COUNCIL ON CHIROPRACTIC EDUCATION AUSTRALASIA INC.

ABN : 19206915328

In reply please quote C32: DR

24 July 2009

Mr Elton Humphery
The Committee Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600
via email : community.affairs.sen@aph.gov.au

Dear Mr Humphery

Re: Inquiry into National Registration and Accreditation Scheme for Doctors and Other Health Workers

The Council on Chiropractic Education Australasia (CCEA) thanks you for the opportunity to provide further comment in relation to the National Registration and Accreditation Scheme for Doctors and Other Health Workers.

As stated in its April 2009 submission, CCEA is generally accepting of the overall intent of the Scheme. A consideration of Bill B still raises a range of substantial concerns with respect to not only its content but the effectiveness and efficiency of the Scheme.

With respect to the concerns raised in our April 2009 submission, the following applies:

1. It is essential for accreditation bodies to retain independence

Section 10(3)(d) provides that the Ministerial Council may give direction to the National Board (of which it must comply s10(6)) about an accreditation standard. This direction will be given if the standard will have (in the opinion of the Ministers) a "substantial and negative impact on workforce matters (ie recruitment, supply, or availability of health professionals)

The overarching object of registration and accreditation is public safety and not workforce issues. The above provisions within Bill B cause great concern in relation to interference and hence compromise of acceptable standards. The concept that standards can be potentially lowered to help ease workforce shortages at the expense of compromising public safety is a great worry.

CCEA does appreciate and understand that the Government may wish to make input from time to time and we would welcome such input. CCEA believes Bill B does already have an appropriate provision and mechanism for this input. There is a requirement to ensure wide stakeholder consultation in the development of these accreditation standards. CCEA would welcome at such time, submissions from Government including their nominees to partake in those Stakeholder discussions.

On a separate but similar concern, provisions within Bill B require the Accreditation Standards and the accredited programs of study to be "approved" by the National Board. The term "approve" conflicts with our need to appear and be independent as per our international accreditation requirements which provides for international recognition of our programs of study and greater international graduate portability and reciprocity. CCEA recommends that the term be replaced with "accept" or "endorse". This change will be of great assistance to CCEA.

As per our previous example, we believe the National Board will be a significant part of our stakeholder consultation in the future development of accreditation standards.

2. Workforce Advisory Board

This entity and its objects still require the need to reveal greater detail and transparency. The descriptions are very broad. Of initial concern is that there is no requirement for the Workforce Advisory Board to consult with either the National Board or the Accreditation entity during any of its business and then reporting directly to the Ministerial Council.

3. Timeliness and cost efficiency

After perusing the Exposure Draft, CCEA is still concerned that the new Scheme will most probably become more costly, create more red-tape and become less timely, therefore not meeting its objectives.

One of the biggest challenges that current registration boards face is the time it takes to manage complaints. CCEA is concerned that the timeliness has not been improved in fact CCEA believes that it will take longer to fully process a complaint from the public from start to finish. Bill B needs to be legally stronger to minimise the attempt to delay this process. The addition of the PIA/Independent Assessor while having some merit, will ultimately incur time, resources and cost.

4. Restricted Practice

CCEA, after reading the Exposure Draft, has great concerns with respect to the current restriction on spinal manipulation outlined in S137 of the Exposure Draft - this restriction being only to the cervical spine thus allowing the indiscriminate use of a professional action and competency without due regard for public health and safety.

CCEA endorses the concerns put forward by the Australasian Conference of Chiropractors Registration Boards (ACCRB) in its submission pertaining to the lack of adequate restriction on spinal manipulation. A copy of this can be found at **Attachment A**.

CCEA is of the opinion that the proposed removal of protection contravenes the NRAIS Scheme's object (s3) and its Objectives and Guiding Principles s4(1)(a) of the Health Practitioner Regulation National Law Act with respect to protection of the public and its implied public safety.

