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Allied Health Services

Certification Requirements for Physiotherapy, Hand Therapy and Podiatry Services

1 November 2021

This is a living document and will be updated as required

ACC Allied Health Services Contract: Certification Requirements for Physiotherapy, Hand Therapy and Podiatry Suppliers

Document Author	Cath Wedderburn
Portfolio Manager	Greg Swann
Business Owner	Simon Hoar, Manager Recovery Services
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Version

Version	Date	Author	Nature of amendment
1.0	24.9.2021	Cath Wedderburn, Portfolio Advisor	Removed comments and accepted changes
1.1	28.9.2021	Cath Wedderburn, Portfolio Advisor	Service Stream changes incorporated
2.0	13.10.2021	Kay Conafray, Portfolio Advisor	Changes suggested by BSI Group added.

Reviewers

Version	Date	Name	Role
1.0	05.10.2021	Greg Swann	Portfolio Manager
2.0	27.10.2021	Greg Swann	Portfolio Manager

Introduction: ACC introduced auditing requirement changes for ACC’s Allied Health Services Contract from 1 November 2021. These changes include an option for the contracted supplier to choose to be audited and certified to:

- the more comprehensive NZS 8171 Allied Health Services Sector Standard, or
- a defined minimum certification scope for the ACC Allied Health Services Contract.

Purpose: This document outlines the criteria used to assess against the minimum certification scope for the ACC Allied health Services Contract. The criteria detailed over the following pages include a reference column to help identify whether they are derived from the ACC contract or from the Allied Health Services Sector Standard.

References: A copy of the ACC documentation is available from the ACC website via the links provided below.

Document	Reference
ACC Standard terms and conditions for health contracts	ACC - Clause
ACC Allied Health Services Schedule	ACC (AH SS- clause)
Allied Health Services -Operational Guidelines	ACC Ops Guidelines
ACC Position Statement Seeking ACC payment for treatment provided by allied health students	ACC Position Statement

A copy of the Allied Health Services Sector Standard is available for purchase from Standards New Zealand via their website via the link provided below.

Document	Reference
NZS8171:2005 Allied Health Services Sector Standard	AHS - Criteria

1.0	ACC Supplier Obligations to meet all regulatory and professional standards	
Number	Reference	Criteria
1.1	Privacy Act 2020 and Health Information Privacy Code 2020: Personal and confidential information will be kept private and secure	
	ACC - 9.1 (a)-(e)	You will comply with the Privacy Act 2020 and the Health Information Privacy Code 2020 including: <ul style="list-style-type: none"> ensuring that any personal or health information you hold about a Client is protected by reasonable security safeguards against loss or unauthorised access, use, modification or disclosure appointing a Privacy Officer reporting of "serious harm" privacy breaches to Privacy Commissioner via privacy breach notification tool having a privacy policy which complies with the Privacy Act 2020 and the Health Information Privacy Code 2020
	ACC - 9.4 (b)	using or disclosing personal or health information only where the use or disclosure is permitted or authorised by the Privacy Act 2020 or the Health Information Privacy Code 2020.
	AHS – 5.2.5	Documentation meets the requirements of the Privacy Act, the Health Information Privacy Code, and the Health (Retention of Health Information) Regulations; and complies with other appropriate legislation and relevant professional and sector standards where these exist.
1.1.2	ACC – 9.4 (a)	You will ensure that your service providers: <ul style="list-style-type: none"> are aware of the obligations to protect personal and health information and confidential information in this Contract.
1.2	Health and Safety	
Number	Reference	Criteria
1.2.1	ACC- 8.16	Ensuring health and safety: In performing its obligations under this Agreement, the Supplier must: <ol style="list-style-type: none"> comply with all relevant health and safety legislation including the Health and Safety at Work Act 2015 ("HSAWA"); so far as reasonably practicable, ensure the health and safety of: <ul style="list-style-type: none"> ACC's and the Supplier's personnel; and ACC Clients. take all practical steps to ensure that no act or omission gives rise to, or is likely to give rise to, the issue of an improvement or prohibition notice, enforcement action or a prosecution under any health and safety legislation (including the HSAWA) against ACC or the Supplier; advise ACC in writing as soon as possible of:

