



## **CODE OF PROFESSIONAL CONDUCT AND PRACTICE**

Printed as at 1 January 2008

**Chiropractors' Association of Australia (Queensland) Limited  
ACN 050 399 436**

**CODE OF PROFESSIONAL CONDUCT AND PRACTICE**

\* See note below

**Section A:  
General principles of professional conduct**

**Definition**

Chiropractic is that philosophy, art and science which utilises the inherent recuperative powers of the body and deals with the relationship of the nervous system and the musculoskeletal structures (in particular the spine), recognising the role of this relationship in the restoration and maintenance of health.

**Introduction**

Chiropractors carry out the following types of activities:

- A. The application of knowledge in practical concepts
- B. Teaching and dissemination of chiropractic concepts
- C. Research

The rules of ethical behaviour which follow this introduction expand and provide examples for the following general principles, which operate in all situations:-

1. A member will recognise the responsibility to afford chiropractic care to any person regardless of race, colour or creed.
2. When acting in a professional capacity, a Chiropractor must place the welfare of patients, students, research subjects and the public above the members' self-interest and over the interests of any employer or colleague.
3. The integrity of the profession must be preserved and members, when acting in their professional capacity are expected to behave in a manner, which enhances, and does not damage, the status of the profession.
4. Members must pursue and document their work with objectivity and scientific honesty, bearing in mind the limitation of techniques and of their own skills. They must refrain from implying, offering or undertaking work or advice beyond their professional competence.
5. A member shall not solicit business in breach of the Trade Practices Act .
6. A member shall not employ any person as a chiropractor unless such a person is registered in Queensland and whose qualification is acceptable for membership of the association.

A member can only employ a person to work as a chiropractor in Queensland, if that person is registered in Queensland with the Queensland Chiropractors Registration Board.

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\*We acknowledge the assistance of the CAA (NSW) in formulating this Code of Professional Conduct & Practice.

7. Any member acting in a manner contrary to the policies of the association or committing any infringement of these codes (Including without limiting the generality of the foregoing) the procedures of the Peer Review and Ethics Committee to be followed in case of complaints, criticism or reports of unethical behaviour, will have his/her conduct investigated by a committee of at least two members appointed by the Executive of the branch. Expulsion can take place on the recommendation of the executive of the association after due consideration of the findings by the Peer Review and Ethics Committee investigation. There shall be right of appeal to such rulings to the Executive.

## **Section B:**

### **A Member's Responsibility to their patients**

1. The confidence shown by the patient in placing his case in the care of the chiropractor should under all circumstances be respected.

**The chiropractor should under all circumstances respect the rights and trust of the patient.**

2. Members must not approve the use by inadequately trained persons of the techniques requiring chiropractic competence, except when they are being trained in the use of such techniques under the direct supervision of a qualified chiropractor.
3. Patients should be adequately informed of the risks regarding the possible outcome of any procedure.

**Members should ensure that patients are adequately informed of the risks regarding the possible outcome of any procedure.**

4. Where the patient is less than or equal to fourteen (14) years of age at the time of the appointment, or someone deemed not capable of acting for himself/herself, eg a mentally handicapped or mentally disordered person, after everything possible has been done to respect such independence as may remain with the patient, the responsibilities of a member will be the parent, next of kin or guardian, in accordance with the normal legal procedure.
5. The patient can reasonably expect that information given by him will be treated confidentially and a member must not divulge any information without the patient's permission.

#### **Refer to privacy.**

Notwithstanding the above, should the patient admit that he has committed a crime, the member is not under obligation to keep confidence of that crime.

Should the member suspect that his patient has committed a crime, the member may advise the patient that confidentiality in relation to criminal activity does not apply; and may then advise the patient to keep his own confidence in this regard.

6. Before communicating any confidential information to another member or referral source, the member must obtain the patient's permission to do so unless professional communication is already clearly implied by the nature of the consulting relationship or the setting in which it takes place.
7. A patient is entitled to assume that a clinical or consulting relationship is confidential. A member's role or function must be made clear if it can be foreseen that any departure may require from this principle.

