Chiropractors’ Association of Australia

The Chiropractors’ Association of Australia (CAA) is the peak body representing the interests of Australian chiropractors and their patients. The CAA is a national organisation with state and territory branches. The CAA has over 3,000 members (including chiropractic students). Presently, forty six percent of all registered chiropractors in Australia are members of the CAA. The Association is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

Chiropractors are regulated by the Chiropractic Board of Australia and, like all other registered health care practitioners in Australia, must adhere to National Law and profession specific codes of conduct and guidelines. Guided by a nationally consistent law, AHPRA and the 15 National Boards work to regulate health professions in the public interest. This includes investigating concerns and complaints about registered health practitioners.

Australian chiropractic education involves undergraduate and/or masters-level university training over five years. The Council on Chiropractic Education Australasia (CCEA) is granted authority to accredit the four chiropractic training programs in Australasia and programs in other countries which are accredited through affiliated chiropractic education councils under the auspices of the Councils on Chiropractic Education International (CCEI). As with other primary healthcare professions, chiropractic pre-professional training requires a significant proportion of the curricula to be clinical subjects related to evaluating and caring for patients. As part of professional training, final-year students must also complete a minimum of a one-year supervised clinical internship. This prepares graduates with the diagnostic and management skills necessary to manage a range of health conditions within their competence, and to deliver public health education within a biopsychosocial framework (e.g. healthy lifestyle management). Chiropractic education is integrative and supportive of collaboration with other healthcare professions when appropriate.

Both in Australia and around the world, chiropractic care is a low risk modality of health care. There have been few if any serious adverse events reported in medical literature in the past twenty years despite utilisation rates for chiropractors increasing significantly in this time. In summary:

1. The safety record of chiropractic care in Australia is exemplary.
2. Chiropractic care has a very high expressed satisfaction rate with patients.
3. There is a significant existing evidence base and active research base in Australia and internationally that validates chiropractic care.
4. Chiropractors are university educated, nationally regulated healthcare professionals who care for and about their patients.

CAAN has developed a position statement on Patient Care, Clinical and Professional Chiropractic Education which references and refers to the patient-centred approaches to care as recommended by the Commission (attachment 1).

Contact CAA

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Consultation Area 1:

The scope of primary care services as the focus for the Commission’s program of work.

The consultation paper defines primary care services as:

‘services provided by general practitioners, practice and community nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists and Aboriginal and Torres Strait Islander health practitioners either, in the home, general or other private practice, community health services and local or non-government services’.

Do you consider this to be an appropriate definition of primary care? Should this definition be amended? If so, what should be addressed in an alternative definition of primary care?

CAAN response:

CAAN as a member of Allied Health Professions Australia (AHPA), supports the key role for allied health as part of an inter-professional approach to health care service provision. All health practitioners have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for providing good care. We believe that an effective contemporary health system should utilise, value, and fund the full contribution of all three health workforces – allied health, medical and nursing. We know that allied health professionals have a crucial role in the Australian health care system but that a range of issue may limit their ability to support consumers. The definition proposed above is adequate under current structural arrangements.

Consultation Area 2:

Safety and quality issues in Australian primary care services.

What are the safety and quality issues experienced by you, your primary care service or the primary care services you support?

What strategies have been implemented to address these? Have these been evaluated?

Have you noticed any changes in the quality of the service you receive or provide?

What additional strategies, tools or resources should be developed and/or made available to make these strategies more effective?

CAAN response:

CAAN is confining its responses to health services delivered through the chiropractic profession. Chiropractic services are delivered through an “office-based” practice model which is regulated through the Chiropractic Board of Australia. As stated in our preamble, chiropractic is a low risk health service that is highly valued by consumers and up to 300,000 patients visit chiropractors each week in Australia. CAAN adopts a risk mitigation approach to support chiropractors deliver care; this is informed through our work with our endorsed insurer and by reviewing published evidence. CAAN has funded the world’s largest practice based network http://www.acorn-arccim.com/ through the University of Technology Sydney. This research aims to address questions including:

- How cost-efficient is chiropractic? How much do patients spend on their chiropractic care (alongside other care)? And to what extent is affordability a factor in patient decision-making regarding chiropractic?
- How effective is chiropractic and what range of benefits do patients gain from their chiropractic care?
- What is the safety and risk of chiropractic care?
- What influences patient decision-making regarding chiropractic consultations and follow-up care?

