

## Note from the Chair

This July marks four years of the operation of the National Board and the National Registration and Accreditation Scheme (the National Scheme). The National Board actually began its work nine months before the start of the National Scheme and there has been significant and ongoing transition and change over this time. There has been a constant effort by both AHPRA and the National Boards to improve and refine the scheme, and what we have now is far more advanced than the one begun on 1 July 2010. In a sense we can almost say that Stage 1 (transition) is completed.

When the National Scheme began, Australia's health ministers put in place the requirement for a planned review after three years of operation. This extensive independent review has now begun and is being conducted by Mr Kim Snowball, who was previously the Director General of WA Health and also served as the Chair of the Australian Health Minister's Advisory Council (AHMAC). The National Board's commitment to being an effective and efficient regulator under the National Law is strong, and we welcome any feedback from this review that supports this objective.

The first six months of this year have been very busy for the Board with meetings across the country and information sessions for the profession. The feedback from those who attended these sessions has been overwhelmingly positive and we look forward to more such engagement in the future.

As I am nearing the end of my current appointment as Chair, I must thank Ministers for the privilege and opportunity to serve the public in this role. Also, I offer my thanks to our AHPRA partners for their tireless support and hard work, especially our executive officer, executive assistant and the committee chairs. My gratitude to the members of the National Board as their continuing professionalism, output and collaborative spirit

in meeting and delivering the needs of the National Law cannot be overstated, they have been magnificent and completely committed to their role on the Board. The work of the Board is a 100 per cent team effort. To the chiropractic registrants, may you all continue to provide the best, safest and most ethical care to the Australian public.

### Dr Phillip Donato OAM

Chiropractor  
Chair, Chiropractic Board of Australia

## First aid certification for chiropractors

The National Board's *CPD registration standard* states that all generally registered practitioners must hold a current first aid certificate at the minimum standard of a Senior First Aid (Level 2) certificate or equivalent. This is in addition to CPD requirements. First aid certificates are valid for three years and we are now approaching three years since chiropractors renewed their registration for the first time under the National Law. We anticipate that many practitioners will be looking to refresh their first aid training to ensure they comply with the provisions of the *CPD registration standard*.

In recent years the name and description of first aid courses has changed several times. Senior First Aid (Level 2) has now been replaced by HLTAID 003 Provide First Aid, which includes both HLTAID 001 Provide CPR & HLTAID 002 Basic Emergency Life Support. The HLTAID 003 course is the equivalent course that will satisfy the current requirements of the National Board. For more information about first aid courses see [www.training.gov.au](http://www.training.gov.au).

## Dry needling risks

A few National Boards and insurers have noted an unusual increase in the incidence of pneumothorax arising from the use of dry needling or acupuncture needles around the thoracic and cervicothoracic areas. While the incidence of such events is still rare, practitioners who are using such needle-based therapies should be:

- aware of this risk and take appropriate steps to both prevent its occurrence in the first instance, and
- able to identify and refer patients with this adverse event for urgent medical care.



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## X-ray use and compliance with guidelines by Australian chiropractors: a national survey

Masters of Chiropractic students from Macquarie University are seeking your help to perform an important survey.

Take part in a nationwide survey of the use of x-rays by Australian chiropractors.

Your responses to this quick survey are very important and will provide information on the patterns and use of imaging by chiropractors within Australia. For further information and participation, please follow the link below:

[https://mqedu.qualtrics.com/SE/?SID=SV\\_9TWQdVQkl94EJyB](https://mqedu.qualtrics.com/SE/?SID=SV_9TWQdVQkl94EJyB)



This research has ethics approval from the Human Research Ethics Committee (Medical Sciences) at Macquarie University.

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## Fifty years of chiropractic regulation in Australia

This year marks fifty years since the introduction of specific laws to regulate chiropractors in Australia. The process of providing the first legislative recognition for the chiropractic profession in Australia culminated in the passing of the *Chiropractors Act 1964* on 5 November through the Western Australian Parliament. A number of steps occurred stretching back some forty years, each one an intimate part of a complex set of community and professional needs.

While this was the first formal piece of chiropractic specific legislation, governments had been thinking about this for some time. As early as 1923 in SA and 1938 in NSW the wheels of governments were turning to regulate the practice of chiropractors. By 1940 in WA, the *Medical Act* was amended to exclude the practice of chiropractic and the right to use diagnostic x-rays. Similar changes were also occurring in other states.

