

**CHIROPRACTORS REGISTRATION BOARD OF VICTORIA
STANDARDS OF PRACTICE CODES**

CODE OF PROFESSIONAL CONDUCT

OCTOBER 2007

1. PREAMBLE

The Chiropractors Registration Board of Victoria has a duty under the *Health Professions Registration Act 2005*, inter alia, to: register persons who comply with the requirements of the *Health Professions Registration Act 2005*, approve courses of study that provide qualifications for registration, regulate the standards of practice, investigate the professional conduct, professional performance or ability to practise of registered Chiropractors, investigate the suitability of students to undertake clinical training, issue and publish codes for the guidance of practitioners.

The public is entitled to receive safe, effective and ethical chiropractic services performed by knowledgeable, skilled, accountable practitioners.

This Code of Professional Conduct is approved by the Chiropractors Registration Board of Victoria under Section 118 (1)(g) of the *Health Professions Registration Act 2005*. A chiropractor must conduct himself or herself in his or her professional duties in accordance with the *Health Professions Registration Act 2005* and should conduct him or herself in accordance with this code.

Practitioners are expected to comply with the Code of Professional Conduct and to respect the rights of patients. Any dereliction of professional duty and/or responsibility or the abuse of any of the privileges and opportunities afforded by practising as a chiropractor may give rise to an allegation of unprofessional conduct and a complaint being laid under the provisions of the *Health Professions Registration Act 2005*.

Ethical Principles

The public is entitled to receive safe, effective and ethical chiropractic services performed by knowledgeable, skilled, accountable practitioners. Each chiropractor will utilise an individualised, comprehensive approach for each patient which recognises the patient's needs and background and his or her right to choose from a range of options. The Chiropractor shall not take advantage of patients physically, psychologically, emotionally, or financially.

2. THE CODE

The rights of a Patient include:

The Right to:

Respect – A patient should be treated with respect and courtesy and given the opportunity to make decisions without duress.

Good Quality Service - Quality of service should always be of a high standard, safe and competent, and without exploitation of the patient/practitioner relationship

Appropriate Communication – A patient has the right to be listened to and to be given information in an appropriate manner. A patient should be fully aware of the cost of services at the commencement of treatment.

Informed Consent – A patient should be informed at the commencement of service of any significant foreseeable implications, complications of the procedures likely to be used, and should give consent to proceed with treatment.

Privacy and Confidentiality – A patient’s privacy and confidentiality must be respected.

The Responsibilities of a Practitioner include:

The responsibilities indicated below, may be further elaborated later in this document, in the Chiropractors Registration Board of Victoria’s Standards of Practice Guidelines, or in legislation, as indicated below.

Responsibilities to the Patient

A Chiropractor has a responsibility to:

- a) Provide competent, ethical service to patients, and practice in a manner consistent with the **Rights of a Patient**, as listed in this Code.
- b) Commit to the highest level of professional efficacy through the maintenance and application of current, and relevant knowledge and skill. Every registered practitioner must demonstrate competence. The practitioner must continually update professional knowledge and skills relevant to his or her area of practice, participate in on-going professional development and integrate relevant learning into his or her area of practice. Be responsible for ensuring his or her own competence.
- c) Uphold the principles of informed consent, including the patient’s right to choose from a range of options.
- d) In all interaction with, and particularly in developing a management plan, the practitioner should consider all aspects of the patient’s health under the WHO definition of health as physical, emotional, social and spiritual wellbeing. Not provide chiropractic services when impaired by alcohol, drugs or other substances, or any illness that could put the patient at risk.
- e) Communicate relevant information clearly to the patient through verbal, non-verbal and/or written means while also establishing a feedback process to ensure mutual understanding.
- f) Treat all patients equitably and with respect. Not discriminate against patients, or others, with whom he or she has professional contact on the basis of ethnicity,

handicap, national origin, age, gender, sexual preference, religion, political beliefs or status in society.

