

Code of conduct review - submission template

The National Boards are inviting general comments on a revised shared *Code of conduct* (revised shared code) as well as feedback on the following questions. There are three questions (14 – 16) specific to the Chiropractic or Medical Radiation Practice Boards of Australia. They are not relevant to all stakeholders but have been included to provide an overview of the scope of the review. All questions are optional and you are welcome to respond to as many as are relevant or that you have a view on.

1. The revised shared code includes high-level principles to provide more guidance to practitioners especially when specific issues are not addressed in the content of the code.

Are shorter, more concise principles that support the detail in the revised shared Code preferable or are longer, more comprehensive principles a better option? Why?

Chiropractic Australia supports the inclusion of high-level principles and agrees that it provides improved guidance to practitioners. The inclusion of brief case studies assists the understanding of the additional content.

The use of high-level principles provides a more detailed and more readily understandable view to provide appropriate guidance to practitioners. Having briefer high-level content should assist practitioners' levels of compliance with the updated *Code of conduct*.

2. In the revised shared code, the term 'patient' is used to refer to a person receiving healthcare and is defined as including patients, clients, consumers, families, carers, groups and/or communities. This is proposed in order to improve readability of the code and to support consistency for the public.

Do you support the use of the term 'patient' as defined for the revised shared code or do you think another term should be used, for example 'client' or 'consumer'? Why or why not?

Chiropractic Australia supports the use of the term 'patient' in the context of the healthcare setting. Its use is clearly understood by the public and removes any level of confusion that may arise from some of the other listed terms. Consistency of language is essential, and this terminology removes any potential confusion.

3. The revised shared code includes amended and expanded content on Aboriginal and Torres Strait Islander health and cultural safety that uses the agreed definition of cultural safety for use within the National Registration and Accreditation Scheme. (Section 2 Aboriginal and Torres Strait Islander health and cultural safety).

Is this content on cultural safety clear? Why or why not?

Chiropractic Australia agrees that the expanded content on Aboriginal and Torres Strait Islander health and cultural safety is explicit in its intent. However, it may benefit further from case studies in the higher-level principles to provide further clarity regarding the expectations of healthcare providers by Ahpra.

4. Sections 3.1 Respectful and culturally safe practice, 4.1 Partnership, 4.9 Professional boundaries and 5.3 Bullying and harassment include guidance about respectful professional practice and patient safety.

Does this content clearly set the expectation that practitioners must contribute to a culture of respect and safety for all? e.g. women, those with a disability, religious groups, ethnic groups etc.

Chiropractic Australia agrees that this content is both a very appropriate addition, and it is clearly articulated in the amended *Code of conduct*.

5. Statements about bullying and harassment have been included in the revised shared code (Section 5.3 Bullying and harassment).

Do these statements make the National Boards'/Ahpra's role clear? Why or why not?

Chiropractic Australia agrees that the additional included content about bullying and harassment is again clearly articulated in the amended *Code of conduct*.

6. The revised shared code explains the potential risks and issues of practitioners providing care to people with whom they have a close personal relationship (Section 4.8 Personal relationships).

Is this section clear? Why or why not?

Chiropractic Australia acknowledges the challenges associated with providing care to anyone with who the practitioner has a close relationship. We question whether grouping all close relationships into one group is appropriate, with a tiered approach being more reflective of the influence of the relationship on the practitioners' behaviour. Indeed, the treatment of family members is potentially more fraught with issues than the provision of treatment to a work colleague or family friend. In noting this influence, we acknowledge that there is the possibility that this tiered approach may further complicate the issue, but the code could be more nuanced. We suggest particularly highlighting the issues associated with treating immediate family members as the highest priority with this issue.

7. **Is the language and structure of the revised shared code helpful, clear and relevant? Why or why not?**

Chiropractic Australia agrees that the revised shared code is clear and appropriately expands and clarifies the content present in the previous code.

8. **The aim is that the revised shared code is clear, relevant and helpful. Do you have any comments on the content of the revised shared code?**

Chiropractic Australia does not have any further comments apart from those noted in specific questions.

9. **Do you have any other feedback about the revised shared code?**

Chiropractic Australia does not have any further comments apart from those noted in specific questions.

The National Boards are also interested in your views on the following specific questions:

10. **Would the proposed changes to the revised shared Code result in any adverse cost implications for practitioners, patients/clients/consumers or other stakeholders? If yes, please describe.**

Chiropractic Australia has not identified any adverse cost implications that would emerge from the changes to the revised shared Code of conduct.