**The member must ensure that each clinical or consulting relationship is confidential. If any departure from this principle can be foreseen the patient must be informed.**

8. When there is evidence of a problem or a condition with which the member is not competent to deal, it is essential that this be made clear to the patient so that the latter may be referred to an appropriate specialist.
9. A member must not neglect nor abandon a patient he has accepted in the course of his practice, nor shall he discharge that patient before his recovery without due notice to the patient, or persons responsible for that patient's welfare, or until another practitioner has assumed full responsibility.
10. A member should not continue to treat a patient when it has become apparent to him that the patient is not responding to treatment. Authority from the patient to consult another chiropractor to assess his diagnosis and method of treatment should be sought.
11. When a patient indicates to a member that he or she would like a second opinion, the member must offer every practicable assistance to the patient to obtain that competent second opinion.
12. It shall be the aim of every member to establish and maintain high ideals of professional honour and responsibility, and to endeavour in every way to give satisfaction to the patient.
13. No specific guarantee regarding results to be obtained by chiropractic adjustments should be given but an indication of benefit where some can confidently be expected is advisable.
14. A member shall not refuse necessary chiropractic care for any person after relevant inquiries, solely because of immediate inability to pay the fees.
15. A member shall not treat his immediate family (spouse/partner or children) for fee or reward.

### **Section C:**

#### **Principles relating to the conduct of the chiropractor**

1. A member shall always respond as soon as possible to any emergency where his skill as a chiropractor may be of assistance, and render such assistance as he can until the emergency has passed or another chiropractor, medical practitioner, or the like, or a responsible authority has taken charge.
2. A member shall not treat a patient whilst his ability, skill or judgement to do so is impaired by the influence of drugs or alcohol.
3. Reserved.
4. The Association may provide from time to time a recommended fee schedule for its members.
5. It shall be unethical to share fees in cases that are referred by a colleague either temporarily or permanently, for partial or complete care, except in those circumstances where only clinical x-ray or laboratory services are required.
6. A member shall not supply written or oral guarantees to any individual or to the public that he can cure any person of any condition.

7. A member shall not exaggerate, for his own advantage, the condition of any patient but shall give an honest evaluation of the patient's condition and prognosis.
8. A member shall treat his patients as effectively as possible and within the scope of chiropractic practice and if necessary, will refer a patient to a therapy more suited to his condition.
9. A member shall not perform any surgery or midwifery, nor apply potentially harmful substances to the skin.
10. The use of the title "Doctor" is permitted; where not in contravention of State Laws or regulations. However, in written form the title shall be qualified – eg John Doe, Dr. of Chiropractic or Dr. John Doe, Chiropractor.
11. Honorary Services:  
  
No member of the Association shall act in an honorary capacity to any public body as a chiropractor without the consent and approval of the Executive. Full details of any proposed arrangements shall be submitted with any application. In the event of an urgent appointment, the member shall notify the Executive of such details as they may require as quickly as possible.

**Section D:  
Principles relating to scope of practice**

1. The practice of chiropractic deals with the analysis of any interference with normal nerve transmission and expression; the procedure preparatory to and complementary with the correction thereto, by adjustment of the articulations, primarily of the vertebral column, as well as other areas of the Neuro musculoskeletal systems, for the restoration and maintenance of health. It includes the normal regimen and rehabilitation of the patient without the use of drugs or surgery.  
  
The term "analysis" may include physical examination, the use of x-ray and other analytical instruments required for the efficient practice of chiropractic.
2. A member should act in conformity with the laws of nature and in management of his patients, his decisions should always be in favour of what, in his judgement, is best for the patient's health.
3. Adjunctive Therapies
  - i) any member practising a therapy or modality as an adjunct to chiropractic must be able to show evidence of his competence in that therapy or modality.
  - ii) any modality or adjunctive therapy must be regarded as merely performed in addition to chiropractic procedures.
  - iii) this association acknowledges and respects the common law right of its members to use adjunctive therapies in their practices.

