certificate (APC) renewal cycle, the Board published an anonymous survey of practitioners to better understand barriers to engagement and compliance. The survey received 230 responses (from 755 APC holders), providing strong evidence base for proposed improvements. Findings indicate that while practitioners are generally completing CPD activities, there are consistent challenges with the administrative aspects of the programme. Respondents identified delays in recording CPD, difficulty with written reflections, and limited perceived value in objective-setting and annual review processes. There is a clear preference for a simpler, more user-friendly system, with clearer guidance, reduced duplication, and greater flexibility in how CPD is planned and recorded. In response, the Board is progressing a review of the CPD framework, with a focus on simplifying requirements (particularly reflections and objective-setting), improving system usability, and considering

alignment of the CPD cycle with the APC renewal process. This work aims to improve practitioner engagement while maintaining the integrity of the recertification programme and ensuring ongoing competence.

3. Privacy Amendment Act (IPP 3A) Implementation

The Board is currently updating its Privacy Policy to reflect the requirements of the Privacy Amendment Act, including the introduction of Information Privacy Principle 3A (IPP 3A), coming into effect on 1 May 2026. The revised policy will be presented to the Board for approval in May 2026. In parallel, the Board will review and update its operational processes, templates, and communications to ensure compliance with the new requirements. This includes updating the public-facing privacy information on the Board's website and revising standard correspondence (including notifications and complaints-related communications) to ensure individuals are clearly informed about the indirect collection of their personal information and how it will be used.

4. Code of ethics and professional boundaries standards

The Board undertook a substantive review of its Code of Ethics and Professional Boundaries Standards to ensure they remain current, relevant, and aligned with contemporary practice and regulatory expectations. This work included early engagement with the profession through a nationwide "roadshow", followed by the establishment of a review group comprising key stakeholders and Board representatives. The group undertook a series of workshops to develop recommendations, which informed the drafting of a revised Code of Ethics. Initial consultation with stakeholders has been completed, with feedback currently under consideration. The revised draft will be presented to the Board to inform discussion and determine next steps, including any further consultation required prior to finalisation and implementation.

5. Compassionate and proportionate regulatory approach

The Board continues to strengthen its approach to "right-touch" and compassionate regulation, particularly in relation to practitioners who may be approaching a competence threshold, but where concerns are limited in scope. The Board recognises that early, educative interventions can be effective in addressing issues promptly, reducing the likelihood of escalation, and promoting sustained improvements in practice. In cases where practitioners demonstrate competence across most areas of practice but have identifiable gaps, most commonly in clinical record-keeping, the Board increasingly utilises mentoring and targeted support as early intervention. This enables practitioners to remediate specific areas of concern in a supportive and constructive manner, without the need to progress immediately to a formal competence review.

Key challenges as reported by the Board include:

1. Cyber-attack December 2022

Following a national cyber incident in December 2022 that impacted Mercury IT and several responsible authorities, the Board undertook a range of improvements to strengthen the security of its registration database (NERS) and broader IT systems. In 2023, a transition was made to a cloud-based document storage environment using Microsoft Azure and SharePoint, with multi-factor authentication implemented for all Board members to enhance security. In addition, relevant information security and data protection policies were reviewed and updated to ensure they remain fit for purpose.

2. Health Regulatory reform

The health regulatory reform programme has created a period of ongoing uncertainty for all responsible authorities. On 12 September 2025, the Minister of Health wrote to all Board Chairs outlining expectations during the legislative reform of health workforce regulation. The letter reaffirmed the expectation that responsible authorities continue to carry out their statutory functions diligently and in good faith and acknowledged their critical role in maintaining public trust and ensuring the safety and competence of the health workforce. The Minister reiterated the Government's intention to amend the Health Practitioners Competence Assurance Act 2003 (the Act), with the aim of better aligning health workforce regulation with patient needs, health system priorities, and national health targets. Proposed changes include strengthening ministerial oversight, increasing transparency and accountability through enhanced reporting requirements, and introducing a more streamlined process for practitioners to seek review of registration decisions. The Board remains actively engaged in the reform process, including contributing to collective responsible authority submissions. The potential impacts, risks, and opportunities arising from the proposed changes continue to be monitored, with updates reflected in the Board's risk register as appropriate

The current review

Te Poari Kaikorohiti o Aotearoa | Chiropractic Board Strategic Plan (2025-2030) guides operating work programmes. Five goals have been identified for the period:

1. We foster enduring, inclusive, and collaborative relationships built on trust
2. We uphold appropriate standards to ensure public confidence in the safety and integrity of chiropractic care
3. We are proactive, forward-thinking, and innovative in driving progress
4. We are globally recognised and respected for our integrity, innovation, and alignment with our values
5. We lead with compassion and purpose

The Board has one scope of practice with a defined set of competencies (reviewed: 2024) and code of ethics (review in process). Review of the competencies saw a move away from a highly prescriptive model to one that better reflects the complexity

of clinical practice. The standards are structured around six core principles supported by 19 competency standards. They place a strong emphasis on communication, collaboration, cultural safety and reflective practice. The prescribed qualifications to meet the Scope of Practice were reviewed in 2012. There has been no further review of scope or prescribed qualifications since this time. A review is scheduled to commence in late 2026 / early 2027.

