Objection to Proposed National Guidelines for Chiro

Ben Schutte to natboards

Cc: Michael Badham, chiroboard, Ierano Joseph, Don Mcdowell, Martin Schutte, sharonwil, Sharon Williams, Joshua Shea

Follow Up: Normal Priority.

History: This message has been replied to.

5/4/10

Dear Chiropractic Board of Australia,

I am bitterly disappointed that that you have made such a pointed emphasis on making sure that the standards for Chiropractors must be that more stingent than those of other primary health care practitioners.

I do not agree that ACT chiropractors have been involved in wide ranging consultation about these guidelines. I have heard nothing from our local state board.

The new National Board released the draft guidelines for consultation with a three week opportunity for submissions.

This is not acceptable for "wide-ranging consultation"

General Comments

No other National Professional Board has seen fit to include such broad-ranging restrictions and defining guidelines on their specific professions as has the Chiropractors Board of Australia

Every other National Board has left their professions open to regulation under the terms of the cross professional code of conduct which are fair and general .

Rather than providing the National Board with a broad brush to guide the profession such proscriptive guidelines restrict its ability to deal with emerging problems and it will find itself caught up in the merry-go-round of adding more and more restrictions to try to catch up with the emerging complaint trends.

The Chiropractors Board of Australia should have the confidence in its complaints handling mechanisms and procedures to deal with emerging trends by intelligent use of the cross - professional code. This can be kept up to date by the extensive use of peer reviewers in the complaints handling process.

The inclusion of this proscriptive device reflects an immaturity and lack of confidence in its own procedures .

The Chiropractors Board of Australia appears to have relied heavily on pre-existing guidelines that were developed in an attempt to control historical local complaint trends.

It is unreasonable for the Chiropractors Board of Australia to inflict punitive guidelines on the entire profession assuming that they need "further guidance"

According to Dr Peter Cowie (chiropractor), NSW with over 1400 chiropractors, a simple code of conduct in a similar vein to the cross – professional code has sufficed to guide the profession to a very low number of complaints for over thirty years.

The complaints handling procedures in NSW begin with talks to students, talks to the profession at association meetings, items in the bulletin about matters that have arisen and the provision of advice and recommendations to chiropractors who have been found to have developed management procedures that have caused a complaint.

The National Draft guidelines have been adopted from those developed defensively in specific jurisdictions to attempt to stop the particular activities of a small number of individuals in those jurisdictions at a particular time.

Duplication of items.

There is marked duplication between this document and the cross professional code.

The chiropractic specific code should not duplicate in different words the cross professional code.

It is confusing and unnecessary.

Will the National Board prosecute under the wording of the cross professional or chiropractic code?

It would appear that the cross – professional code and the guidelines for chiropractors have been developed independently and without comprehensive consultation. The team responsible needs to thoroughly examine the cross – professional code and consider whether this level of duplication is consistent with a document developed at this level.

Demeaning tone

The tone of the cross-professional code is positive, encouraging and inspiring.

The general tone of the draft chiropractic guidelines is demeaning to the profession and oppressive.

It appears to assume poor conduct by chiropractors thus necessitating proscriptive directions in all areas of practice.

No other National Board has taken this blatant and disrespectful attitude to their respective professions.

Examples:

Practitioners should not tout

The participant needs to be advised that it is not a comprehensive examination.

Any information provided to a participant at an assessment of this nature must be scientifically and clinically relevant and should not in any way engender fear, or be designed to engender fear.

During the conduct of spinal screenings no attempt should be made to use equipment and/or procedures that do not constitute an integral part of the routine practice; or engender fear in the mind of the participant; or

of the chiropractor.

No attempt should be made to deliberately create a false outcome

Practitioners should avoid promoting consumer dependency, somatisation, illness behaviour or secondary gain.

Practitioners should be aware that 'screening' for health problems may be associated with harms such as false positives which may generate anxiety and unnecessary treatment

Practitioners must formulate a clinical impression/ diagnosis for each consumer. This should be made upon the presentation of any new condition or symptoms; and amended during the plan of care as necessary. A clinical impression /diagnosis is derived from the information obtained in the clinical interaction, history, examination , imaging and other reports/tests and must be recorded in the consumer's clinical record.

The findings of diagnostic tools/ tests should not be used in marketing and advertising, as members of the public may be misled as to the value of those findings in relation to their own situation.

