



# ACT Chiropractors & Osteopaths Board

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Dear Chiropractors Board of Australia,

Thank you for the opportunity to comment on the revised Code of Conduct for Chiropractors (the code). We would again like to acknowledge the great amount of work which has been undertaken to create such a document and realise working to the tight time-frames demanded in the implementation of the new scheme makes this process and wide consultation difficult.

We would also like commend the Board for its revision and rework of the document which has resulted in a more cohesive and comprehensive approach to guidelines for the profession.

We are aware several submissions already contain comments on typographical errors, grammatical errors and suggestions for more appropriate phraseology or inappropriate inclusions. We trust the Board will be considering all those as a matter of course.

The ACT Board will limit its submission to a few areas it hasn't seen covered in other submissions.

## **Scope of Practice and competence**

*The National Law requires that chiropractors (and all of the regulated health professions) keep their knowledge and skills up-to-date through CPD to ensure that chiropractors can continue to work within their competence and scope of practice.*

Using the phrase “...*within their competence and scope of practice.*” as it is here could imply that containment is part of the National Law and CPD's purpose. We would suggest nearly the opposite is the intent. Wording such as “...*can work safely and competently in their profession.*” would be more accurate.

Scopes of practice vary according to different roles; for example, chiropractors, education providers, researchers and managers will all have quite different competence and scopes of practice. In relation to working within their scope of practice, chiropractors may need to consider whether they have the appropriate qualifications and experience to provide advice on over the counter scheduled medicines, herbal remedies,

This is good but could be more comprehensive in describing a profession which is responsive and evolving. Scope may also vary according to the identified requirements of

individual chiropractic consumers and their communities. For example communities may have specific requirements relating to geriatrics, sports, rehabilitation, paediatrics or certain other demographic factors. As stated, provided that practitioners can show competence this should be encouraged for professional growth and as a means for the profession to evolve to serve the public interest.

The phrase “...*appropriate qualifications and experience*...” should be replaced with “...*competence*...” to be consistent with the wording of the guidelines. Also you haven’t and won’t define what those “*qualifications*” are and “*experience*” shouldn’t generally be a requirement, but rather knowledge and competence.

a). recognising and working within the limits of a chiropractor’s competence and scope of practice and seeking advice from or referring patients to a more suitably qualified practitioner when it is considered in the patient’s best interests

“...*and scope of practice*” should be removed as it serves no purpose.

d). making clear the limits of a chiropractor’s knowledge and not giving opinion beyond those limits when providing evidence.

Should read “....limits of **the** chiropractor’s knowledge....” or it implies all chiropractors have the same knowledge base, which isn’t true.

## **Risk**

By any health care standards chiropractic is a very safe profession. The word ‘risk’ occurs thirty six times in our document. By comparison it is mentioned only twenty five times in the medical code which is twice as long and represents a profession with an iatrogenic rate more than an order of magnitude or two above chiropractors.

We very strongly support good risk management and informed consent as a requirement for all chiropractors and health professionals. However this document overstates that need and to the reader without a good knowledge of risk and iatrogenesis across healthcare could lead them to see chiropractic misrepresented as an unsafe profession.

The code would have equal enforceability and more accurately represent the profession’s safety record with less repetition and more judicious use of this concept and term.

## **Definitions, terms and phrases**

We recommend a rethink of this whole area. For example, ‘carer’ (or even ‘parent or guardian’ which it may be alluding to) is not correct under a definition of ‘patient’.

In the first draft “diagnosis/clinical impression’ was used more where this document mostly just uses ‘diagnosis’. We suggest the inclusion of ‘/clinical impression’ is highly appropriate in many instances for our profession. Similarly “treatment/care” is apt in many circumstances.

We find the wording of the code and the collegial approach by and large very good. A few further changes could take that approach even further. For example,

[in both the medical code and chiropractic code]

a). being honest and not misleading when writing reports and certificates and only signing documents believed to be accurate and current

Could equally guide and regulate if stated as something like:

*a) Providing information believed to be accurate and current when signing documents and writing reports*

### **Appendix 3**

5. A patient may be given the choice of elective care or supportive care with proper informed consent, including balanced advice about the benefits / risks, anticipated outcomes and options available.

6. Should any patient elect to undergo regular chiropractic examination or treatment in the absence of symptoms it is the responsibility of the practitioner to provide the patient (parent /guardian for children) with a balanced view of the clinical justification for such procedures.

“...elective care...” may not be a suitable term considering all care is elective.

By our assessment some form of ongoing care/treatment/check-ups is common practice in the absence of obvious symptoms or specific diagnosable conditions and is often requested by patients. This occurs not just in our profession but also in other musculoskeletal and non-musculoskeletal health professions. Acknowledging this more openly could provide more suitable regulation.

For example, phrases such as “*Should any patient elect...*” might be better replaced with “*Patients who elect...*” Or, in the above case point 6 could be removed completely and point 5 could read something more like:

***“5. A patient may elect some form of ongoing or supporting treatment/care as a part of their overall health management. This form of care has the same requirements in relation to informed consent and explanation of anticipated outcomes as any other care”***

Phrasing it this way is just as strong in a regulatory sense, but acknowledges the reality of most chiropractic practices and in no way forces practitioners who elect not to offer such care to do so.

Thank you again for the opportunity to comment.

Yours sincerely,

***Dr Michael Shobbrook*** -Chiropractor

***Dr Peter Garbutt*** - Chiropractor

***Dr Don McDowall*** -Chiropractor

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