The New Zealand College of Chiropractic (NZCC) delivers the only education programme leading to registration as a chiropractor in New Zealand. The Board contracts the Council on Chiropractic Education Australasia (CCEA) to undertake the accreditation and monitoring of NZCC. The Board has one constituted member on the CCEA Board. The [Accreditation Standards for Chiropractic Programs and Competency](#) are used to accredit the NZCC programme. The NZCC programme is accredited for a set period and is subject to ongoing monitoring by CCEA and the Board. The Board makes the final decision on granting accreditation. An accreditation occurred early 2026 with a final report pending.

There is a publicly accessible register on the Board's website that includes practitioners who are maintaining registration only and those that hold a current practising certificate. There are 784 chiropractors holding an annual practicing certificate, the majority being New Zealand graduates. Registration data is managed via the NERS database. There are three registration pathways - New Zealand graduates, Australian applicants, and overseas trained applicants. All overseas trained applicants are required to undergo a competence examination through CCEA. Chiropractors whose primary qualification was not obtained in New Zealand are also required to complete education on practising in the New Zealand context¹. Chiropractors who have not held a practising certificate for three years or more are required to complete a return to practise process with applications being considered by the Board on a case-by-case basis.

The Board has a two-year continuing professional development (CPD) cycle with 10-20% of the profession audited at the end of each cycle. Practitioners manage their own CPD through an online profile on the Board's website. Each year a recertification plan is completed by the Chiropractor that includes self-reflection. There is guidance on self-reflective statements available for practitioners on the website. There are processes in place should a practitioner not comply with recertification requirements.

There is information on the Board's website in respect of making a complaint and/or notification and operating policies in place to guide practice. It is evident an educative and supportive process is considered across the notifications processes.

¹ The courses requiring completion: Mauriora: Foundation course in cultural competence, HQSC Learning and education modules on understanding bias in health care.

Where there are concerns about serious risk of harm the Board Chair undertakes an initial review to determine if immediate action is required. All complaints and notifications are considered by the full Board. There are a range of actions the Board can take to minimise risk to the public such as imposing conditions, require that a medical examination (health notification) be undertaken, and/or utilise voluntary agreements that are made with practitioners. A notification register is maintained. Prompt referral is made to relevant agencies as appropriate.

The Board has a strong understanding of the broader health system and its role within it. The public website contains key information on the Board's role, functions and the core regulatory processes in place to ensure practitioners regulated by the Board are competent and fit to practise. It is evident the Board applies the principles of right-touch risk-based regulation across its functions.

Te Tiriti alignment

The review identified that the Board recognises its obligations under Te Tiriti and there is evidence that this has been a priority area since the previous review. The Board has incorporated Māori perspectives into some areas of their work such as the review of the competency standards and setting expectations within them. Additionally, some capability-building has occurred at both the Board level and secretariat since the previous review. The Board acknowledges the actions taken to date have been 'ad hoc' and yet to be fully embedded across its functions. At the time of the review the Board were considering engaging expertise to support an assessment of its current position and guide the development of a structured approach for the next phase of this work. The review team recommend that the Board continue this journey to enable fully embedding Te Tiriti across regulatory functions.

The Board is an authority with embedded processes to support their functions. They demonstrate a commitment to ongoing quality improvement with highlights being the review of the competence standards and code of ethics. This review suggests the Board (and secretariat) are operating a right-touch approach that values a compassionate and supportive regulatory model.

Recommendations

This review had identified two low-risk recommendations against the core performance standards for the Chiropractic Board's attention:

Function 1.5

The Board has one scope of practice with prescribed qualifications. The prescribed qualifications were last reviewed in 2012. It is recommended that the scheduled review continues to be prioritised.

Function 10.1:

The review identified the Board recognises its obligations under Te Tiriti and there is evidence that this has been a priority area since the previous review.

Notwithstanding the Board acknowledges the actions taken have yet to be fully embedded across its functions and are currently exploring ways to progress this mahi. It is recommended the Board continue their journey of embedding Te Tiriti across regulatory functions.

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment, with subsequent reviews conducted at intervals of no more than five years. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

Performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HPCA Act. The Ministry may require review of additional aspects of Responsible Authorities' performance.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
1.1	The RA has defined clear and coherent competencies for each scope of practice	The Board has one scope of practice as outlined in Gazette (2004). The Board has defined clear and coherent competencies for the chiropractor scope of practice: • Competency-based professional standards for chiropractors (1 April 2024) • Standards of cultural competence policy (2017) • Code of Ethics (2015) • Advertising Standards (2025) The Board undertook a comprehensive review of its Competency-Based Standards for Chiropractors, to ensure they remain current, relevant, and reflective of contemporary chiropractic practice in Aotearoa New Zealand. This work commenced in 2020 with the establishment of a Competency Standards Review Committee comprising practitioner and lay representation, alongside input from the New Zealand College of Chiropractic, the New Zealand Chiropractors' Association, and the Registrar. The review process included a detailed analysis of comparable international and allied health professional standards to ensure alignment with best practice and emerging regulatory expectations. A key outcome of the review was a deliberate shift towards a more holistic, patient-centred, and principles-based framework. The revised standards move away from a highly prescriptive model to one that better reflects the complexity of clinical practice and supports professional judgement, while maintaining clear expectations of safe and effective care. The standards are structured around six core principles, supported by 19 competency standards and associated indicators, providing both clarity and flexibility for practitioners across a range of practice contexts. They place a strong emphasis on communication, collaboration, cultural safety, and reflective practice, including the integration of Te Tiriti o Waitangi principles. The finalised standards, implemented from 1 April 2024, provide a contemporary framework for assessing competence, supporting ongoing professional development, and guiding regulatory decision-making.	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
1.2	The RA has prescribed qualifications aligned to those competencies for each scope of practice	The Board last reviewed the prescribed qualifications to meet the Chiropractic Scope of Practice in 2012 (Gazette (2012)), with aligned competencies as above.	FA			
1.3	The RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	New Zealand has one educational institution providing one chiropractic qualification: the New Zealand College of Chiropractic (NZCC). The Board contracts the Council on Chiropractic Education Australasia (CCEA) to undertake the accreditation and monitoring of NZCC. The Board has one constituted member on the CCEA Board. Accreditation and monitoring of the programmes and the NZCC are framed within a set of consistently applied standards: • Accreditation standards (Accreditation Standards for Chiropractic Programs and Competency) • Guide for using the Accreditation Standards for tertiary chiropractic education programs (Guide for using the Accreditation Standards for tertiary chiropractic education programs 2026) • Accreditation policy and procedures (Council on Chiropractic Education Australasia Accreditation) • Framework for risk-based accreditation decision making (Framework for risk-based accreditation decision-making) The NZCC programme is accredited for a set period (up to five-years) and is subject to ongoing monitoring by CCEA and the Board. If, during the monitoring process, it is found that the standards are no longer being met, conditions may be imposed, or the accreditation of a programme may be revoked. At the end of an accreditation, CCEA provides the Board with a comprehensive report and their recommendations of accreditation status, where any concerns raised are addressed. The Board provides the final decision on granting accreditation.	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

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		The accredited programme must demonstrate alignment with the clinical and cultural competence standards, and the ethical standards required of chiropractors. NZCC's last accreditation was granted June 2022. An accreditation occurred early 2026, with the final report in progress.				
1.4	The RA takes appropriate actions where concerns are identified	The Board applies a structured and proactive approach to the accreditation and ongoing monitoring of education providers to ensure graduates meet the required standards for safe and competent practice. Monitoring processes are designed to enable early identification of any concerns, allowing timely and proportionate intervention where required. This supports both the integrity of the qualification and the likelihood that students can successfully complete their studies and graduate with a Board-recognised qualification. Accreditation and ongoing monitoring of the New Zealand College of Chiropractic (NZCC) programme is undertaken by the Council on Chiropractic Education Australasia (CCEA). This is supported by direct engagement from the Board, including annual visits by the Chair and Registrar/Chief Executive to NZCC to review facilities, meet with the executive team, and discuss programme delivery and emerging issues. The Board Chair attends the final year student examinations, providing an additional level of assurance regarding the standard of graduates entering the profession. The Board maintains regular engagement with CCEA through quarterly meetings, including participation alongside Australian education providers accredited by CCEA. These forums support consistency in accreditation standards, information sharing, and alignment with international best practice. In addition, the Registrar/Chief Executive meets regularly with the CCEA executive to discuss matters of mutual interest and emerging risks. Where concerns are identified, there are clear and transparent processes in place to respond. Accreditation and monitoring reports include detailed assessments against standards, with recommendations where required. Education providers are given the opportunity to respond to findings prior to formal consideration by the Board. Where	FA			

Function 1: Section 118a) To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		areas for improvement are identified, specific actions and timeframes are set, and follow-up may include self-reporting with supporting evidence or further site visits.				
1.5	Reviews prescribed qualifications and scopes of practice (at minimum of once every five years)	The Board last reviewed prescribed qualifications in 2012, with the updated qualifications Gazetted at that time. While this work addressed qualifications, a comprehensive review of both prescribed qualifications and scopes of practice has not been undertaken since. The Board has prioritised this work, with a review scheduled to commence in late 2026/early 2027	PA	Low	Ensure the scheduled review of prescribed qualifications and scopes of practice continues.	360 days