- g) Not exploit any relationship established as a chiropractor to further his or her own physical, psychological, emotional, financial, political or business interests at the expense of the best interests of the patient. Act in accordance with the highest standards of professional integrity and impartiality. Practitioners should not exploit professional relationships for personal gain or for imposing religious or political beliefs.
- h) A Chiropractor in practice, and for a minimum of seven years after retiring from practice, should maintain the currently recommended limit in professional indemnity insurance coverage. (Currently \$10 million)
- i) Develop and maintain collaborative relationships and exchange knowledge as required in the interests of the patient's health and wellbeing whilst respecting patient confidentiality and the legislation and/or common law relating to consent to treatment.
- j) Each chiropractor should utilise an individualised, comprehensive approach for each patient which recognises an individual patient's needs, background, and right to choose from a range of care options.
- k) To be professionally accountable. As regulated professionals, Chiropractors are required to clearly demonstrate that they serve the patient's best interest. Accountability means that the practitioner is responsible for his or her actions. Practitioners have an obligation to account for and explain their actions. A competent practitioner is aware of his or her strengths and limits, knows the provisions of the Act and the Guidelines, makes appropriate choices consciously and deliberately, and is able to explain why he or she took a particular course of action.
- l) Recognise the parameters of his or her professional competence and avoid going beyond the limitations of his or her knowledge and skills. For patients whose needs fall outside the domain of the practitioner's competence, assistance, guidance and resources must be sought out and utilised to provide the required services, or the patient referred or recommended for referral to appropriate professional services.
- m) Update his or her knowledge and skills before re-entering the workforce as a chiropractor, if he or she has not practiced chiropractic for a continuous period of five years or more.
- n) Not over-service a patient. It is the responsibility of the practitioner to treat the patient only while chiropractic can be shown to be of benefit and clinically justified. Clinical justification (see glossary of terms attached) must be present for care to continue and the number of treatments proposed must not be arbitrary or excessive.
- o) Not abandon a patient who does not wish to sign a contracted treatment/payment plan or who does not wish to attend an educational session. The Board does not approve of such plans. If a patient seeks care and it cannot be provided for other genuine reasons those reasons should be fully explained to the patient, and the patient referred to another practitioner.

- p) Not abandon a patient. Should the practitioner wish to withdraw from managing a patient, sufficient notice of withdrawal and a list of appropriate alternative practitioners must be given that the patient can secure the services of another practitioner.
- q) Shall not refuse necessary initial or acute care because of immediate inability to pay the fee.
- r) Should respect the wish of a patient for a second opinion and should support the patient in obtaining that opinion.
- s) Should not exaggerate the condition of a patient. The opinion on severity and prognosis must be made on the history, examination findings and investigations obtained in consultation
- t) Should not offer guarantees of results but rather an assurance of benefit if benefit can reasonably be expected.

For further information, refer to The Chiropractors Registration Board of Victoria's codes and guidelines:

Standards of Practice Guidelines – Advertising
Standards of Practice Codes - Spinal Screenings
Standards of Practice Codes - Contracts of Care
Standards of Practice Codes - Frequency and Duration of Care
Standards of Practice Codes - Acupuncture and Dry Needling

Responsibilities to the Profession

A Chiropractor has a responsibility to:

- a) Maintain a respectful relationship with members of the public in order to accurately represent and facilitate awareness and understanding of the profession of chiropractic.
- b) Treat colleagues, students and other health professionals with respect, courtesy, fairness and good faith.
- c) Maintain professional integrity and conduct all professional activities, programs and relations honestly and responsibly.
- d) As an *employer* of chiropractors it is the responsibility of the *employer* to ensure that their employee chiropractors are registered with the Board and that these employees continue to maintain current registration with The Chiropractors Registration Board of Victoria.
- e) As a partner, former partner, locum, employee or former employee, respect the ownership and confidentiality of the principal practitioner's records when establishing a new practice.
- f) When supervising a student or any other person on an External Placement ensure that this is conducted in accordance with the Board's guidelines covering such placements.

- g) Not pay or give anything of value to a representative of the media, or anyone else, in anticipation of, or in return for, professional publicity in a news item, or for receiving or making a referral. This does not include legitimate advertising.