**Section E:  
Relationships with colleagues and other members of the association and the Profession.**

1. If a member forms the opinion that another member is behaving unethically he should first discuss the matter with the colleague in a helpful way. If this proves ineffective, the member should: -
  - (a) warn the colleague of his intention to report the matter to the Association and;

- 
- (b) should it become necessary, proceed with this action in accordance with the provisions laid down in Appendix A.
2. If a member is consulted by a patient because the chiropractor who regularly treats such a patient is unavailable, he should treat that patient and, as soon as possible, give to the other chiropractor a complete report of the treatment provided.
  3. When a member refers a patient to another member because of his own absence or inability to treat that patient, the member to whom the patient is referred shall treat that patient and, as soon as possible, refer the patient back to the referring chiropractor
  4. When a patient transfers to another chiropractor, a complete case resume should be forwarded with any emphasis placed on any special approach or adjustment necessary.
  5. A member, when consulted for a second opinion by another chiropractor, shall offer his opinion to the first chiropractor only (unless the patient has paid for the second opinion).
  6. Where results are unsatisfactory in cases requiring chiropractic care, a consultation should be arranged where possible with another chiropractor
  7. A member shall never criticise a colleague or his method of examination or treatment whilst in the presence of a patient or layman
  8. Every member shall regard it as his duty: -
    - a) To support the profession of chiropractic
    - b) To support the Association in its activities for the maintenance and improvement of the profession
    - c) To assist any Chiropractic Board established by statute in its administration of a Chiropractic Act.
  9. Every member should regard it as his duty to endeavour to keep himself in touch with modern developments within the profession, to increase his knowledge and efficiency by the adoption of modern methods of proven worth and to contribute his share to the general knowledge and advancement of the profession
  10. A member shall maintain the highest personal character in both public and professional life.
  11. A member shall be conscientious in enlightening the public regarding the maintenance of health, remembering that quality of service shall be a measure of the standing of the profession.
  12. The Association recommends that a member engaged in private practice: -
    - a) Shall observe the courtesy, when intending to establish a private practice, of contacting all members practising within the same general locality;
    - b) Having acted as a locum tenens or assistant, shall not: -
      - i) Continue the treatment of a patient after the return to practice of the principal, unless the consent of the principal has been given
      - ii) Succeed to the practice of the principal except by purchase or with the consent of the principal or the principal's representatives.

- iii) Commence practice, without the written consent of the principal, within close proximity of a practice where the member has acted as a locum tenens or assistant, within six (6) months of cessation of the period for which engaged. (A member shall contact the local branch of the Association for the definition of close proximity relating to the local conditions)
- c) having sold a practice, shall not buy or lease a chiropractic practice, nor act as a locum tenens, within close proximity to that practice within six (6) months of the sale of said practice

**SECTION F:  
Relationships with other professions**

1. A member may not give or receive any fees or commission for arranging a consultation with a specialist
2. A member must not convey confidential communications from related professions to a patient without written permission from authors of such communications
3. Interdisciplinary disputes, which cannot be settled informally, must be reported in writing to the Association

**SECTION G:  
Principles relating to employment in organizations**

1. The Principal in any chiropractic organization employing chiropractors must assume responsibility for information relating to the chiropractic competence and services offered by the organization
2. Where a member enjoys reciprocity of data with other professional co-workers he must be mindful of the right of patient confidentiality

**SECTION H:  
Principles relating to the teaching of chiropractic**

1. A member shall not teach the art or techniques of chiropractic to any person who is not registered as a chiropractor, or conduct a course of instruction pertaining to the chiropractic profession without the written permission of the Association, except when acting as an instructor at, or for, an approved institution
2. A member must not ask individuals, who are likely to be disturbed, to participate as subjects in classroom or training demonstrations
3. A member must warn students witnessing case demonstrations that they are expected to preserve the anonymity of the patient and respect the patients right to privacy.

