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Response to the Chiropractic Board of Australia Consultation paper on the codes and guidelines.

Guidelines on advertising

Guidelines on mandatory notification

Board code of conduct

Board code of practice for chiropractors in Australia

Guidelines on continuing professional development.

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We welcome the opportunity to be involved in feedback to the new National board's draft of guidelines. The WCA-Australasia is involved in teaching corrective techniques, continuing education of the membership, development of standards and protocols for corrective work and research into techniques and technologies. As such, the input of the WCA-Aust is imperative for guidelines that effect corrective care, education of the public and standards of practice. We formally request that we be considered a stakeholder for the purpose of consultation in the future.

We appreciate that the board has tight timelines that it needs to meet and the large process that needs to occur. However, like most people and groups we have talked to, the timelines are infringing upon "proper consultation" and risk a document becoming law that does not serve it's purpose or represent the profession's view.

We also reject the statement made that the National Board has entered into wideranging consultation regarding the draft codes.

To our knowledge the codes have been made available for a period of time slightly greater than 21 days. Included in this period of time to respond has been the Easter break, resulting in a significantly reduced time. The distribution of the draft document has been limited to posting on the web site with no extensive notification to the profession.

It has been our experience that very few Chiropractors where aware of the documents availability. Having said this, the National Board may have attempted to involve and engage the profession further, but these attempts have been unsuccessful. It is our primary position that the codes should not proceed until meaningful and wideranging consultation has occurred as required by the legislation.

We provide our feedback though to support these timelines being met on the understanding that further true consultation will occur and further drafts will appear for the profession at large to critique and provide important input into.

The draft has some areas that we are essentially happy with and don't appear to need change. However, there are large and impacting areas that are so problematic that as it currently stands the WCA-Aust could not endorse or support this draft. Of prime concern are areas that directly endanger the public's safety, stop the healthy expansion of Chiropractic, suppress research, remove the right to freedom of speech, foster negativity and set the profession into the dark ages. We understand that this wasn't the board's intention, but by becoming an excessively prescriptive document that puts limitations in place that are unsubstantiated, personal opinions and possibly myth, the draft has become a reflection of a very small part of the profession and would make much of how daily Chiropractic is practiced, illegal. In the reforming of this draft we see it as critical that the document isn't there to define what "Chiropractic is", how it is practiced or communicated.

There are many valid styles of practice, idealisms, philosophies and techniques that are important for such a broad scoped profession. A fertile environment is needed by the public and profession to ensure continual growth, new invention and expansion. The board's role is essentially to ensure that the profession is practiced in a manner that is truthful, transparent and of a high standard. This is best done by simple guidelines that embody the principles all professions should adopt. So much of the document appears to be "knee jerk" reactions to individual cases or perceptions and the resulting detail then impacts everyone in a totally unreasonable way.

As a general comment, there are areas in the draft that just don't make sense and hence are open to misinterpretation. Many areas repeat and create confusion. There are several areas that are contradictory. As a general observation the document is incredibly punitive in it's tone and language. The board should publish a document that is more respectful of our training, skills and standing in the community. The document should be something we are proud of not a negative scrabble of minute details and ridiculous impositions.

The Board has created huge limitations that don't exist for other professions. The idea of a National guideline seemed an excellent vision if it is in line with other professions and in similar fashion.

Improvement in the draft would best be achieved by removing the prescriptive limitations and unnecessary sections. Further additions and specifics will take the document into further problems and just represent the opinions of a few and not serve the broad Profession and it's expanding nature.

Our issues upon our first reading of this draft are summarised below. We look forward to working with the new National Board in creating a healthy document that serves it's role in public protection whilst supporting essential professional growth and expansion of chiropractic into the community.

Dr Peter Snodgrass (CHIROPRACTOR)

President WCA-Australasia

Guidelines for advertising

3. Professional obligations
Substantiation of claims
Unless there is accepted scientific evidence that there are no material risks associated with the type of treatment, an advertisement for services should alert the public to the fact there are associated health risks.

