C O C A

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Dear Dr. Donato,

The Chiropractic & Osteopathic College of Australasia (COCA) takes pleasure in providing the Chiropractic Board of Australia (CBA) with the following submissions in response to the Consultation Paper on Codes and Guidelines, issued by the Board:

- Guidelines on Advertising
- Guidelines on Mandatory Notification
- Board Code of Conduct
- Board Code of Practice for Chiropractors in Australia
- Guidelines on Continuing Professional Development

The College recognises the many benefits of a national health professional's registration board. One important benefit is the establishment of uniform standards of practise for all Australian chiropractors, regardless of their educational qualifications and training. In this context, COCA sees the formulation of these codes and guidelines on practice as an unparalleled opportunity to improve health outcomes, minimise risk and standards of care and promote evidence based practice. The formulation of new codes and guidelines on practice also affords the Board the opportunity to restrict or prohibit chiropractic practices which lack scientific support, lead to excessive or unnecessary care and bring the profession into disrepute. We encourage the Board to take full advantage of this opportunity promote best practice and to fulfil its statutory obligation of protecting the public.

The College also brings to the attention of the Board its responsibility with respect to providing stakeholders with a fair, clear and transparent consultation process. The College acknowledges, that under the legislation the Board is not required to notify stakeholders of the release of Codes or Guidelines but it is customary in such situations for major stakeholders, such as COCA, to be afforded the courtesy of separate advice regarding the release of such documents.

Further, the timing of the release of the above codes and guidelines has resulted in a very limited period of consultation and opportunity for organisations such as ours, to prepare appropriate and detailed submissions. The College respectfully requests, that in future, where the Board publishes any document, which is subject to a consultation process, that at least six weeks be allowed for stakeholders to make their submissions.

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GUIDELINES FOR ADVERTISING A REGULATED HEALTH SERVICE

Definition of advertising
Under the proposed Definition of Advertising, the Board does not include in its definition, "material issued to persons during consultations where such material is designed to provide the person with clinical or technical information about health conditions procedures and where the person is afforded sufficient opportunity to discuss and or ask questions about the material." It is well recognised that many practitioners provide extensive literature at the time of and or after an initial or subsequent chiropractic consultation. This material often relates to examination findings, proposed treatment regimes, benefits of treatment etc. In this context the College suggests that this material would constitute advertising material and therefore it should be required to meet the acceptable standards of advertising as proposed in the guidelines.

Recommendation: That all literature provided to health consumers, including clinical or technical information about health conditions or procedures and information relating to health outcomes or benefits of treatment, be considered advertising and therefore subject to the proposed guidelines.

4. What is acceptable advertising?
Item 4, (d) describes acceptable advertising as "any statement providing public health information encouraging preventative care." Whilst the College endorses preventative health care it is important that practitioners be made aware that the use of any advertising material promoting such aspects of health care should meet their "Professional Obligations" with respect to "Substantiation of Claims", as outlined in the guidelines.

Recommendation: That practitioners be alerted to their responsibilities under the guidelines, with respect to "Substantiation of Claims", when providing health consumers with public health information encouraging preventative care

GUIDELINES FOR MANDATORY NOTIFICATIONS

The College endorses without further comment the Guidelines for Mandatory Notifications as presented.

Recommendation: The College endorses the Guidelines for Mandatory Notifications.

CODE OF CONDUCT FOR REGISTERED HEALTH PRACTITIONERS

The College endorses the Code of Conduct for Registered Health Practitioners without further comment.

Recommendation: The College endorses the Code of Conduct for Registered Health Practitioners.

CODE OF PROFESSIONAL PRACTICE FOR CHIROPRACTORS IN AUSTRALIA

The college congratulates the Board on the comprehensive nature of this code of practice, which supports and expands on the Code of Conduct for Registered Health Practitioners. However, the College notes several omissions from the code and also the need for the Board to more clearly define and elaborate on certain areas within the Code of Professional Practice for Chiropractors in Australia:

1.3 **Informed Consent**
Although the current code requires practitioners to provide patients with the relative risk/benefits to any alternatives to the proposed care, the code does not appear to require practitioners to provide to their patients risk/benefits for the proposed care. In addition the use diagnostic tests such as plain x-ray is not considered "care" as such but has an attendant risk that should be advised to the patients prior to administration.

Recommendation: The College recommends that as part of "Informed Consent" that practitioners be required to provide to their patients risk/benefits for any proposed care and of any proposed diagnostic procedure.