In the 1950s considerable discussion occurred in the Western Australian Parliament that subsequently led to the establishment of the Honorary Royal Commission to Inquire into the Provision of a Natural Therapists Bill. After the Commission investigated eleven therapies, its 1961 report recommended the registration of chiropractors. The

*Chiropractors Act* was passed on the 5th November 1964. Soon after, over a number of years legislation was enacted in each of the other states and territories.

The National Board would like to thank Dr Ross Gilmore, chiropractor, who has conducted a significant amount of research into this topic and helped prepare this short article. We would also like to take this opportunity to thank the many practitioners and community members who have contributed to and been involved in the regulation of the profession in the public interest over the past fifty years.

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## Education and events

### National Board information sessions

The National Board has just completed its objective of holding an information session in most state and territory capital cities to inform practitioners about the revised *Code of conduct for chiropractors*, *Advertising guidelines*, *Social media policy* and *Guidelines for mandatory reporting*.

We are working towards being able to provide a similar presentation via the internet to other practitioners who were unable to attend the capital city presentations, especially those in remote and rural locations.

These documents were released in February of this year and came into effect on 17 March 2014. You can find the documents on the National Board's website at [www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au) and we urge all practitioners to review them.

### Forum on chiropractic education

On 21 June, the National Board, in conjunction with the Council for Chiropractic Education Australia (CCEA), hosted a forum on the future of chiropractic education. The forum involved stakeholders from all university programs and professional groups from Australia and New Zealand and included government representatives.

Professor Liz Farmer facilitated the event and Professor Jim Reynoldson and Dr Lindsay Heywood made expert presentations.

The topics covered and resultant discussions were wide ranging, with stimulating contributions from all who attended. The attendees unanimously agreed that this was a worthwhile and beneficial activity, that a working party be set up to progress the matters discussed, and that this forum be an annual event.

### Approved programs of study

The National Board has received accreditation advice from CCEA in relation to the chiropractic programs at both Macquarie University and Murdoch University. The National Board has subsequently approved both programs

to continue as approved programs of study for the purposes of registration.

For more information about approved programs of study for the chiropractic profession see the [Approved Programs of Study](#) section of the AHPRA website.

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## Registration matters

### Case studies on professional responsibilities

The Registration, Notification and Compliance Committee of the National Board meets monthly and considers notifications (complaints) about chiropractors received by AHPRA on behalf of the National Board. To assist all practitioners to provide safe and effective chiropractic care and to inform the community, the National Board will provide examples and summaries from time to time to highlight certain issues. While tribunal and panel decisions are published by AHPRA, some matters may not progress to that stage yet may contain valuable information for practitioners.

The National Board takes deviation from the required professional standards and conduct expected of chiropractors very seriously and will hold practitioners to account for their professional responsibilities.

As part of AHPRA and the National Boards' commitment to transparency, information is published about panel and tribunal decisions for all professions. AHPRA has published a table of panel hearing decisions and summaries of court and tribunal decisions for all professions.

In this edition of the newsletter we have included case studies about CPD variations/exemptions, recency of practice, advertising misleading information and maintaining adequate clinical records.

### CPD variations/exemptions

Practitioners can apply for exemption from or variation to the CPD requirements in exceptional circumstances. This may be full or partial. Generally, exceptional circumstances would be circumstances that would enforce a substantial absence from practice upon a practitioner. These include ill-health, bereavement, maternity leave, acting as a carer or other such circumstances.

All decisions about what constitutes exceptional circumstances will be made on a case-by-case basis. Usually, any event that results in an involuntary absence from practice for a substantial period, such as three months or more, is likely to be considered an exceptional circumstance by the Board. Other events would have to satisfy the Board that these circumstances had a very significant negative impact on a practitioner's ability to undertake CPD.

### Written request for exemption

Practitioners must apply in writing to the Board if they think they are entitled to an exemption due to exceptional circumstances. Ideally, applications should be made when the requirement occurs and in advance of the renewal of registration.

A written request for exemption due to exceptional circumstances must explain the nature of those circumstances and practitioners need to provide evidence that their personal circumstances prevent them from doing the required CPD. Depending on the particular circumstances, the type of supporting evidence that would be required might include certified copies of medical reports or a death certificate, together with a letter from the practitioner's employer about the absence from practice.

Additionally, any request for exemption should also include evidence of what activity practitioners have begun or completed along with a proposed plan for their CPD activities. Decisions on the degree of adjustment will be made on the basis of each individual application and its circumstances.

