AUSTRALIAN CHIROPRACTORS ASSOCIATION

Submission to the Safer Care Victoria

Independent Review | chiropractic spinal care for children under 12 years

June 2019

Our Support. Your Confidence.

Executive Summary

1. Chiropractic is one of fifteen nationally registered and regulated health professions in Australia under the National Registration and Accreditation Scheme (NRAS) (National Scheme)[1]. Chiropractors are a recognised Allied Health profession[2] and have been registered at least at a state level in Australia since 1964 and as part of the NRAS since 2010. The COAG Health Council oversees the NRAS under the Health Practitioner Regulation National Law[3].

2. Public safety is the paramount concern and a prime core responsibility of all healthcare professionals. Chiropractors, as a responsible profession and the Australian Chiropractors Association, as their peak professional association, are fully supportive of this prime and core precept of all healthcare provision.

3. This core precept is expressed as the Code of Conduct for Chiropractors published by the Chiropractic Board of Australia. The Code 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[4].

4. The National Scheme is designed to be a responsive, proportionate, risk-based approach ("right touch") to regulation, its standards and guidelines, its actions, and decision-making.

5. The National Law contains the three core tenets of Title protection, competency and the restricted acts or practice protections (dental acts s121; prescription of optical appliances s122 and; spinal manipulation [HVLA] as it pertains to the cervical spine s123) are applied across the professions through AHPRA to "protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare". There are additional objectives of the Scheme[5].

6. The emphasis of the National Scheme in terms of what a registered provider can do, is based on competency ('suitably trained and qualified to practice' s3[2a]) and was not designed to be "scope of practice" based, as is often misunderstood.

7. Chiropractors in Australia are educated in the Australian University system for a minimum of five years, undertaking a double degree program of study similar to other healthcare disciplines such as physiotherapy and osteopathy. Approved programs of study and general registration are defined by National Law[6].

8. The accreditation process and its requirements are well defined under the Act. To be qualified, a registrant needs to have an "approved qualification" completed at an "approved program of study" (s43 and s48). This quality assurance framework ensures accredited and approved providers to educate and assess graduates as being "suitably trained and qualified". Australian standards and competencies are benchmarked on international chiropractic standards as well as other health professions regulated under the National Scheme. In addition, the professional accreditation is underpinned in parts by TEQSA[7] and individual universities' internal quality audit systems.

9. Chiropractors are community based, primary healthcare providers practising in their communities and contributing more than $300M to the business economy each year[8].Typically, they are characterised as small businesses employing people in their region and contributing to the health and social fabric of their communities[9].

10. Chiropractic's community-based care delivery is similar to other professions such as dentistry, and common for other musculo-skeletally focused professions. It has grown modestly over the past five years as the ever-evolving evidence base for its efficacy has become more widely accepted.

11. Chiropractors have spinal care as their major or defining clinical purpose and also utilise a range of ancillary treatment procedures preparatory and supportive to manipulation. Chiropractors usually pursue a conservative clinical approach and follow a Spine Care Model characterised by:

    a) a neuro-musculo-skeletal focus with particular emphasis on the spine;

    b) an important role as a primary healthcare provider;

    c) contributors to and part of the evidence-based healthcare movement to deliver best practice;

    d) conservative/minimalist healthcare providers (drug and surgery free);

    e) an interest to become a fully integrated part of the healthcare system, rather than be perceived as an alternative and competing healthcare system.

12. The evidence base that the chiropractic profession and practitioners draw upon is substantially inter-professional and international. The processes and challenges of translating an ever-increasing evidence base into practise is a healthcare wide issue not a chiropractic specific one, but one that the chiropractic profession and educators take seriously. The time frames often quoted across healthcare for this translation can be greater than 15 years even in larger professions such as medicine[10].

13. Consumers have become more willing to seek chiropractic care, and chiropractors are becoming a staple of the wider healthcare system[11]. In addition, in terms of private health insurance benefits, chiropractic care ranks fourth after dentistry, optometry and physiotherapy with regards to utilisation and paying out benefits for industry treatments[12].

14. Chiropractors use a range of modalities, ancillary procedures and advice in their provision of patient care and management, not simply the single technique of manipulation[13]. This is often a misunderstood concept, sometimes accidentally or mischievously used to make the profession appear to be uniformly applying one approach to care, rather than the reality of multiple (multi-modal) approaches, co-management, advice, referrals and a comprehensive approach to care in the best interests of the patient.

15. Australian and international chiropractors play a significant role in finding and implementing evidence-based prevention and treatment strategies aimed at infants, children, and adolescents[14], noting there is growing evidence of the significant impact of musculoskeletal issues on not just the adult population but also in younger people. The burden of this may be reduced through modifiable risk factors[15].

16. Current utilisation for chiropractic paediatric care is conservatively estimated to be 30,000 visits per week (approximately 8 to 10% of more than 300,000 patients visits per week)[16, 17]. In Denmark approximately 20% of all children under 15 years of age (equivalent to 1 million children) consult a chiropractor on a yearly basis[18, 19].

17. There is little or no evidence of risk of harm to the paediatric population undergoing care from a chiropractor, specifically under the age of two years and, more broadly, under the age of 12 years, either in Australia or internationally. This is supported by two systematic reviews[20, 21] and analysis of available complaint and/or insurance data.

18. Informed consent requirements are essentially the same for all registered healthcare providers in Australia regardless of profession. Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. This references the National Health and Medical Research Council (NHMRC) publication *General guidelines for medical practitioners in providing information to patients*[22].

19. As with other primary healthcare disciplines the evidence of effectiveness or efficacy is variable[23]. However, importantly, the available evidence for the clinical effects of manual therapies for a wide variety of paediatric conditions are predominantly moderate-positive or inconclusive favourable outcomes. Only two paediatric conditions were assessed as 'inconclusive-unfavorable'[24].

20. The Code of Conduct for Chiropractors in Australia is substantially based on the Code of Conduct for registered health practitioners adopted by a number of the National Boards as part of the National Scheme, with further inclusions specifically for the chiropractic profession. This code 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.

21. There is no evidence that would support a restriction of parental or patient choice when seeking chiropractic care for children under 12 years of age as there is no evidence of harm. There is however expressed outcome of benefit. Parents actively choose chiropractic care for their children.

22. There have been previous parliamentary inquiries in Australia in 1959 (Western Australia)[25], 1974 (NSW Teece inquiry)[26], 1975 (Victoria Ward inquiry)[27], 1977 (Commonwealth Webb inquiry)[28] and a New Zealand Commission in 1979[29].

