‘Attention: Chair,
Chiropractic Board of Australia’
natboards@dhs.vic.gov.au

Dear Chair,
Please consider my comments on the Code of Professional Practice document.
It is disappointing for me, a chiropractor of 35 years service to the public to read what you have produced in this document. The style is condescending and fragmented. It is filled with contradictions and double standards that appear to unduly limit the chiropractic profession and suppress the public's access to complete information.
Please consider the following.
Advertising of regulated health services
(c) uses testimonials or purported testimonials about the service or business;
this prohibits anyone mentioning chiropractic”
The definition of advertising that you chose to use in the following chapters as relating to chiropractic is as follows:
2.3 Advertising *For the purpose of this code of practice, advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession, the individual practitioner or chiropractic practices.*
This effectively prohibits private communication that mentions third party reports, cases or previous discussions about others cases. This is the suppression of freedom of speech and is NOT OK
Also, this definition is not intended to apply to material issued by a person or organisation for the purpose of public health information or as part of a public health program.
Please define “public health information”. Is not the information of a regulated health service or health profession, “public health information”? You contradict this in: **1 Introduction 1.1 Use of the Code** *Practitioners have a responsibility to protect and promote the health of individuals and the community.*

3. Professional obligations

Persons who advertise services should always consider how members of the public will receive their advertising and be mindful that some consumers may have particular vulnerabilities in relation to the advertising and the provision of services.

So what does this mean? We can not be liable for what a person my think about us. What is our obligation to what another thinks?

Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable

opportunity to ensure that the published version of the advertorial or article adheres to these guidelines.

This means that chiropractors will not be allowed to speak with the press from now on? Press interviews do not allow the luxury of pre-approval before going to air.

5. What is unacceptable advertising?

f). claim that the services provided by a particular regulated health profession are better or safer than others.

And if it is true ie research showing efficacy of chiropractic over other disciplines – do we not have a right to report the truth?

Remember that your definition of advertising is "*advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession"*

6. Specific requirements

6.1 Use of graphic or visual representations

confirming that the referenced procedure is the only change that has occurred for the person being photographed.

This is an impossible ask. Every second of life that transpires between pre and post is a change. There is no way one can guarantee that the therapeutic intervention was

the *"only change"*. I understand and agree with the intent but your lawyers will use the letter of this law to hang chiropractors

on.

8.12 Financial and commercial dealings

c). not accepting gifts from patients or clients other than tokens of minimal value such as flowers or chocolates and if token gifts are accepted, making a file note or informing a colleague where possible.

This is a ridiculous dictate. People are free to give as they see fit. The magnitude of the gift is often proportionate to the magnitude of the service and for many of us chiropractic is more than *"flowers or chocolates".*

d). not becoming involved financially with patients or clients; for example, through loans and investment schemes.

I agree that professional position should not be used as leverage, however this prohibits all business relationships with practice members. A chiropractor is a part of a community and serves and is a customer of many local businesses. This takes away from a chiropractor the right to operate businesses competitively.

9.2 Practitioner health

Good practice involves:

a).attending a general practitioner or other appropriate practitioner to meet health needs

Whether one attends a general practitioner or another practitioner or no-one has nothing to do with *"good practice".* You can not enforce the way I care for my health.

c) .understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases

You create a line in the sand here. Forced medication should never be a condition of registration in a free society.

Code of professional practice for chiropractors in Australia

2. Working as the practitioner

2.3 Advertising

For the purpose of this code of practice, advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession, the individual practitioner or chiropractic practices.

See comment under 2.3 Why the double standard for chiropractors?

2.7 Diagnostic Tools, Tests & Processes

2.7.3 The findings of diagnostic tools/ tests should not be used in marketing and advertising, as members of the public may be misled as to the value of those findings in relation to their own situation.

You have just stated that *"For the purpose of this code of practice, advertising includes any form of public or private communication".*

This effectively says that we can not discuss the findings of diagnostic tests with anyone including consumers.

2.7.4 In the use of examination tools, tests, and processes for diagnostic and prognostic purposes these should be for conditions where there are demonstrated acceptable levels of reliability and validity.

Does this extend to all tests and processes – where is the evidence for requiring this?

2.10.7 In planning chiropractic management of children, practitioners should consider:

frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current available evidence and is currently not recommended, except for assessing developmental milestones. Should a parent elect to have their child undergo regular chiropractic examination or treatment in the absence of any clinical justification then it is the responsibility of the practitioner to provide the parent with a balanced view of the factual evidence relating to such examination or treatment as part of the informed consent process;

This is no different for any other group of the population – It is standard practice in may health care disciplines to undergo examination in an asymptomatic state. Why single out children?

practitioners should be aware that 'screening' for health problems may be associated with harms such as false positives which may generate anxiety and unnecessary treatment.

This is self evident -What is the point of this statement?

2.11 Duration and frequency of care

2.11.1 These frequency and duration of care guidelines are provided to assist chiropractors in their clinical decision-making. The primary goal of chiropractic care is to promote and optimise good health and function, maintain it, and prevent the recurrence of injury and dysfunction.

Where did this definition come from – it is at odds with the ACCC, the CAA and the WFC definitions?

4.1 Reporting other practitioners

4.1.1 A practitioner who believes on reasonable grounds that a Chiropractor has engaged in notifiable conduct must make a notification to the Chiropractic Board of Australia.

4.1.2 A practitioner who believes on reasonable grounds that a Chiropractor has contravened, or is contravening, the required standard of practice, or a suitability to practice requirement (i.e. engaged in either professional misconduct or unprofessional conduct) should make a notification to the Chiropractic Board of Australia.

4.1.2 When a practitioner is informed by a health consumer that another practitioner may have violated professional boundaries, he or she has an obligation to encourage the health consumer to make a notification to the relevant State Health Services Commissioner or the Chiropractic Board of Australia.

These requirements, especially the requirement to report one's peers based upon a consumers viewpoint, a third party position will destroy the lives of untold chiropractors and fragment the profession with frivolous claims. You will tie up the courts with witch hunts based on hear say and professional jealousy. The GCC upon which you have modeled (cut and pasted this) have approximately 600 complaints before it right now due primarily to this requirement. Is this what you are after?

5.1 Spinal postural assessment and public place marketing

5.1.4 No fee is permitted to be charged for such assessments; however participants may make donations to a charitable organization nominated by the practitioner.

A chiropractor should be permitted to conduct his/her business and charge a fee. What is your justification for saying that

chiropractors must work for nothing by making the charging of a fee unprofessional conduct?
Please consider the ramifications of your actions.

Mark Postles D.C.