### Absence from practice

Dr P was absent from clinical practice for over twelve months and declared non-compliance upon renewal as no formal learning activities were undertaken in this period, despite Dr P completing more than four times the amount of required informal learning and holding a valid first aid certificate. Dr P did not apply for an exemption for variation of the CPD requirements prior to renewal.

The National Board determined that Dr P must do an additional 12.5 hours of formal learning CPD activities for the 2013-14 registration period to make up for those hours not done in the previous year and to satisfactorily comply with the requirements of the National Board.

### Declaration of non-compliance at renewal

Dr Q did not apply for an exemption/variation in CPD requirements before renewal but declared upon renewal that the CPD undertaken did not comply with the requirements of the CPD registration standard. Specifically, the practitioner was found not to have done any formal learning in the 2012-13 registration period, but had completed the requisite informal learning and held an appropriate first aid qualification.

Dr Q claimed family issues made it difficult to complete CPD requirements. The National Board determined that Dr Q must do an additional 12.5 hours of formal learning CPD activities for the 2013-14 registration period to make up for those hours not done in the previous year and to satisfactorily comply with the requirements of the National Board.

**Recency of practice**

**Absence from practice**

Dr T applied for general registration but failed to satisfy the requirements of the *Recency of practice registration standard* because of an absence from practice of over six years. Dr T had over ten years of clinical practice before undertaking non-practising roles, but had maintained a level of informal CPD activity throughout the period of absence.

The National Board determined not to grant Dr T general registration and decided that Dr T should undertake a competency assessment with CCEA and reapply for general registration once the practitioner had successfully passed that competency assessment.

**Required supervised practice**

Dr R applied for general registration but did not satisfy the requirements of the *Recency of practice registration standard* due to an absence of two years from practice. Dr R was granted general registration upon the condition that Dr R undertook a period of six months’ supervised practice with a supervisor approved by the National Board.

Dr R completed that period of supervised practice and, as satisfactory reports were received from the supervisor, the condition on Dr R’s registration was removed. Dr R is now free to practise independently as a generally registered chiropractor.

**Advertising misleading information**

Dr U was referred to the National Board by the Statutory Offences Unit. Dr U was alleged to have been providing misleading information in relation to vaccination to patients by way of advertising which was inconsistent with the requirements of both the National Law and the *Code of conduct for chiropractors*.

The National Board noted that Dr U admitted to the error and has taken steps to amend any such advertising in the future. Dr U was cautioned by the National Board.

The lessons to be learned from this case are that practitioners have a responsibility to ensure that any material they provide to patients and the general public is evidence-based, accurate and balanced.

**Maintaining adequate clinical records**

Dr V was referred to the National Board by a patient who presented with a lower back problem that he alleged was made worse by chiropractic treatment, requiring subsequent surgery.

A professional standards panel hearing found that the initial examination and history, as recorded by Dr V, was inadequate and the record-keeping overall was poor. In this case Dr V may well have conducted an appropriate examination but there was no tangible record of that occurring.

Dr V was ordered to undertake further education in this area at the practitioner’s own expense and to the satisfaction of the National Board.

The lessons to be learned from this case are that practitioners have a responsibility to:

- undertake an appropriate history and examination of each patient
- keep appropriate records of that history and examination
- record any treatment provided, and
- provide appropriate support and/or referral when there is an adverse response to treatment.

**Snapshot of the profession**

The National Board publishes quarterly updates of registration data for the information of practitioners and the community. As of June 2014, there are 4,845 registered chiropractors in Australia, an increase of 159 practitioners since the December 2013 data update published in our March newsletter.

Of these registered practitioners, 268 are non-practising.

There are 33 chiropractors endorsed to perform acupuncture, all located in Victoria.

**Chiropractors: state and territory by registration type (June 2014)**

State	General	Limited	Public Interest	Teaching or Research	Non-practising	Total Count
ACT	62	-	-	-	3	65
NSW	1,54	-	-	-	65	1,619
NT	23	-	-	-	1	24
QLD	735	-	-	-	18	753
SA	352	-	-	-	12	364
TAS	51	-	-	-	2	53
VIC	1,210	-	-	-	73	1,283
WA	547	-	-	-	17	564
Not Stated	43	-	-	-	77	120
<b>Total</b>	<b>4,577</b>				<b>266</b>	<b>4,845</b>

The largest number of chiropractors practise in NSW (33.42%), followed by Victoria (26.48%) and QLD (15.54%).