23. The Productivity Commission (2015) identified evidence that Australia is spending a considerable amount of money on health interventions (tests, procedures, medicines and so on) that are irrelevant, duplicative or excessive, provide very low or no benefits (relative to the risks and costs), or in some cases, cause harm[30]. If the "bar" for harm and evidence is to be set through this review, then it should be equally and uniformly applied according to national law.

24. No other country has implemented the sort of restriction being considered including countries where active adverse outcome monitoring has been implemented.

25. In other regulated health professions in Australia, where there are real or expressed concerns about harms, the considered response is usually to develop Guidelines that help ensure that consumers have the information to make informed choices about their care including complementary and emerging treatments. Guidelines that minimise harm and therefore define good practice:

    - would not reduce consumer choice
    - would not restrict practice
    - would not result in significant cost increases for consumers or practitioners
    - would not restrict existing, accepted practice that may fall within the definition of complementary medicine and emerging treatments
    - would not stifle innovation or clinical research and trials[31].

26. In keeping with the National Scheme and to ensure public benefit, the Australian Chiropractors Association (ACA) proposes the following:

    - That the profession conducts a trial of monitoring of care including outcomes of children under 12 years of age;

    - That the profession continues to further refine industry-led standards and clinical guidelines informed by best practice. This would include continuing professional development and consensus approaches to care including inter-professional understanding and action;

    - That the profession continues to further commit to expanding knowledge translation from research into clinical practice within the industry;

    - That the profession and health research agencies increase support for further research into chiropractors and their role in the healthcare of children.

The Australian Chiropractors Association (ACA) is the leading voice for chiropractors in Australia, actively working to further the profession of chiropractic through improving the health of all Australians. With a strong overarching focus on Professionalism at all levels, the ACA's intent is to improve the general health of all Australians and the ACA supports the following attributes to achieve this:

(a) The highest standards of ethics and conduct in all areas of research, education and practise;

(b) Chiropractors as the leaders in high quality spinal health and wellbeing;

(c) A commitment to evidence-based practice – the integration of best available research evidence, clinical expertise and patient values;

(d) The profound significance and value of patient-centred chiropractic care in healthcare in Australia; and

(e) Inclusiveness and collaborative relationships within and outside the chiropractic profession.

Please outline your membership or accreditation criteria

The Australian Chiropractors Association is an Australian Public Company, Limited by Guarantee.

A person is qualified to be a Member of the Company who:

(a) is at least 18 years of age;

(b) in relation to a person seeking to be admitted as a Standard Member, is a qualified and registered chiropractor;

(c) has applied for Membership of the Company as per the Constitution of the Association; and

(d) has been approved for Membership of the Company by the Board.

More than ninety per cent of ACA members are registered practitioners and make up approximately 43 per cent of the 5,220 registered chiropractors in Australia. In addition, the ACA also has a small number of non-practising and overseas based members.

Finally, student membership is open to any student studying a chiropractic course at Central Queensland University, Macquarie University, Murdoch University and RMIT University.

The Australian Chiropractors Association has over 3,200 members, including students, and is the leading voice for chiropractors in Australia. With a strong overarching focus on professionalism at all levels, the ACA's intent is to improve the health of all Australians. The ACA supports the following attributes to achieve this:

- The highest standards of ethics and conduct in all areas of research, education and practise
- Chiropractors as the leaders in high quality spinal health and wellbeing
- A commitment to evidence-based practice – the integration of best available research evidence, clinical expertise and patient values
- The profound significance and value of patient-centred chiropractic care in healthcare in Australia.
- Inclusiveness and collaborative relationships within and outside the chiropractic profession.

The ACA has representation at, or in consultation with, the following agencies (not an exhaustive list):

1. AHPRA Professions Reference Group
2. National Rural Health Alliance
3. Australian Chamber of Commerce and Industry
4. Department of Veterans' Affairs
5. Diagnostic Imaging Advisory Committee
6. Fair Work Commission
7. Allied Health Professions Australia

8. Australian Commission on Safety and Quality in Healthcare

9. World Federation of Chiropractic

The ACA has had its Reconciliation Action Plan endorsed by Reconciliation Australia and partners with Indigenous Allied Health Australia to offer a scholarship to study chiropractic at an Australian University. This is in addition to its funding of research and postgraduate study making the ACA the largest contributor to funding chiropractic research in Australia. The ACA initiated and continues to support an international research medal, The Giles Medal, in musculoskeletal research.

Does your organisation represent practitioners who provide spinal care for children under 12 years of age?

Yes. Most Australian chiropractors provide a therapeutic approach to care that incorporates a range of manual therapies including spinal adjustment (spinal manipulation). Chiropractors are taught a range of techniques to care for patients and modify all care to suit the age, presentation and development of the patient, including children under 12 years of age.

What are the benefits relating to the provision of spinal care to children under 12?

Key points

1. **Chiropractic in Australia is one of fifteen nationally registered and regulated health professions in Australia under the National Scheme**

2. **Chiropractors in Australia are educated in the Australian University system for a minimum of five years, undertaking a program of study similar to other healthcare disciplines such as physiotherapy. Qualifications in Australia are usually AQF 9 at a master's degree level.**

3. **Chiropractors are community based, primary healthcare providers who are anchored in their communities and contribute at least $300M to the economy each year through wages and employment in addition to contributing to the social fabric of communities.**

4. **Consumers have become more willing to seek chiropractic care, and chiropractors are becoming a staple of the wider healthcare system. In addition, in terms of private health insurance benefits, chiropractic care ranks fourth after dentistry, optometry and physiotherapy with regards to paying out benefits for industry treatments.**

5. **Current utilisation for chiropractic paediatric care is conservatively estimated to be 30,000 visits per week (approximately 8 to 10% of more than 300,000 patients visits per week).**

6. **There is no evidence that would support a restriction of parental or patient choice in seeking chiropractic care for children under 12 years of age as there is no evidence of harm yet there is expressed outcome of benefit.**

Chiropractors have been caring for children for many decades in Australia. Each year there is an estimated 19.1 million chiropractic visits in Australia and other studies suggest that 8.6% of all visits are from children. Using these findings, it has been estimated that there are over 1.6 million visits by children to chiropractors annually in Australia or more than 30,000 each week[32]. Paediatric chiropractic care is equally common in all countries where chiropractic is well established and an acceptable stream of healthcare, such as in North America, Europe and New Zealand.