**SECTION I:  
PRINCIPLES RELATING TO RESEARCH**

1. Research must be carried out so that bias is not deliberately introduced into the planning, conducting or reporting of a research study.
2. A member engaged in research in which there is a possibility of harmful effects to subjects must take all necessary steps to protect the subject. Where effects are uncertain, the member must obtain the subject's written consent to proceed with the investigation after informing him that risks may be involved.

3. Where it is necessary for scientific purposes to conduct a study without informing subjects of its true purpose, the member must take all necessary steps to ensure that the subjects do not suffer harm from any such procedure by way of clinical trial or otherwise.
4. Test results or other confidential data obtained in research studies must never be disclosed in situations or circumstances which might lead to identification of the subjects, unless their permission has first been obtained in writing.
5. A member must not use a position of authority to exert undue pressure on potential subjects for the purpose of securing their participation in a particular research project.
6. A member must draw the attention of any chiropractor or scientific assistant under his supervision or direction to those parts of this Code, which are relevant to his work. A member must give adequate supervision to ensure as far as possible, that ethical principles are not contravened.
7. When a member employed by an organisation has contributed material to a research study or other project is submitted for publication, then the member should receive acknowledgement or be considered for joint authorship.
8. Where a research study discloses a degree of maladjustment in one of the patients, the member should consider whether to advise the patient how to find appropriate guidance.
9. Where it is necessary to disguise the purpose of an experiment, members should, whenever possible, inform subjects of its true purpose at the conclusion of research.
10. Research designs using animal subjects should be developed with utmost consideration for the welfare of the animals.
11. A member engaged in research should allow a reasonable opportunity for subjects to withdraw their services after becoming acquainted with the role expected of them.
12. Credit should be assigned to all those who have contributed to a publication in proportion to their contribution. However, the nature of the contribution be it in respect of research, design, collection of data, writing, or otherwise, should be made clear.
13. When writing, publishing or editing, a member should encourage the publication of material which advances the science of chiropractic, or is of an educative nature, and should discourage the publication of material which fails to meet this criterion. It is detrimental to the profession to withhold from publication material, which advances the science and practice of chiropractic.
14. The publication of data normally implies or invites its use; hence when data is published which is either not intended, or not ready, for general use, it should be accompanied by an explanatory statement specifying such restrictions.
15. The publication of a test for general use and distribution must be accompanied by: -
  - a) A description of the rationale of the test and of its consideration;
  - b) The data on reliability; followed by some other proof that it performs its function;
  - c) The limits of the applicability of the test;
  - d) Adequate normative material.

16. Members, in their dealings with students and workers in related fields or professions, should ensure that test material is used only as follows: -
- a) persons with minimal training in test and manipulative theory should use tests of attainment that can be interpreted directly from test sources;
  - b) tests of general orthopaedic or chiropractic types with multiple variables should be used only by persons with at least the qualification required by the Association, or by students of a recognised institution, under the supervision of a qualified chiropractor.

**SECTION J:  
PRINCIPLES RELATING TO WRITING, PUBLISHING AND ADVERTISING.**

1. A member must not publish as his own work that which is not essentially his.
- A member must not try to prevent the publication of critical review of his own work.
- A member must not endorse favourably for personal or financial gain a work which he knows to be inadequate.
- Confidential material about patients or subjects, which might lead to their identification, must not be published without their permission.
2. **Advertising:**
- (a) All advertising by members must be in accordance with those requirements as determined by the state registration board from time to time.
  - (b) The Association may from time to time publish guidelines in relation to advertising by members which must be complied with by members.

