Dr Scott Charlton
BCom (U Qld, Brisbane)
LLB (Hons 1st Class) (U Qld, Brisbane)
BAppSci (Distinction) (RMITU, Melb)
MClinical Chiropractic (RMITU, Melb)
Vice President, Chiropractor's Association of Australia
Member, Chiropractic and Osteopathic College of Australasia
Associate Member, Royal Society of Medicine (London, UK)

7th April 2010

Dr Phillip Donato,

Chair, Chiropractic Board of Australia

Dear Dr Donato,

I write to express my concern at the proposed chiropractic board code and guidelines consultation paper.

Firstly, page three of this sixty-three page document says (in paragraph 2), "The National Law includes a requirement for national boards to ensure there is wide-ranging consultation on proposed registration standards, codes and guidelines". This has not happened. To allow a few weeks for the whole profession in Australia to find, process, digest and respond to this lengthy and important document is not acceptable. There are many issues that need to be examined and the short time frame is completely inadequate. This deadline arguably denies Chiropractors the chance to effectively respond and as such denies any chance of natural justice and procedural fairness. The guidelines should be adopted after a proper consultation process which now must postdate the official implementation of the board on July 1st this year. A tight timeline is no excuse, this needs to be done appropriately.

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com

Secondly, the general tone of the guidelines offends me as a Chiropractor. They are often almost accusatory, very negative and in places overly onerous, ridiculous or completely redundant. It appears as if the chiropractic board is attempting to adapt a hodgepodge of rules designed to deal with perceived individual past abuses heard by state registration boards. Many of the statements are covered under common law and common sense and are completely redundant. Examples include: 2.7.6 "The findings from a static sEMG... should not be misrepresented as to the their clinical value.." This is nonsensical. NOTHING should be misrepresented as to anything! 5.1.6 suggests during spinal screenings no attempt should be made to "deliberately create a false outcome of the screening; or engender fear in the mind of the participant." These are both common sense and completely redundant. No attempt should be made to do either **ever,** not just at screenings.

If I were to read a code and guidelines like this proposed for a profession of someone who was perhaps a competitor or enemy I would use it as evidence for public ridicule. It suggests that 5 year full time university trained and registered chiropractors need a 'nanny'. It is in my opinion embarrassing in its choice of phrase, tone and some of its substance.

As a profession we have endured opposition and oppression since the late 1890's, whether for practicing medicine without a licence and facing jail or, as per U.S. District Court Judge Susan Getzendanner affirmed by the U.S. Supreme court in *Wilk v. American Medical Ass'n*, (895 F.2d 352, 7th Cir. 1990) from a "lengthy, systematic, successful and unlawful boycott" designed to restrict cooperation between MDs and chiropractors in order to eliminate the profession of chiropractic as a competitor in the U.S. health care system. **What worries me now is we appear to be trying to harm our own profession from within. These code and guidelines are written by chiropractors. Why are they cast such?**

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com

Additionally, parts of the code are overly onerous and impractical, for example;

- To suggest trained interpreters be used for those without full English rather than family members (1.3.4) may make sense on paper but would not happen in practice. Do medical doctors have to do such for their non-English speakers?

- 3.2.1 suggests the need for a maintenance record for all equipment in a practice setting. This may be appropriate in very rare circumstances, though I hardly think a record of how often I have had my SOT blocks serviced is appropriate.

- 5.2.1 suggests it may be appropriate for all staff to have training in suicide prevention. Under what circumstances would this apply to those in the general practice of chiropractic? Seems a big drain on resources to have to pay all staff to undertake suicide prevention courses in the course of general practice. Don't think this would apply to GP clinics and they would likely see at least as many high risk cases if not more.

I believe the code is overly restrictive in attempting to determine scope and conditions of practice. We are primary contact practitioners who are highly skilled and well trained. I don't think it is appropriate to attempt to legislate much of what appears in the code. For example, 1.6.7 declares any financial or management plans should not extend beyond 3 months. Why not? Where did this figure appear from? I have several patients who choose supportive maintenance care and wish to pay for a whole year in advance without my even offering them the option. They wish to see me monthly for a year. This is now illegal? Seriously? Many conditions we treat are chronic in nature (DC's are known as Doctors of Chronics) and can benefit from longer term treatment. Why are we banning this? DVA referrals are often 12 months for ongoing chiropractic care. DVA seems to think this is of benefit but our own board doesn't?

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com

Due to time constraints I will now list other areas of concern in order of appearance in the code:

- Do we really need to codify any of 1.7.6 but particularly that a chiropractor shouldn't "discuss his or her sexual problems or fantasies". The whole section is commonsense and redundant.