The World Federation of Chiropractic, of which the ACA is the Australian member, defines chiropractic as "*A health profession concerned with the diagnosis, treatment 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. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation*".

Parents and guardians of children actively choose the care provided by chiropractors; the expressed satisfaction rates with this care is high and has been described by parents as "effective, safe, and cost effective[33, 34].

There are published best practice approaches for chiropractic care of children[35] and these dictate that chiropractors modify the care they provide in accordance with the care needs of the child. In 2017, the Chiropractic Board of Australia published a Position Statement on Paediatric Care which states that "*Chiropractors receive extensive university education and training, including about caring for children. Parents typically seek chiropractic services for their children for musculoskeletal disorders. In caring for children chiropractors may provide a range of treatment modalities including manipulation, dietary*

and ergonomic advice, exercise, counselling and other manual therapies such as massage. Best-practice approaches to providing chiropractic care to children are published in peer reviewed literature. The Board expects practitioners to make sure their clinical practice is consistent with current evidence and/or best-practice approaches"[36].

According to a recent IbisWorld Industry Report, published in November 2018, the majority of chiropractic practises in Australia employ just over two people per practise and pay $275.2 million in wages annually. Other contributions of at least another $200 million into the broader community annually[37]. This is the industry infrastructure that supports the 30,000 children visits and 270,000 adult visits per week to a chiropractor, contributing to a more productive community. Recent consumer research demonstrates that people who have previously seen a chiropractor highly value chiropractors not only for the care they provide but for their professionalism in the provision of that care[38]. Chiropractors are linked into community groups through parents, school groups, sport and arts, often providing sponsorship and support to groups.

The ACA is a member of Allied Health Professions Australia which represents twenty national allied health associations and collectively works on behalf of their 100,000 allied health professionals. AHPA advocates for better access to allied health services as part of the Australian health system. In 2015 the Productivity Commission identified evidence that Australia spends a considerable amount of money on health interventions (tests, procedures, medicines etc) that are irrelevant, duplicative or excessive, provide very low or no benefits (relative to the risks and costs), or in some cases, cause harm[39]. If the "bar" for harm and evidence is to be set through this review, then it should be equally and uniformly applied according to national law. In its submission to the Productivity Commission AHPA strongly recommended that the Commission more explicitly investigates the potential roles of allied health professionals in the settings under investigation"[40]. Like AHPA, the ACA is committed to ensuring that all Australians, regardless of their socioeconomic status, are able to make an informed choice about accessing safe, evidence-based healthcare to support them to realise their potential for physical, social, emotional and intellectual development.

Within the framework of the National Law, accreditation standards are used to assess if education providers and their programs provide graduates with the knowledge, skills, and attributes for practice in Australia. The professional capabilities identify the knowledge, skills, and professional attributes needed to safely and competently practise as a chiropractor. The Good Universities Guide describe Chiropractors as healthcare providers who diagnose and treat health problems related to the nervous, muscular and skeletal systems, particularly the spine, without the use of drugs or surgery[41]. The courses offered by four Universities in Australia are either a double Bachelor's degree or Master's degree which is an Australian Qualifications Framework of at least level 7 (Bachelor Degree) but more usually level 9 (Masters Degree).

To support our role in competency and advanced learning pathways, the ACA recently launched the Australasian Institute of Chiropractic Education to improve standards in the profession. Established in 2019, AICE will promote advanced clinical competence and knowledge transfer through the establishment of credentialed advanced learning pathways. AICE aims to provide the chiropractic profession with a consistent framework within which practitioners can be recognised for advanced skills development and knowledge in clinical interest areas such as Sports, Neuroscience and Paediatrics[42].

In summary, the role of the ACA is to support chiropractors providing quality care and improved health outcomes to all Australians as part of the Australian healthcare system.

Regulations, guidelines or training relevant to the provision of spinal care for children under 12

Key Points:

1. **Chiropractors in Australia are one of fifteen nationally registered and regulated health professions in Australia under the National Scheme and are a recognised Allied Health profession.**

2. **The National Scheme is based on "right touch" or proportionate regulation based on 3 core tenets of title protection, competency and restricted acts or practice protections. The three restricted acts (dental acts s121, prescription of optical appliances s122 and spinal manipulation [HVLA] as it pertains to the cervical spine s123) as it applies across the professions through AHPRA to "protect the public by regulating health practitioners efficiently and effectively in the public interest to facilitate access to safer healthcare".**

3. **There are only three restricted practices in the National Law, including manipulation of the cervical spine, restricted dental acts and prescription of optical appliances.**

4. **The emphasis of the Scheme in terms of what a registered provider can do is based on competency (suitably trained and qualified to practice s3[2a]) and was not designed to be "scope of practice" based, as is often misunderstood.**

5. **The current regulatory approach of the National Scheme engenders confidence as it applies across the 15 regulated professions in a uniform manner.**

6. **Chiropractors in Australia are educated in the Australian University system for a minimum of five years, undertaking a program of study similar to other healthcare disciplines such as physiotherapy. Approved programs of study and general registration is defined by National law.**

The National Registration and Accreditation Scheme (the National Scheme) for registered health practitioners was established by the Council of Australian Governments (COAG) in 2010 and now regulates 15 professions, each with a corresponding National Board.

The Health Practitioner Regulation National Law (National Law), as in force in each state and territory, is state and territory based legislation. Nevertheless, this legislation is generally consistent across each state and territory. The National Law establishes the fifteen health practitioner boards and the Australian Health Practitioner Regulation Agency (AHPRA). Together, their role is to regulate the 15 health professions in the National Scheme.

A number of important regulatory principles underpin the work of the Boards and AHPRA in regulating Australia's health practitioners, in the public interest. These principles shape the Boards and AHPRA's thinking about regulatory decision-making and were designed to encourage a responsive, risk-based approach to regulation **across all professions**.

The principles are as follows[43]:

1. *The Boards and AHPRA administer and comply with the Health Practitioner Regulation National Law, as in force in each state and territory. The scope of their work is defined by the National Law.*

2. *The Boards and AHPRA protect the health and safety of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.*

3. *While the Boards and AHPRA balance all the objectives of the National Registration and Accreditation Scheme, their primary consideration is to protect the public.*

4. *When the Boards and AHPRA are considering an application for registration, or when they become aware of concerns about a health practitioner, they protect the public by taking timely and necessary action under the National Law.*

5. *In all areas of their work the Boards and AHPRA:*

   (a) identify the risks that they are obliged to respond to

   (b) assess the likelihood and possible consequences of the risks and

   (c) respond in ways that are proportionate and manage risks so they can adequately protect the public.

