Attention Chair

Lyndon Amorin-Woods to: natboards '04/2010 05:55 PM

Cc: chair
Please respond to thechiro

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7th April 2010

Dr Phillip Donato
Chair Chiropractic Board of Australia
Attention Chair: natboards@dhs.vic.gov.au

RE: National Registration Guidelines

Dear Dr Donato,

I wish to make submission regarding the draft 'Consultation paper on codes and guidelines' circulated for public comment by the CAA late on Thursday 25th March 2010.

1. *Time Frame.*

The deadline for submissions concerning this critical document, which sets out the boundaries for practice as a chiropractor in Australia, is today, Wednesday 7th April 2010. This was a mere eight working days (due to Easter) to comment on arguably the most important document affecting this profession in our lifetime. This is clearly not enough time to allow sufficient critique of these guidelines. Even though this date is in line with that for the other professions, the document should have been made available far earlier.

2. *Differences Between Professions.*

There is a distinct difference between the guidelines proposed for osteopaths, physiotherapists and

chiropractors, for example; sections on treating children, public screenings and red flag guidelines for radiology. Virtually the entire section specific to chiropractors should be deleted. Unethical behaviour can adequately be dealt with on a case by case basis if the principles that broadly apply to all professions are adopted. In any case, specific application of rules to one profession cannot meet the mandates of the ACCC concerning restriction of trade. Specifically, professions 'competing' in the same health care 'market' must have a 'level playing field'.

3. *Role of the Board.*

The board is not the arbiter of what constitutes evidence. This, by definition is constantly evolving and being updated. The board does not have the expertise and should not have the role of deciding what is, or is not best practice at any one time. This is the role of the teaching institutions, universities and of the collegial institutions such as the Australian College of Chiropractors and the Chiropractic and Osteopathic College of Australia in consultation with the peak body representing chiropractors in Australia, namely the CAA.

4. *Radiology Guidelines.*

The 'red flag' guidelines for radiology as outlined in the regulations are incomplete, out of date and not universally accepted by the wider scientific community. Contrary to the assertion in the guidelines, there is in fact a significant body of evidence in the literature to support postural and biomechanical examination of the spine. In fact, blind application of red flag only guidelines may lead to compromising patient safety. Chiropractors and other practitioners who manipulate are duty bound to ensure that the structures to be manipulated have the structural integrity to not be injured in the process. Serious pathology is not the only consideration for a chiropractor when manipulating the spine or other articulations; these also include, but are not limited to, benign and congenital conditions (1-5).

5. *Children and Non-Musculoskeletal Conditions.*

The guidelines make various statements concerning the lack of evidence for the treatment of children and non-mechanical conditions. There is no recognition of the extant body of evidence in support of the treatment of children and so called somato-visceral syndromes, and just as significantly, the lack of evidence *against* the chiropractic position. The risk of chiropractic care to children is asserted without any evidence to support the statement (6-12). Various sources confirm the cost effective, low risk of chiropractic care to children and adults particularly in comparison to the documented higher risk of the medical/pharmaceutical model (13, 14).

6. *Sources.*

The board should access more sources than the GCC (UK) and the Australian Nursing & Midwifery Council and the various Australian Government documents cited. The draft guidelines also appear to be largely based on the draft Victorian regulations. Where is the influence from the other states? Who actually physically drafted the guidelines and why are they not acknowledged? It should be noted the draft Victorian guidelines lead to an unprecedented vote of no confidence in that Board. The situation in which the chiropractic profession finds itself in the UK, orchestrated under the watch of the GCC is hardly one Australia should be seeking to emulate.

7. *Public Screenings*

The rules placed on public promotion are clearly anti-competitive and a restriction of trade. Unethical behaviour can be easily dealt with on a case by case basis if broad guidelines are adopted that are common with other professions and sectors of the health care sector.

General Comments

The Board must be mindful of the history of health care. As it is in Australia, the playing field is skewed in favour of the medical model, however the costs of healthcare mean that a non-pharmacological, non surgical approach to spinal care which is and has always been the chiropractic paradigm, will become increasingly relevant. Therefore the profession must be allowed to exist in an environment that is competitive, relevant and accountable. The board must also be mindful of adopting a consensus approach based on adoption of ethical guidelines accepted by the majority of the profession while preserving the right of the health consumer to choose.

Summary proposal:

That the following changes be adopted.

1. The entire 'Code of professional practice for chiropractors in Australia' be removed to bring the guidelines in line with the Osteopathic and Physiotherapy Boards of Australia.

2. If the board is unwilling to comply with the above proposal then sections;

- *2.6 (Radiology),*
- *2.7 (Diagnostic Tools, Tests and Processes),*
- *2.10 (Working with Children and Adults),*
- *5.1 (Spinal Postural Assessment)*

of the Code of professional practice for chiropractors in Australia must be either removed or reworded in consultation with the peak body representing chiropractors in Australia, the CAA.

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