While spinal manipulation (SMT) is relatively safe when employed appropriately, the fact remains that there are indeed known risks, contraindications and adverse complications (from mild and benign to serious and permanent) to all areas of the spine.

A full list of risks, contraindications and adverse reactions/injuries with references are available in the "*World Health Organisation's Guidelines on basic training and safety in Chiropractic*".

Secondly, the trained person in SMT is skilled in risk identification, risk modification, technique customisation and appropriate first aid training.

In addition, the registered practitioner is required to have professional indemnity insurance as a further public protection in the event that an adverse injury occurs.

The proposal to remove the restriction to the thoracic and lumbar spines based on the example where a similar restriction was just very recently de-regulated and removed in Victoria with no further increase in reported injury notifications is optimistic, naïve, illogical and incongruent with maintaining public safety. The above example as justification for the removal of the restriction is grossly inadequate and insufficiently appropriate. Not only is this area very data deficient, but there is limited access points to receive/gather any relevant data.

S137(1)(a) Describes those persons registered in an appropriate health profession to be able to provide the restricted therapy.

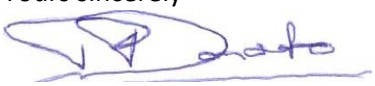
The performing of SMT should be in line with other principles as outlined within the draft Bill B. e.g. the need to be qualified, competent and safe in the provision of care.

The draft clause does not contain provision in relation to the registered person permitted to practice this intervention of having received appropriate education and training and being competent in SMT.

Appendix A, point 2 within the attached ACCRB submission describes the reasoning for this. A copy of the CCEA's submission with respect to the Bill B Exposure Draft is attached for your information. This submission outlines the majority of the concerns identified by CCEA in the relatively short period available for comment.

CCEA is pleased to provide the above comments to you. If you require any clarification or further information, please do not hesitate to contact us on any of the avenues listed in this letter's footer.

Yours sincerely



Dr Phillip Donato, Chiropractor
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COUNCIL ON CHIROPRACTIC EDUCATION AUSTRALASIA INC.

Ensuring and maintaining quality assurance in chiropractic education and competency in Australia and New Zealand

Attachment A

Submission regarding

Health Practitioner Regulation National Law 2009

Exposure Draft - "Bill B"

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17 July 2009

The Council on Chiropractic Education Australasia (CCEA) is grateful for the opportunity to provide comment and input. CCEA acknowledges the significant work that has gone into researching and preparing the *Health Practitioner Regulation National Law 2009*. Overall, the content of Exposure Bill B appears to be very thorough and addresses many aspects of accreditation and registration that are necessary to ensure public health and safety however there are still some areas requiring comment and consideration. These concerns, along with some general comments, are contained in the following submission.

General Comments	
Typos	
95(2)	need to insert reference to sub-section (1)
125(4)	should refer to subclause 3(c) not 1(c)
173(1)	reference should be to cl 172(1)(a)
188(1)	should refer to the National Board that established **the panel**
191(2)	delete "making" in line 1
62 -	an external accreditation entity should be the preferred option and an accreditation committee only created as a forerunner until an external entity is formed.
	There does not appear to be a process for the removal of a deceased person's name from the register.
	The legislation needs to ensure that procedural fairness especially with respect to complaint and impairment handling. While the rights of the consumer are paramount, it is equally essential that Practitioners have equal rights and legitimate expectations.
	It will be of great assistance and will minimise confusion to provide a flow-chart or algorithim of the full complaints pathways.
	The legislation is light with regard to recency of practice. Although this is already inherent within the proposed Bill there needs to be a much stronger emphasis on recency of practice as a registration requirement, especially as there should be better cross-professional consistency.
	The need for the National Boards to obtain "reliable and consistent legal advice" is crucial to their functioning. At present, each State has its own process with respect to this, some utilising Crown Law offices with others having a pool of tendered legal companies. It may be pertinent for the National Agency to consider the establishment of a "legal section" or access to a nominated legal group which all National Boards could use to obtain the required legal advice. This would also ensure consistency between professions/advice.
	CCEA is strongly of the opinion that a second draft of this legislation must be made available for consideration given the large number of areas that required comment.

