

Health Practitioner Regulation National Law Act 2009: Attitudes And Compliance Of The Chiropractic Profession One Year On

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ABSTRACT: The Health Practitioner Regulation National Law Act was implemented in 2010, and brought with it the Australian Health Practitioner Regulation Agency and the Chiropractic Board of Australia. This resulted in the production of a new National Chiropractic Code of Conduct. The aim of this study was to assess the attitudes and compliance of the chiropractic profession to these changes one year on. This was achieved by a cross sectional survey of both the Chiropractic Association of Australia and Chiropractic and Osteopathic College of Australia members. The results indicate that participating chiropractors are generally compliant towards and supportive of most of the requirements within the National Chiropractic Code of Conduct.. This study serves to inform the chiropractic profession of their ethical and legal obligations, and as a comparison for future studies.

INDEX TERMS:(MeSH) ATTITUDES; CODES OF ETHICS. (Other): CODE OF CONDUCT; COMPLIANCE; REGULATIONS; HEALTH PRACTITIONERS NATIONAL LAW.

Chiropr J Aust 2012;42: 51-9.

INTRODUCTION

All but the most senior of currently practicing chiropractors in Australia started their careers as government registered practitioners. Until recently all registration of Chiropractors in Australia was state based. Western Australia was the first Australian jurisdiction to grant chiropractors statutory registration in 1964, followed by Victoria and New South Wales in 1978 who included registration of osteopaths.¹

In 2005 the Commonwealth Government requested the Productivity Commission undertake a research study of issues impacting the healthcare workforce with the aim of ensuring continued delivery of quality healthcare in Australia over the next decade.² The Productivity Commission replied in 2006 with a report listing their recommendations. A key recommendation was that national registration boards for health professionals should be established as opposed to the state level boards that were in place at the time.²

At the 21st meeting of Council of Australian Governments (COAG) in Adelaide on 26 March 2008 all Governments in Australia made a commitment to a new microeconomic reform

agenda for Australia, with particular focus on health, water, regulatory reform and the broader productivity agenda.³ The Council signed an Intergovernmental Agreement to create a single national registration and accreditation system for nine health professions, which included chiropractic.⁴

The stated goals of the new scheme were to help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable health workforce. COAG declared that action on Health Workforce Registration would lay the foundation for longer-term reform of the health system.⁴

On the 31st August 2009 the Australian Health Workforce Ministerial Council announced the appointment of the 108 inaugural members of the ten national boards (podiatrists had now been included). These appointments were made under the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008*⁵ which was passed in Queensland Parliament giving effect to the administrative arrangements for the National Registration Accreditation Scheme for the Health Professions.

The *Health Practitioner Regulation National Law Act 2009* (the National Law) received Royal Assent on 3 November 2009 and came into effect on 1 July 2010. This provided for the full operation of the National Registration and Accreditation Scheme.

The *Health Practitioner Regulation National Law* established both the Australian Health Practitioner Regulation Agency (AHPRA)⁶ and the Chiropractic Board of Australia (CBA) for the chiropractic profession.⁷ The former was established to improve the quality and safety of Australia's health services through a modernised national regulatory system for health professionals.⁸ The function of the CBA is to decide the requirements for registration, approve accredited programs as providing qualification for registration and to register suitably qualified and competent chiropractors.⁹ The

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Declaration: The authors have no conflicts of interest to declare regarding this paper or the material described therein.

Received 24 February 2012. Accepted: 10 April 2012

CHIROPRACTIC CODE OF CONDUCT SURVEY
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Table 1

Key: C = Congruent, P = Partially congruent, N = Not congruent, O = Opposing
 Congruency with state and national territory Codes of Conduct

