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SUBMISSION TO

CHIROPRACTIC BOARD OF AUSTRALIA

RE

PUBLIC CONSULTATION PAPER ON THE

GUIDELINES FOR CLINICAL RECORD KEEPING FOR CHIROPRACTORS DATED 28 AUGUST, 2012

FROM

CHIROPRACTORS' ASSOCIATION OF AUSTRALIA (NATIONAL) LIMITED

26 October 2012

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The Chiropractors' Association of Australia (National) Ltd (CAA) is the peak body representing chiropractors in Australia.

CAA works at the national level to support chiropractors in practice. We build capacity in chiropractic practice, working at the local level towards a skilled, viable and effective chiropractic sector to improve the health and wellbeing of Australian communities.

The CAA, through its state and national branches, provides the organisational interface between government and other stakeholders and chiropractic practice.

CAA is pleased to contribute to the development of professional standards and thanks the Chiropractic Board of Australia for the opportunity to provide input into the public consultation document on Proposed Guidelines – Clinical Record Keeping for Chiropractors.

The following are the CAA's comments:

Page 1: Sections titled "Introduction", "Who needs to use these guidelines?" and "Summary" on page 1 do not require comment.

Page 2: Section titled "Clinical records held by Chiropractors" "**Item 2 General principles to be applied**" Item 2 (c) states:

"A chiropractic clinical record must be made at the time of the consultation or as soon thereafter as practicable or as soon as information (such as test results) becomes available. It must be an accurate and contemporary reflection of all consultations or interactions. If the date the record is made is different to the date of the consultation, the date the record is made and the time and date of the consultation must be noted. "

The requirement to record **time** and date of consultation, if the date the record is made is different to the date of the consultation, seems unnecessary.

CAA's recommended change:

"If the date the record is made is different to the date of the consultation, the date the record is made must be recorded and the date of the consultation noted."

Page 3: Section titled "Clinical records held by Chiropractors" **Item 3 Information to be recorded at an initial or new presentation**

First sentence currently reads:

"The following information forms part of the clinical record and is to be recorded and maintained, at the initial presentation about that consultation: "

For clarity, CAAN would recommend a change to this first sentence.

CAA's recommended change for first sentence:

"The following information forms part of the clinical record and, where relevant, is to be recorded at the initial presentation:"

Item 3 (b) currently reads:

"current health history including a relevant medical history, systems review, work history and 'red flags'(current medications/supplements)(allergies)(referrals)"

Again, for the purposes of clarity, CAA would recommend the following change to 3 (b):

CAA's recommended change for 3 (b):

"current health history including anything relevant to the patient's presentation. This may include:

- **relevant health history**
- **systems review and/or work history**
- **'red flags'**
- **relevant medication and supplement history**
- **history of any previous care/treatment**
- **known allergies**
- **contraindications**
- **health alerts"**

Item 3 (h) currently reads:

"current health history including a relevant medical history, systems review, work history and 'red flags'(current medications/supplements)(allergies)(referrals)"

The CAA comments that the clinical impression may not be fully formed until after the initial consultation. The chiropractor should create a management plan consistent with the clinical presentation. The CAA suggests a simpler way to state this would be:

CAA's recommended change to 3 (h):

(h) the management plan outlined in the case file should be congruent with the history and examination findings."

Item 3 (i) currently reads:

"details of any informed consent"

The CAA comments that informed consent to care may not be sought until care actually begins. Attendance at a consultation/examination would be sufficient to form consent to that consultation/examination.

CAA's recommendation is that Item 3 (i) be moved into Section 4

Item 3 (j) currently reads:

"any contraindications and health alerts"

CAA comments that contraindications and health alerts would be covered under 3 (b)

CAA's recommendation is to Remove 3 (j).

Item 3 (k) currently reads:

"name of consulting practitioner"

CAA's comment is that the consulting practitioner will be identifiable by cross-referencing the appointment record. CAA suggests that it is unnecessary that it form part of the written record.

Page 3: Section titled "Clinical records held by Chiropractors" - **Item 4: Information to be recorded at a subsequent consultation or any consultation where care or advice is provided**

First sentence currently reads:

> "*For each presentation, clear documentation of information relevant to that consultation including the following clinical details: "*

CAA comments that as long as the phrase "… relevant to that consultation …" is appropriately applied, the CAA has few concerns with section 4.

Section 4 (c) currently reads:

> *"name of the person providing information if not the patient, e.g. parent, guardian"*

CAA comments that this is not a requirement of the Osteopathy Board of Australia document. If, however, there is consideration of relevance of that information, then it is no problem. But notation of who said what in every clinical consultation would be an onerous task when caring for families.

Section 4 (q) currently reads:

> *"details of anyone contributing to the chiropractic care and record. "*

The CAA wonders if this is relevant, given that the chiropractor is ultimately responsible for all additions to the clinical record.