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Specific Comments		
Clause	**Now**	**Suggestion**
3 (b)	"establishing a national scheme for the registration of students undertaking programs of study that provide a qualification for registration in a health profession, to ensure the public is not placed at risk by the students in the course of undertaking the programs of study.	It should also be noted, and a consideration that student registration is important so that students who are not fit and proper persons" are identified early rather than get to the end of their program and not be allowed to be registered due to earlier history etc.
6 (Definitions)	Accreditation Authority ; ***accreditation authority*** means: (a) an external accreditation entity, and (b) an accreditation committee.	Delete "and" replace with "or". Theoretically, it is possible to have both entities simultaneously at any one time if "and" is retained.
	Accreditation standard The term "approved" will create difficulty in maintaining compliance with our international obligations and membership for international recognition.	 The term "approved" to be replaced by "endorsed" or" accepted" in relation to accreditation matters.
	The definition is of a "competency standard" not of an "accreditation standard". **Note :** An accreditation standard is usually regarded as a single standard (requirement) within the Accreditation Standards Document.	CCEA submits the following replacement definition - • "means a standard that is a set requirement used by an accreditation authority to assess whether a program of study for the health profession and the institution that offers the program provides graduates with the necessary knowledge, skills and professional attributes to practise the profession in Australia in a safe and competent manner; and • to guide quality improvement and development of the program."
	CrimTrac Currently Crimtrac is set in stone in the legislation and there needs to be provision if Crimtrac are no longer used, or if they change their corporate name, or no longer are in business.	Option one is to remove CrimTrac in the Act and replace with a description of an entity that performs the task of Criminal History checks. Option two is to include "or the authorised entity".
	Criminal history Currently includes charges, not just guilt and convictions. This is unfair as charges may not result in a guilty result. Secondly, convictions should exclude traffic infringements.	Remove the word "charges "and add "non traffic" to convictions.
	Health Service (i) this is an interesting grouping of mainstream and alternative health.	The two professional groups should be listed separately.

	Reportable Conduct A definition of substantial harm will prove helpful to the National Boards. Secondly, a consideration of the Good Samaritan Act needs to be considered somewhere within the Bill if not in this section.	Definition of "Substantial Harm" is required. CCEA submits a considered exemption for the Good Samaritan Act.
10(2) 10(6)	Ministerial Council giving directions to National Board should only be the case in matters of public safety. Political matters other than public safety issues and National Board conduct/performance should not be allowed. The National boards can not be seen as political tools nor have their positions compromised. The "must comply" requirement is inappropriate as surely the Board must have an avenue to query a direction that the Board feels is not in exercising its functions under this proposed Law.	Reinforce or clarify the type of directions permitted. Remove s10(6)
10 (3)(d)&(4)	CCEA considers that it is inappropriate for the Ministerial Council to influence accreditation standards by direction to the National Board, especially in relation to workforce shortage issues. Accreditation (as expected by W.H.O.) and other international accrediting bodies is to be independent and not compromise its Standards by external influences.	CCEA would always welcome discussions with the Ministerial Council however to legislate as currently suggested will be seen as compromising our objectivity, independence, and process. CCEA would be amenable to having a nominee from the Ministerial council as part of our Stakeholder Consultation Consensus group in the development or amendment of our Standards as per s64(2).
11(2)&(3)	The phrase "may be about" is legally awkward and is better written as "may contain", however the registration standard should be consistent across the professions and not have so much variation.	11(2)&(3) needs legal perusal as its too broad, open, and is not generally helpful to National Boards in their need to produce a registration standard which shouldn't be confused with a Code of Conduct, etc.
35(1)	Describes the Public Interest Assessor (PIA) as a single person however pursuant discussions acknowledge that there will be significant staff assisting in this role. CCEA's view is that the PIA will be a significant added cost to the Scheme. As it is the request of the public/consumer groups to have this added layer of delay, frustration, inefficiency, burden and cost, then it should be the consumer that pays. Other questions pertain to accountability and transparency of the PIA. It appears that the PIA is not subject to the same controls and directions in dealing with complaints under this proposed Bill.	There must be some provision for the PIA to be audited, scrutinised, and performance assessed especially in relation to their role and outcomes within the scheme. Reporting requirements would be essential.