The research has been implemented and the data is in the process of being reviewed. At this point, CAAN cannot comment on whether this has had a material impact on changes in quality in the provision of chiropractic care. CAAN is currently reviewing where it may engage with the revised NSQHS standards in its application to the chiropractic profession.
Consultation Area 3:

Developing a set of NSQHS Standards for primary care services other than general practices

What are the barriers and enablers for implementation of these standards in primary care?

How could the Commission address these?

What support could other organisations provide for implementation?

Which organisations need to be involved in this process?

CAAN response:

CAAN is of the view that consultation and engagement with the profession to develop appropriate, actionable standards relevant to the risk being addressed, will be the effective enabler to achieve the desired outcome. This would ensure relevance and incorporation into practice, broader than a generalist medical perspective. This is likely to be pertinent for all allied health professions (CAAN is an active member of Allied Health Professions Australia), particularly those that operate in an office-based practice environment. Practice incentives based on demonstrable outcomes would be an enabler however the CAAN is voicing some concern about third party funders an any undue influence on clinical autonomy. CAAN is of the view that partnerships between professional associations, universities, and in the case of regulated professions, the profession specific Board, will be a facilitator of best practice through profession specific clinical guideline development, research and continuing professional development (which may also be facilitated through existing registration standards).

Consultation Area 4:

Reviewing the Commission’s practice-level safety and quality indicators for primary care

What are the barriers and enablers for the review process, development and implementation of indicators in primary care?

How could the Commission address these?

Which organisations should be involved and what is their role?

CAAN response:

CAAN is of the view that by adopting the approach in point 4 above utilising a practice based research network approach and partnership model, this would enable the review process, development and implementation of indicators in primary care. Consultation, engagement and structure will be enablers of any sustainable system. The Commission, through its Primary Care Committee could facilitate small clusters of similar professions in allied health to identify processes in common which can engage with individual professions where clinical process variation is indicated. This avoids the risks of “homogenisation” yet facilitates inter-professional work and can then respect where profession specific innovation can play a role. The identified organisations are peak bodies, university and profession specific regulators.

Consultation Area 5:

Safety and quality improvement in primary care more generally.

What strategies are you, your primary care service or the primary care services you support, implementing to improve safety and quality of care? For example, do you have an incident or risk register in your service?

What strategies, tools or resources to support improvements in safety and quality should be considered?

What safety and quality strategies, tools and resources can be led by the Commission in a national approach?
What safety and quality strategies, tools and resources can be led by professional support organisations?
What are the barriers and enablers for implementation of these?
How could the Commission support implementation of these?
Which organisations need to be involved in the process and what is their role?

CAAN response:

CAAN has undertaken a literature review with regards to the risks posed by and safety of the profession; this is used in conjunction with information received through insurance and national registration. Given adverse incident registers do not exist to any great degree in healthcare outside of public institutions, this is would be the best data set available for the chiropractic profession. The CAAN supports the profession in its understanding of risk, levels of evidence and the translation into practice; this is an evolving area of support and education.

CAAN would be prepared to work with the Commission to ensure standards are appropriate to the practice of chiropractic as described in the preamble and utilise appropriate groups such as http://www.qip.com.au/ to ensure relevance in practice.

Consultation Area 6:

Primary care consumers.

What are your biggest safety and quality concerns?
What action would you like to see taken to address these concerns?
Can you provide examples of a safe, high-quality primary care service that you have visited? What did they do to support safe, high-quality care?

Does your primary care service support you to engage in your care?
Are you supported to involve your family, carers and/or friends in your care?
Does your primary care service support you to be involved in decisions about your treatment options?