Practitioners should be aware of the validity and reliability of the tools, tests and procedures they use and they should not misrepresent the findings of any test or assessment tool as to their clinical value or significance.

A practitioner must not change a health record to deceive anyone and any changes to records should be initialed and changes should be made in such a way as to make the previous entry visible;

Records should not contain comments that are derogatory or emotive;

A practitioner must not issue or sign a certificate that is backdated or misrepresents a fact.

Covered elsewhere

Many inclusions in the draft code are repetitions of requirements found in other legislation and therefore should not be incorporated in this document. For example: OH&S & Reporting Child Abuse

If the National Board is going to incorporate all legislation affecting chiropractors where does it stop?

Is it going to include you must not speed, you must not murder etc?

Specific Problems

1.1 Patient rights

These points are comprehensively covered in the cross professional code, their repetition here using different words is unnecessary and confusing

1.2,3 Consent

Consent is adequately covered in the Cross - professional code

1.4 Refusal to provide care and discontinuation

This is a duplication and unnecessary expansion of a single paragraph in the Cross - professional code (3.13) The points included in the expansion are just common sense and so many words just confuses it

1.5 Confidentiality and Privacy

Unnecessary duplication again; Covered in the Cross - professional code and National privacy legislation

1.6 Fees

Financial dealings are generally covered in 8.12 of the Code of professional practice for chiropractors in Australia however this code to great lengths to outline specifics again based on a small number of previous complaints relative to the profession as a whole. No other National Board has sought to impose such detail on its profession. No other profession has attempted to oppressively restrict the activities of its professionals relying solely on the Cross - professional code.

The area of management plans is comprehensively covered in the Cross - professional code Section 2.2 Good Care.

Many items are reworded and unnecessary duplications

For example:

The chiropractic specific code: *1.6.6 There should be no delay in the provision of treatment other than for valid clinical reasons.*

The cross - professional code: *2.2.i) Good Practice involves taking steps to alleviate the symptoms and distress of patients or clients, whether or not a cure is possible*

By imposing specific conditions on care plans the National Board is being left open to future trends by offending chiropractors that are not covered in the guidelines.

It would be far better to rely on the cross - professional code and use discretion and peer evidence to deal with new trends. See 2.2 n) of the Cross - professional code: *practising in accordance with the current and*

accepted evidence base of the health profession, including clinical outcomes.

Restricting care, management and fee plans is in contravention to Section 2 of the Cross - professional code where a professional may be able to give accurate recommendations based on his or her assessment and clinical experience See 2.2 b) *formulating and implementing a suitable management plan (including providing treatment and advice*

1.7 Professional Boundaries

Professional boundaries are adequately covered in the Cross-professional code.

All of the specifics mentioned can be extrapolated from the Cross-professional code.

Once again this part of the code has been developed to cover specific previous misconduct but cannot cover all historic cases. Eg. a practitioner must not disclose his sexual fantasies but this code does not include the specifics of him touching a patient inside underclothes, exposing himself in public or relating his dreams. It would be far better to leave it to the generalities included in the Cross-professional code and leave the prosecution up to strong complaints handling systems

1.8 Provision of Certificates

Duplication

Just different words for no useful purpose

2.1 CPD

Duplication where it is not required, it exists correctly in another document.

2.2 Responsibilities of the practitioner

Unnecessary Duplication, it's covered comprehensively in Section 2 and 3 of the C-PC

2.2.2 How are innovations going to be developed if they have to be approved by the profession?

This is just an attempt to stifle the profession in an attempt to worship at the evidence-based altar

2.3 Advertising

Covered well in the general section of the document

This sort of inclusion is the sort of area that can be better enforced through the education of the profession in newsletters, bulletins, seminars and articles in the journals of professional associations.

An item that has been created for the purpose of attempting to stop an historical localised complaint trend does not belong here.

2.4 Health Records

More knit-picking duplication and common sense that is not necessary here

8.4 covers it comprehensively and without the innuendo that chiropractors are not accurate, legible writers, write derogatory comments, neglect to write records, alter records to deceive etc. etc.

These are all common sense professional issues and by including them it appears that the National Board has a serious contempt for the profession

No other National Board has attempted to denigrate their profession in such a demeaning way

2.5 Names and titles

2.5.2 is pure duplication

2.5.4 is included under the advertising sections of the C-PC

The rest is probably unnecessary

2.6 Radiology

More demeaning guidelines that assume that the profession is out to rip off the consumer

If the National Board is going to adopt guidelines for radiology/ radiography it should adopt guidelines that have substantial professional input and broad acceptance around the world rather than a series of guidelines developed on the fly to combat specific local historical trends.