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	The Public Register of New Zealand Registered Chiropractors is connected to the (NERS) database and updates in real time; it is easy to use and works well. Searches undertaken on the Board's public register can be carried out via name, registration number or practice status, and there is a general search function that allows a search by other criteria, for example, 'city'. Conditions on scope of practice are displayed except for those related to health issues. Where a practitioner has conditions on their practice due to health concerns, the condition on the register is stated as "please contact the Board for conditions". This alerts the reader that the practitioner is subject to conditions on their practice and therefore acts to protect public health and safety while also protecting the privacy of the practitioner in terms of sensitive health information. The currency of the register is reviewed yearly after the close of the APC renewal period. Registration is cancelled and the chiropractor removed from the register when the: • chiropractor requests cancellation • death of a chiropractor • chiropractor is struck off • Board removes an inactive chiropractor from the Register following the procedures set down under s144.	FA			
2.2	The RA has clear, transparent, and timely mechanisms to consider applications and to: a) Register applicants who meet all statutory	The Board has clear, transparent, and timely mechanisms to consider applications and to: • Register applicants who meet all statutory requirements for registration. • Issue practising certificates to APC applicants in a timely manner. • Manage any requests for reviews of decisions made under delegations.	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	requirements for registration	The Board has registration information (I want to be registered Chiropractic Board) on its website, including information on: - New Zealand graduates (New Zealand Chiropractic Board) - Australian registered (Australia Chiropractic Board) - Overseas trained (Overseas Chiropractic Board) - Registration policy (Policy) Registration applications are managed by the Deputy Registrar who works under delegation from the Registrar. All applicants can apply for registration online. The Board's privacy statement (Privacy policy Chiropractic Board (2020)) (which is currently under review) regarding the collection, use and storage of practitioner's personal information is available on the Board's website. Timelines for registration: - New Zealand graduates: 2-4 days after receipt of payment and all documentation. - Overseas-trained chiropractors: The process to complete the assessment through CCEA can be time consuming, however, once completed, qualified chiropractors are registered within 2-4 days after receipt of payment and all documentation. - TTMRA: under the Act Board must either grant, postpone or refuse registration within one month. The Board's English Language Policy for Registration (Policy and Guidelines) requires all applicants to complete declarations that they can communicate effectively in English to practice as a Chiropractor. The Board's Criminal History Policy requires all applicants to complete declarations regarding any convictions in any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of three-months or longer. If a criminal conviction is declared, the applicant is required to complete a Reflection Sheet which is submitted with their registration application to the Regulatory Functions Committee for review.				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		All overseas-trained practitioners (who are not registered in Australia) are required to undergo a competence examination through CCEA as per the Gazette notice (Gazette (2012)). This exam ensures the Board the chiropractor is competent to practice in New Zealand. As a result of this requirement, no recent applications for registration were declined. Chiropractors who completed their primary training in a jurisdiction other than New Zealand do not receive education in aspects of healthcare unique to New Zealand. The Board set a Newly Registered Overseas-Trained Practitioners: Recertification Programme under section 41(3)(f) of the Act, requiring all chiropractors whose primary qualification was not obtained in New Zealand, to complete education on practising in the New Zealand context. All chiropractors to whom this recertification programme applies must successfully complete the following two-training courses relevant to the practice of chiropractic in New Zealand: ✓ Mauriora: Foundation course in cultural competence ✓ HQSC Learning and education modules on understanding bias in health care The Deputy Registrar undertakes an annual visit to the NZCC to talk to the final year students where the registration process is outlined. From time-to-time visiting chiropractors come to New Zealand to present at NZCC or conferences. In response, the Board developed a Visiting Chiropractors to New Zealand (Visiting-Chiropractors-Policy.pdf) policy outlining the requirements of those coming to New Zealand. The Board has clearly stated delegations that are applied to all regulatory functions as well as corporate functions (such as finance).				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	b) Issue practicing certificates to applicants in a timely manner	The Board has clear, efficient, and accessible processes in place for the issuing and renewal of Annual Practising Certificates (APCs). Once registered, chiropractors can manage their practising status online, including: • applying for an annual practising certificate (APC); or • change to a non-practising status; or • request to be removed from the register. The online system is designed to be user-friendly and efficient, with most applications taking approximately ten minutes to complete. Applications are submitted electronically and, following payment and review by the Deputy Registrar, APCs are typically issued within 24–48 hours. Paper-based applications remain available where required, including for partial-year APCs (three- or six-month certificates), providing flexibility for practitioners in a range of circumstances. APCs are issued for a standard period from 1 April to 31 March each year. To continue practising, chiropractors must complete an annual renewal process, which includes declarations relating to recency of practice, continuing professional development (CPD), and fitness to practise. Practitioners are required to confirm that they have complied with all relevant standards, including any conditions on their scope of practice, and that the information provided is accurate. These declarations form an important part of the Board's assurance that practitioners remain competent and fit to practise. Where a declaration raises any matter of potential concern, it is referred to the Board's Regulatory Functions Committee for review and determination. The Board has clear processes for practitioners returning to practice. Chiropractors who have not held a practising certificate for three years or more are required to complete a return to practice process, with applications considered on a case-by-case basis to ensure that any risks are appropriately managed. This approach supports a proportionate, risk-based assessment of competence, while enabling practitioners to re-enter the workforce safely.	FA			

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Overall, the Board's APC processes are designed to be timely, proportionate, and transparent, supporting both practitioner compliance and public safety. • Recertification & Return to Practice includes issuing practising certificates (2025)				
	c) Manage any requests for reviews of decisions made under delegation	Any applications that cannot be approved by the Deputy Registrar are initially reviewed by the Registrar, and then by the Board's Regulatory Functions Committee, who can approve, propose to decline an application, or propose a condition on practice. Any applicant can request to have this decision reviewed by the Board.	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
3.1	The RA has proportionate, appropriate, transparent and standards-based mechanisms to:	The Board has sound and supportive policies, processes and guidance in place to review the competence of practitioners against the required standards.	FA			
	a) Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard b) Review a health practitioner's competence and practice against the required standard of competence	The Board has a two-year continuing professional development (CPD) cycle, with 10-20% of the profession audited at the end of each cycle. Practitioners manage their own CPD through an online profile on the Board's website where they log their CPD activities and upload supporting documentation. Each year, chiropractors complete a recertification plan, identifying areas for development relevant to their practice. This is a self-reflective process and a living document that may be changed in response to new understanding. - Continuing Professional Development Recertification Policy (Continuing Professional Development) - Guidance for establishing a formal peer group and recording formal peer group activities (CPD-Guidance-for-establishing-a-formal-peer-group-and-recording-formal-peer-group-activities.pdf) - Guidance for setting a CPD plan (CPD-Guidance-for-setting-CPD-plan.pdf)	FA			

