

18<sup>th</sup> October 2012

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Dear Dr. Donato,

**Re: Consultation Draft Code of Conduct for Chiropractors**

The Chiropractic & Osteopathic College of Australasia (COCA) would like to thank the Chiropractic Board of Australia (CBA) for the opportunity to provide further comment on the most recent review of the Code of Conduct for Chiropractors.

As per our previous submission on these guidelines, COCA believes that the current draft of this code of practice falls well short of what is expected from a national regulatory authority entrusted with the protection of the public. The current draft document fails to provide registered chiropractors with the guidance necessary to inform and assist them to practice in a safe, effective and ethical manner. It would appear that, similar to previously issued versions of this code, the Board has opted to provide guidance on matters of conduct with a prescriptive rather than a proscriptive model. In fact it would appear that each successive version of this code has become less proscriptive and focused more on descriptors of good practice rather than advising practitioners on what is not considered to be an acceptable standard of practice.

As stated in our previous submission, an analysis of the notifications received by the Australian Health Practitioner Regulation Agency (AHPRA), made a between 2010 and 2011, suggests that chiropractic notifications were five times more than those for physiotherapists and twice as many as those received for osteopaths and podiatrists. COCA believes that such a high rate of complaints made against chiropractors is in part due to a failure of the previous and current guidelines to adequately and clearly delineate what is and what is not acceptable conduct.

Further, the College recognises that the vast majority of Australian chiropractors practice in an ethical manner and adhere to good practice principles and follow an evidence based approach to their practice. However, others within the profession do not uphold or practice with such worthwhile ideals. Clearly, it is this minority group within the profession that needs clear and unambiguous guidance with respect to their practice as chiropractors and not the majority whose practice and ethical standards are of acceptable levels. The CBA cannot abrogate or minimise its responsibility of protecting the public by not providing Australian chiropractors with appropriate guidance in these matters.

Also, as previously stated, chiropractic, unlike most other health professions, possesses a wide and varied diversity of practice styles, with numerous and diverse treatment regimes, diagnostic paradigms and underlying philosophical tenets. Simply put, such terms as treatment, diagnosis, wellness, health, etc. are interpreted quite differently by the many groups within the chiropractic profession. On this basis, any generic references or motherhood statements contained in the draft code may suffer from a wide range of interpretations and ultimately not provide the necessary guidance for the profession, on what is and what is not an appropriate standard of practice and or conduct.

It is important to recognise that many chiropractic organizations and special interest groups establish and publish their own unique guidelines, which are formulated to suit particular styles of practice or philosophical tenets. While some of these guidelines may adhere to evidence based practice principles and are formulated using well established and appropriate criteria, many guidelines do not. Practising chiropractors may not possess the necessary training or expertise in order to effectively and critically appraise all the published guidelines and therefore it is incumbent on the Board to provide those practitioners with the necessary guidance in such circumstances.

For example, chiropractors who adhere to a practice paradigm based on the theoretical construct of the “vertebral subluxation complex” may employ a wide range of diagnostic methods, including radiography and base a patient’s entire management plan on the identification and treatment of this unproven theoretical construct. Yet the promoters of this theory have produced, what they erroneously have termed, “evidence based” guidelines on the diagnosis and treatment of this theoretical entity. Chiropractic practice based on a such a paradigm is not evidence based, places a patient at increased risk of injury or illness and has no place in modern healthcare.

In this context, COCA rightly believes that as the CBA’s first responsibility, as mandated by the Act, is to protect the public it should, in keeping with the United Kingdom’s General Chiropractic Council, advise practitioners that “The chiropractic vertebral subluxation complex is an historical concept but it remains a theoretical model. It is not supported by any clinical research evidence that would allow claims to be made that it is the cause of disease.”

