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Wednesday, 12 January 2011

'Attention: Chair, Chiropractic Board of Australia'

Thank you for the opportunity to respond to the **Consultation paper on codes and guidelines.**

My response is offered from my position as C.O.O. of ICS Imaging. ICS Imaging is the largest single supplier of radiology services to the chiropractic profession. Not having chiropractic qualifications I will limit my comments to Section 2.6 of the consultation paper, being the section headed Radiology/Radiography.

Overview: It is our experience that chiropractic use of radiography is as varied as the many ideological positions of chiropractic practitioners. It is also our experience that chiropractic referrals for radiographic procedures are made following due consideration of clinical need and of benefit analysis. In fact a recurrent theme of chiropractic discussions with our service is the usual practice of radiology services performing views that are considered excess to the needs of the chiropractor. Another recurrent theme is the reluctance of radiology services to consistently perform radiographic examinations to the postural needs of referring chiropractors.

2.6.1: Fully support the inclusion of this section.

2.6.2: Respectfully suggest that the reference to "red flags" is overly restrictive to the clinical needs of chiropractors. A wide range of health care professionals have access to radiology services via referral and none of these have such narrow guidelines imposed. Yet health customers may equally access any of these same health care professions in search of their best health outcome. Many incidental findings significantly alter the management plan of health customers.

2.6.3: The paragraph suggests the limiting of clinical indications for radiographic examination in children, presumably to a sub-set of indications from section 2.6.2, yet some of the indications provided as example do not specifically appear in section 2.6.2. This would support a loosening of the restrictive nature of section 2.6.2.

2.6.4: Whilst supportive of discouraging "routine x-ray screening" of health customers, I find section 2.6.4 again to be overly prescriptive. Our experience is that clinical needs are adequately assessed by chiropractors at individual case level. In fact our data suggests that

fewer than 0.1% of health customers referred by a chiropractor to ICS Imaging have a second x-ray within 18 months. This is a very low ratio considering the capacity for changing health status over any 18 month period.

2.6.5: Fully support the inclusion of this section.

ICS Imaging will continue to work with chiropractors nationally to promote appropriate clinically based referral for radiographic examination of patients. ICS will also continue its work with chiropractors to promote the highest possible level of radiographic image standards for procedures conducted directly by chiropractors.

Thank you for your considered review of this submission.

Yours sincerely,

Ian Smalley

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C.O.O.
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