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

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Consultation:

On page 3, under the heading Introduction of the Consultation Paper on Codes and guidelines, the following is stated "The National Law includes a requirement for national boards to ensure there is wideranging (sic) consultation on proposed registration standards, codes and guidelines.

Wide-ranging consultation does not appear to have taken.

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

This is not acceptable for "wide-ranging consultation"

Codes and Guidelines:

Of the 10 registered health professions, The Chiropractic Board of Australia is the only one which has imposed "code of practice" guidelines in addition to the cross professional "Code of Conduct". The 1Medical Board of Australia and the Nursing & midwifery board of Australia had prior Codes of Conduct which they have adopted, instead of the cross professional "code of Conduct". This is mentioned on their websites.

Therefore, the other National Boards have left their professions open to regulation under the terms of the cross professional code of conduct which are fair and general.

In addition, there is marked unnecessary duplication between the "code of practice" and the cross professional "code of conduct"; For example: Informed consent and reporting child abuse.

In table 1, I have summarises information from the Codes and Guidelines document from the websites of the 10 health Registration boards which was found on the Australian Health Practitioner Regulation Agency (AHPRA) website. This table demonstrates what I have mentioned above, that The Chiropractic Board of Australia is the only one which has imposed "code of practice" guidelines in addition to the cross professional "Code of Conduct".

The unnecessary "code of practice" guidelines added by the Chiropractic Board of Australia (CBA) appear negative, and disrespectful towards the chiropractic profession. How many cases of professional misconduct from the registered Chiropractors throughout Australia have lead to the necessity by the CBA to impose such heavy practice restrictions on the entire profession?

Table 1: (Draft) Codes and Guidelines Contents:

Health Registration Board **(in order as appears on AHPRA website)**	**Guidelines on advertising** (same across all 10 registered professions)	**guidelines on Mandatory notification** (same across all 10 registered professions)	**Code of Conduct** (same across all 10 registered professions)	**Guidelines on CPD** (same across all 10 registered professions	**Code of practice (additional to code of conduct)**	**Other items unique to the Registered health profession**
Chiropractic Board of Australia	included	included	included	included	yes	
Dental Board of Australia	included	included	included	included	no	
Medical Board of Australia	included	included	No - (The Board has Decided to adopt **Good Medical Practice**)	NO mention	No	The Board has Decided to adopt **Good Medical Practice**: A Code of Conduct for Doctors In Australia, which Was developed Through an Extensive consultation Process by the Australian Medical Council on behalf Of State and Territory Medical Boards
Nursing & midwifery board of Australia	included	included	No Adopted: **(Australian Nursing and Midwifery Council Professional Standards)**	No	no	Australian Nursing and Midwifery Council Professional Standards
Optometry Board of Australia	included	included	included	included	no	(1)Guidelines on continuing professional development for endorsed and non-endorsed optometrists (2) Guidelines for use of scheduled medicines (3) Scheduled Medicines Advisory Committee terms of reference (3) Guidelines on

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						the prescription of ocular appliances
Osteopathy Board of Australia	included	included	included	included	no	
Pharmacy Board of Australia	included	included	included	included	no	
Physiotherapy Board of Australia	included	included	included	included	no	(1) guidelines on PI Insurance (2) Guidelines on recency of practice (3) Guidelines for supervision (4) Guidelines for use of medicines by physiotherapists
Podiatry Board of Australia	included	included	included	included	No	(1) Guidelines for podiatrists working with podiatric assistants in podiatry practice (2) Guidelines for podiatrists with blood-borne infections (3) Guidelines for infection control (4) Guidelines for endorsement for scheduled medicines (5) Guidelines for PI insurance
Psychology Board of Australia	included	included	included	included	NO	(1) Guidelines on area of practice endorsements (2) Guidelines on internship

Specific Problems with the "Code of Professional Practice" for Chiropractors in Australia

In its introduction, under paragraph 3, the board states that "The Code of Professional Practice for Chiropractors while predominantly addressing the profession-specific practice and performance aspects *does also include areas of conduct and ethics where the Board felt there needed to be further guidance for practitioners"*. Why did the board feel that "there needed further guidance for practitioners" by including an additional Code of Professional Practice for Chiropractors. This is demeaning to the chiropractic profession, and undermines the Code of conduct that the other health professions have adopted.

1.1 – 1.5

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

1.6 Fees

2.6 Radiology/Radiography

These guidelines are taking away the chiropractor's right to practice chiropractic as it has been taught and practiced successfully for over 100 years.

How can you tell an upper cervical specific chiropractor (e.g. Atlas orthogonal) that he/she cannot take an upper cervical specific x-ray because it doesn't fit the medical model for taking x-rays? How can you tell a Gonstead chiropractor that they cannot use the x-ray analysis along with their other diagnostic tools, to come up with the best possible care for their patient?

