May 21, 2010

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

Submission to the Chiropractic Board of Australia

Consultation Draft Code of Conduct for Chiropractors dated May7th 2010

Thank you for the opportunity to provide a degree of feedback regarding to the current iteration of the proposed Code of Conduct for Chiropractors released on May 7th, 2010. I find it concerning that this may be the only redraft I get to provide any form of input to, given limited chance to see successive drafts of the code and the seemingly rushed deadline, particularly given the sweeping nature of the document and the impact to the chiropractic profession.

I refer you to the submissions from Chiropractors Peter Cowie (dated May 11, 2010) and Mark Postles (dated May 13, 2010). I heartily endorse the changes intimated in these submissions and would suggest that failing to institute these changes would do a disservice to the public who deserve chiropractic care and the dedicated individuals who work within the profession of chiropractic.

I share the desire to introduce a broad outline regarding the professional conduct of chiropractors nationally. It allows Chiropractors, and anyone looking to understand our position, another avenue to continue to demonstrate and reinforce the integrity that already exists within the profession. The code theoretically may also help minimize potential risk to the public through outlining and legislating quality guidelines to chiropractic practice.

There are, however, a number of specific clauses in the current draft document which limit our ability to contribute to the public's wellbeing by limiting our scope of practice, and it would seem irresponsible for our profession to be constrained by these portions of these guidelines. A number of these shortcomings are already highlighted in the above-mentioned submissions but are worth restating.

In section 2.1 (b) the wording diagnosis implies a disease process/ illness/ trauma that needs treatment, which is at odds with potentially asymptomatic, but clinic significant, conditions like vertebral subluxations with associated neurological deficits that are an integral part of chiropractic practice. I suggest 'diagnosis' be replaced with 'clinical assessment'.

In section 2.2 (c) seems vague and superfluous given 2.2(b). As the scope of Chiropractic practice is broadly defined, not specifically defined, this clause implies a Chiropractor risks not adhering to the code by giving basic nutritional advice without specialized training, stress management advice without psychological or specialized coursework, and the like. I suggest the clause be removed.

In section 2.2 (o) this limitation to practice only 'current and accepted evidence based' outcomes given the tiny amount of research done on almost all of the different aspects of chiropractic practice is nonsensical, even irresponsible. Given the preceding clauses, this is unnecessary and leaves the whole profession open to whatever whim the current political representatives consider to be 'acceptable'. I suggest this clause is also removed.

In section 2.6(d) it is completely unclear and unnecessary to include to phrase 'and not provide unnecessary services' given the preceding statement is this clause. It not only is unclear what 'unnecessary services' are but it opens all parties to argue whether any service is either necessary or unnecessary based on whatever grounds to choose to define necessary. I suggest the above-mentioned part of this clause be removed.

In section 6.4 the code speaks about 'screening'. I can only assume this is jargon or an abbreviation of spinal health screen or spinal health assessment. This needs to be clarified. Further as practicing Chiropractors we certainly have responsibility to promote the health in the community, but how that relates to disease prevention and control given our expertise is unclear and as such it should be removed. I suggest that references to 'disease control' be removed and references to 'screening' be changed to public spinal screens or assessments for greater clarity.

More importantly section 6.4 in this draft of the code, refers to adherence to guidelines laid out in Appendix 1. Part (c) of the guideline states that it is not ‘good practice’ if a Chiropractor accepts a member of the public wish to make an appoint with the Chiropractor, who has provided the spinal assessment, at the time of the screening. This is inconsistent with our charter to help promote health in the community and restricts a member of the public’s option to see a health professional they feel confident and comfortable to trust their health with. I strongly suggest that clause (c) of the appendix be removed as completely unnecessary and a restriction in trade.

Thank you for the opportunity to contribute and I look forward to another opportunity to do so in the near future.

Yours faithfully,

Matthew Constable B.Sc. M. Chiro.
Chiropractor.