Response to the 2nd Draft Code of Professional Practice released 7th May 2010

Dr John Swatland B.App.Sc(Chiro), Dr Lawson Heath B.App.Sc(Chiro),
Dr Adam Baker BSc (Chiro), B.Chiro., B. App. Sc. (Geog), PG Dip GIS, Dip. Training & Assessment

We are grateful for the amendments and deletions of much of the contentious sections of the Board's initial draft; however we believe that some of the content of the second draft is still unclear and inappropriate for our code.

We believe this is an extremely important document and feel strongly that the content, phrasing and wording used in it must accurately reflect a positive, intelligent, mature and supportive intent and spirit for the whole profession to practice and thrive under. In our opinion this is still lacking and we request that the board take the time needed to reflect on our comments and the comments of our peers to get it to its highest possible standard.

Our purpose for choosing to suggest changes to the following amendments is to support the growth of chiropractic in real and practical ways. As it stands the clauses we have identified do not, in our opinion, support growth of the public understanding or awareness of chiropractic, or the growth of patients getting well in chiropractor's practices.

We submit:

3.6 g) & h) …*agreement is reviewed every 3months or 12 visits…* This provision makes no allowance for a patient who, for example, wants to receive weekly or fortnightly visits for six months or a year (or more) and wants to pay six-monthly or yearly for example because a greater discounted fee may then be offered. This supportive frequency is offered in many clinics known to us and payment frequency should not be sought to be limited by the board or this code.

We believe that this is not an issue where board prescriptions will be helpful or prevent problems. If a problem arises due to financial payments there is no difference between a three month and, for example, a twelve month program.

As long as the **clinical** re-evaluation is regular, appropriate and accurate then the **payment frequency** should not be prescribed or restricted and is the business of the patient and chiropractor. **Any board limitation here is not to the patient's financial (or health) benefit. This section should be as follows:**

g). ensuring the agreement is reviewed every 12 months or 12 visits whichever is the greatest

h). that agreements should not extend beyond 12 months or 12 visits whichever is the greatest, unless there is clear and appropriate justification to support a longer period of agreement.

Appendix 1; Screenings

c) …should not include…making of appointments at the time of screening. In our opinion public spinal screening should be enthusiastically promoted, supported and encouraged by the board and the profession. This section is counterproductive, a disincentive, retrograde, antigrowth and is bad for the profession, the public and individual chiropractic practices.

With more spinal screenings public awareness, understanding and acceptance of chiropractic can and will grow. Without increased public knowledge and acceptance the chiropractic profession as a whole cannot grow or will continue to grow at the present very slow rate.

In a recent survey of the public perception of chiropractic and chiropractic spinal screenings by D. Russell BSc (Chiro), K. Holt, BSc (Chiro), PGDipHSc, G. Ellis, R. Kashmiri,(1) it was reported that the public responses to public screenings is overwhelmingly positive. They report:

- 345 interviews were completed.
  - **<u>20 respondents had been screened and had made an appointment to see a chiropractor</u>**
  - 77 had been screened and decided not to make an appointment
  - 248 had seen the screening but were not screened.

- It is interesting to note that almost two-thirds of the people that were screened changed their perception of chiropractic for the positive.
- Of the people that were screened but did not make a further appointment to start care, almost 50% indicated that they would do something about their health even if it wasn't chiropractic care.

Appointments were offered at the time of screening; and why not? In this survey there were no recorded reports of adverse effects or outcomes by the public regarding making appointments at a screening.

They continue:

- Overall 15.9% of respondents initially had a negative view of chiropractic, 29.2% were neutral and 54.9% had a positive view of chiropractic.
- As a result of their exposure to the screening 54% of the general public did not change their perception of chiropractic.
- **A change for the positive was expressed by 44.3% of respondents, while only 1.7% changed their perception of chiropractic in a negative way.**
- The results of the present study suggest that, **with very few exceptions, exposure to a screening has a positive or neutral effect on that person's perception of chiropractic.**

And their conclusion:

- In this survey members of the public held a largely positive perception of chiropractic
- This perception was not negatively influenced by exposure to a chiropractic spinal screening.

In the past we have employed public screenings extensively to build new clinics and our experience in this is considerable. We have had no issues regarding appointments or paying a fee and there has been not one complaint to ourselves, the location owner (centre management) or the chiropractic board or regional chiropractic association.

The board may believe there is a potential harm to the public image of the profession from screenings in general and from the making of appointments at screenings and this may have led to this clause. We contend that this is not our experience in Australia and the UK in the past, and not the experience of other chiropractors we have consulted with who have engaged in this practice.

The ASRF also explicitly supports the practice of public spinal screenings as a source of new patients and is happy to receive donations from this practice. We can see no ethical or practical reason why making appointments should be dis-allowed.

We also suggest strongly that contact information may be allowed to be collected at a screening for security or public liability reasons if there should be a problem regarding consent or other issues.

Our conclusion then, supported by this current Australasian survey, and from our own experience, is that **there should be no restriction on the collecting of contact information or the making of appointments at the time of public screenings. This section could be as follows:**

c) Providing the participant with a business card at their request. Contact information may be obtained from participants for liability reasons. Appointments may be made at the time of screenings.

f) …no fee being charged for the screening… We agree that no fee should be charged for the service of screening.

However, if appointments may be made at screenings as we are suggesting, then **a small fee should (or could) be allowed be charged at the time by the chiropractor for any further in-clinic consultations.** This has the effect of placing a greater importance for that patient on following through and actually presenting for that appointment. The fee should go towards the consultation appointment and should be fully refundable if the patient cancels that appointment.

If no fee is charged then there is far less incentive or motivation for the patient to keep that appointment, and hence a far greater likelihood that they miss the appointment time which may have been taken by a patient more in need.

We can see no ethical or practical reason as to why a fee or refundable deposit may not be charged at public screenings for any further consultations.

We suggest the following clause:

f) no fee may be charged for the screening but a deposit or donation may be made to go to a charity or research body nominated by that chiropractor. The donation or deposit may go toward a future appointment that the participant has made and should be fully refundable.

In conclusion we have read and are aware of the contents and intentions of the submissions of Dr Peter Cowie, Dr Mark Postles and the WCA. We enthusiastically add the weight of our support behind these submissions and the suggested changes they contain. We request that our submission be taken as in addition to these submissions as well as a stand-alone document.

We thank the board for their time and ask that our comments and suggestions receive fair and due consideration.

Dr John Swatland B.App.Sc(Chiro)
Dr Lawson Heath B.App.Sc(Chiro)
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Reference

1) D. Russell BSc (Chiro), K. Holt, BSc (Chiro), PGDipHSc, G. Ellis, R. Kashmiri. A Survey of the public perception of chiropractic and chiropractic public screenings. Presented at the 2009 Australasian College of Chiropractors presented the Scientific Symposium 2009, Melbourne, Australia 22 November, 2009.