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CHAIR
Chiropractic Board of Australia

Re: Discussion Paper on the Draft Code of Professional Practice for Chiropractors in Australia

Dear Board Members,

I am writing to you to express an opinion regarding the draft Code of Professional Practice for Chiropractors in Australia.

The Draft Code of Professional Practice for Chiropractors in Australia is a thorough and very extensive document. And understandably, a great deal of work went into its formation.

It is appreciated that chiropractors are given the opportunity to input into the new Code of Professional Practice, since this will be governing chiropractors and chiropractic practices. Also appreciated are the extra few days to allow input into such an important document with respect to the board that have a very tight time frame to complete their objectives.

Yours in Chiropractic
Mira Sola

SUBMISSION: Draft Code of Professional Practice for Chiropractors in Australia

General Comments:

In the opinion of the writer, it is confusing when reading the two codes:
Code of Professional Practice for the Registered Health Practitioner and
Code of Professional Practice for Chiropractors in Australia.
Both of these Codes have very similar professional guidelines (including professional values and qualities, behaviour and boundaries; good care; working with patients and clients; confidentiality and privacy; informed consent and minimizing risk; working with people of all ages and differing needs; adverse events; working with other health practitioners; continuing professional development; certificates, health records and reports; advertising; insurance; practitioner health; and teaching and research).

The reason for the confusion is the repetition of the similar guidelines in both codes with different wording but still having the same basic meaning. This duplication is unnecessary.

Without a doubt chiropractors have a history of being treated as 'second class practitioners' by lets say, the powers that be. It may be perceived by the chiropractic profession that having these two codes to govern the chiropractic profession is because they are 'second class practitioners' and as such and that they are a huge problem to the public and therefore, need to be restrained by imposing the extra overly descriptive code of conduct.

Chiropractic professionals are without a doubt well educated and are a mix of people just the same as in all other health professions. Therefore the logical assumption would be that the public does not need to be protected from chiropractors more than from all the other health professionals.

It is noted that the Boards governing osteopathy and physiotherapy (and others) have only adopted the Code of Professional Practice for the Registered Health Practitioner without any additional codes. These two professions are distinct yet similar in the health field.

Looking at history of chiropractic in the health system proves that chiropractic is no more dangerous and unethical to the public compared to all other health professionals.

Specific comments:

Guidelines for advertising of regulated health services:

Chiropractic has been restricted to private practice and as such relies on advertising to be able to inform the public about this health service.

These guidelines are aimed at supporting and adding to the provisions of the National Law together with, Commonwealth and State Trading Laws, as well as, Therapeutic Goods Legislation. These broad guidelines may not be totally suitable for the chiropractic profession.

5. What is unacceptable advertising?
o)

- *That a practitioner provides superior services to those provided by other practitioners.*

This passage needs clarification because different services are what makes the different practitioners. And the different practitioners are better at their service than another but not at the same service.
Therefore, it should read: That one practitioner is not superior to another practitioner.

- *That the services can be a substitute for public health vaccination or immunization.*

This passage should be omitted since it belongs in the medicinal practices and not with chiropractic.

6. Use of warning statement for surgical or invasive procedures
7.2 Advertising of scheduled medicines
7.4 Advertisements for analgesics for internal use
7.5 Advertisements for schedule 3 medicines
7.6 Use of repeat authorization
7.7 Other Pharmacy board specific requirements
These sections are irrelevant to chiropractic and should be omitted.

Code of Professional Practice for the Registered Health Practitioner:

5. Working within the health care system
5.1 Introduction
Practitioners have a responsibility to contribute to the effectiveness and efficiency of the health care system.
The health care system comprises of both private practices, government clinics and both private and government hospitals.
At present chiropractic is **e**xcluded from the government clinics and hospitals. Chiropractors are therefore unable to contribute to the effectiveness and efficiency of the health care system as a whole? Perhaps it is the role of the Chiropractic Board of Australia to ensure that Chiropractic is available to all patients in all government based settings so that the patient has the best available service for their needs.

5.2 Wise use of health care services
b) upholding the rights of patients or clients to gain access to the necessary level of health care and, whenever possible helping them.
c) supporting the transparent and equitable allocation of health care resources.
d) understanding that the use of resources can affect the access other patients or clients have to health care resources.
And again since chiropractors are excluded from the government clinics and hospitals it makes it impossible to help patients and their needs within the scope of chiropractic.

5.3 Health Advocacy
There are significant disparities in the health status of different groups in the Australian communities…Good practice involves using expertise and influence to protect and advance the health and wellbeing of individual patients or clients, communities and populations
Again how can chiropractors adhere to these basic guidelines when they are excluded from government clinics and hospitals and even the Flying Doctor Service.

Point 5 leads to question whether there are discriminatory factors or simple oversight by health authorities involved in the exclusion of chiropractic (a registered health profession) in government clinics and hospitals.

The Code of Professional Practice for the Registered Health Practitioner guidelines appear to have been written to service all health practitioners equally and yet as stated above, chiropractic services are not utilized to help patients or clients in government run facilities?

9. Ensuring practitioner health
g) consulting a doctor or other health practitioner as appropriate…
This phrase could be confusing when using titles such as *doctor* and therefore should be reworded as such: consulting a health practitioner as appropriate…

Code of Professional practice for chiropractors in Australia:

As per general comment these guidelines should be omitted due to duplication already existing in the Code of Professional Practice for the Registered Health Practitioner.

There are however, four points that differ in respect to the two codes and should be addressed and perhaps are the only extra guidelines that might be included in this code.
These are:
1.6 Fees
1.6.1 and 1.6.2 are general knowledge and do not warrant discussion.
1*.6.5 and 1.6.6* are common responsibilities to all chiropractors and part of the basic ethics code. And therefore does not need extra input here.
1.6.3 1.6.4 and 1.6.7 Keeping these sections in the code may be necessary but also may not be necessary. It should be investigated whether number of complaints at this date only in regard to these points. It may now be a part of history of complaints and therefore may not need to be included into this code.

2.6 Radiology/Radiography
2.6.2 The need for x rays is supported in cases where red flags…
2.6.3 The clinical indications for requiring x rays of children…
2.6.4 Routine x ray screening of consumers…
2.6.5 Where a radiation procedure…

This whole section should be deleted because every chiropractor has this knowledge and is at all times responsible for over radiation. If a chiropractor is suspected of over radiating patients then the board has grounds to caution or discipline the chiropractor under the National Act.

2.9 Acupuncture and Dry Needling

2.9.4 This last point is not necessary as the points above cover this material in local and state law compliance.

5.1 Spinal Postural Assessment and Public Place Marketing

5.1 The objective of these activities should be to promote the chiropractic profession by raising the public awareness of potential positive benefits.

The sentence says it all and the following sentence should be deleted.

These activities should be done in the full knowledge that there is no objective data to support the reliability and validity of screening for spinal disorders.

5.1.1 …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.

5.1.2 Practitioners should not tout for business…

These sentences should be deleted.

5.1.6

Second point: Deliberately create a false outcome of the screening.

Point three: Engender fear in the mind of the participant.

These two points should also be deleted.

The recommendation to delete these sentences from section 5.Spinal assessment is because it is common sense not to engender fear and tout for business etc. If a chiropractor does not abide by the positive aspects of spinal screening then they are unethical and the board should be able to counsel, warn and discipline the offending chiropractor under the National Act.