11. Would the proposed changes to the revised shared Code result in any potential negative or unintended effects? If so, please describe them.

Chiropractic Australia has not identified any potential negative or unintended effects emerging from the changes to the revised shared Code of conduct.

12. Would the proposed changes to the revised shared Code result in any potential negative or unintended effects for vulnerable members of the community? If so, please describe them.

Chiropractic Australia has not identified any potential negative or unintended effects for vulnerable members of the community associated with the revised shared Code of conduct. We recognise the importance of ensuring the interests and safeguards are in place to protect these members of the community.

13. Would the proposed changes to the revised shared Code result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples? If so, please describe them.

Chiropractic Australia has not identified any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples associated with the revised shared Code of conduct. We recognise the importance of ensuring the interests and safeguards are in place to protect these members of the community.

Additional questions about the Chiropractic Board of Australia's code of conduct

The following questions are specifically about the Chiropractic Board and its changes to the revised shared code of conduct. They are not relevant to all stakeholders but have been included here to provide an understanding of the whole project.

14. The Chiropractic Board's (the Board) [current code of conduct](#) is common to many of the National Boards with the exception that the Board's current code of conduct has minor edits, extra content in its Appendices and additional content relating to modalities.

Many of these expectations relating to the Appendices are referred to more broadly in the revised shared code and/or are largely replicated in other relevant board documents such as the recently revised [Guidelines for advertising a regulated health service](#) (Appendix 1) and the [FAQ: chiropractic diagnostic imaging](#) (Appendix 2). It is proposed that the appendices and section on modalities be removed and additional guidance on these areas be presented in additional guidelines or similar.

Noting that the principles and expectations in the current appendices and modalities section are addressed broadly in the revised shared code and other relevant documents do you think it is necessary to keep the additional information in the Appendices and modalities section? Why or why not?

Chiropractic Australia agrees that it would not be necessary to keep the appendices in the revised shared Code of conduct. The information can be included within the code of conduct in a quite generic form that can be employed across all the professions. The advantage of this approach is that it creates a level playing field for all professions and demonstrates that the code can be applied to all professions equally and without any perceived exceptions in most cases.

15. If you think keeping the extra information is necessary, do you support that the information be presented as a guideline, or similar, rather than as an appendix to the revised shared code? Why or why not?

Chiropractic Australia recognises that certain aspects of practice are specific to various professions, and particular idiosyncrasies apply to the chiropractic profession. We agree that a guideline or similar material can appropriately supplement many aspects of the shared Code of Conduct. We believe that separating out this information into more profession-specific content, only where applicable, will make the information more accessible and easier to find rather than having it buried as an appendix in the shared Code of Conduct.

Of the current appendices, both the '*Guideline in relation to health activities performed by chiropractors in a public setting*' and '*Guideline in relation to radiology/radiography*' are adequately addressed within the revised shared Code of Conduct and '*FAQ: chiropractic diagnostic imaging*'. We are of the opinion that Appendix 3: '*Guideline in relation to duration and frequency of care*' is an area that may be more specific to certain professions such as chiropractic, osteopathy and physiotherapy, and potentially may be applied in a more generic form for these professions whose practice activities and conditions treated overlap to some degree. We believe that providing guidance with this aspect of practice is critical to ensure that patients receive appropriate high-value evidence-based patient-centred treatment which in turn should ensure healthcare costs remain sustainable. We advocate for Ahpra to establish a working party of relevant stakeholders, including Chiropractic Australia, to assist in developing a guideline on frequency and duration of care.

Additional question about the Medical Radiation Practice Board of Australia's code of conduct

The following question is specifically about the Medical Radiation Practice Board and their current version of the revised shared code of conduct. They are not relevant to all stakeholders but have been included here to provide an understanding of the whole project.

16. The Medical Radiation Practice Board's (the Board) [current code of conduct](#) is common to many of the National Boards with the exception that the Board's current code has extra content in its Appendix A.

Appendix A includes expectations specific to medical radiation practitioners about providing good care, effective communication and radiation protection. Many of these expectations are referred to in the [Professional capabilities for medical radiation practice](#) (the capabilities), which set out the minimum skills and professional attributes needed for safe, independent practice in diagnostic radiography, nuclear medicine technology and radiation therapy. The Board is proposing to remove Appendix A from the revised code as the content duplicates content included in other documents such as the capabilities.

Do you think the extra information in Appendix A should be presented in a guideline or similar, noting that the expectations specific to medical radiation practitioners are referred to in the capabilities? Why or why not?

Chiropractic Australia has no comment on this matter.