Responsibilities to the State

A Chiropractor has a responsibility to:

- a) Maintain awareness of the *Health Professions Registration Act 2005* (the “Act”) and any regulations, this Code of Professional Conduct, and any other Board code or guideline issued from time to time, and comply with the same.
- b) Define his or her own scope of practice, including determining the extent to which he or she practices within the scope of the profession and the extent to which the legislation, standards, competencies, guidelines and policies related to the practice of the profession apply to his or her practice.
- c) Ensure that statements and all advertising materials are in accordance with the relevant sections of the legislation, and with the Board’s guidelines on advertising.
- d) If undertaking spinal screenings, ensure that these are conducted in accordance with the Board’s code on spinal screenings.
- e) Only use chiropractic practice/business names which are not misleading or deceptive, or likely to mislead or deceive. For the registration of a business name prior approval must be sought from the Board.
- f) Ensure all financial transactions with State authorities and Third Party Payers are conducted with due care and honesty.

For further information, refer to The Chiropractors Registration Board of Victoria codes and guidelines:

Standards of Practice Guidelines - Advertising
Standards of Practice Codes - Spinal Screenings

Confidentiality

Chiropractors are entrusted with personal, and often sensitive, information about their patients. The chiropractor has a responsibility to respect, secure, and protect the privacy of this information, subject to any legal requirement to the contrary. Even when sharing with those individuals who have the appropriate authority to receive it, the quantity and content of the information provided should reflect a principle of a “need to know” basis only.

If in doubt, practitioners should refer to the **Health Records Act** and **Health Privacy Principles**, and the **Federal Privacy Act 1988** (Including amendments made to the Act by the **Privacy Amendment (Private Sector) Act 2000**).

Professional Boundaries

A practitioner-patient relationship is an unequal relationship, and the practitioner is responsible for establishing and maintaining appropriate professional boundaries with his or her patients. In order to ensure a trusting relationship, the practitioner must not misuse or abuse the position of power by crossing boundaries.

Practitioners should ensure that they comply with the Board's code on *Professional Boundaries*.

Appropriate Communication

Clear communication is fundamental to the development of the patient-practitioner relationship. Effective communication involves the establishment of a feed-back process and includes appropriate use of verbal, non-verbal and written communication.

A practitioner should:

- a) Ensure adequate time for communication in consultations.
- b) Ensure that methods of coercion or duress are not employed during the processes of communication between practitioner-patient. In particular no such methods are employed whilst recruiting patients, obtaining consent, providing information and recommending and explaining initial treatment or ongoing treatment.
- c) Ensure, when required, that there is a clear understanding of the practitioner's plan by all relevant parties involved with the patient. Both inter and intra professional communication should be clear to the receiver, particularly to patients during all consultations.
- d) Not discuss, or offer an opinion, in a disparaging way on the competency, quality of service provided or methods used, by another health professional or agency. Any difference of view should be made in a constructive and respectful manner.

Informed Consent

Informed consent supports an open, patient-centered approach. Consent is defined as legal permission to proceed with an agreed course of action. Consent is granted by a legally competent adult for themselves, or as a parent or guardian. Informed consent requires that the person consenting receives all the information that a reasonable person in the same circumstances would require in order to make a decision, including alternative options and having the practitioner respond to any reasonable requests for additional information regarding the matter.

If the patient is unable to give informed consent, appropriate steps must be taken to have a guardian appointed for the patient in accordance with current legislation.

For further information, refer to the Boards code on *Informed Consent*

A Practitioner should:

- a) Content themselves that the person consenting understands the information presented. Language and literacy barriers must be addressed.

- b) Ensure that no duress is employed in the consent process.
- c) Obtain consent verbally or preferably in writing. There should be documented evidence of such consent for chiropractic services.
- d) Honour the right of the patient either to consent, or refuse to consent, to participate in chiropractic services.
- e) Provide adequate information on the specific nature of the services being provided, both initially, and on an on-going basis. The practitioner, before commencing examination or treatment, should ensure that the patient understands to a reasonable level and appreciates:
 - The purpose of any testing/assessment, and how the results will be used, prior to its administration.
 - The nature and purpose of the treatment/service to be provided.
 - The expected benefits and limitations of the treatment/service.
 - The material effects, risks and side effects of the treatment/service.
 - Any alternative treatment or courses of action that might reasonably be considered.
 - The likely consequences of not undertaking the treatment/service.
- f) Comply with relevant current legislation, and adhere to the principles of informed consent for all chiropractic services provided to the patient.