National Code of Conduct	ACT	NSW	NT	QLD	SA	TAS	VIC
Section 2 Assessment requirements including patient history, physical exam, justifiable clinical diagnosis, and a reasonable management plan.	N	N	P	C	C	P	C
Section 2 Practicing in an evidence informed context	N	N	N	N	N	N	N
Section 2 Obligation to help in an emergency after weighing up practitioner safety and the implication to other patients	P	N	N	N	N	N	N
Section 3 Onus of the patient to be cooperative, communicate sincerely, etc	N	N	N	N	N	N	N
Section 3 Privacy and patient confidentiality	C	C	C	C	C	C	C
Section 3 Documented and informed consent	P	P	P	P	P	P	P
Section 3 Prepaid financial agreements requirements including a documented explanation, "cooling off period," payment options, and a refund policy	P	N	O	C	C	O	C
Section 3 Respect of cultural attitudes and beliefs	N	C	C	C	C	C	C
Section 3 Procedure for adverse event including recognition, attempted resolution, an honest explanation to the patient, report to both insurance company and chiropractic board, while also ensuring the patient can find out how to make a complaint.	N	N	N	N	N	N	N
Section 3 Complaints procedure involving attempted resolution, an honest explanation and apology, ensuring maintenance of patients care, and complying with policy.	N	N	C	P	N	C	N
Section 3 Ending professional relationships with an appropriate referral and clinical records if requested.	N	N	N	C	N	N	C
Section 5 Acknowledging and respecting the contribution of all practitioners involved in the care of the patient.	P	P	P	C	C	P	C
Section 7 Procedure regarding an unprofessional colleague involving steps to protect the patient and reporting if substantial.	P	C	C	P	P	C	P
Section 8 Continuing professional development (CPD) totaling 25 hours per year, with at least 12.5 hours qualifying as formal learning activities	C	P	P	P	P	P	P
Section 8 Senior first aid certificate requirement	N	N	N	N	N	N	N

Section 8 Recency of practice totaling 1000 hours within the preceding 5 years of practice. Failure to meet the above requirement requires a demonstration of competency.	C	N	N	C	C	C	C
Section 8 English language requirement of secondary education certificate or evidence of relative competency.	N	N	N	N	N	N	N
Section 9 Professional boundaries including sexual, exploitative or otherwise inappropriate relationships. This includes persons close to a patient.	N	P	C	C	C	P	C
Section 9 Obligation to report to the board if charged or convicted respectively for offences punishable by imprisonment, and practitioners of notifiable conduct.	N	C	P	P	P	P	N
Section 9 Professional Indemnity Insurance of \$10, 000, 000 including run off cover following any period of practice for at least 7 years	C	P	C	N	N	C	C
Section 9 Use of the Dr title associated with area of expertise and qualification	C	N	N	C	C	C	C
Section 9 Use of testimonials within advertisements.	C	N	N	C	C	C	C
Section 9 Remaining advertising regulations prohibiting false or misleading information, discounts or inducement without terms and conditions, unreasonable expectations, encouragement of unnecessary use of health services, and time limited offers.	P	N	C	P	P	P	C
Section 9 Conflict of professional or financial interest.	P	N	C	C	C	C	C
Section 12 Ethics approval required for chiropractic research.	N	C	C	C	N	N	N
Appendix 1 Spinal screening requirements including permits, differentiation between overview and physical examination, prohibition of obtaining contact information or making appointments on site, and no fees.	P	N	N	C	P	N	P
Appendix 2 Radiology requirements including justification, optimization, and dose limits.	N	N	N	C	C	C	N
Appendix 3 Ongoing care requirements including measurable outcomes, a time frame, and plans for review.	C	N	P	C	C	N	C

Table 1 depicts the similarities and differences between the national Code of Conduct and the previous individual state and territory Codes of Conduct. The accompanying fact sheets and guidelines were also taken into account as current from February 2011.^{11, 13-45}

legal personality of the CBA is that of a body corporate and it represents the interests of the state.¹⁰

The National Boards aim primarily to protect the public and are responsible for the administration and guidance of each profession throughout Australia. This specifically involves the development and endorsement of codes and guidelines.

In developing the Code of Conduct, the National Law compelled the Board to ensure that there was wide-ranging consultation about its content.¹¹ This process was transparent in that discussion papers were published on the CBA website. These discussions were reviewed as a starting point for this study to identify the key areas of concern and contention with the development of the new Code.

A review of the current literature was conducted via seven electronic databases; APAIS-Health, Australian Policy Online, CINAHL, Index to Chiropractic Literature, Health Collection, Mantis, PubMed, and Scopus. The search was restricted to articles in English, published from January 1980 to present. Keywords consisted of: chiropractic, code of ethics, governing board, guidelines as topic, health service administration, *Health Practitioner Regulation National Law*, licensure, manipulation, program evaluation, professional regulation, and registration.

Abstracts were screened for the following inclusion criteria: discussion of the *Health Practitioner Regulation National Law*, discussion of chiropractic registration in Australia, or discussion of the role of chiropractic registration boards. Of the 133 full articles retrieved, 119 were excluded as they were either irrelevant or duplicates. Of the remaining 15 articles, only 5 discussed chiropractic registration in Australia. Of those 5, only 3 articles discussed the new national registration scheme.