   This does not only apply to the way in which they manage individual practitioners but in all of their regulatory decision-making, including in the development of standards, policies, codes and guidelines.

6. *When the Boards and AHPRA take action about practitioners, they use the minimum regulatory force to manage the risk posed by their practice, to protect the public. The actions of the Boards and AHPRA are designed to protect the public and not to punish practitioners.*

   While their actions are not intended to punish, the Boards and AHPRA acknowledge that practitioners will sometimes feel that their actions are punitive.

7. *Community confidence in health practitioner regulation is important. The response to risk considers the need to uphold professional standards and maintain public confidence in the regulated health professions.*

8. *The Boards and AHPRA work with stakeholders, including the public and professional associations to achieve good and protective outcomes. They do not represent the health professions or health practitioners. However, they will work with practitioners and their representatives to achieve outcomes that protect the public.*

The Chiropractic Board of Australia was established under the Health Practitioner Regulation National Law and its role is to regulate chiropractors in Australia under the National Scheme. The functions of the Chiropractic Board of Australia include[44]:

1. developing standards, codes and guidelines for the chiropractic profession

2. handling notifications, complaints, investigations and disciplinary hearings

3. approving accreditation standards and accredited programs of study.

The core role of the National Boards is to protect the public. One of the ways they do this is by making sure that only practitioners who have the skills and qualifications to provide safe care to the Australian community are registered to practise their profession. Registration standards, developed by individual Boards, define the requirements that applicants, registrants or students need to meet to be registered.

Accreditation of courses ensures that the education and training leading to registration as a health practitioner is rigorous and prepares the graduates to practise a health profession safely. Accreditation standards are used to assess whether a program of study, and the education provider that provides the program of study, provides graduates of the program with the knowledge, skills and professional attributes to practise the profession. In developing standards, accreditation authorities take account of relevant national and international standards and codes and consult stakeholders[45].

There are four Universities (Macquarie, Murdoch, RMIT and CQU) who currently graduate students in approved programs of chiropractic study. The Council on Chiropractic Education Australasia is the authority responsible for accrediting education providers and programs of study for the chiropractic profession in Australia.

The core competencies required with regards to paediatric care upon registration include:

1. Possess a working knowledge and understanding of the anatomy, physiology, neurology, psychology, and developmental stages of a child.

2. Recognise common and unusual health conditions of childhood.

3. Be able to perform an age-appropriate evaluation of the paediatric patient.

4. Formulate differential diagnoses based on the history, examination, and diagnostic studies.

5. Establish a plan of management for each child, including treatment, referral to, and/or co-management with other healthcare professionals.

6. Deliver skilful, competent, and safe chiropractic care, modified for the paediatric population

7. Integrate and collaborate with other healthcare providers in the care of the paediatric patient.

8. Function as a primary contact, portal of entry practitioner.

9. Demonstrate and utilise high professional and ethical standards in all aspects of the care of paediatric patients and professional practice.

Within the framework of the National Law, accreditation standards are used to assess if education providers and their programs provide graduates with the knowledge, skills and attributes for practice in Australia. The professional capabilities described in accreditation and registration standards, identify the knowledge, skills and professional attributes needed to safely and competently practise as a chiropractor.

Presently in Australia there are no formal advanced learning pathways for core competencies in chiropractic paediatric care postgraduation however there are some post-graduate certifications available overseas that are not recognised in Australia[46]. Additionally, there are profession led consensus statements that provide a general framework for what constitutes an evidence-based and reasonable approach to the chiropractic management of infants, children, and adolescents[47].

A recent study of paediatric competency development in Australian University physiotherapy programs concludes that there is a need for the development of a minimum standards guideline for competency development and the need to consider innovative and appropriate models of practical experience and further competency development[48]. This highlights an approach across professions rather than a focus on one.

The ACA has published Quality Care and Position Statements which inform members and stakeholders of standards and expectations with regards to the Care of Infants and Children[49] and Patient Care, Clinical and Professional Chiropractic Education[50]. Best practice requires:

- placing the interests and wellbeing of the paediatric patient first;
- ensuring there is informed consent from the paediatric patient's parent or guardian;
- carefully explaining the risks of care and alternatives to care to the parent or guardian; and
- identifying any 'red flags' particular to the paediatric patient and investigating, managing, co-managing or referring to an appropriate health practitioner.

The Chiropractic Board of Australia emphasises best practice approaches to providing chiropractic care to children as published in peer reviewed literature and this evidence should be used to guide clinical practice and ensure chiropractors provide safe care[51]. Chiropractors are taught a range of techniques and should modify all care to suit the age, presentation and development of the patient. When providing chiropractic care to infants and young children, practitioners must have a good understanding of the principles of public health including disease prevention and health promotion. Chiropractic care includes the provision of advice on physical activity and posture, nutrition, injury prevention and a healthy lifestyle. Effective collaboration with other health practitioners is a fundamental aspect of good practice.

ACA supports the Australian Charter of Healthcare Rights, developed by the Australian Commission on Safety and Quality in Healthcare, which describes the rights of patients and other people using the Australian health system[52]. These rights are essential to ensure that, wherever and whenever care is provided, it is of high quality and 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 healthcare to share an understanding of the rights of people receiving healthcare. 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.

Over the last several decades, there has been increasing public expectation of employing an evidence-based healthcare approach for clinical decision making including assisting patients to make their informed choice of care. The term evidence-based healthcare recognises the advances in techniques to establish clinical efficacy. While this is a common challenge for all health professions to gather the evidence, it is both a challenge and opportunity for chiropractors. ACA supports initiatives which are designed to improve the quality of healthcare, 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.

Professional capability reflects how a practitioner uses their professional judgement, decision-making skills and experiential knowledge to apply their knowledge, practical skills and ability in any given situation. Explaining to the patient/client, other health professionals and relevant others is a key responsibility when a Chiropractor makes a diagnosis, identifies treatment options and any medically significant findings. Information may be conveyed verbally or in writing and to the appropriate persons who may include other practitioners, the patient/client and their family/carers/guardians, in line with relevant protocols and other guidelines. It is important that a Chiropractor checks that the patient/client has understood what has been explained. Communication between health practitioners

about the clinical status of a patient/client is expected to be recorded in line with relevant legislative requirements.