**SECTION K:  
PROCEDURE WHERE MEMBER HAS A GROUND FOR DISCIPLINARY ACTION ESTABLISHED AGAINST THEM.**

1. If a member has a ground for disciplinary action established against them pursuant to any law regulating the conduct of the chiropractic profession, that member must immediately notify the Association of the details of that finding within 14 days of the member being notified of the establishment of the disciplinary action against the member.
2. Upon receipt of the notification from the member, the Association, or any committee established by the Association to review such matters, shall obtain from the member all documents it may require for it to investigate the matter and to determine as to whether the finding against the member constitutes a ground whereby, pursuant to the Constitution of the Association, the Board could find that the member has acted in a manner unbecoming of a member or prejudicial to the Objects and interests of the Association. The member must provide to the Association (or the committee established by the Association) all documentation which the Association may reasonably require. If the member fails to provide the documentation to the Association within 21 days of it being so requested by the Association (or such other reasonable period as the Association may in its discretion allow), the failure by the member to comply with this requirement shall be prima facie evidence of the member acting in a manner unbecoming of a member or prejudicial to the Objects and interests of the Association.
3. The Association or the committee appointed by the association to review such matters shall promptly review the conduct of the member.

**Appendix A:**

*Procedures to be followed in case of complaints or criticisms about the professional conduct or ethics of members and interdisciplinary disputes.*

- (a) Reports or any parts thereof resulting from complaints or criticisms made to the Association about the ethics of a member or a group of members or reports or parts thereof, or interdisciplinary disputes, shall be recognised as being the property of the Association and absolutely confidential.
- (b) All complaints, criticisms and reports must be formally submitted to the Association for consideration. Any complaint, criticism or report submitted to an individual will be regarded as an informal complaint and not considered by the Association.
- (c) Complaints or criticisms or reports of interdisciplinary disputes should be sent in writing by the complainant to the Association.

**Reports to the Association**

- (a) All complaints, criticisms or reports of unethical behaviour must be made directly to the Association and shall be in writing and shall be dealt with in accordance with the provisions of this Code and the Constitution of the Association.
- (b) The person or persons who are subject of the report shall immediately be advised by letter from the Peer Review and Ethics Committee ( being a sub-committee established by the Executive) of the nature of the report and the name of the informant and shall be invited to reply or comment. At the same time, a reply shall be sent to the informant and advising him that his report is receiving attention and that it has been brought to the notice of the person or persons concerned.
- (c) The Peer Review and Ethics Committee shall examine the report in the first instance and may set it aside if it thinks fit.
- (d) The person or persons who are the subject of the report shall be given fourteen days from date of receipt of the letter referred to in rule ( b) herein advising of the report in which to reply.
- (e) The letter of advice and reply should be sent by " Certified Mail Posting Receipt" or such similar postal service.
- (f) On receipt of the reply from the person who is the subject of the complaint and after consideration of all relevant matters the Peer Review and Ethics Committee shall recommend to the Executive whether any further action should be taken or whether the matter be set aside.

**Appendix B:**

*Guide to the communication of chiropractic information about individuals.*

**1. Definitions of Principal Elements of Examination and Report when being examined or treated by a member.**

For the purpose of this Appendix, the following definitions shall apply: -

**Subject:**

Shall mean any person who undergoes an examination or experiment, which is conducted by a member in his professional capacity.

**Patient:**

Shall mean any person who fills one or more of the following roles: -

- (a) being examined by a member in the course of his professional activities;
- (b) being parent, guardian or person legally responsible for the subject being examined.

**Examination:**

Shall mean a chiropractic test or physical examination, whether in the form of an interview, physical diagnosis, interrogation or test, which is conducted by a qualified chiropractor or properly supervised student for professional purposes.

**Data:**

Shall mean the original record of the data which has been produced in the course of an examination or test, together with such interpretations and recommendations as may be given.

**Record:**

Shall mean any communication whether written or oral, formal or informal, of data interpretations, and/or recommendations concerning a subject, which is made by a qualified chiropractor or properly supervised student in his professional capacity.

**Recommendations:**

Shall mean those portions of a report, which purport to advise that certain lines of action either should or may be followed.