2.7 Diagnostic tools

Overly prescriptive, demeaning and restrictive to the wide spectrum of tools that chiropractors use to determine the best outcomes for their patients

2.8 Delegation of practice

Common sense and part of a professional's training.

This is probably best dealt with in regular communiqués with registrants.

2.9 Acupuncture

This section has no place in a document for the chiropractic profession.

2.10 Working with adults and children

Overly prescriptive and demeaning

The majority of procedures used in health professions have insufficient evidence of a gold standard nature.

The demeaning attitude present throughout the guidelines document is found here again.

Just because there were some complaints in a few jurisdictions about a few practitioners it is not necessary for the National Board to take a heavy handed approach to the entire profession across Australia

Needless to say NSW has managed to have just one complaint about the chiropractic management of children in the last 30 years despite not having anything more than a simple code. That case did not relate to frequency of care or financial issues.

NSW has around 40% of the Chiropractors in Australia. That 40% of the profession has managed to develop a low number of management complaints despite having a simple code.

Complaints handling procedures in NSW begin with talks to students, talks to the profession at association meetings, items in the bulletin about matters that have arisen and the provision of advice and recommendations to chiropractors who have been found to have developed management procedures that have caused a complaint

The items about pointing out the perceived shortcomings in chiropractors skills are unnecessary. None of the other National Boards seem to need to do that.

The lack of support for regular children's checks from current evidence is not sufficient to have such an oppressive statement in the guidelines. ***Parents actually ask for their children to be assessed. Are we to deny their request?***

There is not much evidence for most of what is performed across all health professions so chiropractors should not feel guilty about this.

The National Board should project the confidence in a profession that is gradually building its research base.

There is no evidence that they don't have a benefit.

No other profession restricts its members in such an oppressive manner by suggesting that something is "Not recommended"

This should be a guideline for practice, not about non - practice

2.11 and 2.13 Recency and CPD

Irrelevant in this code, found elsewhere

3.1 Standards of premises

These items are all common sense and therefore irrelevant in a

document of this nature.

How does the National Board justify this as an area of guidance that the profession needs?

3.2 Equipment

Common sense and, therefore, not necessary

3.3 OH&S

Covered in other legislation

Section 4

All duplicated elsewhere

5.1 Spinal Screening

Another example of the pervasive demeaning attitude that the National Board has towards the profession.

It is hard to imagine the Medical Board stating that you can do it but there isn't any evidence for it.

Chiropractors are presumed to be touting for business, create false outcomes, engender fear and promise cures and therefore need board guidance not to.

It is heavy handed, unnecessary and reflects the experience of poor

complaints handling procedures and poor communication with the profession.

5.2 Consumers at risk

Common sense

How can chiropractors ensure that all staff is trained in suicide prevention?

This is an unreasonable burden!

Other professions do not have this requirement, what justification does the NCB have for inflicting this requirement on chiropractors?

Is this to be a mandatory requirement like a first aid course?

Totally unreasonable

5.3 Reporting Child abuse

Statutory requirement therefore not necessary in this document

Recommendation

That the National Chiropractors Board removes the Code of professional Practice for Chiropractors in Australia from consideration.

It is not mandatory under Part 5, Division 3 nor has the National Board ensured that there is wide-ranging consultation about its content as it is required to do under Section 40

It is respectfully submitted that the National Board concentrate on developing robust complaints handling procedures that begin with positive education of the profession and utilise strong peer review components to address any trends in conduct that may develop in the future.

Those procedures should include:

- Talks to chiropractic students before they become registered about professional practice and the nature of complaints.

- Talks to the profession at association meetings.

- Regular written communication with the profession about matters that have arisen and the board's current attitude to such matters. For example: a chiropractor has a complaint made about a care plan suggesting eighty visits for a six month old child. The Board provides advice and recommendations to the chiropractor that under section **1.2 Professional values and qualities** of the Professional Code of Conduct the Board considers that that the care plan is viewed as excessive and unjustifiable. It includes an article to that effect in the next regular communiqué to the profession.
- The provision of advice and recommendations to chiropractors who have been found to have developed management procedures that have caused a complaint.

Most of these comments come from Dr Peter Cowie. I endorse them all.

Dr Ben Schutte (Chiropractor)