Referring patients/clients to other health practitioners is recommended when an alternative intervention may provide a better patient/client outcome. Chiropractors are expected to provide patient/client-centred care and advocate for the patient's/client's equitable access to other health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness[53].

The COAG Health Council oversees the National Regulation and Accreditation Scheme (NRAS or the National Scheme) under the Health Practitioner Regulation National Law (the National Law). The NRAS ensures that all regulated health professionals are registered against consistent, high quality, national professional standards and can practise across state and territory borders without having to re-register in each jurisdiction[54]. In the "Guide to the National Registration and Accreditation Scheme for health professions", the construct and operation is well described, including the responsibility and process for setting standards, codes and guidelines for health professions. This includes the role of the Office of Best Practice Regulation and the ability for Ministers to give direction to National Boards or AHPRA only in limited circumstances as specified in the legislation[55].

Paediatric Care in Chiropractic - Clinical Guidelines, Competency and Best Practice Approaches

Key Points:

1. **Chiropractic care encompasses a range of modalities of care not just a technique of manipulation; chiropractors may play a significant role in finding and implementing evidence-based prevention and treatment strategies aimed at infants, children, and adolescents.**

2. **Consumers have become more willing to seek chiropractic care, and chiropractors are becoming a staple of the wider healthcare system.**

3. **The Code of Conduct for Chiropractors in Australia is substantially based on the Code of conduct for registered health practitioners adopted by a number of the National Boards as part of the National Scheme) with further inclusions specifically for the chiropractic profession. This code seeks to assist and support chiropractors to deliver safe and effective health services within an ethical framework.**

4. **Guidelines help to ensure that consumers have the information to make informed decisions about choices in care. Guidelines that minimise harm and therefore define good practice:**

    - **would not reduce consumer choice**
    - **would not restrict practice**
    - **would not result in significant cost increases for consumers or practitioners**
    - **would not restrict existing, accepted practice that may fall within the definition of complementary medicine and emerging treatments**
    - **would not stifle innovation or clinical research and trials**

5. **Quality improvement through adoption of clinical guidelines aims to generate change in the real-world environment and to affect change in real time. Changing clinical practice is challenging and effective knowledge translation strategies can help reduce evidence-practice gaps.**

The Chiropractic Board of Australia emphasises that "best practice approaches to providing chiropractic care to children as published in peer reviewed literature and this evidence should be used to guide clinical practice and ensure chiropractors provide safe care"[56]. Chiropractors are taught a range of techniques and should modify all care to suit the age, presentation and development of the patient. When providing chiropractic care to infants and young children, practitioners must have a good understanding of the principles of public health including disease prevention and health promotion. Chiropractic care includes the provision of advice on physical activity and posture, nutrition, injury prevention and a healthy lifestyle. Effective collaboration with other health practitioners is a fundamental aspect of good practice[57].

Chiropractic is a healthcare profession concerned with the diagnosis, treatment, and prevention of disorders of the neuromusculoskeletal system and the effects of these disorders on general health[58]. Clinical practice guidelines are evidence-based statements that include recommendations intended to optimise patient care and assist healthcare practitioners to make decisions about appropriate healthcare for specific clinical circumstances. Clinical practice guidelines should assist clinicians and patients in shared decision making[59]. Evidence-based guidelines, an important pillar of evidence-based practice, aim to make recommendations about appropriate care based on the best available scientific evidence and broad consensus while promoting efficient use of resources.

According to Hawk et al., the chiropractic management of the child should follow the three basic principles of evidence-based practice, which are to make clinical judgments based on the use of (1) the best available evidence combined with (2) the clinician's experience and (3) the patient's preferences. The research community has just begun to investigate the effectiveness of chiropractic care for many paediatric conditions; however, lack of research evidence does not imply ineffectiveness. Evidence-based practice is the integration of clinical expertise and patient values with the best available research evidence. A therapeutic trial of chiropractic care can be a reasonable approach to management of the paediatric patient in the absence of conclusive research evidence when clinical experience and patient/parent preferences are aligned[60].

Patient care is enhanced by combining evidence-based practice grounded in quality research with optimal healthcare delivery supported by quality improvement strategies[61] given the acknowledged constraints in paediatric clinical research. As quality improvement becomes a primary focus of healthcare, it is important to note the differences between quality improvement and traditional research; as research is focused on generating new knowledge, while quality improvement seeks to improve care by translating existing knowledge into clinical practice. Quality improvement through adoption of clinical guidelines aims to generate change in the real-world environment and to affect change in real time.

Systematic reviews and reports from regulators and insurers demonstrate that the level of reported harms or risk of harm in chiropractic care provided to children under 12 years of age is very low given the number of services provided on an annual basis in Australia. A potential solution to the perception issue surrounding the chiropractic profession through media attention is the development of clinical practice guidelines which have the potential to improve the quality and safety of healthcare. One way forward is to promote the wide scale adoption of evidence-based practice by the uptake of evidence-based clinical practice guidelines.

According to the World Health Organization[62], a guideline offers a choice among different interventions or measures having an anticipated positive impact on health and implications for the use

of resources. Recommendations help the user of the guideline to make informed decisions on whether to undertake specific interventions, clinical tests or public health measures, and on where and when to do so. Recommendations also help the user to select and prioritise across a range of potential interventions. This definition is broad and focuses on the development of evidence-based recommendations which may include:

- Evidence-based clinical practice guidelines
- Documents and guidance derived from guidelines including:
    1. Evidence summaries and resources
    2. Clinical standards
    3. Care pathways
    4. Consumer resources
    5. Clinical protocols.

The development of clinical guidelines should[63, 64]:

a) be clearly focused on the needs and concerns of consumers and opportunities to improve consumer health outcomes

b) be open and transparent

c) be a "considered judgement" approach that assesses the quantity, quality and consistency of the evidence; the generalisability of the study findings; directness; clinical impact as well as the experience of the group assessing the topics

d) be a process that includes:

(i) reviewing evidence-practice gaps in the clinical area. This would include consideration of harms and risks drawn from a range of sources;

(ii) considering whether there are either suitable, current guidelines available or guidelines that could be adopted or adapted to the Australian health system;

(iii) how clinical care and uptake of guideline recommendations can be monitored or measured in practice.