1.5 **Confidentiality and Privacy**

1.5.1 A number of chiropractors conduct their practices, including treatment, in what has been termed "open plan" clinics, in which multiple patients are treated in the same room and often where the reception area is also included in this space. In such an environment the flow of information between doctor and patient may be affected, possibility resulting in an adverse impact on the clinical encounter and subsequent care. Further, such an environment may compromise a consumer's privacy and confidentiality with respect to verbal interchange, as in discussion; or via visual transfer, as from a computer screen or patient records. "Open plan" consulting rooms may be seen to inhibit the application of procedures that could be helpful to the management of a patient, which are not applied because of the visual impact on other Patients in the area. In addition such clinics inhibit inspection of the anatomical part involved. Such inspection is a cornerstone of diagnosis.

The College suggests that the code of practice for chiropractors make specific mention of "open plan" consulting rooms and incorporate guidelines, which will protect the privacy and confidentiality of the consumer and ensure that the standard of care is not adversely affected by such an environment.

Recommendation: The College recommends that the code of practice be amended to include specific reference to "Open plan" clinics, which are designed to protect the privacy and confidentiality of the consumer and ensure that the standard of care is not adversely affected by such an environment.

2.6 Radiology/Radiography

2.6.3 The scientific literature now strongly warns all health practitioners about the harms caused by excessive and unnecessary radiation and the need to carefully examine the risk/ benefit ratio before performing any diagnostic radiation procedure. Evidence based practice suggests that diagnostic X-ray examinations should only be performed when there is adequate clinical justification.

The College suggests that the clinical indications for X-rays, detailed in the code of practice and relating to, "to exclude or confirm a clinical suspicion of conditions, which may be a contra-indication to proposed care", be amended to ""to exclude or confirm a clinical *indication* of conditions, which may be a contra-indication to proposed care". The purpose of this change is to ensure that X-rays are simply not taken to exclude contra-indications for manual therapy in the absence of specific clinical indicators for such a contra-indication.

Recommendation: The College recommends that the section of the code of practice relating to clinical indications for X-rays, be amended "to exclude or confirm a clinical *indication* of conditions which may be a contra-indication to proposed care."

2.6.4 The College suggests that the sentence, " Routine X-ray screening…... or other exceptional circumstances, may be inappropriate", should be amended to " Routine X-ray screening…... or other exceptional circumstances, *is* inappropriate." Evidence based care, as well as national and international guidelines on radiology, do not support the use of routine X-ray examinations except in exceptional circumstances. Furthermore, the need for follow-up X-rays would require clear and justifiable reasons other than the consumer not making an adequate clinical recovery. The College suggests this clause be amended to reflect a more evidence based view of the need for follow-up plain film X-rays.

Recommendation: That the code of practice be amended to include the statements "Routine X-ray screening is inappropriate. Periodic X-rays are inappropriate, except in exceptional circumstances, such as the monitoring of progressive scoliosis.

Recommendation: That the code of practice be amended to include the statement "Follow-up X-rays should only be performed where there is clear and justifiable clinical reasons, other than the consumer not making an adequate clinical recovery.

2.7 Diagnostic Tools, Tests, & Processes

2.7.6 The current scientific evidence does not support the use of static surface electromyography (sEMG) or thermography in the diagnosis or prognosis of vertebral subluxations or other neuro-pathomechanical syndromes. The College therefore suggests that this clause of the code of practice be amended to reflect the absence of this evidence and advise practitioners that the use of this type of instrumentation is inappropriate in the diagnosis or prognosis of vertebral subluxations or other neuro-pathomechanical syndromes as it may lead to unnecessary or excessive chiropractic care.

Recommendation: That the code of practice be amended to reflect that the current scientific evidence does not support the use of static sEMG or thermography in the diagnosis or prognosis of vertebral subluxations or other neuro-pathomechanical syndromes.

2.10 Working with Adults and Children

2.10.7 (Bullet Point 5) The competent assessment of a child's development milestones requires specific training and experience. The code of practice suggests that in planning chiropractic management of children that frequent chiropractic checks are not recommended, except for addressing developmental milestones.

Many chiropractors do not have the training and or experience for the assessment of a child's developmental milestones. The College suggests that this the Code of Practice be amended to include a qualifying statement that only practitioners with appropriate training and or experience should undertake the assessment of developmental milestones in children.

Recommendation: That the code of practice be amended to include a statement that only practitioners with appropriate training and or experience should undertake the assessment of developmental milestones in children.

2.11 Duration and Frequency of Care

Many chiropractors are involved in the treatment of non-musculoskeletal conditions of both adults and children. The College believes that the Board has a responsibility to the public to prohibit or limit treatments, provided by chiropractors, that are ineffective or lack evidence of efficacy. A recent systematic review of the effectiveness of manual therapy, indicates that many non-musculoskeletal conditions, for which chiropractors treat with spinal manipulation, are either ineffective or lack sufficient evidence of efficacy. (1) In this context, it is worthy to note that in his commentary on that systematic review, world renowned chiropractic researcher Dr. Scott Haldeman, (2) made that following comments:

"This document should be of value to all chiropractors, medical physicians who work closely with chiropractors, as well as payers and health care policy makers.....