The articles uncovered by the literature review informed the researchers primarily of the historical context of chiropractic registration in Australia. Key areas of concern and contention with the development of the new Code were highlighted by the 2009 article written by Dr Stanley Bolton (Chiropractor) discussing the first consultation paper in the *Chiropractic Journal of Australia*.¹² Dr Bolton's next article on the topic in 2010 informed the researchers as to the process for the development of the new boards.²

All of the discovered articles were in part limited as they were substantially opinion pieces offering commentary on the history they were reporting. This highlighted the need for this study at the time.

The aim of this study was to determine the current attitudes towards, and level of compliance with, the new chiropractic Code of Conduct as developed by the CBA. This was in order to enhance the awareness of chiropractors, and as such benefit the wider community.

METHODOLOGY

A cross sectional survey of the chiropractic profession was chosen as the appropriate means to achieve this aim of this study. As there was no pre-existing survey instrument that met the aim, a questionnaire was constructed.

The application of the new legislation led to the production

of both new guidelines and a new Code of Conduct. All of these changes were compared and contrasted with the outgoing state and territory specific Codes of Conduct and guidelines (see Table 1). Western Australia is absent from this process as it did not have a formal code of conduct document in place prior to the shift to the national registration scheme. The outgoing codes and guidelines were retrieved using an Internet archive entitled 'Wayback Machine,' in addition to contacting previous board members.

It was assumed that differences above would best test both the compliance and attitudes of the chiropractic profession towards the changes in the new national Code of Conduct. Questions pertaining to demographics, first aid, continuing professional development (CPD), titles, adjustment restrictions, reporting requirements, advertising, spinal screenings, duty of care, care plans, radiology, and evidence based practice (EBP) were included.

A small pilot study was implemented in order to improve the internal validity of the questionnaire. Ten members of the profession within Macquarie University were asked to complete the survey and give feedback regarding ambiguity and/or difficult questions. The time taken to complete the questionnaire was recorded and deemed appropriate. Several questions were revised with the addition of definitions and emboldening of key words for clarity. The final questionnaire is given in the results. Data from the pilot study was not included in the results, however pilot participants were included in the main study.

The research committees of both the Chiropractic Association of Australia (CAA) and Chiropractic and Osteopathic College of Australia (COCA) approved the promotion of the survey. Their members total approximately 3000 and 1000 respectively, giving an approximate sample size of 4000 without accounting for dual membership. Ethics approval was granted by the Macquarie University Human Ethics Research Committee (reference number: 5201100642).

Members of the CAA and COCA received an email explaining the nature of the study and a link to the information and consent webpage. This outlined: the aims and purpose of the study; qualifications and contact information of the researchers; directions on how to complete the survey; the anonymous and voluntary nature of the survey; and that submission of the survey qualified as consent for research purposes. Participants were then directed to the online survey. The survey remained open for 3 months. Questions could not be skipped.

RESULTS AND DISCUSSION

Following approximately 4000 emails, 323 chiropractors took part in the study. 29 responses were excluded as the questionnaire was not completed. Consequently, there were 294 complete questionnaires giving a response rate of approximately 7.4%. This may not reflect the profession as a whole.

Demographics

The majority of respondents graduated within the last 5 years and listed New South Wales or Victoria as their place of primary practice. The two longest established of the three

major chiropractic schools are within these states, which may explain the density of recent graduates in these areas.

General Compliance

Have you read the national Code of Conduct for chiropractors produced by the Chiropractic Board of Australia in 2010?

No	In part	Yes
11.6%	34.0%	54.4%
34	100	160

The primary aim of the National Code of Conduct is “to assist and support health practitioners to deliver appropriate, effective services within an ethical framework. Health practitioners have a professional responsibility to be familiar with this Code and to apply the guidance it contains.”⁴⁶ In light of this, a total of 45.6% of respondents had either not read or only partially read the national chiropractic Code of Conduct. These respondents were in violation of the Code.

Continuing Professional Development (CPD)

Do you understand the current Continuing Professional Development (CPD) requirements outlined in the 2010 Code of Conduct?

No	In part	Yes
3.7%	18.4%	77.9%
11	54	229

Do you agree that the current Continuing Professional Development (CPD) requirements are appropriate?