Changing clinical practice is challenging and effective knowledge translation strategies can help reduce evidence-practice gaps. The research capacity in chiropractic has grown in recent years in Australia and internationally. Academic researchers with clinical training in chiropractic can provide needed expertise to create and adapt, disseminate and help implement clinical practice guidelines to improve patient care and health outcomes.

Current guidelines and/or best practice competency

The NHMRC has identified the need for guideline development in healthcare given many areas in health, including well established primary healthcare professions, have not progressed in this area[65]. Chiropractic, as with other manual therapy and musculoskeletal care modalities do not possess

consensus guidelines developed within the Australian context of healthcare education, regulation or provision.

The scientific evidence for the effectiveness and efficacy of chiropractic care and spinal manipulation for treatment of children is not definitive and the development of evidence informed consensus models of care enables this gap to be filled and would be deemed best practice in the absence of a formal guideline or guideline development.

The approach usually taken in Australian healthcare where there are identified risks of poor outcomes, including when there is little evidence to support an intervention, is usually managed through monitoring and the development of clinical guidelines i.e. the Australian Sentinel Events List developed by ACSQHC which are designed to ensure public accountability and transparency and drive national improvements in patient safety[66]. Another example is the current public consultation being undertaken by the Medical Board of Australia which is examining clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments[67]. Rather than prohibiting these practices outright, the Medical Board is considering options for clearer regulation of medical practitioners who provide complementary or unconventional medicine or emerging treatments due to concerns raised about this area of practice which may suggest that additional guidance for medical practitioners is needed to support safe practice and ensure safeguards for patients.

Under National Law, National Boards are able to develop and approve codes and guidelines to provide guidance to registered health practitioners about matters relevant to the exercise of the National Board's functions. An approved registration standard, code or guideline is admissible in proceedings under the National Law or the law of a co-regulatory jurisdiction regarding a practitioner as evidence of what constitutes appropriate professional conduct or practice of the profession. Guidelines may help ensure that consumers have the information to make informed choices about the care they are choosing.

The ACA believes this approach, under National Law, should be applied uniformly across all fifteen registered professions and the chiropractic profession should not be singled out for punitive measures when current circumstances simply do not justify this.

The ACA has published a Quality Care Statement[68] describing Best practice for Infants and Children, including the ACA support of government policy on immunisation, that requires practitioners to:

- place the interests and wellbeing of the paediatric patient first;
- ensure that there is informed consent from the paediatric patient's parent or guardian;
- carefully explain the risks of care and alternatives to care to the parent or guardian; and
- identify any 'red flags' particular to the paediatric patient and investigating, managing, co-managing or referring to an appropriate health practitioner.

The Chiropractic Board of Australia emphasises best practice approaches to providing chiropractic care to children as published in peer reviewed literature and this evidence should be used to guide clinical practice and ensure chiropractors provide safe care. Chiropractors are taught a range of techniques and should modify all care to suit the age, presentation and development of the patient. When providing chiropractic care to infants and young children, practitioners must have a good understanding of the principles of public health including disease prevention and health promotion. Chiropractic care includes the provision of advice on physical activity and posture, nutrition, injury

prevention and a healthy lifestyle. Effective collaboration with other health practitioners is a fundamental aspect of good practice.

The ACA proposes that the profession develops industry-led standards and clinical guidelines informed by best practice. These guidelines include:

1. **continuing professional development and consensus approaches to care including inter-professional understanding and action;**
2. **the profession commits to expanding knowledge translation from research into clinical practice within the profession;**
3. **the profession and health research agencies support further research into chiropractic and its role in the healthcare of children.**

Has your organisation been made aware of adverse effects relating to the provision of spinal care to children under 12?

Key Points:

1. **More than 30,000 occasions of service are provided to children in Australia on a weekly basis**

2. **Limited evidence of harm of chiropractic care for children under 12 years of age even when a broad definition of harm is applied**

3. **Informed consent is a cornerstone of any healthcare intervention**

4. **Increasing evidence of effectiveness as reported in systematic reviews**

5. **High levels of consumer satisfaction and confidence in chiropractic care**

6. **The current regulatory approach of the National Scheme engenders confidence as it applies across the 15 regulated professions in a uniform manner**

7. **There is no evidence to restrict patient choice**

Chiropractors have been caring for children for many decades in Australia. Each year there is an estimated 19.1 million chiropractic visits in Australia and other studies suggest that 8.6% of all visits are from children. Using these findings, it has been estimated that there are over 1.6 million visits by children to chiropractors annually in Australia or more than 30,000 each week[69]. Paediatric chiropractic care is equally common in all countries where chiropractic is well established and an acceptable stream of healthcare, such as in North America, Europe and New Zealand.

There is no need to restrict parental or patient choice for chiropractic care for children under 12 years of age as there is no evidence of harm. There is however, expressed outcome of benefit by parents[70] who actively choose chiropractic care for their children.

There have been numerous parliamentary inquiries in Australia involving chiropractic including in 1959 (Western Australia)[71], 1974 (NSW Teece inquiry)[72], 1975 (Victoria Ward inquiry)[73], 1977 (Commonwealth Webb inquiry)[74] and a New Zealand Commission in 1979[75].

Chiropractic has a history of experience-based practice and an increasing research and evidence base that is often in common with other musculo-skeletal disciplines. Evidence-based medicine was introduced in the late twentieth century and it has been increasingly used in clinical decision making. The effective application of evidence-based practice is still a common challenge for all forms of health interventions and for health practitioners due to the overall lack of high-quality clinical evidence[76].

Chiropractic care is primarily delivered through an “office-based” practice model, based in the community, similar to other professions such as dentistry. The chiropractic profession has grown modestly over the past five years as the evidence base for and efficacy of chiropractic care has become more widely accepted. The evidence base the profession and individual practitioners draw on is both inter-professional and international. As with all health professions, the translation of evidence into practise is a healthcare wide issue, not just a chiropractic specific one, and the time frame to achieve this can be more than 15 years, even in larger professions such as medicine[77].

As with other primary healthcare disciplines the evidence of effectiveness or efficacy is variable[78]. Commonly, patients seeking care from a chiropractor (or any health practitioner) do not present with a

single isolated issue and this adds to the complexity of providing care and application of available evidence. However, importantly, the available evidence for the clinical effects of manual therapies for a wide variety of paediatric conditions is predominantly moderate-positive or inconclusive favourable outcomes. Only two paediatric conditions were assessed as 'inconclusive-unfavorable'[79]. This compares favourably to evidence for alternative pharmaceutical approaches for similar presentations and does not reasonably indicate a need to restrict the practice of one profession in order to continue to evolve the evidence to ascertain which intervention(s) are most effective.