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Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		The CPD programme requires that practitioners log their CPD hours online in their practitioner portal and upload any relevant documentation. We provide them with an Annual Plan template to support forward planning and reflection. The online CPD provides chiropractors returning to practice throughout the year with a pro-rated calculation of how many CPD hours will be required of them before the end of the cycle.				
	c) Improve and remediate the competence of practitioners found to be below the required standard	Where practitioners do not comply with recertification requirements, they are invited to provide comment, and the matter will be referred to the Board for consideration. The Board will consider each referral on a case-by-case basis.	FA			
	d) Promote the competence of health practitioners	The Board actively promotes and supports professional standards through a range of educational and communication mechanisms aimed at both practitioners and the public. This includes the publication of including annual reports (Annual reports Chiropractic Board), regular newsletters (Newsletters and publications Chiropractic Board) and the provision of key information and resources (Position statements and other important information Chiropractic Board) via the Board's website. The Board developed and published a suite of guidance documents and position statements to support practitioners in meeting professional and ethical obligations. These include (but not limited to): • ACC – treating family • Treating whānau, family and friends position statement • Extended term management plans and pre-payment arrangements • Guidance for issuing certificates of sickness or injury • Telehealth • Clinical records	FA			

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		- Informed consent - The Children's Act 2014 and the children's worker safety checks In early 2024, the Registrar/Chief Executive, Chair, and Board members undertook a series of in person engagement sessions across New Zealand. These sessions focused on the Board's Code of Ethics, while also providing an open forum for practitioners to ask questions and engage directly with the Board. Attendance was strong, and participation by Board members was high, with representation at sessions in their respective regions. In addition, the Registrar/Chief Executive engaged directly within the student clinic environment, spending time speaking with both students and patients about their expectations when visiting a health practitioner. This engagement provided valuable insights into patient perspectives and reinforces the importance of patient-centred care. A consistent theme emerging from these discussions is that patients place high value on being listened to and feeling heard. The Board takes a proactive approach to identifying opportunities to further support and educate the profession. This includes ongoing development of practical resources and, looking ahead, plans to host its first Board-organised conference in 2027 to further strengthen engagement and professional development within the sector. The Board places a strong emphasis on early engagement and education within the profession. Each year, the Registrar/Chief Executive delivers a series of lectures to Year 4 students at the New Zealand College of Chiropractic (NZCC). These sessions cover key areas including: - The role of the Board and its advertising policy - The Board's competency and code of ethics standards - Complaints, competence, conduct and fitness to practice notifications.				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		These sessions are consistently well received and provide an important opportunity to engage with future practitioners prior to entering practice. They support transparency by putting a "face to the Board" and create an open forum for students to ask questions, seek clarification, and develop an early understanding of their professional and regulatory responsibilities. This early engagement supports a smoother transition into practice and reinforces expectations of safe, ethical, and competent care.				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
4.1	The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:	The Board has established appropriate, timely, transparent, fair, and proportionate mechanisms to receive and respond to information regarding the practice, conduct, or competence of registered practitioners. These mechanisms are supported by documented policies and guidance to ensure concerns are assessed and addressed consistently and appropriately. Clear and accessible information is provided on the Board's website outlining the complaints and notifications process, including pathways for both the public and practitioners. This includes: • Raising a complaint about a chiropractor (public) • Raising a concern about a colleague (health practitioner) • Competence reviews • Complaints policy • Fitness to practice • Flowchart of the complaints process • Flowchart of the PCC process • Publication of Orders (naming policy)	FA			
	a) Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner b) Identifying and responding in a timely way to any complaint or notification about a health practitioner	Where a complaint is received alleging that a health practitioner's practice or conduct has affected a health consumer, it is promptly referred to the Health and Disability Commissioner (HDC) in accordance with section 35 of the HPCA Act. Complaints referred to the Board from the HDC, or those not involving a health consumer, are considered by the Board at its next scheduled meeting.	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	c) Considering information related to a health practitioner's conduct or the safety of the practitioner's practice	Where there are concerns about serious risk of harm, the Chair undertakes an initial review to determine whether immediate action is required (for example, interim suspension or the imposition of conditions). In such cases, a special Board meeting is convened as soon as practicable. The Board informs ACC of any matters relating to potential ACC fraud and notifies ACC of any decisions resulting in the cancellation or suspension of an Annual Practising Certificate. All complaints and notifications are considered by the full Board. Conflicts of interest are identified and managed on a case-by-case basis. The Board maintains notifications register, enabling monitoring of trends and identification of recurring themes across cases. The Board applies Right-touch regulation principles when considering complaints and notifications, with a focus on proportionate and educative responses in line with the intent of the HPCA Act.	FA			
	d) Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	The Board ensures all parties to a complaint or notification are kept informed of progress and are supported to participate effectively in the process. The Board engages external legal counsel (Denton's) and is currently reviewing options to ensure access to appropriate legal advice in a cost-effective manner.	FA			
	e) Enabling action, such as informing appropriate parties (including those	The Board has contributed to sector-wide initiatives to strengthen regulatory processes. In 2020, several responsible authorities jointly developed an online training resource for Professional Conduct Committee members. The Board also collaborated with other authorities co-located at Level 6 to establish a shared pool	FA			