Comments
The provision of warning of associated health risk without there first being an assessment for the need of care is premature and can only serve to undermine the confidence in the profession of chiropractic. This process should be part of the informed consent process. Whilst there is a material risk in chiropractic care it is no greater than many day to day events.

5. What is unacceptable advertising?
d) use testimonials or purported testimonials.

n) contain price ……., or offers time-limited discounts or inducements.

Comments
We again reject to limitation that will not allow chiropractors the use of testimonials. Testimonials that are performed in a factual, accurate manner can be a useful tool for members of the public understanding the benefits of chiropractic care. It is our belief that for the profession to grow there needs to be the opportunity for satisfied members of the public to share their experiences.

The refusal to all offers that have a time limited discount is not in the best interest of the public. We believe that the profession should be able to provide a discount, so long as it is accurate, clearly defined with all aspects of future care identified so as not to create an impression that the discount extends past the actual offer.

Code of professional practice for chiropractors in Australia.

1.6 Fees
1.6.7 Financial and management plans should not extend beyond 3 months at any time.

Comments

We strongly believe that financial and management plans have no place in the same section of the document.
It is our belief that this statement creates confusion and that there needs to be a process in each office to create a management plan and then once it has been established that care is required a financial agreement can be entered into that can facilitate the care. We strongly support that all management plans should be reviewed every 3 months at a minimum but believe that if in the chiropractors opinion they can support and justify a plan longer than 3 months then this should be facilitated.
We believe that it is not in the public's interest to restrict financial arrangements to 3 months. When entering into a longer financial arrangements reduced prices can be passed onto the public by removing unneeded administration functions as required in shorter financial arrangements.
It is also our position that this in a restriction of trade and for a restriction of trade to be embedded into a code it is necessary to perform an assessment to show that the restriction is in the public interest and can not be achieved by another means.

1.7.7 Professional boundaries are crossed when any interaction of a sexual nature occurs between a chiropractor and health consumer, or an immediate family member of the health consumer, regardless of the gender, or sexual orientation of either.

Comments

1.7.7 Obviously legislation needs to vigorously protect the public in the area of professional boundaries. However the inclusion of immediate family needs to be removed. A Chiropractor could easily be dating someone on the other side of town, interstate or even overseas and months later discover the person is a direct relative of an existing patient. Obviously in this scenario the Doctor has not overstepped a professional boundary yet would be liable for misconduct charges. There are also bonafide cases where a doctor will end up in a relationship with a past patient that is not infringing upon professional boundaries. A chiropractor and a patient should have the right to cautiously endeavour upon a relationship provided the Doctor has discharged the patient from their care or reasonably made efforts to do so and can demonstrate as such. The proposed draft is being excessive and insensitive to genuine relationships that can form outside of the Dr/Patient

relationship. It needs a rewording to capture the important essence it is trying to promote without directly infringing civil liberties.

2.4.3 (Dot point 6)The records contain the following: The health consumer's response to the care, both subjective and objective on each occasion.

This needs to be removed as it is not actually possible. A patient's response is not determined at the visit. It occurs over days later and is reported at the next visit via the normal SOAP notes where things are reported.

2.6.2. The need for x-rays is supported in cases where "red flags" (suspected pathology) are elicited from the clinical history and examination.

Comments

Whilst the need for x-rays in case where red flags exsist, there needs to be an expansion to ensure that this in no way can be interpreted as recommending red flag only as an indication for imaging. The following is an extract from the PCCRP guidelines which form an attachment to this response. (Page 37)
"There are a multitude of studies that demonstrate strong correlations in radiographic measured spinal alignment variables in spinal disorders between a 'condition group' and a control group without the condition. These studies demonstrate the validity and usefulness of spinal radiography in determining alignment abnormalities that predict, correlate to, predispose to, and/or complicate a variety of spinal and health disorders"

2.6.3 The clinical indication for requiring X-rays of children is limited to conditions such as fracture, dislocation, bone pathology, unresolved skeletal/ spinal pain, scoliosis and to exclude or confirm a clinical suspicion of conditions which may be a contra-indication to proposed care.

