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

Why is it that the Chiropractic Board of Australia is the only board to have their additional code?

Is there such a level of distrust with in our profession that we must further guide and control individual chiropractic practices greater than dentistry and other professions. While with in these professions there are the same human flaws.

Is the other aspects of the guidelines not enough for the board to maintain their control of chiropractors on a level playing field with the other health professions.

This draft was much easier to read. Maybe that was because the rest of the guidelines where not presented and maybe off limits to change or outside the power of the chiropractic registration board to influence or give feedback. This is unfortunate if this is the case.

The guidelines should be presented in full not part to protect and remove feedback from the rest.

The board is obviously working overtime to achieve the implementation of the guidelines by the desired date and for this you have my respect.

From the earlier code I do wish to ask why vaccination has an exclusion from the guidelines to advertise.

Given the recent adverse effects from mass vaccinations and even death, vaccinations should also be held accountable equally. What will it take for a registration board to stand up and even the playing field for health care providers in Australia?

Feedback on the section of the draft provided.

1.3 Australia and Australian health care

There are many ways to practise chiropractic in Australia. Chiropractors have critical roles in caring for people who are unwell, assisting people to recover and seeking to ensure people stay well. This Code focuses on these roles. For chiropractors with roles that involve little or no contact with patients, not all of this Code may be relevant, but the underpinning principles will still apply.

Sounds philosophical and confusing. If not all the code is relevant why is it there and what are the specific underlying principles?

2.2 Good care

o). practising in accordance with the current and accepted evidence base of the chiropractic profession, including clinical outcomes.

Very limiting to the scope and practice of chiropractic in Australia.

If vaccinations or antibiotics where to practice with in this scope. I am sure that vaccines would not then have the clear bill to advertise.

3.2 Partnership

d). ensuring that any complaints are honest and reasonable in the circumstances.

How can all complaints be honest and reasonable this is not possible.

10.2 Chiropractor health

c).understanding the principles of immunisation against communicable diseases
This must include understanding the risks of immunisation and advising the public accordingly. Should involve other ways of disease prevention ie sanitation.

d). for chiropractors who are able to prescribe, conforming to the legislation in the relevant States and Territories in relation to self-prescribing
If chiropractors are able to prescribe should this not come under a different registration act ie medical. To my knowledge chiropractors are not legally able to prescribe therefore this should be removed and left to the appropriate authority.

Appendix 1:
Guideline in relation to Public Spinal Screening
a) ensuring that members of the public are aware that the purpose of a spinal screening is to give the participant an overview of the general state of their posture and is not a comprehensive spinal examination
As chiropractor's core role is to detect and correct vertebral subluxation, there should be room at spinal screens to motion or static palpate the spine for vertebral subluxation.

Screenings should also involve room for public education as to the cause and effects of subluxation as to allow a member of the public to make an informed choice as how they may include chiropractic in their health care.

Sincerely

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