For further information, visit the [About>Statistics](#) page on the Board’s website.

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## Consultations

### Have your say: National Boards consult on practitioners with blood-borne viruses

All 14 National Boards are inviting practitioners, members of the community and other stakeholders to provide feedback on guidelines that will determine how, from a regulatory perspective, health practitioners with blood-borne viruses should be managed.

Under the proposed guidelines, registered health practitioners with blood-borne viruses must comply with the Communicable Diseases Network of Australia (CDNA) guidelines on this issue to ensure their practice does not compromise patient safety.

The CDNA offers strategic advice to governments and other key bodies on public health actions to minimise the impact of communicable diseases, and its [\*Australian national guidelines for the management of health care workers known to be infected with blood-borne viruses\*](#) are endorsed by the Australian Health Ministers Advisory Council.

The National Boards' proposed guidelines allow health practitioners infected with a blood-borne virus to practise their profession if they comply with the CDNA guidelines. However, they may have to modify their practice. For example, they will not be able to perform certain procedures such as exposure-prone procedures if the CDNA guidelines stop them from doing so.

The current CDNA guidelines define an exposure-prone procedure as a procedure where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The National Boards have published a consultation paper to support the draft guidelines, accessible under [Current consultations](#) on the Board website. The consultation is open until 26 September 2014.

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## National Scheme news

### Regulatory principles endorsed for National Scheme

The National Boards and AHPRA have launched refreshed regulatory principles that will underpin the work of the Boards and AHPRA in regulating Australia's health practitioners in the public interest.

The principles are endorsed by all National Boards and the AHPRA Agency Management Committee and will guide Boards and AHPRA when they are making decisions. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

Regulatory decision-making is complex and contextual, requiring judgement, experience and common sense. The principles will further support consistent, balanced decision-making.

AHPRA and the National Boards will be seeking feedback on the principles in a formal consultation later in 2014 and will review them based on this feedback and 12 months' experience. You can read the regulatory principles in a [media release](#) on the AHPRA website.

### Four-year anniversary of the National Scheme

July marks the four-year anniversary of the National Scheme (with Western Australia joining in October 2010). Reflecting on the past four years, AHPRA Chair, Mr Michael Gorton AM, said the National Scheme had delivered important benefits for the quality and safety of the health system in each state and territory and for health practitioners and the community.

The National Scheme was the product of an important national health workforce reform, which was internationally significant in its scale and ambition.

Headline achievements in the last four years include:

- registering more than 618,000 health practitioners with national mobility of registration
- establishing and maintaining a searchable national online register that makes it easier for the Australian community to find out about the registration status of all registered practitioners
- increasing online renewal rates dramatically (95 per cent average), making it easier for practitioners to renew on time
- establishing data exchange with partners such as the Australian Institute of Health and Welfare and Medicare Australia to greatly improve workforce data for policy and planning, and
- developing a comprehensive set of regulatory policies and standards, across and within professions, to ensure appropriate protection of the public.

### New homepages for AHPRA and National Boards' websites

We are changing the homepages of the AHPRA and National Boards' websites, to make them easier to use and make it easier for users to find our most popular services and sought-after information.

The new designs are based on our findings from workshops where we identified the biggest 'pain points' on our current websites, the issues that are most commonly raised with our Customer Service Team and feedback received by our Board Services team and our Community Reference Group. The findings were supported by analysis of our website activity data.

With the new homepages, users will be able to:

- search the register with one click straight from the homepage
- go to the 'employer' or 'practitioner' tabs, which include links specific to these groups
- browse more news items without clicking through to a specific story, and
- know which website they are one at all times, even if they click between AHPRA and Board pages.

While the new homepages will make an immediate improvement to the usability of the sites, there is still more work to follow. Work on the review and improvement will continue over the next twelve months, and will include extensive consultation with a range of user groups, including practitioners, employers and members of the community.

Your initial feedback on the new homepages, and any other ideas you have on how we can further improve the sites, is most welcome. Visit any of our website homepages to respond to our website user survey.

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## Keep in touch with the Board

- Visit our website at [www.chiropracticboard.gov.au](http://www.chiropracticboard.gov.au) for news about the profession and for registration standards, codes, guidelines, policies and fact sheets.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on the bottom of every page.
- For registration enquiries call 1300 419 495 (from within Australia).
- Address mail correspondence to: Dr Phillip Donato, Chair, Chiropractic Board of Australia, GPO Box 9958, Melbourne VIC 3001.