[http://www.gcc-uk.org/files/link\\_file/Guidance\\_on\\_claims\\_made\\_for\\_the\\_chiropractic\\_VSC\\_18August10.pdf](http://www.gcc-uk.org/files/link_file/Guidance_on_claims_made_for_the_chiropractic_VSC_18August10.pdf)

Specifically, COCA is of the opinion that the current draft fails to meet its objectives in the following sections:

## **2.2 Good Practice**

g) providing treatment/care options based on the best available information and practising in an evidence informed context

Throughout the draft guidelines practitioners are encouraged to practice in an “evidence informed context”, which is defined in the document as “the integration of the best available evidence with professional expertise to make decisions, in conjunction with patient preference, values and circumstances”.

It is COCA’s experience that many chiropractors do not fully understand the hierarchy of scientific evidence or misinterpret this definition in an attempt to justify unscientific treatment and diagnostic procedures or treatment and diagnostic procedures, which lack scientific validation or efficacy.

Evidence informed practice, as the Board’s definition states is the **integration** of the best available evidence with professional expertise, in conjunction with patient preference, values and circumstances. Using this definition, some chiropractors disregard the key element of this practice paradigm, namely “the best available evidence”, in favour of their professional expertise, personal practice style or patient preference, values and circumstances. This interpretation is not the intent of evidence informed practice.

For example if the scientific evidence clearly reflects that a treatment is not effective for a given condition, then regardless of their own professional experience, such a treatment should not be provided, unless the patient requests such treatment and in such cases it should only be administered after the patient has been fully informed with regard to the treatment's lack of effectiveness.

**Recommendation:** *That the Code of Conduct is amended to provide practitioners with a clear explanation as to what constitutes practising in "an evidence informed context".*

### **3.15 Working with multiple patients**

The proposed guideline on this section fails to provide the necessary guidance for practitioners to not only provide confidentiality and privacy for their patients but also the guidance to practice in a safe and effective manner. The current draft simply asks the practitioner whether he or she considers this mode of treatment to be appropriate for the patients involved.

*It is not possible to provide "good care" when treating multiple patients simultaneously other than in a class or group setting, such as exercises. Chiropractors who treat individual patients with individual complaints in a multi-patient environment do so solely for commercial reasons. Appropriate examination, history taking etc. is compromised in such an environment due to a lack of privacy and confidentiality.*

The current phrasing of this section suggests, and rightly so, that the Board has concerns about this practice. Leaving such a decision to the discretion of the practitioner is not appropriate.

**Recommendation:** *That the Code of Conduct is amended to state that it is inappropriate for a chiropractor to provide treatment to more than one individual patient simultaneously in the same room other than in a class or group setting such as exercise or educational classes.*

## **6.4 Public health matters**

*It is a well-established fact that some chiropractors promote an anti-vaccination policy to their patients. There is a clear mandate from the Australian Government and by the NH&MRC to promote the benefit of vaccination for a number of communicable diseases. As registered health practitioners chiropractors have an obligation to adopt the Government's pro-vaccination policy. Further, issues relating to vaccination should be considered outside the scope of chiropractic practice, other than in the promotion of the health of the community. Chiropractors' training and education is not of a sufficient standard for them to provide informed advice to their patients on the risk benefit analysis of vaccination. Chiropractic patients who request information on vaccination should be directed to a health practitioner who possesses the training and education to provide such advice. Chiropractors should not promote anti-vaccination views, regardless of their personal beliefs, as it is contrary to the scientific evidence in favour of vaccination and the Australian Government's health policy. For the Board to permit chiropractors to promote anti-vaccination views is irresponsible and not in keeping with its requirement to protect the public.*

*As part of disease prevention and community health the Board should also recommend, as a minimum, that all chiropractors be vaccinated against a range of communicable diseases in line with the recommendations of the NH&MRC policy on disease prevention for health workers. This recommendation is of particular importance for those practitioners who use acupuncture or dry needling in their practices, due to the risk of needle stick injuries. Furthermore, in some circumstances, this recommendation should extend to student chiropractors. For example, in at least one Australian chiropractic teaching institution the program includes tuition on the taking of blood for pathology purposes and other teaching institutions provide tuition in urinalysis. With such procedures, there is a risk that students may suffer needle stick injuries or come into contact with blood contained in tested urine, thus placing them at risk of contracting a range of blood borne communicable diseases.*



Many chiropractors and chiropractic students may also treat people with substance abuse problems or indigenous populations who have a higher risk of suffering from Hepatitis and HIV infection or are immuno-compromised. Clearly, in such circumstances, without immunisation, these practitioners and students are at increased risk of contracting certain communicable diseases.