Comments

Section 2.6 must be expanded for the public's safety. There are numerous times where taking x-rays for biomechanical considerations are critical to high standards of care and various corrective techniques. The responsibility and decision needs to be made by the practitioner in consultation with the child's parent/s. There are many cases of undiagnosed fracture, congenital anomalies, ligamentous breakdown and unusual spinal configurations that can be visualised with radiographs. A

clinician MUST be able to x-ray if required to ensure a patients safety. The clinician must take into account age, presentation, history, exam findings, and likely application of forces to be applied.

In support of when its appropriate to x-ray children we refer you to the attached PCCRP guidelines.

2.6.4 Routine X-ray screening of consumers including the routine re-evaluation of biomechanical/ postural disorders, other than for progressive scoliosis or other exceptional circumstance, may be inappropriate. Follow-up X-rays are not indicated if the health consumer is making adequate clinical recovery except in cases of progressive pathology, fracture repair and progressive scoliosis.

Co

Section 2.6.4 has obviously been written by somebody with no Corrective training or experience. Structural correction can only be accurately measured on a post x-ray. You cannot measure correction on the resolution of symptoms as the two are not related. This suggested limitation is absolutely unacceptable as it contradicts current research, contradicts many techniques practiced, what is taught at many undergraduate and post graduate courses and contradicts common sense. The clinician of course must always weigh the radiation exposure up against the clinical knowledge gain. This is precisely why they are professions and study best practices taught and research presented.

On another level, post radiography is essential in researching outcomes to various care protocols, new techniques, and equipment and lifestyle modifications. These are essential for developing best practices that impacts directly public safety, public dollars and public health outcome. The guideline should simply be removed because the Doctor is always bound by the umbrella principles of ALARA and this is covered else where in the guidelines.

In support of when its appropriate to x-ray children we refer you to the attached PCCRP guidelines.

2.7.3 The findings of diagnostic tools/tests should not be used in marketing and advertising, as members of the public may be misled as to the value of those findings in relation to their situation.

Comments

It is our position that the findings of diagnostic tools/test should be able to be represented in advertising, so long as they are represented accurately. The refusal to allow any tools/test in advertising is a restrictive practice which we assume is proposed due to the inappropriate advertising in the past. We believe the rights of all chiropractors should not be impinged upon due to poor practises of some.

2.7.6 The findings from a static sEMG. Thermology or other assessment tools, tests and processes should not be misrepresented as to their clinical value in the diagnosis or progronsis of vertebral subluxations or other neuro-pathomechanical syndromes.

Comments

Whilst we agree with the statement, we believe that it is open to interpretation. We seek to amend the clause to read in a positive manner not as a negative restriction. We also attach a copy of the 2008 CCP guidelines that identifies the appropriateness and validity of all chiropractic assessment/ tools.

2.10 Working with Children
2.10.7 (Dot point 5) frequent chiropractic checks or treatment of children without sysmptoms or signs has not been supported by current avalible evidence and is currently not recommended, except for assessing developmental milestones. Should a parent elect to have their child undergo regular chiropractic examination or treatment in the absence of any clinical justification then it is the responsibility of the practitioner to provide the parent with a balanced view of the factual evidence relating to such examination or treatment as part of the informed consent process.

Comments

Most of this section should simply be removed as a Chiropractor always needs to take into account whether the patient is paediatric, geriatric, pregnant etc. It seems that a regurgitation of textbooks is occurring and this is not the place for it. The doctors have passed their exams and this is supposed to be guidelines not a teaching.

Of greatest concern though is the totally unsubstantiated statement "…..frequent chiropractic checks or treatment of children without signs or symptoms has not been supported by current available evidence and is currently not recommended….". This is simply not acceptable. The profession has practiced wellness and maintenance care of children for generations. Regular checkups are promoted by many associations and techniques groups as well as the international paediatric associations. Lecturers and researchers around the world teach in institutions the need for children checkups and maintenance care and publish these teachings in journals and books. This guideline is not only totally unsubstantiated but is grossly negligent of the public's best interests and reflects the viewpoint of the opinionated minority. This draft is not the place for these few to try and force their philosophy onto the profession and society.