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	specified in section 118(g)) that a practitioner may pose a risk of harm to the public <i>NB: 118 g) To notify employers, the ACC, the Director General of Health, and the HDC that the practice of a health practitioner may post a risk of harm to the public</i>	of trained laypersons to participate in competence review committees (CRCs) and PCCs. The Board maintains strong working relationships with key external agencies, including ACC, the Health and Disability Commissioner, the Health Practitioners Disciplinary Tribunal (HPDT), and the Enforcement team at Manatū Hauora. Where required under the HPCA Act (including section 35), the Board notifies relevant agencies in a timely manner where a practitioner may pose a risk of harm to the public.				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
5.1	The RA has clear and transparent mechanisms to: a) Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession	The Board has clear and transparent mechanisms in place to receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for safe practice. These mechanisms are supported by accessible public information, documented processes, and appropriate statutory powers. Clear guidance is provided on the Board's website for both the public and practitioners on how to raise concerns. This includes information on: • Raising a complaint about a chiropractor (public) • Raising a concern about a colleague (health practitioner) • Fitness to practice • Flowchart of the complaints process • Flowchart of the PCC process • Publication of Orders (naming policy) • Health reviews	FA			
	b) Take appropriate, timely, and proportionate action to minimise risk	Where there are concerns that a practitioner may be unable to perform the functions required for practice due to a mental or physical condition, the Board may exercise its powers under the HPCA Act. This includes requiring the practitioner to undergo a medical examination or testing at the Board's expense (section 49), and, where necessary, acting under section 48 to suspend a practising certificate or impose conditions on the practitioner's scope of practice to protect public safety. The Board may utilise voluntary agreements to support practitioners, particularly where they are returning to practice following illness or injury. These arrangements allow appropriate safeguards and support to be put in place, with ongoing monitoring by the Registrar, enabling a safe and supported return to practice.	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Where risks to public safety cannot be adequately managed through voluntary or collaborative approaches, the Board will exercise its statutory powers. This may include requiring a practitioner to undergo a medical examination or assessment (section 49) or making interim orders under section 48 of the Act, such as suspending a practising certificate or imposing conditions on scope of practice. In all cases, the Board applies the principles of right-touch regulation, seeking to use the least restrictive intervention necessary to manage risk and protect the public. The Board recognises there may be cases where both health and conduct issues are present. These are considered carefully on a case-by-case basis, ensuring that responses are appropriate to the individual circumstances and that any risks are effectively managed. The Board recognises that health-related notifications are often sensitive in nature. These matters are considered respectfully and in accordance with Right-touch regulation principles, ensuring that actions taken are proportionate, appropriate, and focused on minimising risk to the public while supporting practitioner wellbeing.				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are:	The Board sets standards of clinical competence, cultural competence, and ethical conduct that are informed by relevant evidence, clearly articulated, accessible, and developed in consultation with stakeholders. The Board's standards framework includes: - Competency-based professional standards for chiropractors - Standards of cultural competence - Code of Ethics - Advertising policy These are integrated into regulatory functions including registration, recertification, and complaints processes. The Board has established expectations for culturally safe practice, including interaction with Māori. Overseas-trained practitioners must complete education on cultural competence and bias in healthcare. The Board acknowledges that its work to embed Te Tiriti o Waitangi principles and support equity is ongoing. While foundational elements are in place, further development is required to strengthen engagement with Māori, embed Te Tiriti across regulatory functions, and demonstrate measurable impact over time.	FA			
	a) Informed by relevant evidence					
	b) Clearly articulated and accessible	All standards are available on the Board's website.	FA			
	c) Developed in consultation with the profession and other stakeholders	The Board undertakes consultation with the profession and relevant stakeholders when developing or reviewing standards. The review of the Professional Standards for Chiropractors involved a two-phase consultation process with 41 organisations and stakeholders. The Board's Code of Ethics is currently under review. It was published for consultation, and the results are currently being collated for Board consideration.	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	d) Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	The Board is committed to improve how it will foster and support equitable health care for Māori, align with the Government's direction for Māori health advancement, and support the acquisition of Māori health goals. Building the Board's collective understanding of cultural competency is ongoing with goals to: 1. Develop a strategy for engaging with Māori (whānau, Māori health providers, and other interested Māori rōpū) to understand: a. How the profession can support health outcomes for Māori; b. Strategies for ensuring health and safety for Māori in regulating chiropractic health services. This work is planned to be completed in phases.				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	The Board has a strong understanding of the broader health system and its role within it and actively maintains effective and collaborative relationships with other responsible authorities and key stakeholders. The Board is co-located with 11 other responsible authorities. This enables regular engagement and collaboration, including bi-monthly Partner Regulatory Group (PRG) meetings, where shared issues, policy approaches, and regulatory best practice are discussed. Stakeholders are also invited to these meetings where appropriate to contribute to discussions on matters of common interest. The Board participates in a range of formal and informal cross-sector forums, including: - Health Regulatory Authority meetings involving all responsible authorities - Allied Health meetings with the Chief Allied Health Officer (Manatū Hauora) - Ministry of Health Workforce Regulatory Reform hui and joint submissions The Board contributes to and benefits from interprofessional collaboration and shared regulatory initiatives. Examples include: - Joint development of a Professional Conduct Committee (PCC) training resource - Establishment of a shared pool of trained laypersons to support PCCs and competence review committees (CRCs) across authorities - Ongoing collaboration with co-located authorities on policy development and operational practices The Board maintains close working relationships with the other regulatory bodies, including regular engagement between the Chairs and Chief Executives of the Podiatry, Physiotherapy Board, and Osteopathic Council to discuss shared issues and align approaches where appropriate.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		Operational collaboration is also supported through a service level agreement with the Nursing Council of New Zealand for the provision of back-office services, including finance. The Board is a member of the Council on Licensure, Enforcement and Regulation (CLEAR), supporting its ongoing engagement with international regulatory practice. In carrying out its functions, the Board works closely with government agencies, including Manatū Hauora Ministry of Health, Health Workforce New Zealand, and the Office of the Minister of Health. The Board has also demonstrated effective collaboration with other responsible authorities in responding to national issues, including coordinated responses during the COVID-19 pandemic.				
7.2	The RA uses mechanisms within the HPCA Act such as scopes of practice, competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	The Board uses a range of mechanisms within the HPCA Act, including scopes of practice, competence standards, accreditation arrangements, and communications, to promote and facilitate inter disciplinary collaboration and cooperation in the delivery of health services. The Board contributes actively to the effective functioning of the health system through ongoing collaboration with other responsible authorities and key stakeholders. This includes participation in a range of formal sector forums, such as: - Health Regulatory Authorities New Zealand (HRANZ) meetings - Allied Health meetings with the Chief Allied Health Professions Officer (Manatū Hauora) - Monthly Partner Regulatory Group (PRG) meetings with co-located responsible authorities These forums support the sharing of regulatory approaches, alignment on policy matters, and coordinated responses to emerging issues.	FA			

