Submission to the Chiropractic Board of Australia

Regarding the Consultation Draft Code of Conduct for Chiropractors

Released by the Chiropractic Board of Australia on 7th May 2010

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To Whom It May Concern:
I would like to raise a few points regarding the latest Board guidelines ,

CPD points
……. with regards to having to have a first aid certificate which needs renewing every year…..I believe the resources , time for benefit ratio do not make such a demand reasonable.
The first aid certificate is unnecessary in practice , particularly as it needs to be renewed every year.
This is a knee jerk reaction to an isolated incident. CPR success rate is extremely low , even with all the equipment required .
This is hardly representative of a professional weakness that the public has a need for via the chiropractic profession.
To dictate that every chiropractor in Australia needs a first aid certificate implies that this lack of a certificate prevents chiropractors from being able to perform adequately within their tasks as chiropractors.
Never in my twenty eight years have I used the knowledge in practice after I got my certificate in first aid .It is not necessary in practice to have one. Nor does it enhance my knowledge in chiropractic. We are chiropractors not E.R. units. .
The fact that this information needs renewing every year and that it is not included in the tally of CPD points is another onerous imposition that does not aid one to be a better chiropractor.

CPD HOURS

Having to do 25 hours per year is also excessive and does not guarantee a greater benefit for the public. There was nothing wrong with twelve hours which has been in place for many years.

Where did this number 25 come from? Doing extra hours does not make one a better chiropractor if these hours are done purely to satisfy the Board. Knowledge if not desired or applied defeats the purpose of the obligation.

How does the Board intend to enforce the application of these hours into a benefit for the public?

Public screenings

Regarding public screenings and NOT taking money, or NOT making appointments interferes with the relationship between the consumer and the supplier of a service .

If a chiropractor is to abide by the guidelines to maintain a professional relationship whether the chiropractor is in a practice or not, then a public screening is an extention of the chiropractic practice, who apparently needs to be present at the screening.

Therefore why can a chiropractor not perform as if they are consulting a patient?

The public largely find this service as a positive, and if the public wish to utilise the services at the screening , the public are equally able to refuse the offer as in a public screening there is less of a power imbalance that may occur in a practice.

Taking money or making an appointment are fundamental steps in assisting a customer and are measures that the chiropractor can ensure the customer is genuine in their desire for an evaluation.

This is no less than occurs in a practice . The Board is creating distinctions that need not exist .Making an agreement with a customer for further communication is entirely appropriate.

Payment plans

(as per the Appendix)

Financial arrangements and limits to chiropractic care ….

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The Board is trying to tie the two together. What jurisdiction does the Board have over money and the application of fees.

There is no rule that says chiropractic equals money and therefore the financial constraints should be removed altogether.
There needs to be a separation between financial arrangements and CHIROPRACTIC care.
Primarily there should not be any mention of money or financial arrangements or any such restrictions in the guidelines. Irrespective of whether fees are pre paid , post paid , in escrow, pay as you go.

There also should be no time limits or financial limits to the arrangements between the customer and chiropractor.

There does not need to be a cooling off period as you cannot contract a patient for treatment. Patients can stop at any time and therefore any financial obligations stop.

Chiropractic care should not be limited to three months or any time at all. It is up to the chiropractor and patient to create the plan to provide the service needed when the chiropractor can justify the results and care given to receive the results

The treatment limits to three months…..Its an arbitrary figure and has no evidence base to it across all chiropractic protocols. There does not need to be any time limit to the amount of chiropractic care a patient can receive or how the financial arrangements are created if the patient is advised before the agreements are made.

No time limits to financial plans

No cooling off period

No time limits to treatment

No enforced 'pay as you go' option when patient is advised of this prior to care commencement.

The Board is taking a Parental Ethics point of view and standing between the relationship of patient / doctor as if the Board knows how the public needs

to be protected in all circumstances when some of the recommended guidelines are obvious wish lists of some of the Board members and not the profession……A chiropractor should be able to commence a financial arrangement like any agreement between consumer and a supplier of a service and make further agreements about future services to be provided. The Board does not seem to be able to differentiate between chiropractic care and the business of providing a service to consumers who can decide how they wish to relate to the chiropractors.

Care Plans

The issue with providing a plan for care……not expressly stated but implied that a care plan needs to be written and that this applies to all chiropractors ……..should be removed.
A verbal arrangement should suffice . As a chiropractor cannot state we treat or cure any condition and some patients receive care without symptoms for wellness reasons care plans are redundant and confusing to the patient.

Getting a C A to do some of the tests apparently needs a patient to ok this in writing…it is not the role of a patient to determine what is the chiropractors role and what is not. It is up to the chiropractor to determine what can be delegated. Remove the need for a patient to ok the role of a CA DOING SOME TESTS.

Complaints procedures

There is no outline for what happens in a complaints process and how the Board will deal with complaints in detail. The current method in SA has been found to be faulty and open to abuse as many decisions made by individuals in the Board are made without explanation.
What redress does the chiropractor have when being coerced by the Board or Crown Solicitors ?
I propose a mediator between the Board and the chiropractor before matters go to court in a complaints process such as in industrial courts. The Board has all the power and the costs of going to court are exhorbitant….the profession needs to be protected from the Board which may act unethically

or in an ill- informed manner or with a particular agenda. People on the Board are not qualified in all matters chiropractic.
The medical profession have insurance for costs with regards to Board issues …..chiropractors have to foot the bill themselves.
The Board should provide chiropractors with insurance coverage if it expects the chiropractor to mount an effective justification.

Any finding by the Board whether the chiropractor is found unprofessional or not should remain in the Board website. Placing this information on the internet or published in newspapers when the public are not sufficiently educated to differentiate fact from opinion adversely affects the livelihood of the chiropractor .The chiropractor has no redress to correct bias or untruths when published as a statement of fact by the Board .There have been too many previous examples where the Board has been found guilty of overstepping their role and create unnecessary duress to the chiropractor and interfering with their right to earn a living.

There have been instances The chiropractic Board administered their perceived role of 'protecting the public interests' incorrectly. If we only look at the recent attempt by the Board to impose itself on the profession and the response by the profession over the last few weeks.

The profession needs to be protected from an over officious administration . It needs to have protocols whereby the profession can be heard .The current Board has shown itself to be out of step with the rest of the profession and had this situation of amalgamation not been presented to the profession our concerns would not have been consulted.

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