There is little or no evidence of risk of harm to the paediatric population undergoing care from a chiropractor, specifically under the age of two years and, more broadly, under the age of 12 years, either in Australia or internationally. This is supported by two recent systematic reviews[80, 81] and analysis of available complaint and insurance data.

Guild Insurance have provided professional indemnity insurance to chiropractors for over twenty years and currently insure 70 per cent of registered chiropractors in Australia. Guild has informed the ACA that they have no record of any civil claims involving chiropractic care provided to any paediatric patients in this time period. Minimising harm even when the broader definition of potential harm is applied, for example financial, is part of the informed consent process and required as part of the consultation process.

The systematic review by Todd et al. in 2015[82] focused on identifying adverse event in infants and children who had been treated by manual therapists, including chiropractors. The review included ages 18 years of age and younger. Regardless of severity (mild, moderate, and severe), the most common symptoms reported as adverse events were pain/discomfort and irritability/crying.

In the paediatric population, while minor adverse events may occur, only one retrospective study found that parents of around 1% of children receiving a course of chiropractic treatment report a minor adverse event[83]. Additionally, another study found a large portion of adverse events following chiropractic care may be the result of non-specific effects or natural history and not related to treatment as the placebo group in this study also reported mild adverse events not related to treatment[84].

There is a common misconception that chiropractic care involves a singular therapeutic technique – spinal manipulation (spinal adjustment). Chiropractors, however, use a patient centred, multi-modal model of care. Most Australian chiropractors provide a therapeutic approach to care that incorporates a range of manual therapies which may include spinal adjustment[85]. According to Hartvigsen and Hestbaek, no healthcare profession has convincingly assumed the responsibility of spinal and musculoskeletal health for children and they suggest chiropractors may play a significant role in finding and implementing evidence-based prevention and treatment strategies aimed at infants, children, and adolescents[86].

Chiropractors usually pursue a conservative clinical approach and follow a Spine Care Model characterised by:

a) a neuro-musculo-skeletal focus with particular emphasis on the spine;

b) an important role as primary healthcare provider;

c) contributors to and part of the evidence-based healthcare movement to deliver best practice;

d) conservative/minimalist healthcare providers (drug and surgery free);

e) an interest to become a fully integrated part of the healthcare system, rather than be perceived as an alternative and competing healthcare system.

It has already been stated that current utilisation for chiropractic paediatric care is conservatively estimated to be 30,000 visits per week (approximately 8 to 10% of more than 300,000 patients visits per week)[87, 88, 89].

In Denmark approximately 20% of all children under 15 years of age (who number approximately one million children) consult a chiropractor on a yearly basis. A 2014 study which looked at compensation claims related to chiropractic treatment reported in Denmark and Norway between 2004-2014 found that children under ten years of age regularly consult chiropractors and that Danish data suggests that 35 per cent of patients in this age group are infants. Interestingly, this 2014 study did not reveal a single compensation claim in this age group for both countries[90].

Adverse events attributed to chiropractic care may not be recorded in the literature as experienced in other healthcare modalities. Critics of chiropractic care for children have claimed the actual incidence of severe adverse events is much higher than claimed by the chiropractic profession[91]. However, regulatory and insurance data would refute these unsubstantiated claims, in Australia at least. As noted previously, Guild Insurance have provided professional indemnity insurance to chiropractors for over twenty years and currently insure 70 per cent of registered chiropractors in Australia. Over this period, Guild reports no record of any civil claims involving chiropractic care provided to any paediatric patients[92, 93]. Others have cited misappropriation of the term 'chiropractic' in medical literature when adverse events have been reported, but wrongly identified as being caused by a chiropractor[94, 95].

Three recent systematic reviews have focused on the effectiveness of manual therapy for paediatric conditions. For example, Lanaro et al. assessed osteopathic manipulative treatment for use on preterm infants. This systematic review looked at five clinical trials and found a reduction of length of stay and costs in a large population of preterm infants with no adverse events[96].

Carnes et al.'s 2018 systematic review focused on unsettled, distressed and excessively crying infants following any type of manual therapy. Of the seven clinical trials included, five involved chiropractic manipulative therapy; however, meta-analyses of outcomes were not possible due to the heterogeneity of the clinical trials. The review also analysed an additional 12 observational studies: seven case series, three cohort studies, one service evaluation survey, and one qualitative study. Overall, the systematic review concluded that small benefits were found. Additionally, the reporting of adverse events was low. Interestingly, when a relative risk analysis was done, those who had manual therapy were found to have an 88% reduced risk of having an adverse event compared to those who did not have manual therapy[97].

A third systematic review by Parnell Prevost et al. in 2019 evaluated the effectiveness of any paediatric condition following manual therapy of any type and summarizes the findings of studies of children 18 years of age or younger, as well as all adverse event information. While mostly inconclusive data were found due to lack of high-quality studies, of the 32 clinical trials and 18 observational studies included, favourable outcomes were found for all age groups, including improvements in suboptimal breastfeeding and musculoskeletal conditions. Adverse events were mentioned in only 24 of the included studies with no serious adverse events reported in them[98].

Another high-quality randomised controlled trial by Dissing et al. and published after the Parnell Prevost review evaluated adding manipulative therapy to other conservative care for spinal pain in school-based cohorts[99]. With the understanding that spinal pain often tracks into adulthood[100], this study is the first to try and assess early management of spinal pain (children aged 9-15) with the hope of reducing this condition's continuation into adulthood. Importantly, this study found that conservative

care, with or without manipulative therapy, improved recurrence of spinal pain episodes. No adverse events were reported in the study. Further investigations are still ongoing, but preliminary findings also suggest that children with higher severity of pain had increased response to manipulative therapy.

Public safety is the paramount concern and a prime core responsibility of all healthcare professionals. Chiropractors as a responsible profession and the Australian Chiropractors Association as the professional association, are fully supportive of this prime and core precept of all healthcare provision. This is expressed in the Code of Conduct for chiropractors developed by the Chiropractic Board of Australia. The Code 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[101].

Professional capability reflects how a practitioner uses professional judgement, decision-making skills and practice experience knowledge to apply knowledge, practical skills and ability in any given situation.