SD	D	N	A	SA
5.1%	10.9%	18.7%	38.1%	27.2%
15	32	55	112	80

The Code refers to the Board’s Registration Standard and guideline regarding CPD and first aid.⁴⁷ The annual CPD requirements include 25 hours of learning activities, of which at least 50% must be formal.⁴⁸ The majority (77.9%) of respondents claimed to understand the CPD requirements. Additionally, 65.3% of respondents agreed or strongly agreed that the requirements were appropriate.

First Aid

Do you currently hold a senior first aid certificate?

No	Yes
14.3%	85.7%
42	252

(If no above) Do you plan to obtain a first aid certificate within the next 6 months?

No	Yes
9.5%	90.5%
4	38

Have you ever dealt with a first aid emergency whilst you were the chiropractor in charge?

No	Yes
67.3%	32.7%
198	96

Hypothetically, you are walking the in the park and witness a young man inadvertently get knocked

unconscious whilst playing a casual game of football. No one has come to his aid. There is no safety risk to you.

Are you obliged to offer first aid?

SD	D	N	A	SA
8.2%	10.5%	10.9%	26.9%	43.5%
24	31	32	79	128

The first aid requirements specify that chiropractors hold a senior first aid certificate (level 2) or equivalent before the renewal period of December 2011 to November 2012.⁴⁹ These requirements were generally well met by all but 1.4% of respondents. While this minority could be in violation of the Code, they may also not be renewing their registration.

The National Code of Conduct states, “Good practice involves offering assistance in an emergency, that takes account of the chiropractor’s own safety, skills, the availability of other options and the impact on any other patient’s under the chiropractor’s care.”⁵⁰ The majority (67.3%) of respondents had never dealt with a first aid situation while being the chiropractor in charge. This suggests the respondents to this survey had little exposure to first aid situations in practice. When presented with a first aid situation outside of their clinic that was free of any safety risk, 29.6% of respondents either remained neutral, disagreed or strongly disagreed when asked if it was their duty to offer first aid. Not providing assistance may be in violation of the Code of Conduct guidelines

Testimonials

Do you agree that chiropractors should have the right to use testimonials in their offices or advertising?

SD	D	N	A	SA
16.3%	12.2%	15.6%	29.3%	26.5%
48	36	46	86	78

Have you used testimonials in your marketing activities in the last 12 months?

No	Yes
95.6%	4.4%
281	13

Do you plan to use testimonial in your marketing activities in the future?

No	Yes
90.5%	9.5%
266	28

The Code refers to the Board’s Guidelines on Advertising with regard to good practice.⁵¹ The National Law prohibits the use “of testimonials or purported testimonials about the service or business.”⁵² The majority (55.8%) of chiropractors that responded either agreed or strongly agreed that they should have the option to use testimonials in their offices or advertising. While 4.4% of respondents admitted to using testimonials in their advertising within the last 12 months, even more (9.5%) respondents planned to do so in the future. Using testimonials in advertising is in violation of both the Code and the National Act.

Time limited discounts

Do you agree that time limited discounts such as those offered through Internet discount voucher companies is unprofessional behavior?

SD	D	N	A	SA
8.8%	15.3%	14.6%	21.4%	39.8%
26	45	43	63	117

Have you used time limited discounts in you marketing activities in the last 12 months?

No	Yes
90.1%	9.9%
265	29

Do you plan on using time limited discounts in your marketing activities in the future?

No	Yes
93.5%	6.5%
275	19

The Advertising Guidelines also state that a person “must not advertise time limited or special offers.”⁵³ The use of time limited discounts was agreed or strongly agreed upon as unprofessional by the majority (61.2%) of respondents. However, 9.9% of respondents admitted to using time limited discounts within the last 12 months, and 6.5% planned to do so in the future. This again is in conflict with both the guidelines in the National Code of Conduct and the National Act.

Dr Title

Do you agree that a chiropractor’s right to the title of Dr is important?

SD	D	N	A	SA
4.4%	6.8%	23.1%	27.2%	38.4%
13	20	68	80	113

Do you agree that it is always necessary to qualify the use of the Dr title with the words Chiropractic or Chiropractor?

SD	D	N	A	SA
2.7%	11.2%	11.2%	34.7%	40.1%
8	33	33	102	118

The National Code of Conduct states, “the title of ‘Doctor/ Dr’ must only be used in a manner which clearly associates its use with the practice of chiropractic.”⁵¹ The majority (65.6%) of respondents agreed or strongly agreed that a chiropractor’s right to the Dr title was important. However, 13.9% of respondents disagreed or strongly disagreed that it was necessary to qualify the title with the terms Chiropractor or Chiropractic. To use the title ‘Dr’ without qualifying it with the term Chiropractor or Chiropractic is in violation of both the Code and the National Act.