45(7)	At least one of the members of a National Board must live in a regional or rural area.	A definition of regional or rural area is required.
45(9)	Selection of Chairperson by Ministerial Council	CCEA submits that the members of the National Board are in a better position to elect the Board Chairperson.
49	The term "approval" or "to approve" occurs throughout this section in relation to accreditation matters.	Replace with either "accept" or "endorse".
49(e)	There appears to be some confusion with the definition of "registration standard". Is the registration standard a standard that details the requirements to be registered or does it denote a standard detailing eg: conduct, performance and factors of impairment.	Clarification is required.
54(1)	A National Board may establish a committee (a ***State or Territory Board***) for a participating jurisdiction to enable the Board to exercise its functions in the jurisdiction in a way that provides an effective and timely local response to health practitioners and other persons in the jurisdiction.	This clause would perhaps be better drafted as 53(d). State Board should be given delegation to develop required committees.
59(a)(b)	(a) developing accreditation standards for approval by a National Board, or (b) assessing programs of study to determine whether the programs meet approved accreditation standards, or	Removal of the words "approval" and "approved". Replace with "endorsement". This alteration will assist with the retention of our international obligations.
59(c)	Assessing authorities in other countries who accredit programs of study relevant to registration in a health profession to decide whether the programs of study accredited by the authorities give persons who complete the programs the necessary knowledge and clinical skills to practise the profession in Australia, or …	CCEA assesses program accrediting authorities in other countries in terms of their standards, processes and procedures. To do this CCEA only assesses other authorities in their ability to provide an accreditation process that is fair, robust, independent, objective, adheres to the principles of natural justice and utilises appropriate international standards .
59(d)	Role includes **overseeing** assessment of "overseas trained health professionals" but clauses 71, 77 and 98(2) state that assessments or examinations for individuals must be **conducted** by an accreditation authority, unless the Board decides otherwise. This clause needs rewording to allow the accreditation authority to "**conduct**" not "**oversee**" assessments for overseas trained practitioners?	Replace "overseeing the assessment" with "to assess"

62	Allows the establishment of an accreditation committee if an external accreditation entity has not been appointed. The concept and structure of an accreditation committee as expressed through this draft is not sufficiently suitable to undertake a true accreditation role as it does not satisfy the need for a legally independent entity free from external influence.	CCEA submits that an accreditation committee of the National Board be modified to only exist as a forerunner to an external accreditation entity
64(1)(b)	An accreditation committee established by the National Board established for the health profession.	Amended to "an accreditation committee established by the National Board established for the health profession "if **64(1)(a) does not exist**."
65(1)-(6)	As discussed previously, the use of the term "approve" or "approval" is problematic.	Replace with "accept" or "endorse".
66(2)	"If the accreditation authority decides to accredit a program of study **it must submit the program**" to the Board. Submitting a program can take many forms and as such the above paragraph is not clear as to how much detail is required and in what report format.	This clause should be amended to clearly state and include the need for an accreditation report be submitted".
67(3)	This clause is silent as to what happens next. If the National Board refuses to accept the accredited program then there is a stalemate. A situation would then arise where there are students from an accredited program ready to practice but unable to do so because they can not receive registration. The National Board writes its reasons and the accreditation entity may still be of a differing opinion. The first obvious option would be for the 2 bodies to discuss the matter hopeful for some early resolution. If not, then what?	Needs to give some detail as to what happens in terms of dispute resolution between the National Board and Council. In s66 there is an example of a mechanism to proceed. In s67 while the section is different, it does have some similarity but no mechanism to proceed. A review process is needed.
68(2) & (3)	Remove "approved" and replace with previous recommendations.	Replace with "accept" or "endorse".
68(3)	The use of a "revoke only" clause as described in the Draft Bill B is extremely problematic and does not reflect current accreditation practice, process, nor procedure. Nor does it allow for procedural fairness for the programs. There is a defined process and pathway where accreditation entities can bestow/grant other options such as conditional or limited or probation status prior to the consideration of revoking full accreditation.	"If the accreditation authority believes the program of study (**after following the pursuance of its policies and procedures)** to no longer meet (the **satisfactory compliance** of)the accreditation standards for the health profession, the accreditation authority **MAY**:

