To:
Cc:
Bcc:
Subject: Fw: draft code for practice for chiropractors in australia

Hi

Regarding the recent draft code for practice for chiropractors in australia, I feel it is (in principle) a wonderful step forward in national unification for chiropractic and other professions. There are few conditions in particular I am confused by and opposed to, however generally the document is written in a pessimistic and abrogating fashion. It contains a lot of information that is in other documents regarding professional conduct, just duplicated in this document in a defamitive manner.

1.6.6 There should be no delay in the provision of

treatment other than for valid clinical reasons.

Valid clinical reasons? client unavailable due to holidays, client not able to pay for care. There are definitely cases in my practice where care has not been rendered due to ongoing accounts (debt) and client/practitioner unavailability. Would we be liable under the new act.

Also it concerns our team that this point will encourage practitioners to perform chiropractic treatment before ALL necessary diagnostic information is received and increasing risk.

1.7.6 A chiropractor must not:
• discuss his or her own sexual problems or

fantasies...
• a chiropractor making sexual advances to or engaging in sexual intercourse with a health consumer, even if the health consumer believes

this to be acceptable at the time.

Overly descriptive and reads in a way that chiropractors are a sexed up group likely to molest clients?? I've not seen a sexual harassment policy in any national guidelines that read in such a way or are as specific. It seems to be written in a way that details the explicit events from a few cases against individuals. As as health professional personal boundaries and respectful distances are always important and forms a good part of our training. It is unnecessary in this document.

2.2 Responsibilities of the practitioner

This whole section is overly descriptive to detail the self evident similar to the sexual harassment section.

"practitioners ensure that all staff have undertaken a basic training course in suicide intervention skills or appropriate interventions for the particular type of risk" 5.2.1

Training course on suicide prevention for all of my staff? Not all of our staff are contact with clients AND I feel it is **dangerous** to put that responsibility onto essentially clerical staff as they don't have the advanced training to back up what is identified though a basic course. Also it stands as an added cost for our clinics which will increase fees.

"The need for X-rays is supported in cases where "red flags" (suspected pathology) are elicited from the clinical history and examination" 2.6.2

Covered in radiology registration guidelines? Repeating in this document

2.9 Acupuncture & Dry Needling
2.9.1 Practitioners must ensure that they are appropriately trained, skilled qualified and endorsed (if applicable) to practice these modalities.

This does not pertain to chiropractic skill base and is an adjunctive therapy only obtained through extra study and is outside of what should be in a chiropractic document. Yes some practitioners use acupuncture however that should be separate.

Thank you for the endeavours on developing a national standard for our profession, I simply hope the finalised product is appropriate for the profession and is worded in a manner that is positive and encouraging towards a profession that is a large component of the health care sought by Australians and a profession that is as comprehensively trained and managed with CPD.

Kind Regards

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Earl Nightingale, Motivational Speaker

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