		<ul style="list-style-type: none"> any hazards, risks, accidents, incidents or near misses to the Supplier's or a subcontractor's staff arising from any ACC Client's behaviour or condition; all notifiable events (as defined in the HSAWA) relating to the Services; any contact by any regulatory agency in relation to any health, safety or environmental matter relating to the Services (unless the Supplier is prohibited by law from so advising ACC).
1.2.2	AHS – 6.1.1	The service provider has a comprehensive health and safety plan and written procedures for health and safety management.
1.2.3	AHS - 4.7.1	There is a plan for clinical emergencies (which could include medical, cultural and psychological emergencies) and there is evidence that this is known and accessible to service providers.
1.2.4	AHS - 4.7.3	Service providers who are competent in emergency procedures are available during the hours of operation.
1.2.5	AHS - 6.2.1	There is an evacuation scheme, and where required by legislation, it is approved by the New Zealand Fire Service to meet the requirements of the Fire Service Act.
1.2.6	AHS - 6.2.2	An appropriate 'call system' is available to summon assistance when required that is easily identifiable, accessible and appropriate to the needs of the consumer, service provider and setting.
1.2.7	AHS - 6.2.3	Where it is necessary for security purposes, service providers, and where applicable visitors, are appropriately identified.
1.3	Vulnerable Children Act 2014 and Vulnerable Clients	
Number	Reference	Criteria
1.3.1	ACC 8.1 (a) (vi)	Your service delivery must comply with all applicable laws and regulations including the Vulnerable Children Act 2014.
1.3.2	ACC 27.2 (c)	Have a documented policy about dealing with vulnerable clients which will at a minimum be consistent with ACC's policy.
1.4	Services must comply with the Te Tiriti o Waitangi and meet individual cultural values and beliefs	
1.4.1	ACC - 8.9 AHS – 1.2.1	You must recognise Te Tiriti o Waitangi in the way you provide Services, including taking account of the social, economic and political values of Māori. Tangata whenua are consulted in order to meet the needs of Māori consumers.
1.4.2	ACC - 8.10	If the nature of the Services requires it, you will deliver Services in a manner that is culturally appropriate including meeting the unique needs of the Māori client and that these Services comply with any

	AHS – 1.2.2 AHS – 1.2.3	reasonable ACC policy provided to you. You will contact the Relationship manager to discuss any issues about this clause The cultural values and beliefs of Māori consumers and their whānau are identified and responded to in line with Right 1 (Right to be Treated with Respect) of the Code. Barriers to Māori consumers, within the control of the organisation, are identified and eliminated.
1.4.3	ACC – 8.11	If the nature of the Services requires it, you will deliver Services in a manner that is culturally appropriate including meeting the unique needs of Pasifika, Asian and other ethnic or indigenous groups and that these Services comply with any reasonable ACC policy provided to you. You will contact the Relationship manager to discuss any issues about this clause.
1.4.4	AHS - 1.3.2	The cultural values and beliefs of consumers and their families/representatives are identified and responded to in line with Right 1 (Right to be Treated with Respect) of the Code.
1.5	Services must comply with The Code of Health and Disability Services Consumers' Rights	
Number	Reference	Criteria
1.5.1	AHS - 1.1.1	The Code of Health and Disability Services Consumers' Rights (the Code) and current consumer rights entitlements are made known, and/or made available to the consumer in a suitable format.
1.5.2	AHS - 1.1.3	Consumer informed consent is obtained in line with the requirements of Right 5 (Right to Effective Communication), Right 6 (Right to be Fully Informed) and Right 7 (Right to Make an Informed Choice and Give Informed Consent) of the code. The process of consent needs to be carried out in a manner consistent with any unique individual needs, values and beliefs.
1.5.3	AHS – 1.1.6	The personal privacy and dignity of the consumer is respected in line with Right 1 (Right to be Treated with Respect), Right 2 (Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation) and Right 3 (Right to Dignity and Independence) of the Code.
1.5.4	ACC – 27.4	Interpreting services Where Clients require interpreting or translating services to communicate adequately with service providers, you will ensure that such services are supplied without additional cost to the Client.