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest

Section 118ja) To promote and facility inter-disciplinary collaboration and cooperation in the delivery of health services

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		The Board also engages in targeted collaboration with other responsible authorities on specific initiatives. Examples include: • Joint development of the Publication of Orders (NAMING POLICY (May 2024)) • Quarterly meetings between the Registrar/Chief Executive and counterparts from the Physiotherapy Board, Osteopathic Council, and Chinese Medicine Council to discuss projects and matters of mutual interest The Board maintains regular engagement with sector stakeholders, including the New Zealand Chiropractic Association and ACC, through meetings attended by the Chair and Registrar/Chief Executive. These relationships support information sharing and a coordinated approach to matters affecting practitioners and public safety. The Board also contributes to interprofessional collaboration at both national and international levels. It is a member of the World Federation of Chiropractic and a founding member of the International Chiropractic Regulatory Society. In addition, the Board has adopted the Responsible Authority Statement of Intent on Inter Professional Collaborative Practice (IPCP) and contributes to its implementation through participation in the National Centre for Interprofessional Education and Collaborative Practice (NCIPCEP). This work supports shared action across responsible authorities to strengthen interprofessional collaboration within the health sector.				

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
9.1	The RA: a) Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions b) Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes c) In promoting public awareness, recognises opportunities to also promote public	The Board has a clear understanding of its role in protecting the health and safety of the public and takes this role seriously. It demonstrates this by ensuring that chiropractors meet and maintain high standards of education, conduct and performance. Clear, accessible and accurate information about the Board's regulatory purpose, activities, and responsibilities under the HPCA Act 2003 is readily available on our website for the public and profession. In conjunction with several Responsible Authorities, the Board developed an about health regulators animation explaining the roles of the Board/Councils. The Board has a public website that contains key information on its role and functions and the core regulatory processes that are in place to ensure practitioners regulated by the Board are competent and fit to practise. As a critical tool for interfacing with the public and practitioners, the Board regularly reviews its website to ensure it remains current, accurate, and fit for purpose. The Board publishes an annual report as required under the Act. Paper copies of the annual report are forwarded to the office of the Minister of Health, the House of Representatives, and the National Library, publication of the report for other audiences is primarily through posting electronic copies on the Board website. The Board publishes newsletters on a regular and ongoing schedule. While these are primarily aimed at the profession, they are available for public perusal on the website. The Board maintains a list of key stakeholders who are alerted to the release of publications pertaining to the Board's work. The Board plans to develop this area further including publishing key documents in multiple languages. The	FA FA FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	confidence in the profession and in the Responsible Authority	Board is committed to promoting public awareness of its responsibilities. However, this is an area where all responsible authorities are exploring new ways to engage the public.				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
10.1	The RA: a) Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions	The Board's strategic plan outlines its commitment to Te Tiriti o Waitangi and sets expectations for how its work reflects Te Tiriti principles and responsiveness to Māori. The Board aims to embed the principles of equity and Te Tiriti across all its functions. The Board's competency standards and Code of Ethics clearly require chiropractors to uphold Te Tiriti principles in the delivery and promotion of chiropractic services. As part of the recent review of the Code of Ethics, the Board established an external committee comprising both community members and chiropractors, including Māori representation. The Board intends to translate the Code of Ethics and competency standards into te reo Māori. <u>The Boards self-assessment reports the following in terms of their Te Tiriti Journey</u> The Board recognises its obligations under Te Tiriti and has identified strengthening its approach in this area as an ongoing priority. To date, the Board has taken several initial steps to build its understanding and begin incorporating Te Tiriti considerations into its work. Early work included engaging external expertise to support development of a Te Tiriti statement and to advise on approaches to engagement with Māori. This work was not progressed to completion due to competing priorities and capacity constraints. The Board has incorporated Māori perspectives into some areas of its work. In particular, the review of the competency standards included consultation with a range of Māori health organisations and stakeholders, informing the inclusion of cultural competence expectations within the standards. Some capability-building has also occurred at both staff and Board level. This has included introductory te reo Māori training undertaken by the Chief Executive, and Board participation in facilitated workshops to build understanding of Te Tiriti and its relevance to a regulatory context.	PA	Low	The review identified the Board recognises its obligations under Te Tiriti and there is evidence that this has been a priority area since the previous review. Notwithstanding the Board acknowledges the actions taken have yet to be fully embedded across its functions and are currently exploring ways to progress this mahi. It is recommended the Board continue their journey of embedding Te Tiriti across regulatory functions.	360 days

