Submission to Chiropractic board of Australia (CBA)

Attention Chair:

I have considerable concerns with this document and will list many of these in the approximate order they are presented in the paper.

1. The Introduction states:

The National Law includes a requirement for national boards to ensure there is wideranging consultation on proposed registration standards, codes and guidelines.

When has this been done in this short time frame? I suggest not.

2. further to this:

40. Consultation about registration standards, codes and guidelines

(1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wideranging consultation about its content.

(2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.

Is this not a contradiction? The Board must have consultation, but if it fails to do so that's OK?
This should be changed so there is sufficient consultation with the profession before additions/amendments are adopted.

3. Regard to # 5 (n) re: unacceptatable advertising

n). contain price information that is inexact or fails to specify any conditions or variables to an advertised price (see Section 6.5 Advertising of price information), or offers time-limited discounts or inducements

What's the issue with time limited discounts. Our National Private health Insurance providers do this all the time?
This should be removed.

4. Re: **8. Consequences of breach of advertising requirements**

In determining whether an advertisement is misleading, or whether it creates an unreasonable expectation of beneficial treatment or encourages directly or indirectly the indiscriminate or unnecessary use of regulated

> health services or medicines, the boards will consider the overall impression of the advertisement and the likely impact the advertisement may have on a member of the public.
>
> National boards cannot give legal advice or opinion and cannot 'vet' or pre-approve advertisements for compliance with these guidelines.

Why can't the board pre-approve ads? Once a complaint is made they can make a decision if it's appropriate or not, yet not take a proactive approach ahead of time?

Does this provide the "guidance" to health practitioners stated in the Introduction?

The board should have the capacity to approve ads.

5. under Code of Conduct for Health Practitioners, section 9.2 Practitioner health

> Good practice involves:
> a). attending a general practitioner or other appropriate practitioner to meet health needs

and

> c). understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases

I have the same rights as patients in deciding when, with whom and if I want or need any care.

These clauses should be removed.

6. Re: Code of Professional Practice for Chiropractors in Australia

Much of this section displays an overly regulatory, duplicated and demeaning tone. Most of this is already covered in the Code of conduct for health practitioners.

Have any of the other Registered professions set to "inflict" a separate series of practice guidelines?

If not, why has the CBA decided to do so?

Examples

-Fees under 1.3 Informed Consent

• An explanation of the treatment recommended, it's likely duration, expected benefits and cost should be communicated to the patient.

Yet at section 1.6- Fees

*Financial and management plans should not extend beyond 3 months at any time.

Over the past 32 years I have seen a majority of patients who have taken a long time to change their health (not just symptomatic expressions) to a higher state of function.

Sure we can start with an initial 3 month prognosis but if in my clinical experience I know it will take longer I have a "duty" to correctly inform these patients about the duration.

Has this been put here because of a few complaints that do not reflect the profession as a whole?

There should not be an initial three month restriction of financial or management plans. It should be deleted.

- section 2.4.3

practitioners must ensure that consumer records contain the following:

• the health consumer's response to the care, both subjective and objective on each occasion;

I totally agree on the need for good records, but health changes take time and the experience I have had in chasing symptoms each visit if that patient is on a frequent care program does not indicate true progress.

What was done and any significant change needs to be recorded.
This is unnecessary paperwork and should be removed.

- Section 2.6 Xray

Red Flags are a definite indication for xray, but I would contend so is a "chiropractic evaluation" especially for those practitioners who use that as a guide to appropriate adjustment protocol.

For use of follow-up xray to determine structural or bio-mechanical change, these restrictions are not warranted.

- Care of Children

I object to the Board's approach to the seemingly only symptomatic treatment of children.

Is regular chiropractic care good? I thought so, but this document wishes to put us in the medical symptom model of treatment.

We live in a toxic environment, if chiropractic can help us adapt before we get symptoms it is our obligation to health consumers to offer it and allow them to choose.

It should be removed.

- section 5.2 Provision of care to health consumers who are at risk

  • practitioners ensure that all staff have undertaken a basic training course in suicide intervention skills or appropriate interventions for the particular type of risk;

How is this to be accomplished? This is not appropriate.

Again I ask if the other registered professions have not imposed guidelines on their members, why has the CBA?

This submission is made with the clear intent of concern for many of the oppressive restrictions contained in this Code for Chiropractors.

The Code of Professional Practice for Chiropractors in Australia is repetitive, unnecessary and should be deleted.

Respectfully sent for consideration,

Daniel Kostur, D.C.