Haldeman goes on "It is, however, a serious mistake to try to attack or disagree with the evidence when treating patients. ***It does not serve patients to provide treatment that has been shown to be ineffective or where there is insufficient evidence to reach a conclusion when there are other options available that have been demonstrated to be beneficial. It is not acceptable today to claim that a treatment is effective in helping patients when there is no evidence to support these claims."***

The College suggests that as spinal manipulation and other manual therapies are not risk free and to protect the public from practitioners providing unnecessary or excessive treatment that the Code of Practice be amended to reflect this evidence based approach to chiropractic practice. We strongly believe that the national Board has a direct responsibility to control such practices to protect the public.

1. Bronfort G, Haas M, Evans R, Leiniger B, Triano J. Effectiveness of manual therapies: the UK evidence report. *Chiropractic & Osteopathy* 2010, 18:3 doi:10.1186/1746-1340-18-3
2. Haldeman S. Commentary on the United Kingdom evidence report about the effectiveness of manual therapies. *Chiropractic & Osteopathy* 2010, 18:4 doi:10.1186/1746-1340-18-4

Recommendation: That the code of practice be amended to include statements:
That it is inappropriate to provide chiropractic therapy for conditions, where the scientific evidence has shown it to be ineffective.

That it is inappropriate to provide chiropractic therapy for conditions where there is insufficient evidence to support its use and where other treatment options have been shown to be effective.

5.1 Spinal Postural Assessment and Public Place Marketing

While it is agreed, that on some occasions "public spinal screenings" are conducted to raise the public awareness of the benefits of chiropractic, these activities are principally conducted by chiropractors as a form of marketing. Over the years, numerous complaints from the public have lead to various State and Territory regulatory bodies formulating guidelines and codes of practice, specifically designed to ensure that these activities are conducted in an appropriate manner, so as to protect the public and not bring the profession into disrepute.

The College believes that there is a need for regulation of this type of activity that the draft code of practice attempts to cater for such regulation. However, it is recognised that some chiropractors, when conducting such public spinal assessments, utilise equipment, which has little to no reliability or validity, For example, static surface electromyography and thermography do not have acceptable levels of reliability or validity for such a purpose and their use in such circumstances, may result in a false impression of a person's spinal health. This may potentially instil fear in a person where such fear is unfounded. It may also lead to unnecessary treatments.

The College strongly recommends that the Code of Practice be amended to reflect that only equipment and procedures, which have adequate support, within the scientific literature, be permitted to be used for the purposes of public spinal assessments and marketing.

Recommendation: That the code of practice be amended to include a statement that only equipment and procedures, that have adequate support, within the scientific literature, be permitted to be used for the purposes of public spinal assessments and marketing.

Public Health – Vaccination

The Code of Conduct for Registered Health Practitioners (Section 5.4) states that practitioners have a responsibility to promote the health of the community, through disease prevention and control and education. The Code also requires practitioners to put aside their own personal beliefs and values, when they conflict with professional values, such as health promotion and disease prevention.

Section 9.2 © of the Code also states, "Good practice involves: understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases." This aspect of the Code is in keeping with best practice principles and occupational health and safety guidelines. As primary contact practitioners chiropractors have a responsibility not put their patients' at increased risk of infection by not having themselves immunised against relevant communicable diseases.

There is clear scientific consensus in favour of mass vaccination as a safe and cost effective public health intervention. This consensus is reflected in the strong pro-vaccination policies adopted by the United Nations, the Victorian and Australian Governments and governments of most other developed countries.

Substantial evidence exists that many chiropractors adopt an anti-vaccination policy and that often those personal beliefs are discussed with their patients and in so doing they may discourage those patients, and their children, from undergoing vaccination.

The College suggests that the Board include in its code of practice, reference to the need for chiropractors to set aside any anti-vaccination beliefs they have, in favour of the promotion of health and disease prevention through vaccination.

Recommendation: That the code of practice be amended to include statements:

a) That chiropractors should ensure that any information they provide to patients accurately reflects the contemporary scientific evidence in favour of vaccination and that the Victorian and Australian governments have in place pro-vaccination policies.
b) That when any information is provided to patients regarding any side-effects or negative impacts of vaccination that the information is balanced in content, reflects the current scientific research in this area and is not provided outside its appropriate context.
c) That the display of posters, pamphlets or other written material is balanced in content and reflects the current scientific research in this area.
d) That, unless the practitioner has appropriate training in this field, when asked by a patient or the public to comment on or provide information on vaccination or immunisation, that the patient or public be referred to other health professionals with more extensive knowledge and training in this field.
e) That practitioners should be immunised against all relevant communicable diseases.