**2. Rights of Patient in Relation to Examination and Report.**

- (a) When the role of patient as defined above is filled by more than one person in relation to the examination of one subject the person who pays for the examination has the right to those results, which are relevant to his purpose;
- (b) the person being the patient, guardian or person legally responsible for the subject being examined has those rights which are relevant to his role in relation to the subject being examined, and the subject has correspondingly limited rights to confidentiality.
- (c) if a patient consents to the release of information to any other third party, the member shall be authorised to release that information.

**3. Permissible Classes of Recipients of Chiropractic Reports Defined.**

The permissible recipients of chiropractic reports shall be members of one or more of the following defined classes: -

**Qualified Chiropractor**

Meaning a member of the Association or a registered chiropractor

**Chiropractic Student**

Meaning a person who is undertaking a course in chiropractic at an approved chiropractic educational institution

**Chiropractic Assistant**

Meaning a person who is performing work under the supervision or direction of a chiropractor

**Worker in related field or profession**

Meaning a person who has completed a formal professional training course in a non-chiropractic health discipline and/or is registered in that discipline where applicable. For example, a physiotherapist, a medical practitioner, an acupuncturist, a naturopath, a dentist or a podiatrist.

**Interested party**

Meaning a person without chiropractic qualifications who is not included in the preceding three categories, who has legitimate reasons for needing to obtain the professional opinion or otherwise use the services of a qualified chiropractor in respect of a patient. For example, the parent, legal guardian, employer or legal representative of a patient or the Crown.

**4. Requirements of Reports**

- (a) all chiropractic reports, whether oral or written, should be directly concerned with the problems at issue, and should be expressed simply and as unequivocally as possible with due regard to the understanding and qualifications of the recipient;
- (b) when interpreting chiropractic data or scientific data, and making recommendations, the member should consider most carefully the various limitations of the examination. In particular, the member should:-
  - (i) make a proper assessment of the reliability of the available information whether from tests or other sources;
  - (ii) take into account the adequacy and comprehensiveness of the available data;
  - (iii) take due account of the circumstances (physical, interpersonal or other) under which the data was obtained;
  - (iv) give proper weight to factors such as date, time of day, recency or otherwise in respect of the examination, which may have qualifying influence upon the interpretation of the data.

**Appendix C:**

The employment of unqualified persons in chiropractic practice

**1. Definitions**

For the purpose of this Appendix, the following definitions shall apply: -

**Students of Chiropractic**

Shall mean any person who is studying chiropractic as a form of therapy under any course recognised by the Association, or studying a course recognised by the Association as being part of the study of chiropractic

**Unqualified Person**

Shall mean any person having knowledge of chiropractic or otherwise but not being a registered chiropractor.

**2. Principles to be Applied**

- (a) Work of an undoubted chiropractic nature must be performed only by a qualified chiropractor. Work undoubtedly chiropractic includes interpreting, giving and recording the results of chiropractic tests and the conduct of chiropractic techniques for research, of surveys, which require the use of any chiropractic schedules, scales or adjustments;

- (b) Work, which whilst not of a completely chiropractic character but is nevertheless sufficiently so to be under the direction of a qualified chiropractor should be performed by, or under the supervision of a qualified chiropractor.

An example is the construction of chiropractic adjusting techniques, schedules or scales that require chiropractic theory for their interpretation;

- (c) Having in mind the duty a chiropractor has to the public to ensure that work designated as chiropractic (that is, requiring special knowledge, competent and professional responsibility) should be performed only by a registered chiropractor. Members should not countenance any unsupervised use of chiropractic techniques by unqualified persons.

## **Appendix D:**

### **Practice procedures**

#### **Office Procedures:**

There need not be uniformity of record cards or record systems but all members should conform to a minimum standard in recording new cases and recording progress while under chiropractic care.

#### **Case History**

A case history should in all cases include the following: -

- (a) name, address, occupation, date and serial number;
- (b) present symptoms and duration of same;
- (c) previous treatment;
- (d) past illnesses, operations and/or accidents
- (d) X-ray history – particularly if recent exposures to x-ray have been made. Assessment of radiation doses previously received together with time factor lapses should be noted.