2. Organisational Quality and Risk Management Standards

2.1 Quality and risk management standards		
Number	Reference	Criteria
2.1.1	AHS - 2.4.2	The quality of risk management systems has commitment and participation by management and service providers and enables consumer participation wherever appropriate.
2.1.2	ACC – 27.2 (a), (b), (i) AHS – 2.4.9	Have in place, and follow, written protocols, procedures and policies for managing the Services. The document will include written procedures on the following: <ul style="list-style-type: none"> receiving and responding to complaints A clearly documented process for the identification and management of consumer complaints is implemented to comply with Right 10 (Right to Complain) of the Code.
2.1.3	ACC - 27.2 (a), (b), (ii)	Have in place, and follow, written protocols, procedures and policies for managing the Services. The document will include written procedures on the following: <ul style="list-style-type: none"> systems to measure customer satisfaction with the Services
2.1.4	ACC - 27.2 (a), (b), (iii to vii)) AHS – 2.2.3	Have in place, and follow, written protocols, procedures and policies for managing the Services. The document will include written procedures on the following: <ul style="list-style-type: none"> collecting and storing information, and keeping it private roles and responsibilities of those providing the Services culturally appropriate practices rights and responsibilities of Clients complying with relevant legislation, regulations, ethical standards and clinical protocols.
2.1.5	ACC - 27.2 (b)	Have in place, and follow, written protocols, procedures and policies for managing the Services. <ul style="list-style-type: none"> This document needs to be kept up to date and made readily available for staff to read.
2.1.6	AHS - 2.1.4	There is evidence that there are systems in place to facilitate the delivery of co-ordinated services.
2.1.7	AHS - 2.4.1	Relevant professional and clinical standards are identified, implemented and monitored to meet current accepted good practice and satisfy relevant legislative requirements in the applicable service or setting.
2.1.8	AHS - 2.4.3	There are performance indicators that are monitored for selected activities.
2.1.9	AHS - 2.4.6	All incidents, accidents or untoward events are systematically recorded, responded to and reviewed and there is documented

		evidence of improvements made with the aim of preventing further such occurrences.
2.1.10	AHS – 2.5.1	The organisation ensuring that all advertising and marketing communication is presented in a consistent and accurate manner and in compliance with the requirements of relevant legislation and professional guidelines.
2.2	Entry and Services	
Number	Reference	Criteria
2.2.1	AHS - 3.1.3	Access to the service is timely and takes into account the nature and urgency of the consumer's needs.
2.2.2	AHS - 3.1.5	Service providers conducting the pre-entry criteria screening are suitably qualified/skilled or experienced to perform this function.
2.2.3	AHS - 3.1.6	Services offered to consumers are appropriate to the consumers' needs, the facilities available and the skill base of the service providers.
2.2.4	AHS - 3.2.1	Consumers for whom entry to the service has been declined are informed of the reason for this.
2.2.5	AHS - 3.2.2	Consumers are informed of other reasonable options or alternative services.
2.2.6	AHS - 3.2.3	Where a potential consumer is declined entry to the service, this is recorded, and the referrer/primary provider informed (where applicable). Where this information is required for statistical purposes, it is conveyed to the appropriate authority or agency.
2.3	Facility and Equipment	
Number	Reference	Criteria
2.3.1	ACC – 27.3 (a)	You will make sure that: <ul style="list-style-type: none"> All facilities used to provide Services are accessible to people with disabilities. If a Client is unable to access your facility, you will tell ACC and negotiate with ACC (including about any additional travel costs) to arrange an alternative location at no additional cost to the Client.
2.3.2	ACC 27.3 (b) AHS – 6.3.1	Service providers provide the Services from safe, well-maintained, hygienic facilities that are suitably designed and equipped for the Services Services are provided in facilities that are private, safe and suitable for the purpose of the intervention/treatment/procedure being carried out.
2.3.3	AHS - 6.3.4	The environment provides sufficient space for the safe transfer of consumers and personnel from one part of the facility to another.