Student Supervision and Intern Placement

All chiropractic undergraduate educational programs in Australia require students to undertake a mandatory period of clinical training, either within a clinical environment operated by the educational institution and or within a private chiropractic practice, under the supervision of a duly registered private practitioner/s.

This aspect of professional education is both an essential and integral part of health practitioner education. Where this aspect of training is conducted within a private chiropractic practice, certain pre-requisites and responsibilities rest with the private practitioner, in order to ensure that both the training and supervision of the student meets the objectives of the Act. Among those objectives is the facilitation and provision of high quality education and training and protection of the public by ensuring that the delivery of healthcare is at an acceptable standard.

The College notes that as part of the Health Practitioner Regulation National Law Act 2009, the functions of the Chiropractic Board of Australia include, to approve accredited programs of study and to oversee the management of health practitioners and students registered in the health profession.

While the College recognises that certain aspects of student education and their courses of study will be delegated to a Board appointed accrediting agency, we are of the firm opinion that the Board itself has a duty of care to the public in this regard. This duty of care extends to ensure that clinical training within a private chiropractic practice is provided, in a suitable environment and by registered health practitioners, who possess the appropriate skills, experience and professional standing, required to meet the educational needs and desired outcomes of supervised clinical training.

The College recommends that the Board issue specific guidelines pertaining to the clinical placement and supervision of students who undertake training within a private chiropractic practice.

Recommendation: The College recommends that the code of practice be amended to include appropriate guidelines on student supervision and intern placement in private chiropractic practices.

GUIDELINES ON CONTINUING PROFESSIONAL DEVELOPMENT

2.4 Continuing professional development

The College, in principle, supports the proposed Guidelines on Continuing Professional Development (CPD) issued by the Board. However, we believe in some aspects the guidelines, exceed what would normally be expected of a chiropractor or are not conducive to achieving their objectives, of maintaining practitioner competence and improving the quality of care, thereby minimising risk, improving patient safety and improving health outcomes.

The College believes that the requirement for all registered practising chiropractors to hold, as a minimum standard, a Senior First Aid (Level 2) certificate or equivalent, is excessive. COCA is of the opinion that this requirement is an unnecessary impost on practising chiropractors and not in line with industry standards. The training required for a Senior First Aid certificate involves many aspects of first aid which are not germane to the practice of chiropractic, such as the treatment of burns, bites, stings, poisoning and internal injuries. While possessing all the skills and knowledge is a laudable attribute for any individual, COCA is of the opinion that this requirement is excessive, in the context of registration as a chiropractor. The College suggests that the proposed requirement, be replaced with a requirement that all practising chiropractors must hold a current current cardiopulmonary resuscitation (CPR) certificate.

The College believes that the proposed requirement of 12.5 hours of "Formal learning activities " is inadequate in order to maintain and or improve practitioner competence, particularly when considering the rapid and widespread changes brought about by evidence based practice and ever increasing research into chiropractic practice.

The undertaking of CPD activities described in the guidelines as "Informal and incidental activities" should be encouraged by the Board but these activities should not be at the expense of more regulated and structured CPD activities. The scientific literature on CPD clearly indicates that to improve clinical competencies and effect a change in practitioner behaviour CPD activities must possess the fundamental requirements of effective continuing education such as, identification of learning needs, learning objectives, commitment to a learning contract, evaluation of learning, identification of appropriate resources and an educator as a facilitator. (1) The proposed guidelines, relating to "informal and incidental activities" do not possess these fundamental requirements and therefore may be ineffective in improving or maintaining clinical competencies of Australian chiropractors.

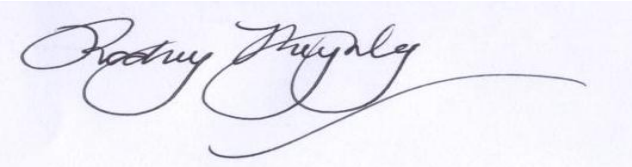
Recommendation: That that the proposed requirement for all practising chiropractors to hold a current Senior First Aid (Level 2) certificate or equivalent be replaced with a requirement that all practising chiropractors must hold a current cardiopulmonary resuscitation (CPR) certificate.

Recommendation: The College recommends that the Guidelines on Continuing Professional Development be amended to include an annual CPD requirement of a minimum of 20 hours of “Formal learning activities” and 10 hours of “informal and incidental activities”.

1. Thompson O'Brien MA, Fremantle N, Oxman AD, Wolf F, Davis DA, Herrin J. Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database Syst Rev 2009;(2):CD003030

We thank the Board for the opportunity to provide this submission and hope that our comments and suggested amendments assist the Board in the development of its codes and guidelines of practice.

Yours sincerely



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