	Secondly, the clause relates to revoking accreditation if a (single) accreditation standard is not met, rather than satisfactorily meeting the accreditation standards as a whole, as is usually the case. The use of the term MUST is inappropriate and inflexible.	
70(b)	(b) holds another qualification the National Board established for the health profession considers to be **substantially** equivalent, **or based** on **similar** competencies, to an approved qualification. The terms "substantially equivalent" and "or based on similar competencies" is too subjective, too loose legally and to easy to abuse or compromise. The National Board themselves will not have the expertise. Approved qualifications need to be properly determined and currently this through the accreditation process.	CCEA is of the opinion that this clause should be removed/deleted as s70 (a) is adequate and appropriate.
Div 3, s80-82	The category of "provisional registration" is essentially to enable individuals to complete a period of supervised practice prior to general or specialist registration being considered. CCEA considers this is and should be a subset of "Limited Registration" and can fit into s84. Secondly, the term "provisional registration" has traditionally been used in many registration jurisdictions in Australia as a category of pre-registration which is used for expediency purposes. In such cases, registrars, upon ensuring all requirements were met, were able to provisionally give registration to applicants prior to an upcoming Board meeting.	Include within Division 4 under the "Limited" category.
85(2)	The individual is qualified for the limited registration applied for if the National Board is satisfied the individual's qualifications and experience are relevant to the practice of the profession in the area of need.	Amend to: ".....the individual's qualifications and experience are relevant **AND SATISFACTORY** …."
90	Limited registration for not more than 2 years. There needs to be scope for those wishing to re-apply and renew this category of registration.	Exemptions for 87(1) & (2) should apply. Provisions to re-apply in this category need to be included.

135	**Restricted Dental Acts** See Appendix A	The Chiropractors Registration Boards submit that the Section 135 of the Health Practitioner Regulation National Law Act (Bill B) should allow an exemption from Part 2 (a) and (b) for chiropractors.
137(1)	**Restriction on Spinal Manipulation** CCEA has great concerns with respect to the current restriction on spinal manipulation being only to the cervical spine thus allowing the indiscriminate use of a professional action and competency without due regard for public health and safety. CCEA endorses the concerns put forward by the Australasian Conference of Chiropractors Registration Boards (ACCRB) in its submission pertaining to the lack of adequate restriction on spinal manipulation. A copy of this can be found at **Appendix A**. CCEA is of the opinion that the proposed removal of protection contravenes the NRAIS Scheme's object (s3) and its Objectives and Guiding Principles s4(1)(a) of the Health Practitioner Regulation National Law Act with respect to protection of the public and its implied public safety. While spinal manipulation (SMT) is relatively safe when employed appropriately, the fact remains that there are indeed known risks, contraindications and adverse complications (from mild and benign to serious and permanent) to all areas of the spine. A full list of risks, contraindications and adverse reactions/injuries with references are available in the **World Health Organisation's Guidelines on basic training and safety in Chiropractic.** Secondly, the trained person in SMT is skilled in risk identification, risk modification, technique customisation and appropriate first aid training. In addition, the registered practitioner is required to have professional indemnity insurance as a further public protection in the event that an adverse injury occurs. The proposal to remove the restriction to the thoracic and lumbar spines based on the example where a similar restriction was just very recently de-regulated and removed in Victoria with no further increase in reported	**137 Restrictions on spinal manipulation** (1) A person must not perform manipulation of the **spine** unless the person:

