Friday, October 10, 2014

To Whom It May Concern

Re: Review of the National Registration and Accreditation Scheme for Health Professions – consultation paper (August 2014)

Submission from Australian Skeptics Inc

We write in response to the call by the Australian Health Workforce Ministerial Council for submissions on the review of the National Registration and Accreditation Scheme.

Australian Skeptics Inc is the umbrella body of a confederation of skeptical groups within Australia, made up of many thousands of formal and informal supporters of a scientific approach to the study and assessment of claims of pseudoscience and the paranormal. It was founded in 1980, and is the second oldest such body in the world. Over the years, various Skeptics groups and individuals have put much effort into the study of complementary and alternative medicine. The body of knowledge gathered in this period has proved extremely relevant to the current consultation paper.

Our response to the consultation paper covers three main areas:

- The definition of risk associated with specific medical modalities;
- The ability (or inability) of specific Boards in directing and disciplining breaches of practice, in particular the flagrant disregard for advertising rules and standards as set by those Boards; and
- The situation in group practices where AHPRA-registered practitioners share premises with non-AHPRA practitioners.

Our detailed elaboration on these issues follows.

.....

Definition of Risk

The consultation paper describes the “National Scheme” as “overseeing the safe practice and regulation of more than 618,000 health professionals all over Australia”. It goes on to state that “restrictions on the practice of a health profession are only to be imposed if that is what is required to ensure that health services provided to the public are safe and of the quality expected in Australia”.

While we applaud this aim, we believe that it is undermined by an incomplete perception of what is “safe” and “of the quality expected”.

Scientific investigations of pseudoscientific and paranormal claims
The paper cites the practice of assessing what is “safe” on the basis of a risk profile of each profession. This profile is focused on “the potential risk of harm to the public”. This, in turn, is “largely calculated ... on the basis of the number, frequency and significance of the complaints and notifications made against members of the profession”.

Basing a risk profile on complaints alone can give a false impression of a health practice:

- It does not take into account the effectiveness of an industry’s complaints mechanism.
- It does not take into account the nature of claims made for particular modalities, which in the field of various ‘complementary’ medicines are often vague, not citing specific results or timeframes borne out by any evidence, and thus less likely to elicit complaints.
- It does not take into account the efficacy of a treatment, where financial and reputational risk can be as much a factor for consumers as safety.
- Most importantly, it does not take into account the situation of patients taking up supposedly ‘low risk’ alternative treatments in preference to evidence-based medicine. This can lead to delaying or totally suspending efficacious treatment in favour of unproven, disproven or misrepresented techniques, often with serious health results, sometimes fatal.

We suggest that greater emphasis be placed on the quality of treatments under consideration and a broader risk profile than on the bureaucratic approach of simply the number of complaints and the consequent judgement on the “cost benefit analysis” of the regulation of specific industries.

**The Role of Boards**

Much coverage is given in the consultation paper to the proper and ethical activities of individuals, particularly in reference to advertising services. Australian Skeptics Inc agrees that this is necessary, but would also express our great concern with the ability of certain industry Boards to generate, promulgate and regulate specific codes of practice for individual practitioners. This is especially true concerning advertising of services, particularly when there is no scientific proof of effectiveness.

It is important that industry Boards do not act as or be regarded as ‘toothless tigers’ in dealing with any ‘mispractice’ and malpractice of their individual members.

Over recent years this has been a particular concern for us with the Chiropractors’ Association of Australia (CAA) and the Chiropractic Board of Australia (CBA). The CAA is the largest body of professional chiropractors in Australia, and the CBA is the body that regulates the industry by developing standards, codes and guidelines. But while both bodies make statements that discourage or prohibit certain unfounded claims about efficacy, particularly on the range of health conditions that chiropractors can supposedly treat, many practitioners still continue to state that they can treat a wide range of conditions, including asthma, ADHD, pneumonia, even bed wetting and ear infections. Some also continue to use the debunked theory that all diseases stem from a ‘misaligned’ nervous system, something which the president of the CAA has said was dropped a hundred years ago.