2.3.4	AHS - 6.3.6	There is clear signage.
2.3.5	AHS - 6.3.7	All procedure areas have sufficient lighting and ventilation to facilitate intervention, treatment and examination procedures
2.3.6	AHS - 6.3.8	There is provision of emergency lighting and/or back-up power where appropriate.
2.3.7	AHS - 6.4.1	Documented maintenance systems ensure all buildings are maintained to standards where these exist, or to the manufacturers' specifications where a standard does not exist.
2.3.8	AHS - 6.4.2	The requirements of the Building Act are met and the facility has a current Building Warrant of Fitness (where applicable).
2.3.9	ACC – 27.3 (c) AHS - 6.4.3	All equipment used in the Services is safe and maintained to comply with safety and use standards. All plant and equipment complies with legislation, regulation and the appropriate standards; documented maintenance management systems ensure all plant and equipment is maintained in reliable and safe working order, to standards where these exist, or to the manufacturer's specifications where a standard does not exist.
2.3.10	AHS - 6.4.4	There is a maintenance schedule for the checking of electrical and electronic equipment, its servicing and calibration where applicable; so that the facility demonstrates compliance with relevant electrical standards.
2.3.11	AHS - 6.4.5	All patient areas, where electricity is used in a location in which an applied part is connected to equipment (or part of equipment) for consumer/patient diagnosis, treatment or monitoring, meeting the minimum requirements of body protected areas and protection against electric shock is in accordance with the general requirements of AS/NZS 3003 and tested in accordance with NZS 3003.1 at the intervals specified.
2.3.12	AHS - 6.5.1	Policies and procedures are in place for the regular and incidental cleaning of the facility to ensure a clean environment.
2.3.13	AHS - 6.5.3	Appropriate and safe storage and use of cleaning agents is adhered to in line with the manufacturer's recommendations.
2.4	Infection Control	
Number	Reference	Criteria
2.4.1	AHS - 5.5.1	Policies and procedures minimize the risk of infection to consumers, visitors, service providers and communities.
2.4.2	AHS - 5.5.4	Relevant and current infection control education, training and information is available (where applicable).

2.4.3	AHS - 6.3.2	Each procedure area has ready access to hand hygiene facilities to minimize the risk of cross-contamination.
2.4.4	AHS - 5.5.2	Where the sterilisation of reusable medical and surgical instruments, textiles or linen and equipment <u>is conducted in-house</u> , policies and procedures are implemented to protect consumer safety and minimise the risk of healthcare acquired infection.

3. Personnel and Human Resource Management

3.1	Make sure your personnel meet the required standard	
Number	Reference	Criteria
3.1.1	AHS - 2.2.1	The organisation is managed by a person(s) who has/have knowledge of, and responsibility for, the service's goals, objectives and agreed outcomes.
3.1.2	ACC – 8.6	You must make sure that your service providers have the necessary skills, experience, training and resources to successfully deliver the Services. This includes any specific qualifications, skills, experience, training and resources specified in a Service Schedule and the standards in clause 8.1.
3.1.3	ACC – 8.7	You must make sure that all service providers who are registered health professionals or treatment providers meet the requirements of their registration body under the Health Practitioners Competence Assurance Act 2003, including meeting all clinical competence, cultural competence, and ethical conduct standards set by the registration body. <ul style="list-style-type: none"> You must advise us promptly if a service provider is subject to any practising restrictions imposed by their registration professional body and keep us informed of any changes to those restrictions.
3.1.4	ACC (AH SS –7.1.1-7.1.1.2) AHS – 2.3.5	Hold a current Annual Practising Certificate issued by the relevant registration body (Physiotherapy Board of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand) Hold a current membership issued by the relevant professional association (Physiotherapy New Zealand, Hand Therapy New Zealand, Podiatry New Zealand) Annual practising certificates (where applicable), and any notifications regarding the practitioner's scope of practise (or other equivalent documentation such as competency certificates) and professional association membership are sighted annually by the manager (or person with delegated authority) and copies are easily accessible
3.1.5	AHS - 2.3.11	Policies and procedures are available for non-registered service providers working under the supervision of a registered and/or

