CAASA
Chiropractors' Association of Australia (SA)

CHIROPRACTORS' ASSOCIATION OF AUSTRALIA (SOUTH AUSTRALIA) LIMITED
GPO Box 2407
Adelaide SA 5001 Australia

T: 08 8336 7562
F: 08 8365 8456
www.caasa.com.au

ABN 52 050 164 460

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

7 April 2010

CAASA Submission
Re: Chiropractic Board of Australia, Consultation paper on Codes and Guidelines

Dear Dr Donato,

CAASA thanks the Chiropractic Board of Australia (CBA) for the opportunity to review these Codes and Guidelines.

Please find below CAASA's comments and queries in relation to

1. "Code of Professional Practice for Chiropractors in Australia" (referred to as CoPP, or chiropractic-specific Code)
2. "Guidelines on Advertising" (included with 2.3 "Advertising")
3. "Code of Conduct for Registered Health Practitioners" (referred to as CoC or cross-professional Code)

1. Code of professional practice for chiropractors in Australia

A profession-specific section within these Guidelines

CAASA supports and understands the need for some profession specific guidelines. It is understood that the chiropractic-specific CoPP is a compilation of the current guidelines in existence around the country. It is also understood that the CoC and the CoPP are intended to be combined following consultation, which would reduce a lot of the repetition. We also hope that adequate time be provided in future for more substantive discussion and that a forum for dialogue is allowed.

As stated, CAASA supports the concept of the existence of some profession-specific guidelines. Such a document could indeed be, and in fact, needs to be positive for the health consumer, by providing and opening up opportunities for health consumer access to public health information and to allow them to make informed choices regarding their health care. Such a document also needs to be a demonstration of chiropractic as a mature profession that has robust professional expectations of its professionals. Such a document also needs to be supportive of a profession expanding its research base and supportive of progression and innovation within the profession.

Detail and prescription in the CoPP

It is noteworthy that none of the other Boards have included such a detailed, prescriptive and restrictive document as the CoPP for their respective health professionals. Other professions have either adopted the cross-professional CoC or supported an existing code of conduct from another body within the health profession they represent.

The creation of an extra 14-page document (CoPP) is well beyond the professional expectations that are required by the other professions' Boards. This seems excessive and indicates an unnecessary "singling out"

of the chiropractic profession. Furthermore, such a detailed, prescriptive document can never cover all possible details for all breaches. Consequently, in future, the creation of more and more guidelines will become necessary to fill in gaps in the detail – a logistical nightmare for regulation and prosecution, and certainly not encouraging of maturity in the profession. It will be far more efficient, inclusive and effective for both the regulation of the profession and the protection of the public to follow the more general tone and broader level of detail existing in the CoC.

Whilst we understand that this document was created by compiling existing documents from around the country, such a detailed and prescriptive document is still notably unaccompanied, however, by any supporting evidence or rationale to justify the specifics and the details of these extra guidelines. For a document, which refers frequently to the importance of factual, scientific and evidence-based approaches, a lack of supporting evidence or rationale for its own existence is a disappointing irony.

Essence of the CoPP

The essence of the CoPP is markedly different to the essence of the cross-professional Code of Conduct as featured in the majority of other health professions' consultation papers. The cross-professional CoC appropriately guides matters of the principles of ethics, teaching, professional behaviour, professional boundaries and the like. This is reasonable for such a document. The CoPP however, prefaces the document with :

"Chiropractors have responsibilities and obligations to consumers of their health services, the Chiropractic Profession and to the broader community to provide safe, beneficial, responsible and competent health care which meets best practice standards and is responsive to individual, group and community needs, within a context of justice and respect for people's rights."

This statement would equally apply to any other health professional. The presence of this statement in the CoPP seems to imply that Chiropractors cannot be trusted to be aware of the above, whereas other health professionals can, and thus that chiropractors, specifically, need to be guided as such by a profession-specific Code of Conduct, whereas the others do not.

Preparation of graduates in chiropractic programs vs. other health profession programs

The presence of *"Profession-specific practice and performance aspects"* which form part of the CoPP also imply that ***the profession requires extra guidelines***, in addition to those required by the other professions in practicing and performing their profession. This implies that chiropractors' training and qualifications have not adequately prepared them for their health profession, compared to the training and preparation of other health professions. Furthermore, the document states that the CoPP also contains: *"…areas of conduct and ethics where the Board felt there needed to be further guidance for practitioners."* There appears to be a lack of any supporting evidence, rationale or justification for this to be above and beyond that expected for all other health professions.