Restrictions on Spinal Manipulation

The new Health Practitioner Regulation National Law restricts the practise of cervical spine manipulation to be performed only by chiropractors, osteopaths, physiotherapists and medical doctors.

However, the Act does not limit who may perform manipulation of other areas of the spine and extremities.

Do you agree that this is appropriate?

SD	D	N	A	SA
55.8%	29.3%	8.5%	4.4%	2.0%
164	86	25	13	6

The National Act only limits manipulation of the cervical spine to the four appropriate health professions, which include: chiropractic, osteopathy, physiotherapy, and medical practitioners.⁵⁴ An overwhelming 85.1% of respondents disagreed or strongly disagreed with the appropriateness of the act not limiting who may perform manipulation of other areas of the spine and extremities.

Reporting Obligations

In the following situations, when would you feel obliged to report to the board:

In the event you become aware that a patient experienced a serious adverse reaction to treatment?

No	Yes
57.1%	42.9%
168	126

In the event that you become aware that another practitioner is delivering chiropractic care that falls below the minimum standard required in your opinion?

No	Yes
29.6%	70.4%
87	207

If you were convicted of a criminal offence?

No	Yes
4.8%	95.2%
14	280

If you received a formal written accusation that you had committed a criminal offence?

No	Yes
34.7%	65.3%
102	192

The National Code of Conduct states, “Chiropractors have statutory requirements under the National Law to report matters to the national boards.”⁵⁵ Matters include the occurrence of adverse reactions⁵⁶ and risk to the welfare of patients if another chiropractor is performing poorly.⁵⁷ 57.1% of respondents would not report to the board if their patient suffered a serious adverse reaction to treatment, yet only 29.6% of respondents would not report another chiropractor for sub-standard care. Both situations are in violation of the Code and National Law.

Criminal history also qualifies under matters that must be reported to the national boards, which includes both “charges for offences punishable by 12 months imprisonment or more,” and “convictions or findings of guilt for offences punishable by imprisonment.”¹⁷ While 4.8% of respondents would not report to the board if they were convicted of a criminal offence, 34.7% of respondents would not report to the board if accused of a criminal offence. Again, both are in violation of the Code and the National Law.

Spinal Screening

Do you agree that it would be appropriate to make clinical appointments for new patients at a spinal screening?

SD	D	N	A	SA
21.4%	19.0%	19.4%	26.9%	13.3%
63	56	57	79	39

“Good practice in relation to spinal screenings should not include obtaining contact information from participants or the making of appointments at the time of screening.”⁵⁸ The view of respondents regarding the inability to make clinical appointments at spinal screenings was mixed as 40.2% agreed or strongly agreed with the Code, while 40.4% disagreed or strongly disagreed.

Pre-Paid Care Plans

Do you agree that it is appropriate to offer pre-paid chiropractic care plans?

SD	D	N	A	SA
38.4%	18.7%	18.0%	15.0%	9.9%
113	55	53	44	29

Do you agree that refunds should be offered with early termination of pre-paid chiropractic care plans?

N	A	SA
6.5%	22.8%	69.7%
19	67	205

The majority of respondents (57.1%) disagreed or strongly disagreed that it was appropriate to offer pre-paid care plans. However, the Code of Conduct does not prohibit pre-paid care plans. Instead, the Code explicitly defines the required terms and conditions including: measurable outcome measures, plans for review, and a reasonable refund policy.⁵⁹ An overwhelming 92.5% of respondents agreed or strongly agreed that refunds should be offered with early termination. Two respondents strongly disagreed and one disagreed. To not offer any refunds with the early termination of a pre-paid care plan is in violation of the national Code of Conduct.

Radiology

Do you agree that routine x-rays are a key component of chiropractic care?

SD	D	N	A	SA
16.7%	29.6%	19.7%	15.0%	19.0%
49	87	58	44	56

How often do you order routine x-rays?

Never	Rarely	Sometimes	Often	Always
10.2%	19.4%	36.7%	24.1%	9.5%
30	57	108	71	28

The radiology guidelines require: that each procedure be justified per individual case; that doses be optimised in order to be as low as reasonably achievable; and that radiation dose limits are not exceeded.⁶⁰ Unfortunately due to ambiguity in how this survey posted the questions on radiology, the results of this study did not give any meaningful insight into the compliance or attitudes regarding radiology.