Are you supported to communicate your wishes and goals for treatment?

When you visit primary care services, do you have an opportunity to provide feedback to the service on your experience of care?

Does the primary care service keep consumers and patients informed about changes they make in response to feedback they receive?

CAAN Response

Chiropractors are regulated by the Chiropractic Board of Australia and, like all other registered health care practitioners in Australia, must adhere to National Law and profession specific codes of conduct and guidelines. Guided by a nationally consistent law, AHPRA and the 15 National Boards work to regulate health professions in the public interest. Many of the answers to these considerations exist within the established Code of Conduct as set by the regulator and CAAN is aware through its role on the Professions Reference group with AHPRA and as a member of AHPA, of some of the work in development. As stated in our preamble, chiropractic is a low risk health service that is highly valued by consumers and up to 300,000 patients visit chiropractors each week in Australia. CAAN adopts a risk mitigation approach to support chiropractors deliver care; this is informed through our work with our endorsed insurer and by reviewing published evidence.

CAAN develops position statements and guidelines for members in addition to continuing professional development and risk minimisation incentives in conjunction with its insurance partner; additionally, office-based practice support
services are provided to assist practitioners in understanding the governance required in health services. Examples of Statements and Education are attached to this submission.

CAAN recently completed an independent research study of consumer attitudes towards the profession (and other regulated health professions) which demonstrated strong, positive views about the (patient centred) experience of consumers. In addition, it demonstrated that consumer choice was highly linked to peak body affiliation (~70%) in making decisions about choice, including those of perceived quality.

In office-based practices such as chiropractic, consumers of care voice their assessment of care without reserve and/or choose to continue or not continue with care through discussion with the practitioner or appointments. If the business was not responding appropriately, its future would be challenged through regulation or commercial performance.

CAAN thanks the Commission for the opportunity to participate in this consultation and is prepared to be part of engagement as it might impact on chiropractors specifically and allied health in general.
Position Statement

Patient Care, Clinical and Professional Chiropractic Education

Approved: 19 June 2016

1. Definition of Chiropractic and Chiropractors

The Chiropractors’ Association of Australia (CAA) National supports the Definition of Chiropractic as described by the World Federation of Chiropractic (WFC) in 2001 - A health profession concerned with the diagnosis, management and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. (Primary Reference - WFC Dictionary Definition World Federation of Chiropractic, 2001)


2. The Australian Charter of Healthcare Rights

CAA National supports the Australian Charter of Healthcare Rights of the Australian Commission on Safety and Quality in Health Care (ACSQHC) which describes the rights of patients and other people using the Australian health system. These rights are essential to make sure that, wherever and whenever care is provided, it is of high quality and is safe. The Charter recognises that people receiving care and people providing care all have important parts to play in achieving healthcare rights. The Charter allows patients, consumers, families, carers and services providing health care to share an understanding of the rights of people receiving health care. This helps everyone to work together towards a safe and high quality health system. A genuine partnership between patients, consumers and providers is important so that everyone achieves the best possible outcomes. (Primary Reference - ACSQHC)


- Chiropractic clinical practice, education and training should embrace the value of best available evidence, clinical experience, and shared decision-making whilst providing patient-centred care.
3. Patient and Consumer Centred Care

CAA National supports that patient-centred approaches to care can lead to improvements in safety, quality and cost effectiveness, as well as improvements in patient satisfaction. CAA National supports patient-centred care and that chiropractors work in partnership with consumers. Some examples of how chiropractors can partner with consumers include: asking consumers about their needs and preferences and working to meet them; using shared decision-making to help consumers make decisions about their health and care; ensuring that consumers have the option of support people or translators during consultations if they need them; and using communication strategies that are tailored to the needs and preferences of the consumer. (Primary Reference - ACSQHC)


• Chiropractic education and training should equip chiropractors to work effectively and collaboratively to deliver health and quality of life outcomes for patients.

4. National Regulation and Accreditation Scheme (NRAS)

CAA National supports the strategic outcomes proposed in the NRAS Strategy 2015-20 of:

A: Reduced risk of harm to the public associated with the practice of regulated health professions.