Conflict of Interest

A conflict of interest arises when the practitioner has a relationship, or interest, that could be seen as improperly influencing the practitioner's professional judgement or ability to act in the best interests of the patient. Conflicts may present in different ways, and if identified, whether they are real or perceived, need to be addressed.

A Practitioner should:

- a) Not allow the pursuit of financial gain, or other personal benefit to interfere with the exercise of sound professional judgement and skill.
- b) Not become involved in fraudulent or unethical activity, either related to his or her professional practice, or elsewhere.
- c) Make every effort to avoid dual relationships (e.g. treatment of family or friends) that could impair his or her judgement, or increase the risk of exploitation.
- d) Only provide professional services to family and friends if there is full disclosure of all potential issues to all involved stakeholders.
- e) declare any conflict of interest pertinent to his/ her role as a chiropractor/committee member in inter or intra-professional bodies.

Keeping of Records

A practitioner's duty of care requires the maintenance of proper records associated with the treatment of a patient. Adequate records are essential to enable proper management of a patient by the practitioner, and possibly by his or her successors. In addition, the practitioner might be called upon to produce appropriate patient records during legal proceedings.

A practitioner is responsible for the content of the records related to chiropractic services. The records must reflect the practitioner's professional analysis and/or opinion, intervention and recommendations.

Patient records are those clinical notes and supporting documentation maintained by practitioners on their patients. Any reference to patient records encompasses health information in any form, including paper, electronic, visual (x-rays, CT scans, MRI, videos and photos) and audio records. Patient records should meet the Board's guidelines. In addition, electronic records should be capable of being printed on paper when required.

This code is assumed to embody the provisions of the National Privacy Principles ("NPP's") (Schedule 3 of the *Privacy Act 1988 (Commonwealth)* and the Health Records Act, mentioned previously. Registered practitioners are advised to consult the Privacy Act and the NPP's in relation to privacy matters, and may do so by accessing the Act and Schedules at: http://www.austlii.edu.au/au/legis/cth/consol_act/pa1988108
Or seek copies from Information Victoria.

For further information, refer to the Board's code on the *Management of Patient Records*.

Use of Title

The use of any title or designation is an effective method of quickly imparting considerable information about oneself to others. It immediately enables the audience to identify the roles or activities and characteristics associated with that title. A title serves as a means of representing yourself to others. Titles may be attributed to an individual through a variety of mechanisms, some earned through training or education (e.g. professional credentials) and others as a result of a position held (e.g. a case manager).

a) Courtesy title – “Doctor”/“Dr”

The title “Doctor”/“Dr.” must only be used in a manner which clearly associates its use with the practice of chiropractic (e.g. Dr. J. Smith – Chiropractor). Failure to qualify the use of the title “Doctor” may contravene the provisions of the *Health Professions Registration Act 2005* and the practitioner may be committing an offence under that Act.

b) Interpretation of Title use

Whilst the Board only regulates Registered Chiropractors, there are some individuals that are involved in providing unregistered chiropractic services to the public. It is important that the public be able to clearly recognise the relationship of these unregistered individuals to the registered chiropractor.

c) Students

A supervising Chiropractor must ensure that students under his or her supervision are appropriately identified as such to prospective patients.

d) Assistants

Although the Board does not have any jurisdiction over support personnel, there is concern about how chiropractors assign their work in order to ensure that safe, high quality care is provided to their patients. The title “Assistant” may be used when service has been assigned to an assistant who is supervised by a chiropractor. Such assigned services may not include history taking, examination, advice or treatment of any kind. This title relates to the role as one of assisting, and attaches accountability to a professional person (chiropractor) rather than to a program or profession (chiropractic).

e) Limited or Conditional Registration

A person whose registration is limited, or subject to a condition, or conditions, under the Act must not hold him or herself out as having registration that is not limited or not subject to conditions, nor permit any other person to do so.

f) Specialty or other designations

Chiropractic as a profession in Victoria does not have formal specialty areas. The Board provides registration certificates for general practice, reflective of the common knowledge and skills of chiropractic.

Whilst there are distinct areas of practice, such as sports injuries and paediatrics in chiropractic, a process to establish specialty certification/registration does not exist under the Act.