Radiation in r. should be calculated and recorded before further x-ray s are taken, if details of previous exposures are available

- (f) abnormalities noted;
- (g) any comments made to patients re x-ray analysis and findings.

#### **Physical Examination**

It is recommended that a physical examination of the complete spinal column be made, especially in areas of symptoms. If a physical examination of other regions of the body is made, the findings should also be noted.

Objective symptoms as well as findings of any analytical instruments used should always be recorded.

#### **X-Ray Examination**

All chiropractors are encouraged to utilise x-ray examination as a routine diagnostic procedure, however, no member shall utilise x-ray equipment without satisfying the Executive that he has the necessary minimum qualifications and required licence.

- a) in addition to x-rays taken consistent with the practice technique employed an x-ray examination should be made of the area of the spine relative to the patients symptoms if clinically indicated.
- b) Film size should be of an appropriate size to the area under examination provided sanction has been obtained from the Health Department of Queensland
- c) Care should be taken to ensure correct positioning of patient

- d) Particular care should be taken to protect gonads from the direct x-ray beam. Gonad shields shall be used where gonads are in or near the direct or immediate scatter radiation. (Gonads refer to both testes and ovaries). Exceptions as per attachments to licence
- e) Films should have good definition and contrast. Poor films should be retaken.
- f) All films should be imprinted on the emulsion: -
  - 1. Miss, Mrs or Mr or appropriate title, initials and surname
  - 2. In cases of children, full name (Christian) and other initials, if any and surname must be on the film
  - 3. Dates must be imprinted on the emulsion
  - 4. Left or right side should be imprinted on the emulsion. For lateral views the marker should indicate the side nearest the film
  - 5. Serial number of patient, chiropractors name and other markings are optional but all imprints, stencils etc should be well away from areas of interest.
- g) Indiscriminate spinography is to be discouraged, but films should be retaken where patient shows degenerative changes or has sustained severe injury if clinically indicated.
- h) An x-ray register should be maintained showing the following details:
  - 1. Date
  - 2. Serial number
  - 3. Name of patient
  - 4. Exposure factors used
  - 5. Areas exposed

### **Progress Records**

- a) when patient reports beneficial changes in symptoms
- b) when patient reports apparent adverse changes
- c) any alteration in the adjustment given
- d) any advice given to patient or relatives
- e) date of each visit to be recorded
- f) results and any remarks to patient, or by patient, to be recorded on conclusion of case

### **Records**

All records should be filed for a period of not less than five (5) years following last visit of patient, including x-ray films, which should be regarded as part of the chiropractors records

Members are encouraged to maintain all records, where possible, for the duration of the life of the patient

### **Appendix E:**

#### **Expectation of Members**

- 1. Members should foster conditions enabling free scientific enquiry, should endeavour to carry out systematic study of problems in their fields and should seek publication of findings both positive and negative, to advance the science of chiropractic.

