Re: National registration for chiropractors Guidlines paper

Lisa Shelton to natboards

History: This message has been replied to.

To the Chiropractors Board of Australia

Having read the Draft Code of Professional Practice for Chiropractors, I am seriously concerned as a practicing chiropractor that this document is designed to dictate to and restrict the scope of practice of Australian chiropractors. Also as far as I'm aware there was only a three week opportunity for submissions, which does not in my opinion constitute 'wide-ranging consultation'. I know many of my colleagues have not had an opportunity to respond, as many have holidays scheduled over the Easter period and request an extension of time to respond.

The tone of the draft paper (the 14 page addition to the Cross Professional Code of Conduct referred to as **C-PC** henceforth) by the National Chiropractors Board is negatively geared as to how chiropractors will be 'wrapped on the knuckles for any potential misdemeanors' and what they can / can't do, how they will / won't practice. I believe it to be reactive to some past indiscretions of members of the profession who are a tiny minority in relation to things such as prepaid fees (draft guidelines:**1.6**).

Instead of gearing the document to have a positive, informative approach which advises students and practitioners on 'value based conduct' in a general sense which allow for self governing protocol; it is negative and demeaning. Every other National Board has left their professions to openly regulate under the terms of the **C-PC** which are fair and general. Why doesn't the Chiropractors Board of Australia have confidence in its complaints handling mechanisms and procedures to deal with emerging trends by intelligent use of the **C-PC** when all the other health related boards do? Why are we being singled out and victimised?

For me personally it restricts the reason I take xrays for, which is not only for assessing red flags, but to gain more insight into the structural integrity of a person's spine, determine the degree of degeneration and congenital anomalies present, both of which underpin the technique of choice I would apply to the patient.

It is also restrictive of the use of new procedures (Draft guidelines:**2.2.2)**, which could then be extrapolated to restrict use of newly developed and researched techniques. It would be like saying to the medical or pharmaceutical boards, "You can't develop and new procedures or techniques, medications, vaccinations, etc." It's a draconian approach which does not reflect the views of the profession at large. There has already been a precedent set in the UK by restrictive guidelines and that board is now dealing with 600 complaints as a result of narrow and restrictive guidelines! Is the National Board aware that NSW constitutes approximately 40% of the Chiropractors in Australia and has a low number of management complaints in spite of its simple code of ethics.

Many items covered in the draft are duplicated in more acceptable and general terms in the **C-PC** For example: 1.2,3;1.4;1.5;1.6;1.7;1.8;2.1;2.2;2.4; 2.5,2
Specific example: 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.* I believe this imposing of 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. A more equitable approach would be to rely on the cross - professional code and use discretion and peer evidence to deal with new trends. See 2.2 n) of the **C-PC**: *practicing in accordance with the current and accepted evidence base of the health profession, including clinical outcomes.* Furthermore, restricting care, management and fee plans is in contravention to Section 2 of the **C-PC** 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)*
Another example of duplicity in this document is OH&S, this is adequately covered under its own legislation. I believe this is just another instance of the overbearing and duplicating nature of this document.
As an Associate Governor for the Australian Spinal Research Foundation I am concerned about the focus on 'lack of research' and sole use of gold standards to guide protocol. If this were the case across the board with healthcare, very little would be able to be practiced! The Chiropractic profession is working diligently through bodies such as the CAA and ASRF to proactively support and encourage chiropractors to should not feel guilty about this, it is endemic to all healthcare professions. Surely a National Board would project the confidence in a profession that is gradually building its research base? Why is this not the case?

I believe it would be in the best interests of our profession if it were aligned

with other national health boards and the National Chiropractors Board removed the Code of professional Practice for Chiropractors in Australia from consideration and adopt the **C-PC** for guidelines. It is not a mandatory requirement to develop its own code, and furthermore I restate that it hasn't undergone widespread consultation (section 40). Would it not be better to focus energies on positively educating both practitioners and final year students about code of conduct and ethical issues instead of imposing restrictive and 'open to interpretation' guidelines on the profession? Also energies could be more effectively spent in developing a strong peer review process so we can best deal with our own who may 'stray from the fold'.

With all due respect, I believe strongly that the above needs consideration and echoes the sentiments of many other practicing chiropractors.

Yours faithfully,

Lisa Shelton (B.App.Sc. chiropractic)