The existence of the prescriptive detail of the CoPP is a criticism of the Chiropractic University programs – and insinuates that the preparation of their graduates is not sufficient, compared to the preparation of graduates in other health professions. That is, the existence of the CoPP insinuates that the university programs are not adequately producing graduates who are competent clinicians and prepared for professional practice. Once again, it is noteworthy that no other health profession has seen it necessary to imply doubt regarding the training of their graduates to this extent.

Tone of the CoPP

The tone of the CoPP differs markedly from that for the cross-professional CoC. The latter document's tone is appropriately positive, informing, encouraging, responsible, inclusive and respectful. The tone of the CoPP

for chiropractors is derogatory, disrespectful, oppressive, demeaning and assumes poor conduct of the professionals. This is disappointing, as it does not enhance the maturity of the profession and is published for public exposure.

It is understood that some profession-specific components to the Guidelines are important. Prefaced by the above, we respectfully bring the following specific points to the Board's attention for consideration when preparing your next draft.

Section 1: Working with the Patient, Client, and Consumer

1.1 Rights and Responsibilities

The CAASA welcomes the description of rights and responsibilities, especially the inclusion of the provision for the health consumer to be an informed and active participant in their healthcare.

1.1.1 Dot point 16 requires clarification.

1.1.2 *"withdraw their consent to care and treatment, including the right to discontinue care at any time, against the advice of a practitioner, except where legislation waives the right;"*

What legislation is this referring to? The intent of this point is unclear.

1.1.1 Dot point 18: "r*efuse to give access to some or all of their health information;"* This statement should be followed with *"whilst informing the practitioner that some health information is withheld"*

Recommendation: That clarification of the above points is made. That 1.1.1 dot point 18 read as "*refuse to give access to some or all of their health information, whilst informing the practitioner if some relevant health information is withheld"*

1.2 & 1.3 Capacity to give consent and Informed Consent

This section is adequately covered in the Cross professional CoC. Additions such as:

Dot point 2, "All information provided to the patient should be reasonable and accurate and capable of being substantiated by a reasonable body of knowledge" should not appear in the Chiropractic-specific Code if the same expectation is not required of all other health professionals.

1.3.2 re Communicating with other practitioners

This is adequately dealt with in Section 4 "Working with other practitioners" in the Cross Professional Code.

1.3.3 & 1.3.4 re Interpreters & Communication

This is adequately covered in Cross Professional Code 3.3 "effective communication" In "Working with Patients or clients".

Recommendation: That 1.2 & 1.3 are deleted for the above reasons

I.4 Refusal to provide a service & discontinuation of treatment prior to completion of course of care.

This scenario is identical as would be for all health practitioners and as such, CoC Section 3.13 (and not 3.12 as misprinted in the CoPP) covers this scenario adequately. Expansion on this using extra detail is unnecessary and does not add clarity.

Recommendation: That 1.4 is deleted for the above reasons.

1.5 Confidentiality and Privacy

The introduction to this is covered in CoC 3.4

1.5.1 Re Providing confidential/private surroundings: This is covered in CoC 3.4 point (f).

1.5.2 Re Staff respecting confidentiality: This is covered in CoC 3.4 point (h)

Fees

This section is excessively specific in its conditions and also duplicates sections already existing. The cross professional Code (CoC) does not seek to restrict or dictate to the other health professions with such detail.

1.6.1 This applies to all health professions and is covered in CoC 3.5 (c) as follows *"ensuring patients or clients are informed about and agree to associated fees and charges before service is provided".*

1.6.2 covered in 3.5 of CoC in Informed Consent regarding fees.

1.6.4 re consent without coercion, duress, misrepresentation. This is covered in 3.5 Informed Consent in CoC.
1.6.6 This is already covered in CoC 2.2 (i)
1.6.7 Financial and management plans
It is unclear what the basis/evidence/ rationale is for the "3 months" listed in Section 2.2. The mention of "3" months appears arbitrary. The existing statement in CoC 2.1 Intro (b) should be followed: *Providing good care includes: formulating and implementing a suitable management plan (including providing treatment and advice…)*.
Management plans, particularly for chronic conditions, frequently require more than 3 months to be adequately cared for. For example, the South Australian Motor Accident Commission's "Whiplash-Associated Disorders Management Pathway" guidelines consist of management protocols for up to 9 months.