	injury notifications is optimistic, naïve, illogical and incongruent with maintaining public safety. The above example as justification for the removal of the restriction is grossly inadequate and insufficiently appropriate. Not only is this area very data deficient, but there is limited access points to any relevant data. **S137(1)(a)** Describes those persons registered in an appropriate health profession. The performing of SMT should be in line with other principles as outlined within the draft Bill B. e.g. the need to be qualified, competent and safe in the provision of care. The draft clause does not contain provision in relation to the registered person having received appropriate education and training and being competent in SMT. Appendix A, point 2 within the attached ACCRB submission describes the reasoning for this.	(a) is registered in an appropriate health profession, **& has completed appropriate and necessary education and training to achieve competency to perform spinal manipulation**; or …. Section 137 of the Health Practitioner Regulation National Law Act (Bill B) should restrict the practice of spinal manipulation in all areas of the spine to **appropriately qualified and competent** Health Professionals.
	Definition of manipulation	"involves the application of a high-velocity, low-amplitude thrust to the joint often accompanied by an audible cavitation.(Also known as a grade V mobilization).
153(1)(a)	This clause makes no mention of the receipt of a verbal complaint. What is the standard of proof expected and how will it be formalised?	
155(2)	The complaints/disciplinary process for students only relates to a student being charged with an indictable offence etc or impairment. Unprofessional conduct issues need also to be included.	This clause needs to include significant or repetitive student conduct matters.
156(4)(a)(i)	Amendment	"…. is employed **OR CONTRACTED TO**"
168(1)(a)	This clause currently discusses immediate suspension powers however doesn't use impairment as a criteria.	This clause needs to include "(c) impairment factors".
170(1)(a)	CCEA considers that preliminary assessment is not sufficient to then go off to the tribunal. Preliminary assessment may only indicate the nature of a complaint etc and should not be referred directly to the tribunal until further investigation is undertaken.	Needs further thought and amendment.

	This would only serve to increase the number of matters before the tribunal and potentially slow the whole process.	
173(1)	A tribunal should be able to impose one or more of the options.	Amend to insert "impose one or more of the following". Sub-clauses should end with "and/or".
192	It is unclear whether a health assessment is required when a practitioner self-reports impairment? A person may understate the extent of their impairment and a Board needs sufficient power to have an independent assessment.	This could be achieved by extending clause 193 to apply equally to those who self-report as well as to those about whom a complaint has been made.
194	This clause is expressed too narrowly.	Should be extended to include an appropriately qualified person – eg. An audiologist if assessment of the impact of hearing impairment is required.
209(1)	"If a health panel makes a decision referred to in section 208, the panel must decide: " There is no requirement to return a registration certificate upon suspension, cancellation or imposition of conditions.	Delete "decide" insert "determine one or more of the following". Include a sub-clause referring to the return of a registration certificate.
245(4)	There appears to be no provision to extend a timeframe if new information is being considered? There also appears to be no timeframe for commencing proceedings.	The legislation needs to include a timeframe "within 30 days, or such later date which they have given notice of to the applicant." The legislation needs to include a timeframe for commencing proceedings for an offence so that they do not become statute barred at general law.
271(2)(b)	What is the purpose of publishing personal address particulars? In Qld, privacy legislation dictates whether a personal address is publicly available and then only if the practitioner permits it.	This clause needs to be re-considered with respect to the publication of personal address particulars.
276	Records to be kept by National Boards This section makes no mention of conditions or undertakings etc.	Details of conditions and undertakings need to be included in the required items here, particularly if they are not included in the Register.

