New guidelines

Miles Upfold to chair@chiropracticboard.gov.au

Cc: [illegible]

To the chairman

Re: National Registration Guidelines

I wish to express my concerns about the proposed guidelines for national registration. In particular I would like to address the following points:

Guidelines for advertising

3. Professional obligations Substantiation of claims Unless there is accepted scientific evidence that there are no material risks associated with the type of treatment, an advertisement for services should alert the public to the fact there are associated health risks

- All treatments have some level of risk, is all other industries subject to this? Why should we be at a disadvantage.

5. What is unacceptable advertising?
d) Use testimonials or purported testimonials.
j) Fail to disclose that there is health risks associated with a treatment.
n) Contain price ....., or offers time-limited discounts or inducements.

Code of professional practice for chiropractors in Australia.
1.6 Fees
1.6.7 Financial and management plans should not extend beyond 3 months at any time.
2.6.2. The need for x-rays is supported in cases where "red flags" (suspected pathology) are elicited from the clinical history and examination.
2.6.3 The clinical indication for requiring X-rays of children is limited to conditions such as fracture, dislocation, bone pathology, unresolved skeletal/ spinal pain, and scoliosis and to exclude or confirm a clinical suspicion of conditions which may be a contra-indication to proposed care.
2.6.4 Routine X-ray screening of consumers including the routine re-evaluation of biomechanical/ postural disorders, other than for progressive scoliosis or other exceptional circumstance, may be inappropriate. Follow-up X-rays are not indicated if the health consumer is making adequate clinical recovery except in cases of progressive pathology, fracture repair and progressive scoliosis.

- X-rays are a very important part of my practice in which I gain a lot of clinical knowledge about my patients from – including whether I think I can help them and whether they are getting underlying results from the care I am providing.

2.7 Diagnostic Tools, Tests & Processes.
2.7.2 Practitioners should use a variety of assessment tools, tests and procedures to ensure that a breadth of clinical information is available when making diagnostic and prognostic decisions.
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 situation.

(This could include x-rays, sEmg etc)
2.7.6 The findings from a static sEMG. Thermology or other assessment tools, tests and processes should not be misrepresented as to their clinical value in the diagnosis or prognosis of vertebral subluxations or other neuro-pathomechanical syndromes.

2.10 Working with Children
2.10.7 (Dot point 5) 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.

- I check my own children routinely in the absence of any symptoms – but I don't always find subluxation.

2.10.7 (Dot point 6) 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.

2.11.9 In cases where treatment continues in excess of 3 months in duration, the ongoing use of periodic validating objectives and subjective outcome measures is necessary in order to justify ongoing care.

- I do believe regular thorough re-examinations are extremely important including on occasion re-x-rays.

5. Working with the broader community
5.1 Spinal postural assessment and public place marketing
These activities should be done in the full knowledge that there is no objective data to support the reliability and validity of screening for spinal disorders.
5.1.2 Practitioners should not tout for business. Business cards may be provided to participants upon request, but neither the obtaining of contact information from participants nor the making of appointments at the time of an assessment is permitted. Practitioners should not make unsolicited contact with participants subsequent to an assessment.
5.1.4 No fee is permitted to be charged for such assessment; however participants may make donations to a charitable organization nominated by the practitioner.

Guidelines on continuing professional development
3. Requirements
3.4 The board requires that chiropractors must hold a current Level 2 or Senior First Aid certificate or equivalent, in addition to the required CPD hours.

9 Ensuring practitioner health
9.2 Practitioner health

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

- If this suggests that I need to be immunised against communicable diseases I feel that this is against some of my basic human rights in this country as I will always choose not to

be based on the current research.

Thank you for taking my concerns into consideration and addressing them appropriately.

In health

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