B: Assurance that registered health practitioners are suitably trained and qualified to practise in a competent and ethical manner.

C: Increased public confidence in the effective and efficient regulation of health practitioners.

• Chiropractic education and training should ensure that chiropractors are qualified to practice within the scope as defined by National standards, Codes and Guidelines in the Australian regulatory environment. (Primary Reference - AHPRA)


5. Accreditation of education providers and programs of study for the chiropractic profession.

CAA National supports the Council on Chiropractic Education Australasia (CCEA) Ltd as the independent and nationally recognised body responsible for ensuring competency and high education standards in chiropractic for the Australasian community. (Primary Reference - CCEA)

• Chiropractic education and training should ensure that the Competency Standards are aimed at entry level into the profession and represent what the public would reasonably expect of a chiropractor in Australasia.

• Chiropractic continuing education and training should ensure that the chiropractor meets the standard expected by the regulatory authorities and what the public would reasonably expect of a chiropractor in Australasia. (Primary Reference - Chiropractic Board of Australia)


6. Conduct

CAA National endorses the Chiropractic Board of Australia Code of Conduct to support chiropractors to deliver safe and effective health services within an ethical framework. All health practitioners have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for providing good care. (Primary Reference - Chiropractic Board of Australia)

• Chiropractic education and training should ensure that chiropractors are qualified to practice independently and ethically within the scope as defined by National standards, Codes and Guidelines in the Australian regulatory environment.


7. Evidence

CAA National supports initiatives which are designed to improve the quality of health care, to reduce the use of unnecessary, ineffective or harmful diagnostic procedures and interventions, and to facilitate the treatment of patients with maximum chance of benefit, with minimum risk of harm, and at an acceptable cost. Good clinical decision making also takes account of patients’ preferences and values, clinicians’ values and experience, and the availability of resources. Ideally, the clinical recommendations should demonstrate a strong, clinically important, beneficial effect of the intervention and management. (Primary Reference - NHMRC Clinical Practice Guidelines Portal)


• Chiropractic education and training (including FLA), clinical practice and management should reflect the biopsychosocial model of healthcare and be underpinned by biologically plausible theories and peer-reviewed research.

8. Research

CAA National supports that health and medical research is research that aims to improve the health and well-being of people. It draws on our knowledge of the human body and the world around us to find ways to cure and prevent disease; reduce injury and disability; improve the delivery of health services; and help us to lead longer healthier lives. (Primary Reference - Research Australia)
• Chiropractic education and training should support the development of research skills to improve the health and well-being of people and innovations in care. Faculties, Schools, Departments or Organisations who educate chiropractors should focus on skill development in primary care, research, inter-professional collaboration and emerging health care models and modalities.

• CAA National supports the translation of current best-evidence into clinical practice.

9. Chiropractors in the Australian Healthcare System and Inter-Professional Collaboration

CAA National supports Chiropractors as primary healthcare practitioners who use manual therapies and active care to treat and prevent dysfunction of the musculoskeletal system. Chiropractors consider the biopsychosocial aspects of musculoskeletal pain and work collaboratively with other healthcare providers in the promotion of health and optimum musculoskeletal function.

CAA National believes that Chiropractors as registered healthcare professionals in Australia and as part of the Allied Health Professions:
A. have an essential role to play in a high functioning, modern health care system;
B. can provide the specialised health expertise needed to achieve high quality care and best health outcomes; and
C. use professional guidelines and clinical decision making tools to support evidence based clinical judgement.

• Chiropractic education and training should support the development of skills and behaviours to ensure compliance with the Code of conduct for registered health practitioners which seeks to assist and support chiropractors to deliver safe and effective health services within an ethical framework. All health practitioners have a duty to make the care of patients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for providing good care.

**TREATMENT SELECTION**

Appropriate treatment selection is vital to ensure a desired clinical outcome.