Furthermore, financial plans and clinical management plans are very different. This difference is not, however, delineated here in the CoPP. Financial plans are a common Law consideration. Clinical management plans are applicable to the clinical context as covered in 2.1 Intro b).
Recommendation: The above sections are deleted or replaced as listed above.

1.7 Professional Boundaries
CAASA strongly supports high professional boundaries for all practitioners where such violations as sexual misconduct or other abuses of power could take place. The detail described in CoPP (eg. divulging sexual fantasies and innuendo jokes) however, lists numerous specifics of this misconduct, without fully listing all possible breaches of this guideline. Also, the detail with which it is written does seem to imply that chiropractors have a predilection for this improper behaviour over other health professionals. Is there any basis to this?
Recommendation: As 1.71, 1.72, 1.73, 1.74, 1.7.5, 1.7.6, & 1.7.7 would apply to all health professionals, and Section 8.2 of the CoC adequately covers what is good practice to prevent these issues, it is recommended that this section is reduced to the generalities of section 8.2 of CoC to allow for any prosecution taking place for such offences to be full and unrestricted by guideline semantics.

2.1 Continuing Professional Development
This is covered in the Guidelines on CPD which feature in the final section of the consultation paper.

2.2 Responsibilities of the practitioner
Practitioners should be able to extend their scope of practice based on their knowledge, skill and learning. This section implies that any innovation must be pre-approved by the Board/and the profession, however this requirement is markedly missing from the Cross professional code of practice (CoC) as required by other health professions. All health professionals should be encouraged to progress and create innovations, extend their scope of practice and consequently achieve improved clinical outcomes for consumers, equally.

What would be the protocol for pre-approval of innovations by the Board?
Section 8, p.12 of Guidelines for Advertising of Regulated Health Services states that pre-approval of **advertisements** cannot be done by any National Board. Therefore, it is difficult to imagine the likelihood of the Board being able to handle the logistics of pre-approving innovations of the profession. The time and costs involved to the Board would be excessive and would restrict the development and maturation of the profession.
It is completely unreasonable to expect this of chiropractic innovations if it is not expected of any other health profession. Furthermore, Guild Insurance possesses a list of chiropractic techniques that are insurable and guided by the CAA.
Recommendation: 2.2 should be deleted for the above reasoning and practitioners should adhere to the requirements of 4.2, 4.3, 4.4, 4.5 of the cross professional CoC and the Guild list of insurable techniques.

2.3 Advertising, and
"Guidelines on advertising of regulated health services" (from the stand-alone section in consultation paper.)
The definition of advertising as added in the CoPP is as follows.
"For the purpose of this code of practice, advertising includes any form of public or private communication that could reasonably be seen as an intention to promote the profession, the individual practitioner or chiropractic practices."
This definition is far too broad. From this definition, these Guidelines would also apply to a verbal conversation. For this to adhere to the conditions applicable to advertising eg. "advertising of services must not: d). use testimonials or purported testimonials", this would mean that ANY verbal discussion referring to chiropractic cases, third party reports, with any person, anywhere, anytime would, through this wording, be against the National Law. It is unacceptable and inappropriate to restrict discussion and essentially free speech in this way.

Once again, the requirements, in this case, for advertising, **should apply equally to all health professionals**. The above definition of advertising does not appear in the CoC and as such it would be discriminatory against chiropractic to require such limiting of communication to be above and beyond the communication allowed by other health professions.

This is further demonstrated by the Code's own descriptions in CoC *1.2 Professional Values & Qualities* as follows: **"***Practitioners have a responsibility to protect and promote the health of individuals and the community*." Chiropractors' *"public and private communication"* could feasibly include mention of chiropractic cases and this guideline would prevent communication by a health professional which is required for them to fulfill their responsibility to the public regarding health promotion. This restriction limits the health consumer's access to health information, which contradicts:

1. CoC, Introduction 1.1 Use of the Code: "*Practitioners have a responsibility to protect and promote the health of individuals and the community".*

2. CoPP 1.1.1: "*Consumers have the right to: accurate and up to date information about their care and treatment and the services and options available to them, sufficient to enable them to make informed decisions about their care;" and*

3. Guidelines for advertising of regulated health services 4. (o): *"advertising may contain: o) any statement providing public health information encouraging preventative or corrective care."*

Recommendation: *The Guidelines for advertising of regulated health services* are extremely comprehensive and are adequately defined and detailed. As such, it is strongly recommended that 2.3 of CoPP , which excessively broadens the definition of advertising and effectively limits public access to health promotion information, (and only features in the chiropractic-specific Code), be removed.