Explaining to a patient/client, other health professionals and relevant others is a key responsibility when a Chiropractor makes a diagnosis, identifies treatment options and any medically significant findings. Information may be conveyed verbally or in writing and to the appropriate persons who may include other practitioners, the patient/client and their family/carers/guardians, in line with relevant protocols and other guidelines. It is important that a Chiropractor checks that the patient/client has understood what has been explained. Communication between health practitioners about the clinical status of a patient/client is expected to be recorded in line with relevant legislative requirements.

Referring patients/clients to other health practitioners is recommended when it is recognised that an alternative intervention may provide a better patient/client outcome. Chiropractors are expected to provide patient/client-centred care and advocate for the patient's/client's equitable access to other health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness.

Quality frameworks to improve healthcare include workplace specific frameworks, relevant jurisdiction publications and frameworks relevant to the context of practice, such as the Australian Safety and Quality Framework for Healthcare published by the Australian Commission on Safety and Quality in Healthcare.

The best available information indicates that chiropractic patients of all ages in Australia receive chiropractic care which is safe. The evidence regarding efficacy and effectiveness, particularly for the paediatric population is less clear, although this is an issue affecting all health professions, not just chiropractic. There is also little or no evidence to suggest that paediatric patients are receiving chiropractic care which is unnecessary, which results in delayed access to more effective alternative treatment options or exposes these patients to adverse side effects. Furthermore, there is no available evidence reported in the literature or by regulatory and/or compensation/insurance organisations that would support any change to the practice of chiropractic care for children under 12 years of age.

The risk to patients depends on a range of factors such as:

1. the extent to which a practitioner maybe practising outside accepted practice

2. the level of risk of the procedures and interventions, and

3. the health and risk profile of the patient.

4. unnecessary treatments, or treatments for which there is no clearly demonstrable need

5. accepted treatments provided without indications/medical justifications

6. accepted treatments provided beyond the accepted indications

7. variable levels of training, skill and expertise in the administration of treatments and procedures

8. practitioners using an identical treatment approach, including unconventional investigation and prescribing for most or all patients, and failing to make a proper diagnosis of each patient's specific condition

9. practitioners encouraging indiscriminate or unnecessary use of regulated health services with limited evidence of benefits

10. vulnerable patients (including patients with mental health conditions) who have tried conventional medicine and are willing to try anything are at risk of exploitation and being unnecessarily exposed to risk of harm. (adapted from medical board consult)

Finally, harm can extend beyond just physical harm or injury. In a recent public consultation paper seeking feedback on options for clearer regulation of medical practitioners who provide complementary and unconventional medicine and emerging treatments, the Medical Board of Australia defined harm as follows: "*Harm may occur directly from the treatment resulting in an adverse outcome or it may be indirect, associated with delays in accessing other treatment or from the promises of 'false hope'. While there may be benefits - treatment and therapies may also have no effect, the benefit may be uncertain, or the effect may potentially be harmful. The harm can be physical, psychological and/or financial.*"[102]

This broad definition of harm encompasses important concepts such as informed consent, informed financial consent and shared decision making. Shared decision-making is part of the informed consent process and allows patients/parents to play an active role in making decisions that affect their health. In shared decision-making, the healthcare provider and patient work together to choose tests, procedures, and treatments, and then to develop a plan of care. As described by the informed consent process, the provider gives the patient information about their condition and the pros and cons of all the treatment options. The patient then has a chance to ask questions and read more about the options. The patient also tells the healthcare provider what their preferences, personal values, opinions and such are about their condition and treatment options. The healthcare provider should always respect the patient's preferences and goals and use them to help guide the patient's treatment recommendations. This type of decision-making is especially helpful when there is no single "best" treatment option[103].

The Code of Conduct for Chiropractors has specific provisions dealing with informed consent and informed financial consent. In addition to these, the Code also spells out additional obligations on chiropractors when caring for children and young people including:

(a) ensuring informed consent to providing care for children involves the patient's parent and/or guardian being provided with clinically relevant information for the chiropractic management of the child; unless a chiropractor judges that a child is of sufficient age and mental and emotional capacity to give their own consent to a service and relevant state and territory laws are complied with;

(b) ensuring that risks of care and alternatives to care are sufficiently explained as these are essential elements of informed consent;

(c) ensuring that, when communicating with a child or young person, chiropractors:

- treat the child or young person with respect and listen to their views
- encourage questions and answer those questions to the best of their ability
- provide information in a way the child or young person can understand
- recognise the role of parents and/or guardians and, when appropriate, encourage the child or young person to involve their parents and/or guardians in decisions about care, and
- remain alert to children and young people who may be at risk and notify appropriate child protection authorities as required by law.

There is no little or no evidence available to suggest that variations in chiropractic care are any different to variations in care in other registered professions such as medicine. As such, there should not be a different bar set, based on levels of harm or levels of efficacy/evidence for the chiropractic profession, compared to these other professions.

Conclusion

The Australian Chiropractors Association (ACA) intent is to improve the general health of all Australians and the ACA supports the following attributes to achieve this:

- The highest standards of ethics and conduct in all areas of research, education and practise
- Chiropractors as the leaders in high quality spinal health and wellbeing
- A commitment to evidence-based practice – the integration of best available research evidence, clinical expertise and patient values
- The profound significance and value of patient-centred chiropractic care in healthcare in Australia.
- Inclusiveness and collaborative relationships within and outside the chiropractic profession.

Current utilisation for chiropractic paediatric care is conservatively estimated to be 30,000 visits per week (approximately 8 to 10% of more than 300,000 patients visits per week).

There is little or no evidence of risk of harm to the paediatric population specifically under the age of two years and more broadly, under the age of 12 years of age either in Australia or internationally.

There is no evidence that would support a restriction of parental or patient choice in seeking chiropractic care for children under 12 years of age as there is no evidence of harm yet there is expressed outcome of benefit. No other country has implemented the sort of restriction being considered including countries where active adverse outcome monitoring has occurred.

If legislative change is considered then it should be equitably applied across all health professions based on evidence of harm and effectiveness.

In keeping with the National Scheme and to ensure public benefit, the ACA proposes the following:

1. The profession conducts a trial of monitoring of care including outcomes of children under 12 years of age;
2. The profession develops industry-led standards and clinical guidelines informed by best practice. This would include continuing professional development and consensus approaches to care including inter-professional understanding and action;
3. The profession commits to expanding knowledge translation from research into clinical practice within the industry;
4. The profession and health research agencies support further research into chiropractic and its role in the healthcare of children.

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