The National Chiropractic Guidelines

Thank you for the opportunity to submit my concerns re: the above.

1. Such an extensive document which will be the cornerstone of the way in which we practice, demands that time be allocated for the professions to consult and deliberate, not only via electronic media but also in print and at regular meetings and seminars. Such an important document should have been allocated much more time. It would be appropriate to extend the consultation process. Practitioners in the field have not been included in the supposedly "wide ranging consultation process", and had very short notice to contribute to the future practice requirements. In general only accepted stakeholders have been invited to attend conferences and contribute.

2. Comparisons with other health professions:

    - It would be expected that **all professions working with children** would require clearance via a police check. Is this so? Would their staff also need to have a police check and who would be expected pay for the police check?

    - **CPD hours**: do all professions require annual 25 hours CPD? Is there a different requirement for the other professions in the national scheme? If so, why? Is it a decision of the independent registration boards or is it required separately under the national legislation.

    - Also we found no elaboration on the CPD requirement for the **dual registrants** eg. Chiropractor and Osteopath. With similar professions practicing in a similar manner it is logical the CPD requirement for both professions would be combined.

    - Is the **Senior First Aid** requirement obligatory for all the health professions? Are physiotherapists and medical practitioners also obligated?
    - Secondly why wouldn't hours of First Aid training be **included in the CPD requirement**? Every three years requires extra several hours of training away from practice which should be included in the provisions of formal CPD hours.

    - **Fees for registration** have not been mentioned in the Guidelines. This concerns in particular **dual registrants** who should not have the onus of satisfying two national Boards' (of similar practicing disciplines) registration fees. Communication between Boards needs to occur to elucidate on such matters prior to July 1.

    - The boards could offer in the fee structure, ongoing education programs, which would contribute to the members CPD requirement.

3. **Public Education**: The public (the consumer/ client/ patient) needs to be made adequately aware of the relative risks in relation to medical intervention, procedures and medication. The notification of the annual iatrogenic toll in Australia would educate the public as to the relative risk of medical intervention? Further discussion and consultation in a truthful and open manner is needed so the public can be **fully informed on the relative risks** of various intervening health care procedures upon which the prospective patient can provide informed consent.

4. **Recency of Practice**: please define recency of practice and how will it be implemented. The Australian government is encouraging retirees to return to the workforce, what is the position of retired practitioners who decide to return to practice and those who been practicing in a limited category. What is the position of practitioners not in practice but are working in the profession in a teaching, consulting or research capacity? What is the position for those on maternity/paternity leave? And those practitioners working overseas that decide to return to Australia to practice? Recency of practice should be approached on a rationalised individual basis.

5. **Suicidal health consumers**: Staff training for Suicidal health consumers is an unnecessary and undue impost on chiropractors and osteopaths and should be excluded from those professions' code of practice. It is more applicable to those professions that are involved in the treatment of psychological disorders.

Yours faithfully

Ed Devereaux AM
John Cice

Chiropractor and Osteopath