In: "Guidelines for advertising of regulated health services" *Section 3, Professional Obligations,* lists the following requirement: *"Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the advertorial or article adheres to these guidelines."*

Importantly, adhering to the definition of advertising in 2.3 of CoPP would mean that any comment through the media, which could *"be reasonably be seen to promote the profession*" (as in CoPP 2.3) would need to adhere to all the listed advertising guidelines, including signing off on published version. As media do not generally provide the opportunity to review the content and sign off on published versions of articles, it is unacceptable to effectively prohibit practitioners to comment through the media. This is especially

unreasonable for spokespeople of the CAA as well as related peak bodies in other health professions. In addition, for such media comments to be required to adhere to all the advertising guidelines listed, would be impossible when dealing with journalist deadlines and other requirements.

Furthermore, this restriction limits the health consumer's access to health information, which contradicts:

1. CoC, Introduction 1.1 Use of the Code: "*Practitioners have a responsibility to protect and promote the health of individuals and the community".*

2. CoPP 1.1.1: "*Consumers have the right to: accurate and up to date information about their care and treatment and the services and options available to them, sufficient to enable them to make informed decisions about their care;" and*

3. Guidelines for advertising of regulated health services 4. (o): *"advertising may contain: o) any statement providing public health information encouraging preventative or corrective care."*

Recommendation: That the paragraph in *Guidelines for advertising of regulated health services, p. 3* of that section, *Professional Obligations, Authorising the content of advertising"* as follows*: "Practitioners should not allow the services they provide to be advertised or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content and have had reasonable opportunity to ensure that the published version of the advertorial or article adheres to these guidelines"*

be deleted and replaced with a statement such as :

"The practitioner should take all reasonable steps to ensure accuracy of the reported story/article/ advertorial."

Section 3.Professional Obligations

Further, in *Guidelines for Advertising of regulated health services*, CAASA brings the following section to your attention.

, p. 3 of this section, "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 that there are associated health risks."

AND

5. j).

To comply with s. 133 of the National Law and these guidelines, advertising of services must not:

(j) Fail to disclose that there are health risks associated with a treatment.

CAASA supports that informing consumers of associated material risks with any type of chiropractic care is a standard and important part of the informed consent clinical procedure. An advertisement, however, is usually, by nature, not specifically directed towards a particular individual, for example a newspaper or radio advertisement. Informing consumers of material risks should be applicable to their particular case, based on their particular conditions, being mindful of other additional complicating or involving individual factors. Information regarding material risks to consumers also needs to be clear and specific to the particular type of care or treatment procedure proposed. This can only be appropriately and completely performed during a one on one consult, and is, therefore, **not appropriate in a generic advertisement.**

Furthermore, CoC, Section 3.3 (f) states that Effective Communication involves:

f). ensuring that patients or clients are informed of the material risks associated with any part of a proposed management plan...". That is, a "proposed management plan" is specific to the individual and as such, relevant risks can only be disclosed as specific to the individual's proposed management plan. Therefore, disclosure of risks as part of a proposed management plan is appropriate, but contradicts the

requirement in *5. j)* which may apply to a generic advertisement. The latter would therefore be inappropriate, incomplete and possibly irrelevant for an individual consumer. For example one does not expect a warning on paracetamol adverts alerting buyers to the real danger of kidney nephropathy.

Recommendation:

That the material risks required to be warned about by chiropractors are relevant to the individual health consumer. It is recommended that these remain in the informed consent sections of the Guidelines and are deleted from the advertising guidelines for chiropractors, as it is not appropriate to individualised clinical care.

2.4 Health Records

Health records are an integral part of any clinician's responsibilities and, as such, should be equally delineated for all health professions. The CoC section 8.4 adequately and clearly covers the requirements of such records.

The derogatory tone featured in 2.4.2 is unacceptable, especially when it exists in addition and far beyond that which is described for the other professions in the CoC.