If the Board is going to adopt guidelines for radiology/ radiography it should adopt guidelines that have substantial professional input and broad acceptance around the world.

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.

2.10 Working with Adults and Children

This entire section is also demeaning and is painting the picture that chiropractors are out to "mislead their patients' as referred to by the CBA.

2.10.7 (Bullet point #2) "the frequency and duration of care for children, is usually less than that required for an adult".

What study was undertaken to show that? Or is this an assumption?. When formulating this section of the code, has the CBA considered a young child with cerebral palsy, CMT disease, and cerebral palsy combined with autistic spectrum disorder? They require ongoing care due to their poor neurological function. Most of the time, they require more care than adults, for a better quality life.

2.10.7 (Bullet point #3) "improvement of signs and symptoms in children usually occurs more quickly than for adults"

Again, is this an assumption by the CBA? Has the board considered all possible cases when formulating this statement? e.g. a child who is receiving chemotherapy for a brain tumor and not sleeping through the night. Do you expect that this child will respond quicker to chiropractic care than an adult because they are a child? Have you considered the ongoing chemical cause of their subluxation?

What wide-ranging chiropractic paediatric expertise was sought when formulating these guidelines?

Why would the CBA put in such limiting statements? Why not instead, trust the chiropractors will use their best clinical judgment to do the best for their patient.

2.10.7 (Bullet point #5) "frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current available evidence and is currently not recommended, except for assessing developmental milestones".

What evidence has the CBA sought for such a false statement?

What is the board's definition of "current available evidence"? Are we referring to double blind studies? Or are we referring to evidence based medicine?

What is evidence based on? **Sackett, D.L.** defines **Evidence Based Medicine** as the following: "Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice. Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. External clinical evidence both invalidates previously accepted diagnostic tests and treatments and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer." Source: **Sackett, D.L. et al. (1996) Evidence based medicine: what it is and what it isn't. BMJ 312 (7023), 13 January, 71-72)**

How can the CBA ignore clinical evidence that has been around for over 100 years? What literature search has the board undertaken in peer reviewed journals to see what actual evidence is out there? The statement by the board in its guidelines "**has not been supported by current available evidence and is currently not recommended"** should be removed because it's false, because the absence of symptoms does not mean the patient is healthy without problem.

As we know it, **health** is defined in **Dorland's medical dictionary** which is **endorsed by the world health organization (WHO)** as the following: " health (helth) a relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living. Current views of health and illness recognize health as more than the absence of disease. Realizing that humans are dynamic beings whose state of health can change from day to day or even from hour to hour, most authorities feel it is better to think of each person as being on a graduated scale or continuum ranging from obvious dire illness through the absence of evident disease to a state of optimal functioning in every aspect of one's life."

Chiropractic has never been nor will it ever be "about the treatment of symptoms". E.g. When a patient is examined, and let's say we are testing the neurological function of a muscle/myotome, and there is loss of function in the absence of symptoms (because the patient's pain threshold hasn't been reached); Does it mean the person is functioning at their full potential just because there is an absence of symptoms based on the CBA's statement above?. Ignoring a finding such as that will do the person harm and goes against our code of Conduct.

Babies are the same. There is countless research by the medical profession in Germany that shows an overwhelming majority of births create upper cervical subluxations. There aren't necessarily symptoms in the early stages, but as chiropractors our aim is to prevent that from occurring. Please do your homework before producing such false statements.

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Therefore, I strongly recommend that **2.10.7 (Bullet point #5) "frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current available evidence and is currently not recommended, except for assessing developmental milestones", BE REMOVED.**

2.10.7 (Bullet point #6) "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".

What evidence does the board have to show this is true? I wonder what would happen in clinical practice if the medical board of Australia, placed under their codes of practice that screening for hypertension "**may be associated with harms such as false positives which may generate anxiety and unnecessary treatment".**

I strongly advice that this be removed, there is no evidence, and its portraying chiropractors as out to cheat their patients. No other board has created such guidelines for its profession.

5.1 Spinal postural assessment and public place marketing

How many complaints have been received by the state chiropractic boards (prior to the formation of the CBA) on spinal screenings that warrants such proscriptive guidelines? Comments such as "Practitioners should not tout for business" (5.1.2) make chiropractors look like money hungry sales people. That is embarrassing for the profession, and if these guidelines are to be placed on the website for the public to access, it can set that bad image of chiropractors in the consumers mind.

5.2 Provision of care to Health Consumers who are at Risk

5.2.1 (bullet point #1) "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 can chiropractors ensure that all staff are trained in suicide prevention?

This is an unreasonable burden on the chiropractors.

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?

Recommendations

That the Chiropractic Board of Australia removes the Code of professional Practice for Chiropractors in Australia and adopts the cross professional "Code of Conduct for registered health professions".

The reasons for the above recommendation have been included throughout this document.

Regards,

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