		appropriately qualified practitioner to clearly identify the extent, limitations, requirement for supervision, and responsibilities of the roles.
3.1.6	ACC ((AH SS 7.1.2.2) ACC - Operational Guidelines 22 ACC- Position statement	<p>The Supplier may allow students studying towards a Bachelor of Health Sciences in Physiotherapy or Occupational Therapy or Podiatry, a Bachelor of Physiotherapy, or a Bachelor of Occupational Therapy to provide treatment to Clients where the student is directly supervised by the Service Provider.</p> <p>Direct supervision means a Service Provider entitled to provide Services under this Service Schedule is overseeing and, where appropriate, instructing the student. The Service Provider must retain full responsibility for the treatment being provided.</p>
<p>Note:</p> <p>3.1.5 Non-registered service providers are not permitted to work as hand therapists under the Allied Health Services contract.</p>		
3.2	Clinical Governance	
Number	Reference	Criteria
3.2.1	ACC (AH SS 13.1)	The Supplier will appoint a Clinical Director who is named and ensure that the Clinical Director is always in place.
3.2.2	ACC (AH SS – 13.2)	The named Clinical Director will have a minimum of 5 years of experience in the area of clinical practice and a minimum of a post graduate certificate in an area relevant to the clinic’s practice, or for Hand Therapists the Clinical Director with have a minimum of 5 years of experience as a registered Hand Therapist and will hold current registration as a Hand Therapist.
3.2.3	ACC (AH SS – 13.4(13.4.1 to 13.4.4)	<p>The Clinical Director will:</p> <ul style="list-style-type: none"> • Conduct internal audits of the quality of clinical record keeping against the requirements / outlined in the relevant Service standards, code of ethics and practice thresholds; and • Provide clinical oversight, assist with diagnosis, establishment of causation and treatment / planning where required for Service Providers providing Services under this Service Schedule. • Check the clinical records and provide a clinical review in accordance with AH SS, Part B, clause 13.10 prior to the 16th consultation for each client. This review will include a review of the diagnosis, treatment plan and opinion regarding causation. Documentation of the review is required in accordance with the template outlined in the AH SS operational guidelines and will form a part of the client's comprehensive clinical record. • Ensure that all Service Providers are competent, appropriately experienced, trained and qualified to provide the relevant services;

3.2.4	ACC (AH SS 13.4.6) AHS - 2.3.6	Ensure that ACC specific induction and orientation is provided to all staff at the Supplier's Clinic before they commence independent practice or - in the case of administration staff - before they work unsupervised. An orientation and induction process is implemented to ensure that new service providers are familiar with the essential processes of the service.
3.2.5	ACC (AH SS 13.4.7 to 13.4.9)	Induct and assess each Service Provider on the quality and safety of their practice Ensure that all Service Providers have read the ACC Partnership Agreement and a signed copy of the declaration is kept on file at the clinic Ensure that in-service training requirements are undertaken by all Service Providers and administrative staff as they are made available by ACC,
3.2.6	ACC (AH SS 13.4.10)	Work with ACC to resolve any clinical performance concerns that are identified
3.2.7	AHS - 2.4.8	The standard of clinical care is monitored to ensure that it reflects current accepted good practice.

4. Information Management and Keeping Clinical Records

4.1	How information will be managed and monitored	
Number	Reference	Criteria
4.1.1	ACC – 12.1 ACC- 12.4 ACC- 12.5	You must: <ul style="list-style-type: none"> • keep and maintain records using prudent business practice and according to all applicable laws • make sure the records are easy to access, and • keep the records safe. • You must make your Records available to us during the term of the Contract and for 10 years after the end date (unless you have already provided them to us). • You must make sure that records provided by ACC or created for ACC, are securely managed. When records are disposed of, you must make sure they are securely destroyed.
4.1.2	AHS - 5.2.1	The information detail required in the consumer records is identified relevant to the service type and setting.
4.1.3	AHS - 3.1.2	There is a documented consumer registration process.
4.1.4	AHS - 3.1.1	Information is available to referrers, self-referring consumers and other agencies about the service, the range and extent of service offered,