While the number of members of the industry who are behaving unacceptably is not certain, there has been enough unacceptable conduct to warrant firm and definitive corrective action by both organisations, but that has not been done. In fact, members of the CAA’s own Board ignore their own body’s advice.
In February 2013, the president of the CAA, Lawrence Tassell, wrote in a President’s Report in the CAA magazine, that “Our cause is not helped by chiropractors who use their websites to claim to cure a whole range of childhood illnesses without any supporting evidence. ... This issue was raised on numerous occasions and is a practice very difficult to defend.”

In fact, those chiropractors making claims of treatment for “a whole range of childhood illnesses” include members of the CAA’s own Board.

On one’s website is the comment that: “When children have nerve interference from spinal imbalances they may display any number of problems: headaches, constipation, apparent colic, recurrent ear and throat infections, bed wetting, asthma, low mental stamina, or even apparent ADHD and discipline problems. Chiropractic care for children is very gentle, but works under the same basic premise as Chiropractic care for adults. Spinal imbalances cause nerve irritation. Nerve irritation interferes with the body's ability to function normally, and poor function leads to ill health.”

This strongly implies that the conditions listed can all be treated with chiropractic.

On another CAA Board member’s website it is stated that chiropractic treats asthma, back and neck pain, sporting injuries, colic, headache, sinusitis, inability to sleep, difficulties with pregnancy, ear infections and ‘Overall Quality of Life’ – “As can be seen from this list of a few of the conditions found to be assisted through chiropractic attention, it isn't only the most obvious ‘bone-related’ disorders that can receive lasting benefits from chiropractic care.”

The site adds that “Chiropractors work on the principle of reducing interference so the nervous system and body can work better. Providing that any symptom or condition is occurring as a result of nerve interference from vertebral subluxation, there is a very good chance that it will improve with chiropractic care.”

This claim is despite the fact that Lawrence Tassell, in his President’s Report, specifically says that “There is the perception that a significant percentage of chiropractors believe that subluxations are the cause of all health problems. There is also criticism that the subluxation has no evidence to prove that it actually exists. This definition of a subluxation has been redundant for decades and the concept that all disease is caused by subluxations was abandoned in the early 1900s.”

This discontinuity between what the CAA says officially, and what its practitioners – including current Board members – do in reality, is indicative of a less than rigid adherence to the industry’s own standards of practice, and the total ineffectiveness of the CAA Board to regulate its own members.

Tassell admits as much when he says, again in the President’s Report, that “All the CAA can do is to request that its members desist.”

This means that the National Scheme’s emphasis on adherence to industry standards is being undermined by the lack of effective action by the very Boards that it relies upon to implement best practice for “safe” and “quality” services.
We suggest that greater emphasis be placed on industry Boards, as much as or more than individual practitioners, to ensure that their members adhere to the high standards expected by the National Scheme, otherwise the very concept of measuring risk on the basis of complaints to industry Boards gives a totally false impression of “low risk profile” areas.

**Group practices**

The third area of our concerns is a problem that exists in group practices where AHPRA-registered practitioners share premises with non-AHPRA practitioners.

Under the suggestion of “complementary” or “holistic” medicine, there are many instances where practitioners of different modalities of health treatment are housed within the one formal practice. There are many examples of several modalities, which may differ markedly in efficacy and scientific evidence – such as chiropractic, acupuncture, naturopathy, Chinese herbal medicine, even homeopathy and reflexology – being offered within the one premises.

For instance, the website of one of the same Board members referred to above offers acupuncture (where there is mixed evidence for efficacy) and myofascial therapy (little if any evidence for efficacy) alongside chiropractic.

The implication of such an arrangement is to give an equal level of acceptance by relevant authorities of all of the represented treatments, regardless of evidence base; one unproven or disproven method receiving the imprimatur of another with a greater (if not great) level of supportive scientific evidence. While this might not be the intention of AHPRA, it is certainly the impression that the general public would take. And this would definitely be a false impression, as some of the included treatments are very low on scientific evidence or medical efficacy.

There may even be the situation where some individuals are qualified in one area where standards restrict them from practising in a particular way, but they are simultaneously practising in a non-AHPRA role where the same rules do not apply.

Australian Skeptics suggests a system of separation of these practices, either physically in terms of different premises, or at least in terms of on-site and other promotion, to differentiate an AHPRA-registered methodology from one without such implicit endorsement.

We thank you for this opportunity to respond to the consultation paper.

Sincerely,

Tim Mendham
Executive Officer
Australian Skeptics Inc