2.10.7 (Dot point 6) practitioners should be aware that 'screening' for health problems may be associated with harms such as false positives which may generate anxiety and unnecessary treatment.

Comments

We believe this comment adds nothing to the document and seek to have it removed. A screening is only an indication of the need for a full assessment and belief that screening will create unnecessary treatment is incorrect. Our members follow the CCP guidelines, the only world-wide Chiropractic evidence based guidelines. The indication for treatment is subluxation, and it is not possible to create a false positive for subluxation.

2.11.5 The prime objective of all care provision should be to achieve maximum therapeutic benefit. Regardless of approach used or type of care employed, if therapeutic objectives are not achieved, the approach or type of care used should be re-evaluated. This may indicate a need for a reassessment, review, change in treatment procedure, the obtaining of a second opinion or referral. Continued failure to achieve therapeutic objectives should result in the health consumer being discharged as being unresponsive to chiropractic care and management. The health consumer may be given the choice of elective care or supportive care with proper informed consent.

Comments

2.11.5 It is unclear what "informed consent" would be for elective or supportive care (and wellness care/maintenance care should be included) …As material risk is already covered by the initial informed consent, what is this referring to ?

2.11.9 In cases where treatment continues in excess of 3 months in duration, the ongoing use of periodic validating objectives and subjective outcome measures is necessary in order to justify ongoing care.

Comments

This section needs to be removed. The time choice of three months is completely arbitrary and can't be put into a guideline. It is ALWAYS a doctor's responsibility measure the need for care, provide regular reviews as required and monitor objective and subjective outcomes. This is true at 1 week or 4 years. Three months is not a magical number. If a patient is only coming once every 4 weeks then 3 months is three visits. If they are coming three times a week then it is 36 visits. It just makes no sense at all. This is the problem with being prescriptive. Guidelines need to promote principles not limitations by formula.

5. Working with the broader community
5.1 Spinal postural assessment and public place marketing
These activities should be done in the full knowledge that there is no objective data to support the reliability and validity of screening for spinal disorders.

Comment

This statement is incorrect and should be removed. It is part of base level undergraduate training that posture is an indication for a full chiropractic assessment. We emphasise that screening is only for the need for a full assessment and not the diagnosis of a spinal disorder.

5.1.2 Practitioners should not tout for business. Business cards may be provided to participants upon request, but neither the obtaining of contact information from participants nor the making of appointments at the time of an assessment is permitted. Practitioners should not make unsolicited contact with participants subsequent to an assessment.
5.1.4 No fee is permitted to be charged for such assessment; however participants may make donations to a charitable organization nominated by the practitioner.

Comments

We believe this to be a restriction of trade and seek to have this clause removed. Spinal screenings are a useful tool in the promotion of Chiropractic but the impetus for chiropractors to spend time and money on screenings is the possible attraction of new business. To restrict this ability with the proposed restrictions to advertising will impact significantly on a Chiropractors income.
The collection of a small refundable fee at screenings is supported, as members of the public are more likely to attend an appointment or give appropriate notice of cancelled appointments if linked to a fee. More often the Chiropractor has reserved time for this member of the public and should be able to minimise any possibility of non-attendance.

Guidelines on continuing professional development

3. Requirements
3.2 The minimum level of activity will be at least 25 hours over a 12 month period.

Comments

It is noted this is a significant rise in the hours required for continuing education. Whilst many of our member participate in significantly higher hours we seek to understand the basis for such a significant rise in the requirements.

3.4 The board requires that chiropractors must hold a current Level 2 or Senior First Aid certificate or equivalent, in addition to the required CPD hours.

Comments

We have had a number of submissions on the need for a Level 2 or Senior First Aid certificate. It is the experience of our members that they never had the need in the working life to utilise the skills required by this clause and find it unnecessary. As with all members of the community chiropractors have access to emergency services and we do not believe that there is a need or expectation from the public for the provision of first aid from chiropractors.