Appendix A

1. Restriction on spinal manipulation

The main objective of the Chiropractors Registration Boards is the protection of the public. To this end six of the eight jurisdictions in Australia restrict the practice of spinal manipulation to the spine or spine and pelvis, to those with specific training in that area i.e. chiropractors, osteopaths, physiotherapists or those with medical knowledge i.e. medical practitioners. (See Appendix A)

The restrictions have been in existence since most jurisdictions first enacted chiropractic legislation in the 1970s and 1980s. The restrictions were included at the respective time because legislators recognised that there was a large body of evidence that the practice of spinal manipulation can lead to injury to the recipient, especially when performed by untrained persons.

The exposure draft of the Health Practitioner Regulation National Law has as its first objective "to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered."

The exposure draft Sect. 137 contains a restriction on practice relating to cervical manipulation and does not contain any restriction on the manipulation of any other area of the spine. (see Appendix B)

This effectively reduces the protection the public have enjoyed for the last three decades.

The Chiropractors Registration Boards of Australia respectfully submit that the proposed removal of protection offered to the public is in breach of the first objective of the Health Practitioner Regulation National Law Act.

It has been reasoned, on a number of occasions by some personnel on the Health Workforce Committees and others, that the restrictions on spinal manipulation should be removed as there is no evidence to suggest that the community is more vulnerable in those jurisdictions where no restriction applies.

The Boards contend that, in the six jurisdictions where it has been illegal for unqualified people to manipulate the spine for the last 30 years, instances of spinal manipulation by people without legitimate training have been minimal due to the restrictions.

A recent review of complaints made to the NSW Chiropractors Board over a period of thirty years revealed numerous complaints about unregistered people in the first 5 – 10 years but only rare instances in the last 20 years.

The Boards further contend that in the two jurisdictions where spinal manipulation is unregulated most injuries are likely to remain hidden as those injured have no responsible body to report to and matters are most likely handled in civil proceedings. Furthermore the Chiropractors Registration Boards in those jurisdictions holds no authority over unqualified people and do not receive such complaints as they do not breach any Act, Regulation, code or policy in those states.

A person injured by manipulation in the hands of an unqualified or unregistered person such as a masseur, naturopath or Chinese medicine practitioner is, in unrestricted jurisdictions, unlikely to be reported to a regulatory body. Evidence does indeed exist regarding adverse reactions and complications from spinal manipulation of the thoracic and lumbar spines. These injuries can have significant consequences to a person's health.

Trained practitioners should only be allowed to provide spinal manipulation as they:

- *Are able to identify risks, complicating factors and contra-indications to the procedure, through appropriate appraisal of history and examinations, and*
- *Subsequently select appropriate treatment methods, customised for each patients specific condition, including a decision to not treat*
- *Must obtain informed consent*
- *Possess training/knowledge to offer immediate assistance and first aid in the event that the condition deteriorates*
- *Are required to participate in ongoing Continuing Professional Development, therefore keeping abreast of best practice.*
- *Are required to hold Professional Indemnity Insurance so that, in the event of an injury, a person is able to obtain compensation.*

The Chiropractors Registration Boards submit that the Section 137 of the Health Practitioner Regulation National Law Act (Bill B) should restrict the practice of spinal manipulation in all areas of the spine to appropriately qualified Health Professionals.

The Chiropractors Registration Boards would support the following amendment:

137 Restrictions on spinal manipulation
(1) A person must not perform manipulation of the ***spine*** *unless the person:*
2. Competency to perform a restricted practice: Spinal Manipulation
Bill B does not contain competency clauses for persons eligible to provide spinal manipulation that exist in some jurisdictions.
Only Chiropractors and Osteopaths have spinal manipulation taught as significant components of the double degree courses in Australasia. World Health Organisation (WHO) guidelines outline what training is required by non-chiropractic health professionals to be able to adequately and safely perform spinal manipulation (2,200 hours of additional training for any regulated health professional).