		how to contact the service, the hours of operation, how to contact after-hours services, and expected cost to the consumer.
4.1.5	AHS - 5.2.4	Monitoring of health records is undertaken to regularly audit an appropriate sample of health records to determine service compliance with NZS 8153 <i>Health records</i> ; or there is an audit of any stated organisational guidelines (where these are available).
4.1.6	AHS - 5.2.6	Systems are in place to store, maintain, track, retrieve and transport current and archived consumer records when they are removed from the main record management area: so that the exact location of all health records is known at all times.
4.1.7	AHS - 5.2.7	Systems are in place to enable the recall of consumers when conditions require monitoring or when the diagnosis is in doubt.
4.2	Keeping Clinical Records and evidence of service provision	
Number	Reference	Criteria
4.2.1	ACC – 12.6	<p>You must ensure that, where clinical records are required, you maintain clinical records that are clear and accurate. Your clinical records must: meet the relevant professional standards for clinical record keeping regarding:</p> <ul style="list-style-type: none"> • assessment • Client discussion • care, treatment and medications provided • effectiveness of care or treatment • evidence of informed consent <p>Telehealth: This includes services delivered by Telehealth where clinically appropriate.</p>
4.2.2	AHS - 4.2.1	The needs, goals and desired outcomes of consumers are identified through a relevant assessment process and are documented to serve as the basis for service delivery planning.
4.2.3	ACC – 12.6 (b) (c)	<p>Clinical records are</p> <ul style="list-style-type: none"> • dated and signed and clearly attributable to the Service provider • contain the ACC45 number and the National Health Index (NHI) number (if relevant).
4.2.4	AHS - 5.2.3	All records are legible, and the name and designation of the service provider is identifiable at each entry.
4.2.5	ACC (AH SS 7.1.3.1 - 7.1.3.2)	<p>Physiotherapy, Hand Therapy and Podiatry Services provided under this Service Schedule will include:</p> <p>(a) Arranging any necessary appointments with the Client; and</p>

		(b) An Initial Consultation (including initial offsite consultation for physiotherapists) which meets the requirements stated in AH SS Part B, clause 7.1.3.2.
4.2.6	AHS - 4.3.1	Service delivery plans are individualised and updated in response to the consumers' status and changing needs.
4.2.7	AHS - 4.3.2	Service delivery plans describe the agreed goals, interventions, education, equipment and support to achieve the desired outcomes.
4.2.8	ACC (AH SS 7.1.3.3)	<p>Providing follow-up consultations in accordance with the treatment plan developed at the Initial Consultation. This includes:</p> <ul style="list-style-type: none"> • Ensuring that there is clinical evidence that the treatment directly relates to the covered Personal Injury • Referring the Client to other services where clinically necessary and appropriate, including seeking ACC's prior approval for such referrals if prior approval is required; and • When applicable, submitting a Request for Prior Approval of Further Treatment form (as published on the ACC website) for treatment beyond the applicable Treatment Limit; and • Documentation of clinical records. • recording outcomes from treatment delivered using an evidence-based outcome measure; and • Provision and fitting of an Orthosis (including a trial fitting, where applicable) • Education of the client in the use and care of the Orthosis • Reviewing the fit and function of a previously supplied Orthosis <p>Representing the most cost effective solution to meet the identified injury related need</p>
4.2.9	AHS - 4.3.3	Where applicable, the service provider demonstrates that there has been integration of the plan with other appropriate service providers.
4.2.10	AHS - 4.4.1	The interventions/treatment/procedures are implemented safely and effectively.
4.2.11	AHS - 4.4.3	The service provider facilitates consumers having access to, or referral to, other providers or agencies as appropriate (this may include, but is not limited to, health, social, education and vocational providers or agencies).
4.2.12	AHS - 4.4.5	Appropriate post-intervention/treatment/procedure support is provided.
4.2.13	AHS - 4.5.1	Evaluations are conducted at a frequency that enables regular monitoring of progress towards achievement of agreed goals or outcomes.

4.2.14	AHS - 4.5.2	The service provider demonstrates responsiveness to the changing needs of the consumer and initiates change to the plan and interventions as necessary.
4.2.15	AHS - 4.5.3	The organization has documented guidelines for when a second option is sought by the consumer, service provider or funder.
4.2.16	AHS - 4.6.1	The service provider facilitates a planned exit, discharge or transfer of consumers which is documented, communicated and effectively implemented, and is in alignment with consumer goals.
4.2.17	ACC (AH SS 7.1.3.3.2.)	Collection and reporting of client outcomes. Recording outcomes from treatment delivered using evidence based outcome measures in accordance with the Allied Health Services Operational Guidelines published on the ACC website,
4.2.18	ACC (AH SS – 11.6)	The Supplier will ensure that all clinical records are completed on a practice management software system.