- 2.2.1 is redundant and dot point 5 is overly onerous. Do we really need to codify a responsibility to "display respect, integrity and responsibility" (whatever that means) to all we encounter? Although vice-president of CAA QLD currently I don't think all practitioners have a responsibility to train, and mentor, serve on health profession boards or provide expert advice unless they choose to. What is the point of this?

- 2.6.3 (Radiology/Radiography) points to limited cases where x-ray of children is deemed 'needed' that includes 'bone pathology'. How do the board propose we work this out without the pictures in most cases? Also what do they mean by "unresolved" spinal pain, is this just chronic pain in kids?

- 2.6.4 declares that follow up x-rays are not indicated if adequate clinical recovery has been achieved except in special circumstances as outlined. I think this is overly restrictive and ignores the growing body of very high quality literature pointing to the importance of spine shape in overall health. Spine shape has been linked to:

    - respiratory function (**Kapreli E, Vourazanis E, Billis E, Oldham JA, Strimpakos N. Cephalgia. 2009 Jul;29(7):701-10. Epub 2009 Feb 2);**

    - neck shape distortion is linked to poorer surgical outcomes for spinal fractures after severe trauma (**Kawakami M et al. J Spinal Dis 1999; 12:50-6);**

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com

- pain after whiplash (**Norris SH et al. J Bone Jt Surg 1983; 65-B:608-11);**

- increased neck pain risk, increased headache and migraine risk (**Braaf MM et al. J Trauma 1975; 15:441-6);**

- increased risk of osteoarthritis in the neck (**Katsuura A et al. Eur Spine J 2001; 10:320-4);**

- In fact, in one well-done very large epidemiological study of those aged over 70, rigid greater forward neck position in some is linked even, believe it or not, to earlier death (**Kado DM et al. J Am Geriatr Soc. 2004 Oct;52(10):1662-7).**

This is all I (on my own) could produce in such a short time but more literature exists suggesting spine shape is important irrespective of pain. As such in some cases follow up x-ray may be indicated and completely appropriate in circumstances prevented by 2.6.4

- 2.8.1 dot points 6 and 7; could the board define what is a chiropractic therapeutic procedure and what is an ancillary therapeutic procedure. Define how someone could be appropriately qualified in that procedure. This has potential to be very misleading and confusing. Is massage a chiropractic procedure? What about removing SOT blocks? Do nurses have the same problem with their doctors- I.e. is it ok for a nurse to put on a bandage or is this a medical procedure restricted to doctors only?

- 2.10.5 speaks of specific red flags for children, could the board outline what they think these are?

- 2.10.6 suggests advanced skills, assessment and training may be necessary to see

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com

neonates. Our license to practice lets us see these patients upon registration. We are trained in this at university. Why are we trying to limit the scope of practice here?

- 2.11.6 and 2.11.9 point to a need to 'justify' continuing care repeatedly. They seem to have been drafted without an understanding of what is often the very essence of Chiropractic care. Many patients make an informed choice to undergo periodic maintenance or wellness care simply as they feel better for doing so and find it of value. I am vehemently opposed to over-provision of services but find these sections are almost "unchiropractic" in nature. Why do we seek to limit ourselves internally in what we can provide to the public at large?

- 3.1.2 dot point 2; I doubt the applicability of needing out of hours service or emergency arrangements by law. There are arguably no chiropractic emergencies; seems odd to need to list on an answering machine/clinic door that if you are experiencing an emergency you should go to hospital?

In the section containing guidelines on CPD;

- 2.2 generally refers to research and its effect on practitioners but provides no references for claims? Same for 2.3 final paragraph re formal CPD. Could the board provide references for the sweeping claims on effectiveness of certain CPD types as outlined.

- Requirement 3.3 perhaps the board should give at least 12 months notice should it vary CPD requirements.

- Requirement 3.8 essentially gives the board unlimited power in action; perhaps this could be reworded into an exhaustive list rather than a 'not limited to' list.

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com

I commend the board for their efforts so far but feel this process has been too rushed, the code and guidelines are flawed for many reasons and I am unsure what is trying to be achieved. I respectfully request the code be changed in a wholesale fashion, some of which I have outlined above. Given appropriate time to prepare a response would allow me further clarification and no doubt further suggestions.

This is a very big deal. It will affect how all chiropractors can practice in the future in Australia. We need to get this right and have an opportunity to start things with a clean slate. Further time is necessary, as are many changes. I commend the board for their hard work thus far, however I feel we have much yet to come.

Kind regards,

Scott Charlton

Chiropractor and CAAQLD Vice-President

Booval Chiropractic
PO Box 651, Booval 4304
6/160 Brisbane Road, Booval, Qld 4304
Tel: 07 3282 4478 Facsimile: 07 3282 2828
Email: drscott@boovalchiropractic.com