Practitioners should not include credentials, or initials for such, after their name that would suggest specialisation. It is suitable, however, to make a statement about an area of special interest or additional training, e.g. rather than stating “Sports Chiropractor” it would be appropriate to state “Chiropractor with special interest in sports injuries”.

For further information on correct usage of, and abbreviations for, titles, Practitioners may refer to the guidelines developed by the Victorian Branch of the Chiropractors’ Association of Australia in conjunction with the Board.

CHIROPRACTORS REGISTRATION BOARD OF
VICTORIA
CLINICAL JUSTIFICATION - GLOSSARY OF TERMS

Acute:

Describes a condition that has been present for less than three months. (Bonica 1953, Merskey 1979)

Baseline Measures of a Patient's Functional Ability:

Baseline measures are required so as to assess change and improvement in the patient's condition and functional ability. These measures are required to assess the patient's response and progress in relation to the provided care.

Measures used can be divided into Subjective and Objective findings. Subjective measures are based on the patient's perception, eg. descriptions of symptoms and their ability to perform activities of daily living (ADLs). A wide variety of questionnaires with good reliability and validity are now available.

Objective measures include physical examination tests, eg. flexibility, range of motion, strength, neurological and orthopaedic tests.

Chronic:

Describes a condition that has been present for longer than three months. (Merskey & Bogduk 1994)

Clinical Impression:

A working hypothesis formulated from significant items in the patient's history and physical findings.

Clinical Justification:

The ability to justify and demonstrate that the intended care will be substantially helpful, appropriate and necessary. Clinical justification is required for care to continue. Consideration must also be given as to whether other forms of care could assist with better outcomes.

Diagnosis:

A diagnosis is the identification of a disease or condition from the patient's history and physical findings.

Initial Intensive Care:

The provision of care at the onset of a new patient presentation or the re-aggravation of a previous injury (recurrent). Patient presentations are usually symptomatic and frequently require several visits over a short period of time.

Outcome Measures:

These are measures or tools used to assess change in a patient's symptomatic presentation and/or functional ability overtime. Examples:

Objective - Range of motion (eg. manual, goniometer), muscle strength (eg. manual, dynamometer)

Subjective - Pain (eg. VAS – Visual Analogue Scale, 0-10 numerical rating scale, Oswestry, Neck Disability Index, SF-36 Health Survey)

Preventive/Maintenance/Wellness Care:

Treatment for a patient who has no present pain or symptoms but seeks to prevent pain and disability, promote health and enhance the quality of life.

Psycho-Social Factors (Yellow Flags):

Yellow flags indicate psychosocial barriers to recovery, and may increase the risk of chronicity, eg:

- belief that pain and activity are harmful (activity avoidance);
- sickness behaviours (extended rest, hypochondriasis, neurosis, catastrophising);
- social withdrawal, low or negative moods;
- signs of depression (eg. sleep disturbance, frustration, anger, anxiety);
- claim & compensation problems;
- problems at work, poor job satisfaction.

Reconstructive Care:

Ongoing treatment beyond the Initial Intensive Care phase for patients with longer term spinal dysfunction. Throughout this phase of care the patient should be achieving continuing improvement in spinal function as demonstrated by changes in Outcome Measures.

Red Flags:

Refers to clinical features suggestive of serious conditions, eg:

- cauda equina (bowel or bladder dysfunction, bilateral radicular signs, disturbed gait, saddle anaesthesia);

- tumor (constant unrelenting pain especially at night);

- infections (fever, intravenous drug use);
- fractures (trauma, osteoporosis (gibbous), chronic corticosteroid use);
- vascular (stroke eg. ataxia, diplopia, dysarthria, dysphagia, neural disturbances);

- unexplained thoracic pain (visceral referral);
- history of carcinoma;
- unexplained thoracic pain (visceral referral)

- myelopathy (cord pressure – bilateral sensory/motor disturbances);
- progressive neurological deficit;
- general ill health or presence of other medical illness.

When a Red Flag is present the practitioner should consider whether chiropractic care is contraindicated and the patient should be referred, or whether chiropractic care may commence with extreme caution and careful attention to informed consent.

Supportive Care:

Treatment for a patient who has reached maximum improvement, but who fails to sustain this improvement and progressively deteriorates when treatment is withdrawn.

CLINICAL JUSTIFICATION FLOW CHART