Duty of Care

Do you agree that a documented clinical diagnosis and management plan is required for all initial consultations?

SD	D	N	A	SA
5.8%	18.4%	15.6%	33.7%	26.5%
17	54	46	99	78

Do you agree that documented informed consent is necessary for you to treat a patient?

SD	D	N	A	SA
17.1%	8.5%	30.3%	53.4%	
5	18	25	89	157

Evidence based practice is defined as the preferential use of health interventions for which systematic empirical research has provided evidence of statistical effectiveness.

In your opinion, do you practise evidence-based chiropractic?

SD	D	N	A	SA
3.7%	10.5%	24.1%	46.3%	15.3%
11	31	71	136	45

“Care of the patient is the primary concern for chiropractors in clinical practice.”⁶¹ The requirements of good care include a justifiable diagnosis and reasonable management plan,⁶¹ both of which should be documented.⁶² While the majority of respondents (60.2%) agreed or strongly agreed that a documented diagnosis and management plan is required for all patients, 24.2% either disagreed or strongly disagreed. To not produce a documented diagnosis and management plan for all patients is in violation of the Code.

The requirements of good care also include the chiropractor obtaining the informed consent of their patient and documenting that consent according to the Code.⁶³ The support for documented consent was much stronger than that for a documented diagnosis and management plan, as 83.7% agreed or strongly agreed it was required for all patients. However, a minority (7.8%) disagreed or strongly disagreed and would consequently be in violation of the Code.

The Code states that good practice involves practicing in an evidence informed context⁶⁴ and defines evidence informed context as the “integration of the best available evidence with professional expertise to make decisions, in conjunction with patient values and circumstances.”⁶⁵ An alternate definition of EBP was given and the majority of respondents (61.6%) agreed or strongly agreed they practised EBP. The researchers appreciate that this alternative definition did not sit well with some respondents.

Attitudes

Do you agree that the new chiropractic Code of Conduct has had a positive influence on the way you practise?

SD	D	N	A	SA
11.6%	24.8%	46.3%	12.2%	5.1%
34	73	136	36	15

The majority (46.3%) of respondents remained neutral when asked if the new Code of Conduct had had a positive influence on the way they practise. Several of the positive opinions of the new code given in the additional comments also stated that the Code had not changed how they practise.

In light of this, the researchers appreciate that a positive attitude towards the Code may not be synonymous with a positive change in practice.

However, 36.4% of respondents disagreed or strongly disagreed when asked if the new Code of Conduct had had a positive influence on the way they practise. This was supported by nineteen additional comments either without justification, or with suggestion that the new Code is too limiting with regard to advertising and scope of practice.

Limitations

The results of this study are limited by a number of factors that prevent the generalisation of findings to the profession as a whole. The survey was not comprehensive with only 294 respondents and a response rate of approximately 7.4%. Furthermore, only members of CAA and COCA were surveyed. Chiropractors who did not belong to either association would not have had an opportunity to complete the survey.

In addition to the inherent weak validity of subjective measurements, numerous questions within the survey were invalid. Both question 28 and 29 failed to define 'routine x-rays' and were therefore ambiguous. While question 30 did offer a definition of EBP, numerous respondents felt that it was an oversimplification. These issues likely reflect the small size of the pilot study and the use of a questionnaire that had not been previously validated.

CONCLUSION

The results indicate that participating chiropractors are generally compliant with most requirements of the National Chiropractic Code of Conduct. These included those pertaining to first aid certification, CPD, and advertising. However, there were still numerous Code of Conduct requirements to which these respondents could be more compliant. These involved reading and becoming familiar with the Code, the practical application of first aid, and the circumstances that give rise to an obligation to report to the Board.

The attitudes towards the requirements of the National Chiropractic Code of Conduct were varied. The results indicated support for CPD requirements, the entitlement to the Dr title, the prohibition of time limited discounts, and the requirements regarding duty of care. Yet other areas of the Code were not supported such as the first aid requirements and limitations regarding the use of testimonials in advertising and the use of pre-paid care plans.

This study is a snapshot of the attitudes and compliance of the profession regarding the National Chiropractic Code of Conduct. While it may inform regulators, it should also remind practitioners of their ethical and legal obligations. After addressing the various limitations, a follow up study in 12 months is recommended to monitor the progression of the chiropractic profession.

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