Such comments as: *"a practitioner must not change a health record to deceive anyone"* and *"practitioners must not inappropriately amend or falsify a consumer's clinical record"* are contemptuous and unacceptable.

2.4.3 dot point 6 *"the health consumer's response to the care, both subjective and objective on each occasion;"*

The meaning of this is unclear: Particularly, "*Response to the care…..on each occasion*". This is appropriate if obtained at the beginning of the consultation. This is not always appropriate, however, if this applies to seeking this information at the completion of the session. As would be equally expected with home advice, exercise program, medication, lifestyle modification, postural training etc, it is feasible that the health consumer's response to care may not be apparent immediately following the care, but more likely, on some occasions, would become apparent between visits and by the next visit. Therefore it is not appropriate to require recording of the "*response to care… on each occasion*" as observed or elicited immediately following the visit. If this sentence however, refers to subjective and objective records on presentation at the commencement of the visit, this is appropriate.

Recommendation:

The detail of this section is excessive, and suggests a distrust in chiropractors, more than any other health profession, to keep accurate and truthful health records. These requirements are in excess of those required by the other professions utilising the CoC. It is recommended, therefore, that 2.4 of CoPP be deleted and that the adequate CoC section 8.4 is utilised.

2. 6 Radiology / Radiography

Chiropractors are qualified to take and order radiographs as mentioned in 2.6. Chiropractors must, as the document states, "abide by the provisions of Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation (2008) and Code of Practice for Radiation Protection in the Applications of Ionizing Radiation by Chiropractors (2009)." These additional requirements appearing in this CoPP are inappropriate and again blatantly doubt chiropractors' clinical decision-making ability regarding radiography. Other professions ordering radiography do not have such detailed requirements placed on them and are seen to be trusted in their ability to make such clinical choices and decisions.

Recommendations:

CAASA is aware that CAA (National) has included a comprehensive analysis of the possibilities for guidelines for radiology/radiography in their submission to the CBA.

CAASA recommends that the CAAN recommendations, which utilise wide-ranging worldwide input, is considered for use for this section.

2.7 Diagnostic Skills
Chiropractors use a wide range of tool and skills to best care for their patients. This section again is derogatory and contains a sense of distrust toward chiropractors and is unacceptable to a registered, university trained profession. Chiropractors' under- and post -graduate training prepares them to interpret the diagnostic procedures they use. Mis-use of any diagnostic testing is unprofessional for any health profession.

Examples follow:
"…risk of a health consumers (sic) receiving *a misdiagnosis, exaggerated diagnosis, inappropriate treatment or treatment not necessarily required for their health and well-being."*
"…they should not misrepresent the findings of any test or assessment tool"
"…members of the public may be misled as to the value of those findings in relation to their own situation."
"…should not be misrepresented as to their clinical value in the diagnosis or prognosis of vertebral subluxations or other neuro-pathomechanical syndromes."

Recommendation:
Such contempt for the use and implied mis-use of diagnostic tools, tests and processes does not exist in the CoC for the other professions. Such requirement of diagnostic tools, tests and processes are also not required by the other professions through the CoC. It is hence recommended that Section 2.7 of the chiropractic specific Code be completely deleted.

2.8 Delegation of Practice
This is all common sense for a professionally-trained practitioner. If this section is included, further detail is required regarding definitions of "ancillary procedures". Would talking with /listening to a patient about their stresses and life problems, as could reasonably occur at a front desk situation, be considered an ancillary procedure?

2.10 Working with Adults and Children
Again, this is far in excess to the requirements described in CoC as required by the other health professions. Section 3.6 of CoC adequately covers the care of children and young people.

Re 2.10.6 *"Special consideration must be given to chiropractic management of neonates as examination and treatment of this group may be complex and may require advanced diagnostic skills, assessment and training."* This is unnecessary. ALL aspects of chiropractic, across all sectors of the society require advanced diagnostic skills, assessment and training, NOT just neonates.

2.10 Working with Children
2.10.7 (point 5) Regarding: "*Frequent chiropractic checks or treatment of children without symptoms or signs has not been supported by current available 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."*

This point is irrelevant to clinically competent, professionally trained chiropractors. Any implication that treatment would be performed; "in the absence of any clinical justification" in ANY person, whether adult or child is excessively stating the obvious and, is, therefore unnecessary. These standards are common sense in the care of ALL sectors of the population. Singling out children, or any other group is illogical.