2. Members should endeavour to promote the expansion of scientific chiropractic knowledge, firstly by encouraging the training of suitable persons in the science of chiropractic and secondly, by ensuring that the general public is properly informed about chiropractic.
3. Members should strive to attain the highest degree of professional competence and integrity in the application of chiropractic knowledge and techniques.
4. A member should keep in touch with developments within the profession to increase his/her knowledge and efficiency. He should adopt methods of proven worth and contribute his/her share of the general knowledge to advancement to the profession.
5. Members should report to the Association, claims by unqualified persons to provide chiropractic services to the public.
6. A member who has legitimate cause to charge a fee in return for professional services rendered to patients has an obligation to determine his/her fee with careful regard to the following criteria:
  - (a) That a just and adequate remuneration is likely to be expected for competent work of a highly professional standard; and
  - (b) That patients are not deprived of necessary chiropractic services through bona fide financial difficulties.
7. A member should be aware of the laws of defamation and if in doubt as to the publication of any material, should seek legal advice.
8. When communicating data about a patient the member should try to ensure that the content and form of communications are appropriate to the knowledge and qualifications of the recipient.
9. A member who has legitimately assumed any professional responsibility for assisting any person or organization must, as far as possible, retain his responsibility until mutually satisfactory arrangements have been made for its transfer or termination.
10. Reserved.
11. Where a patient is referred for opinion to a member by a member of another profession, the chiropractor should, after discussion with the patient, make a report to the referring specialist.
12. A member employed by an organization cannot ensure that information recorded will not be communicated to others. The member will need to display considerable discretionary powers in regard to how he encourages the patient to tell, how he records and whether he should in some circumstances warn patients of the position.
13. In the event of any doubt about what information to record or whether the case has a possibly contentious character, the member should confine recorded information to that relevant to the immediate purpose of the examination.
14. In communicating personal data within an organization a recipient may be classified as provided for in Appendix B. In general, the following principles should apply:
  - (a) full data, interpretation and recommendations may be communicated, to qualified chiropractors and chiropractors' assistants.

- (b) in regard to workers in related fields and interested parties, it is desirable to communicate interpretation and recommendations only since these are the parts of the chiropractor's report which contain or imply the advice on the patient. Where it would permit more informed handling of a case, full data may be occasionally communicated to workers in related fields and interested parties.
15. Items of confidential data should not be allowed to circulate as topics of general circulation, either within or outside of the employing organization. Where information about a patient is to be regularly communicated outside the organization to persons others than chiropractors, then it is essential to ask the organization to come to an arrangement whereby the patient's permission is obtained, particularly if the patient has voluntarily sought the assistance of the organization or chiropractor employed therein.
16. On request, full data, interpretations and recommendations may be communicated to chiropractors either in private practice or in fee- charging organizations, provided that an arrangement is made to obtain: -
- (a) the permission of the patient;
- (b) the permission of the employing organization.
17. It is essential that the member's task be so structured that the independence of his professional viewpoint and the recording thereof are preserved. It is not in the best tradition of professional work that a chiropractor's professional findings be reported without identification as part of the report of another professional worker or administrative officer.
18. Administrative and other professional workers who refer cases to members may request that certain techniques be used. Decisions about techniques, and the conduct of the chiropractic examinations, testing, or scientific examinations are a matter for the member.
19. When a member is consulted by a person who it is reasonable to assume is currently the patient of a colleague, the member should carefully consider whether it is appropriate to inform the colleague that another opinion is being sought. If, however the patient claims to have terminated any relationship with the colleague, the member, after making reasonably sure that this is the case, may proceed with the consultation.
20. Continuing Post Graduate Education for practising members is encouraged, according to the guidelines established by the Executive from time to time.

## **Appendix F**

### **Court Action Advice**

1. Before examining a case, which is likely, to come before a Court the member has an obligation to make every endeavour to establish clearly the purpose of the examination.
2. In undertaking the examination of a subject in connection with Court proceedings, the member should: -
- (a) be satisfied that he/she has reduced the issues involved to their most simple and unambiguous terms;
- (b) design an examination of appropriate thoroughness;
- (c) ensure that any report of the examination is sufficient, accurate, and objective;
- (d) have objective evidence in form of x-rays clearly marked.

3. A member should not agree to conclusions or submissions about a case for reasons of expedience or convenience.
4. A member who gives evidence in a Court, or who conducts an examination with the purpose of giving evidence, should be particularly alert to any special circumstances which might affect the validity of his or her data and thus bring any usefulness of his or her evidence into serious doubt.
5. In preparing reports or statements for use as evidence in Court the member must take every care to proceed no further in his inferences than is warranted by available data.
6. A member should convey any report or statement in terms that are most likely to be clearly understood by the recipients, and should endeavour to translate technical chiropractic or scientific terms into the language of ordinary usage, wherever this can be done without loss of essential meaning.
7. The member tendering expert evidence should be careful at all times to avoid making unsupported or flamboyant speculations.