Finally, the transmission of communicable diseases between practitioner and patient is also of concern and must be considered in any vaccination recommendation. In this context, practitioners who themselves are not immunised place unimmunised infants and children in their care at increased risk of contracting a number of communicable diseases from direct or indirect contact.

*Recommendation: That the Code of Conduct is amended to state that "Good practice" includes a recommendation that chiropractors and chiropractic students should be vaccinated against communicable diseases as per the NH&MRC guidelines of vaccination and immunisation for health worker. And that issues relating to vaccination and immunisation are outside the scope of chiropractic practice, other than in the promotion of the health of the community and that chiropractic patients' who seek information on this health prevention strategy should be directed to a health practitioner who possesses the necessary training and education to provide such advice.*

### **11.2 Teaching and supervising**

The current draft code of conduct fails to adequately address and give guidance to field practitioners engaged in clinical supervision, mentoring or assessment of students. While the College understands that many aspects of this form of student training will be addressed as part of teaching institution accreditation, the Board also has a direct responsibility to the profession, students and the public in insuring that registered chiropractors, who become involved in this form of education, have the necessary training and experience. While it is beyond the scope of this submission to provide the Board with a detailed proposal relating to student supervision and assessment the College strongly recommends that the Board issue specific guidelines on this aspect of student training. Failure to do so may result in students receiving inadequate or inappropriate supervision and training, therefore placing the public at increased risk.

*Recommendation: That the Code of Conduct is amended to include appropriate guidelines on student supervision and intern placement in private chiropractic practices and in University out-patient facilities.*

## **Appendix 2**

### **Guideline in relation to radiology/radiography**

Successive drafts and published guidelines, issued by the Board and relating to the use of radiography in chiropractic practice, lack the substance and detail necessary to adequately inform chiropractors under what circumstances their patients should undergo x-ray examination. The current guideline simply refers practitioners to the guidelines published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA Code) and provides further guidance to practitioners with motherhood statements, relating to clinical justification in an "evidence informed context"

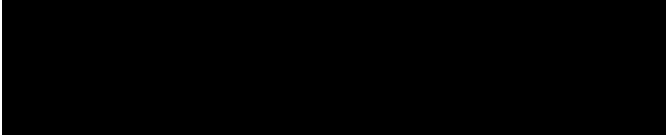
*It is well established that many chiropractors routinely expose their patients to ionizing radiation for the purposes of postural and biomechanical diagnosis, for such entities as spinal subluxations. Such actions are not sustainable, given the current scientific evidence for justification of such procedures and the plethora of evidence supporting the harmful effects of ionizing radiation to the individual. Some chiropractic technique systems recommend the use of x-rays as an integral part of that system and even some guidelines on the use of x-rays by chiropractors promote such procedures, in order to identify certain biomechanical or postural deviations from "normal". Many chiropractors use certain chiropractic guidelines as clinical justification for performing x-rays and in this regard erroneously believe they are practicing in an evidence informed context. The best available scientific evidence does not support such practices. In order to promote good practice and therefore protect the public the Board has a responsibility to inform chiropractors that such practices are not supported by the*

*evidence and recommend that they follow high quality accepted guidelines for the use of x-rays applicable to chiropractic practice.*

*Recommendation: That the Code of Conduct is amended to state that chiropractors should only use ionizing radiation on patients when there is clear clinical justification in accordance with accepted guidelines, such as those formulated by Bussieres et al*

<http://www.ncbi.nlm.nih.gov/pubmed/18308153>, <http://www.ncbi.nlm.nih.gov/pubmed/18308152>,  
<http://www.ncbi.nlm.nih.gov/pubmed/18082743>, <http://www.ncbi.nlm.nih.gov/pubmed/18082742>

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 this code of practice.



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CEO/Vice President