2.10.1 University prepares clinicians well for clinical thinking. This section is out of place in a section on adults and children.

2.10.2 Re Informed consent
This is adequately covered in 1.3.3 of the Informed Consent Section. The extra detail and the use of the implication of "exploitation" is again denigrating to the profession implies that the profession is untrustworthy. This does not encourage profession maturity and is well beyond that which is described to the other professions in the CoC on working with children. If other professions do not require this guideline, then neither should chiropractors.

e) ***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.*
The apparently arbitrary use of 3 months has again been used without accompanying rationale, evidence or justification. Such prescription of detail to "justify ongoing care" is again derogatory and unacceptable to clinically competent, professionally trained chiropractors.
2.10.4 This should be covered in the section on radiology/radiography
2.10.5 This attempts to briefly but not completely describe clinical judgment and thinking for the chiropractor. These clinical thinking and skills are out of place in such a document.
2.10.7 dot points: Professionally trained chiropractors are well aware of these considerations and are also aware that these considerations apply to ALL sectors of the population, and not exclusively to children.
Last dot point:

> "*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."*

This statement has no place in this document and is common sense for all 'screening' in the community.
Recommendation:
This section is well beyond the requirements for all other health professionals as detailed in the corresponding section in the CoC (3.6). The clinical abilities of the professionally trained chiropractor are implied to be distrusted and there is undue singling out of children's care that should apply to the care of consumers of all ages. It is strongly recommended that this section is deleted and replaced with Section 3.6 of CoC.

2.11 Duration and Frequency of Care
This section once again, doubts the clinical judgments of professionally trained practitioners.
We bring the following sections to your attention:
1."These frequency and duration of care guidelines are provided to assist chiropractors in their clinical decision-making."
No such assistance is seen to be necessary to be provided to other health professionals in the cross-professional CoC.

2. "The primary goal of chiropractic care is to promote and optimise good health and function, maintain it, and prevent the recurrence of injury and dysfunction."
This "goal" is lacking any reference. It differs from the CAA and WFC definitions.

3. "Practitioners should avoid promoting consumer dependency, somatisation, illness behaviour or secondary gain."
This is common sense to a professionally trained practitioner. Furthermore, as this does not exist in the CoC of all health professionals, then it should not exclusively appear here. This should either be described for all health professionals or for none. The exclusive listing of this sentence in the chiropractic-specific Code is derogatory to the ethical standards of chiropractors if it does not appear for all others.

2.12 Informed consent covers this adequately and more clearly.

2.11.3 & 2.11.4 &2.11.5 &2.11.6 These sections are overly prescriptive on the clinical judgment of the chiropractor and, as such, do not encourage maturity of the profession. Once again, this is well beyond what is expected in the CoC of the other health professions.
2.11.7 This is well covered in CoC Section 4 "Working with other practitioners".
2.11.8 Repetition
2.11.9 Once again, this seemingly arbitrary "3 months" is used as a period of time in which "justifiable care" takes place without accompanying rationale, evidence or justification. Such prescription of detail to "justify ongoing care" is again derogatory and unacceptable to clinically competent, professionally trained chiropractors. The preventative care model is ubiquitous among chiropractors. There are many postulations as to why regular chiropractic visits are beneficial not least being monitoring of patients keeping to a healthy lifestyle.
Recommendation:
The "primary goal of chiropractic" should be worded as agreed upon by the profession in wide-ranging & accepted definitions eg CAA or WFC etc.
Dictating the clinical protocols and judgments of the practitioner is not appropriate, especially when no such distinction is in place for the other health professions via the CoC. Ethical care is well covered in the CoC and as such, the Section 2.11 should be deleted.

3.1 Standards of Premises
3.1.1 &3.1.2 This is common sense and is out of place in such a document.

3.1.2 dot point 2 *"arrangements for obtaining after hours services where applicable and how to obtain assistance in emergencies."*
This is excessive to be listed here as a point requiring guidance.

3.2 Maintenance of Equipment
This is all common sense.

4. Working with other Practitioners
This is adequately covered in the CoC Sections 6.3 and 8.3 as well as the *Guidelines on Mandatory Notifications*

4.3 Acting as a consultant
It is unclear as to the definition of a "consultant". Could this apply to a chiropractor that is giving a 2nd opinion to a consumer? If a chiropractor happens to be the 2nd in the line of chiropractors the patient has consulted with, does this fit the definition? As such, is the practitioner restricted from providing care unless a referral has been obtained from another practitioner? This would contradict the primary care nature of chiropractic practitioners.
Recommendation: In the interests of consumer-centered care, and of clarity, it is recommended that this section be revised and re-worded for clarity of intent.