The majority of spinal manipulation in Australia is provided by chiropractors and osteopaths. There are substantive postgraduate courses for Physiotherapists in spinal manipulation however undergraduate programs have minimal exposure to SMT. There are courses available to medical Practitioners in spinal manipulation and these vary from weekend to 12 month courses.

Bill B provides no requirement for Physiotherapists and Medical Practitioners to have completed necessary and sufficient training and education to achieve competency in an accredited course prior to performing spinal manipulation. Bill B provides no requirement for Physiotherapists and Medical Practitioners to have completed any accredited course where SMT is taught within that course to expected competency levels (as per WHO Standards) prior to performing spinal manipulation.

The two most recent Chiropractor's Acts (ACT, and NT, see Appendix A) include, as a condition of the restriction of practice: ***"Has completed an accredited course in spinal manipulation".***

The Chiropractors Registration Boards submit that the Section 137 of the Health Practitioner Regulation National Law Act (Bill B) should include:
137 Restrictions on spinal manipulation
(1) A person must not perform manipulation of the ***spine*** *unless the person:*
(a) is registered in an appropriate health profession, ***& has completed an accredited course where SMT is taught within that course to expected competency levels (eg WHO Standards)****; or…….*
(b) is registered in an appropriate health profession, ***& has completed appropriate and necessary education and training to achieve competency to perform spinal manipulation****; or…….*
3. Provision of chiropractic services to the Temporo-mandibular joint and Mandible

Chiropractors provide services where the chiropractor examines, diagnoses, provides treatment in and around the mouth, mandible, musculature of the jaw, temporo-mandibular joint and cranial bones including intraoral

contacts. These procedures are taught in the undergraduate programs or in post graduate courses and have formed a component of chiropractic practice for decades.

Propose Bill B dental legislation contains restrictions on procedures involving the mouth and temporomandibular Joint. The Chiropractors Registration Boards contend that the current restrictions inadvertently include common chiropractic practice and procedures. The Chiropractors Registration Boards are concerned that the proposed restricted Dental practice in Bill B impinges on the normal scope of chiropractic practice.

Current Dental legislation does not limit normal chiropractic practice with respect to the examination, diagnoses , and treatment in and around the mouth, mandible, musculature of the jaw, Temporo-mandibular joint and cranial area. (Appendix C)

Subdivision 2 Practice protections 135 Restricted dental acts Bill B
(1) A person must not carry out a restricted dental act unless the person:
(a) is registered in the dental profession or medical profession, or
(b) is a student who carries out the restricted dental act in the course of activities undertaken as part of an approved program of study for the dental profession or medical profession, or
(c) is a dental technician who carries out the restricted dental act in the course of carrying out technical work on the written order of a person registered in the dentists or dental prosthetist's division of the dental profession, or
(d) is a person, or a member of a class of persons, prescribed under a regulation as being authorised to carry out the restricted dental act or restricted dental acts generally.
Maximum penalty: $30,000.

(2) In this section:
restricted dental act means any of the following acts:
(a) performing any permanent procedure on the human teeth or jaw or associated structures,
(b) correcting malpositions of the human teeth or jaw or associated structures,
(c) fitting or intra-orally adjusting artificial teeth or corrective or restorative dental appliances for a person,
(d) performing any permanent procedure on, or the giving of any treatment or advice to, a person that is preparatory to or for the purpose of fitting, inserting, adjusting, fixing, constructing, repairing or renewing artificial dentures or a restorative dental appliance.

Technical work means the mechanical construction or the renewal or repair of artificial dentures or restorative dental appliances.

The Chiropractors Registration Boards submit that the Section 135 of the Health Practitioner Regulation National Law Act (Bill B) should allow an exemption from Part 2 (a) and (b) for chiropractors.