For this to occur chiropractors must undertake a thorough assessment before treatment begins. Chiropractors must also be sure to consider the individual circumstances for every patient; no two situations are identical. Chiropractors need to avoid falling into treatment routines and making assumptions about the treatment needs of patients.

**HANDLING COMPLAINTS**

While managing risks can help to reduce the likelihood of incidents and therefore complaints, it isn’t always possible to completely eliminate those risks.

If you do receive a complaint:

- Listen to the complaint and try to understand it from the patient’s perspective
- Don’t take it personally
- Don’t admit to any liability or blame another person
- Don’t hurriedly attempt to sort the matter, it may need to be investigated
- Make a written record of the complaint
- Don’t offer any compensation without speaking to Guild Insurance

**INFORMED CONSENT**

Patients must have the opportunity to give their informed consent to treatment before treatment is provided.

For consent to be informed chiropractors need to discuss treatment options with the patient as well as the risks and expected outcomes of those treatment options. Patients are to be provided with opportunities to ask questions. A signed consent form should be used as confirmation there has been a discussion about consent. However the form cannot be used in place of the conversation.

**NEVER UNDERESTIMATE COMMUNICATION**

Whilst a chiropractor’s clinical skills are vital, so too are communication skills.

At Guild Insurance we believe that an improvement in communication skills would lead to a reduction in patient complaints. Whilst most complaints focus on clinical matters, poor communication is very often a factor. Good communication will help your patients understand the treatment you’re providing and why, what they should expect to feel after treatment and why treatment may not always provide the anticipated outcomes.

**KEEP GOOD CLINICAL RECORDS**

All chiropractors are required to maintain detailed and up to date records for every consultation.

Information to be included in a clinical record includes, but isn’t limited to, the presenting complaint, assessment findings, diagnosis, consent, treatment provided, advice or instructions given and responses to treatment. Detailed records assist ongoing patient care because regardless of how good a chiropractor’s memory is, no one can remember how they’ve treated every patient in every consultation. Records also provide evidence in the event there is a complaint about treatment provided.
**REFER WHEN APPROPRIATE**

Chiropractors provide an important health service. However it’s important to remember that other health practitioners also provide important health services and chiropractic isn’t the answer to all health needs.

Therefore chiropractors need to acknowledge when a clinical situation is outside their area of skill and expertise and they should refer their patient to another health professional. Communication during this referral process is important so the patient understands why they’re being referred to another health professional; this understanding is more likely to see the patient being compliant with the referral. If a chiropractor doesn’t believe chiropractic treatment is in the best interests of the patient, they should be sure they aren’t coerced into providing treatment.

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**INAPPROPRIATE ADVERTISING**

All chiropractors must adhere to AHPRA’s Guidelines for Advertising Regulated Health Services.

This document explains the advertising requirements according to the National Law. The National Law prohibits advertising that:

- Is false, misleading or deceptive or is likely to be so
- Offers a gift, discount or other inducement to attract a user of the health service without stating the terms and conditions of the offer
- Uses testimonials or purported testimonials
- Creates an unreasonable expectation of beneficial treatment, and/or
- Encourages the indiscriminate or unnecessary use of health services.

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**SOCIAL MEDIA**

Social media is continually growing in both personal and professional use. With this, the risks of poor social media use are becoming more evident.

There are endless examples of businesses suffering due to poorly considered social media posts. And personal posts can affect a person’s business and professional reputation. When using social media, remember that there is no such thing as a private group or post; information can easily be accessed and shared. If you don’t want something seen by a patient, colleague or regulator, don’t post it on social media.

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**KNOW YOUR REQUIREMENTS**

It’s the responsibility of every chiropractor to understand and adhere to the numerous requirements and regulations regarding their work.

This includes, but isn’t limited to:

- Various codes, guidelines and policies developed by the Chiropractic Board of Australia
- Privacy laws
- OHS laws
- Funding and billing requirements

Not knowing or not understanding what’s required is no excuse for not adhering to these requirements. Chiropractors must make themselves informed.

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For further information, visit: riskhq.com.au

Our dedicated site to help you manage potential risk.