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		While these activities represent useful starting points, the Board acknowledges they have been ad hoc and have not yet resulted in a consistent or embedded approach across its functions. The Board recognises that meeting its Te Tiriti obligations requires a more structured and sustained programme of work. The Board is considering engaging an external provider with expertise in this area to support an assessment of its current position and to guide the development of a structured approach for the next phase of this work.				
	b) Ensure the principles of Right-touch regulation are followed in the implementation of all its functions	The Board applies the principles of right-touch, risk-based regulation across all its functions. These principles: proportionate, consistent, targeted, transparent, accountable, and agile; underpin the Board's policies, operational procedures, and decision-making processes. The updated guidance published by the Professional Standards Authority (PSA) in 2025 provided additional clarity. Right-touch regulation is embedded in both governance and operational practice. In Fitness to Practise matters and other regulatory decisions, the Board applies these principles through structured decision-making processes, including the use of decision papers and recommendations prepared by the Registrar. Board members are supported to consider these principles during deliberations, ensuring decisions are balanced, fair, and focused on public safety. A central component of this approach is the assessment of risk of harm. The Board's policies, including its complaints and notifications processes, are designed to ensure the level and significance of risk inform the regulatory response at each stage. This enables the Board to take proportionate and targeted action, ranging from educative or supportive interventions through to more formal regulatory measures where required.	FA			
	c) Identifies and addresses emerging areas of	The Board maintains a comprehensive risk register that is reviewed at each Board meeting and updated as required. In late 2025, the Board undertook a full review of the register to ensure it accurately reflects key governance, operational, and	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
	risk and prioritises any areas of public safety concern	regulatory risks, and continues to support a proactive, risk-based approach to decision-making. In addition to formal risk management processes, the Board actively identifies emerging areas of risk through its regulatory functions, particularly through the analysis of complaints and notifications. Themes and trends are regularly reviewed to identify recurring issues or areas of concern, such as clinical record-keeping or communication. These insights inform targeted interventions, including guidance to the profession through newsletters, updates to standards and policies, and the development of educational resources. This approach supports early intervention and helps mitigate risks before they escalate. The Board also uses case-based learning to inform both its regulatory approach and professional education. For example, a case involved a patient who experienced adverse effects following treatment, where incomplete review of the patient's history, specifically the use of anticoagulant medication, was identified as a contributing factor. The matter was assessed as a competence issue rather than conduct, and the Board facilitated a peer-based review process involving an experienced practitioner to support reflective learning and improvement. The case was subsequently developed into a learning resource, reinforcing key professional standards and supporting wider dissemination of lessons learned.				
	d) Consults and works effectively with all relevant stakeholders across all its functions to identify and manage risk to the public in respect of its practitioners	Consistent with the right-touch regulation principle of transparency, the Board has an established a systematic approach to stakeholder engagement. Consultation processes are designed to allow sufficient time for meaningful input and are tailored to the complexity of the issue, for example, combining open submissions with SurveyMonkey tools for more complex consultations. Interactions with stakeholders to ensure public safety are ongoing. The Board maintains a longstanding Memorandum of Understanding with the New Zealand Chiropractic Association and the New Zealand College of Chiropractic, supported by regular meetings held both in person and via AVL.	FA			

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Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Suggested Timeframe (months / date)
		The Board is committed to open, transparent, and consistent consultation. Consultation documents and outcomes are published on the Board's website and in newsletters, alongside direct communication with stakeholders. The Board also maintains strong relationships with the Chiropractic Board of Australia (CBA) and AHPRA, with regular meetings to discuss matters of mutual interest. This collaboration supports the sharing of policies, processes, and emerging issues, benefiting practitioners and the public in both jurisdictions. The next in-person meeting is scheduled for August 2026 alongside the NRAS/AHPRA conference in Melbourne. The Board works closely with its ACC Clinical Partner to identify emerging risks and ensure timely and coordinated responses.				
	e) Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment	The Board demonstrates fiscal prudence and sustainability, supported by annual external audits under the Public Audit Act 2001. All audits to date have returned unmodified opinions, and any recommendations for improvement are consistently addressed. Practitioner fees are reviewed annually to ensure alignment with the Board's budget and reserves policy. Recognising the impact of Board membership changes on a three-year rolling cycle, the Board has processes in place to ensure new members are effectively inducted. This includes orientation sessions to support a strong understanding of governance roles and responsibilities, particularly for members who may be new to governance practice. The Board maintains a legislative compliance policy.	FA			