5. Working with the broader community
5.1 Spinal postural assessment and public place marketing

The derogatory tone begins immediately in this section:
"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."
This wording is demeaning and unnecessary, particularly without any accompanying evidence of objective data to support the unreliability and non-validity of spinal screening.
5.1.1 This is written in a contemptuous tone for chiropractors once again and is inappropriate:
"….should not in any way engender fear, or be designed to engender fear"
"Practitioners should not tout for business"

"…Deliberately create a false outcome of the screening"
"No attempt should be made to: • Engender fear in the mind of the participant;"

5.1.4 Re: charging a fee
It is not unreasonable for a practitioner to charge for his/her service. Whilst a spinal screening/postural assessment can be a positive example of a public health information opportunity and public health education, it is not reasonable to expect it as a free community service. The practitioner should be able to choose whether or not they charge for such a service.

Recommendation:
That this section includes a definition of "screening".
That any reference to lack of objective data is accompanied by objective data to justify such a judgement.
That the practitioner should be able to choose whether or not they charge for such a service.

5.2 Provision of care to consumers who are at risk
5.2.1 Re: Course in suicide intervention
CAASA acknowledges that suicide is a significant issue within the community. However, it is unreasonable to expect that a chiropractor and all their staff will complete a course in suicide prevention. This does not appear in the CoC for other health professions and as such, we can see no justification for it to be exclusively required for chiropractors and their staff.

Dot point 3 re documenting
This is covered in the health records section (8.4 (e)) of CoC.

3. Code of conduct for registered health practitioners

3.14 Personal relationships
It is common for chiropractors to be the primary provider of chiropractic services to their team and family.

Recommendation: Replace 3.14 with section 6.9.2.1 of the CAAN Code of Professional Conduct and Practice for Chiropractors (2005):
"As chiropractic does not involve critical care (such as surgery) and does not involve in-depth exploration of the patient's psyche (such as occurs in psychology) and as chiropractic has a philosophy that health care is more than the treatment of symptoms and disease and often involves asymptomatic care, it is the policy of the CAA that chiropractors maintain the privilege of providing chiropractic care to their immediate family members and partners, providing that:

- ***adequate records are kept;***
- ***confidentiality is maintained;***
- ***at all times an option to discontinue care is maintained."***

9.2 Practitioner Health
CAASA brings the following to your attention:
1. Featured on p. 13 of CoC:
"Good practice involves: c). understanding the principles of immunisation against communicable diseases and being immunised against relevant communicable diseases"

In the interest of practitioner safety, and the safety of those patients/clients he /she is in contact with, high standards of evidence based rationale should be expected for a medication recommended, whether

vaccination or other medication. As this point lacks any attachment of reference to evidence base for rationale as well as safety, we cannot support the potential for practitioners nor those patients/ clients he /she is in contact with to be put at risk as a result of a generic medication recommendation. Furthermore, **there should never be a requirement for any enforced medication for registration of any health professional.**

Recommendation: That this point is edited as follows:
Either: "Good practice involves: c). understanding the principles of immunisation against communicable diseases."

2. Featured on p. 13 of CoC:
Good practice involves: a). attending a general practitioner or other appropriate practitioner to meet health needs.
Dictating how a consumer specifically cares for their health is unacceptable in these guidelines.
Recommendation: That the sentence be replaced with the more appropriate one featured in the Optometrists' version of the CoC document:
i.e. replace "*a) attending a general practitioner or other appropriate practitioner to meet health needs"*
with *"a) attending to personal health needs".*

CAASA thanks the CBA for the opportunity to comment on the Codes and Guidelines. We understand that further consultation with the profession and all stakeholders is intended to continue. We hope that with adequate consideration and justice that a comprehensive set of guidelines can be formed, which is positive and supportive for the profession's maturity, as well as encouraging professional and quality care of the health consumer, and encouraging and informing consumers to be involved and active participants in their health care.

Yours sincerely,

Dr Zoe Love
Chiropractor
President, Chiropractors' Association of Australia (South Australia)
on behalf of the CAASA Board