

## Standards of Practice

### A Introduction

The need for an established routine of practice, suitable to the Republic of Ireland, becomes necessary when it is considered that the membership of the Association is made up of graduates from different schools and of varying years of experience in the field. In setting out minimum routine procedure, due consideration has been given to advancements taking place in the profession. It has also been taken into consideration that in the event of legal proceedings against a chiropractor, office records have become of prime importance as evidence, and some of the recommendations have been made with this in mind.

### B General

1. As professionals, members must conform to a minimum standard in recording the case history of new patients and progress while under chiropractic care.
2. All history taking and examination procedures, including X-ray, must be performed, interpreted and acted upon in a manner consistent with the role of a primary contact practitioner.
3. Chiropractors must recognise and work within the limits of their knowledge, skills and experience, within all valid models of patient care.
4. Chiropractors must maintain and improve their professional knowledge, skills and performance by meeting the requirements for Continuing Professional Development set out by the CAI.
5. Members shall not discriminate against, or impose their beliefs upon, patients, colleagues or staff in relation to matters of politics, race, religion, gender or sexual orientation, either verbally, electronically or by printed materials, howsoever they may be distributed.

### C Case history

1. A case history must include the following minimum information.
  - a. Date history taken, name, date of birth, occupation, address, contact phone number, sex.
  - b. Comprehensive history of past and present health, and family history.
  - c. If attending with a specific complaint, previous treatment/intervention.
  - d. Past illness, operations and accidents.
  - e. X-ray history – particularly if recent and details of other diagnostic imaging tests e.g. MRI scans.
  - f. Any other pertinent information.

## **D Initial examination**

1. In addition to any other examination procedures, a physical examination of those areas deemed necessary by the chiropractor, usually including the spinal column, should be made and the findings noted. When clinical judgement of the case history and spinal examination indicates a physical examination of other areas of the body has potential diagnostic value, this must be performed and the findings noted.
2. Examination procedures may include but are not limited to:- spinal range of motion checks; spinal palpation, motor/sensory function, muscle testing, SEMG/thermography, provocation tests, central and peripheral nervous system checks and tests and other tests determined by specialised chiropractic techniques to determine vertebral subluxation.

X-rays and other imaging tools may be considered by chiropractors to provide information concerning individual developmental variants, injuries and spinal pathologies that could affect the chiropractic management and care of an individual. X-rays are also invaluable in a chiropractic setting for the purposes of measurement, technique and as a method of outcome assessment.

Other examinations and tests as taught in recognised chiropractic colleges and/or post graduate courses may be used in practice to help determine the management and care of an individual presenting for opinion and care.

3. All findings must be recorded permanently. Where paper records are used the record should be in ink. Where computer records are used, members must be aware of their responsibility to provide permanent records and implement suitable data backup or hard copy printout procedures. Records should not, as a general practice, be amended in any way. If a record needs to be amended, a contemporaneous note giving the date of the amendment and the reason for the amendment must be made. Please refer to the CAI data protection guideline for detailed guidance on record keeping.

## **E Informed choice of treatment/intervention by patients**

1. The chiropractor must respect the rights of patients or, in the case of patients under 16, their parents or guardians to refuse care. It is advisable to have a parent or guardian present when examining and/or treating a patient under 12 years of age. In patients under 16 years of age, it is advisable to have a parent or guardian present if there is any possibility that the examination and treatment or intervention may be perceived as intimate in nature.
2. A chiropractor must clearly outline to the patient before the commencement of a course of treatment/intervention in simple and easily understood terms the nature and purpose of the treatment/intervention, the treatment/intervention plan, the fee structure, possible implications of not undertaking the recommended treatment/intervention, and the procedures and interactions they can reasonably expect on follow-up visits. The chiropractor must also inform the patient of possible material risks, complications or adverse reactions that may occur. Any potential complications that may involve long-lasting or severe pain, must always be disclosed to patients.

3. Lifestyle issues that may impact on care may also be discussed. The findings of the initial examination and the treatment/intervention plan must be clearly communicated to the patient prior to the commencement of treatment/intervention.
4. Effective communication must be an integral part of patient and practice management. A chiropractor must obtain voluntary informed consent from a patient before any treatment is given. Current Risk Management protocols dictate that all patient consent should be in written format. Should the patient be a minor, consent must be obtained from the parent or relevant legal guardian.
  - a. If a patient is under 16 years of age, including children with a mental incapacity, parental or guardian consent is obligatory.
  - b. If a patient who is over 16 years of age and is mentally incompetent, is considered, after a subjective assessment by the chiropractor, unable to give or withhold informed consent (i.e. the chiropractor considers subjectively that the patient cannot understand, believe, retain and weigh the information on balance relating to the proposed treatment and its potential adverse effects), then the patient's relative or guardian cannot give consent to treatment on behalf of that patient. Such a patient may be made a Ward of Court, allowing the court to give or withhold informed consent on behalf of such patient.

**NOTE:** For further, more detailed, information please refer to all recommendations in regard to informed consent published by the CAI from time to time.

## **F Collection of Patient Information**

1. In accordance with the Data Protection Act 1998 (as amended by the Data Protection Act 2003) ("the Data Protection Act"):
  - a. Before collecting any personal information from a patient a chiropractor must inform the patient of:
    - i. his/her name;
    - ii. the purpose/s for which the personal information are intended to be used;
    - iii. details of any other likely recipients of the patient's personal information;
    - iv. the patient's right of access to and right to rectify their personal information held by the chiropractor.
  - b. Chiropractors must ensure appropriate security measures are in place to protect the patients' personal information held by them.

## **G Referral**

1. If a patient's condition or lack of progress gives cause for anxiety, or where it is apparent that confidence has been lost, a member must not hesitate to call a second opinion, either from another member or from an appropriate specialist. The member used as a consultant must, out of courtesy, inform the referring chiropractor of his findings and recommendations.

## **H Treatment/intervention procedure**

- 1.** Patients should be suitably attired during examination and treatment/intervention to enable accurate and careful care to be undertaken, while at the same time maintaining modesty and comfort for the patient. Gowns should be made available if patients want them.
- 2.** An account of each visit must be recorded legibly in the patient's file in ink or permanently on computer record.
- 3.** Chiropractors must develop a clinical impression / working diagnosis (e.g. vertebral subluxation complex, facet joint dysfunction, nerve root irritation) prior to the start of treatment/intervention.
- 4.** Adequate case management relies on making clinical decisions from the data obtained both from the history and physical exam resulting in the formulation of a management plan. The findings and the management plan must be communicated to the patient prior to the commencement of treatment/intervention (see section J).
- 5.** Progress needs to be evaluated and reassessments carried out at intervals where it could be expected to result in optimal clinical outcomes. As a result management plans may need to be modified based on the progress or changing circumstance of the patient. Such modification must be clearly communicated to the patient and their informed consent obtained (see section F).
- 6.** Key components of the management plan should be noted in the patient records
- 7.** Contraindications to treatment/intervention should be noted.
- 8.** Techniques should be chosen with regard to patient safety, comfort and tolerance.
- 9.** Treatment/intervention procedures must be clearly explained at the outset of care or if the Chiropractor considers it necessary to change the style of treatment/intervention during care (see section F).
- 10.** Patients' questions and objections must be handled professionally and politely.
- 11.** It is imperative on each visit that the Chiropractor clearly documents legibly in ink the details as outlined in Section J on Patient Records. Details must also be documented if the patient has subsequent injuries or complaints.

## **I Patient Records**

1. All records, including any X-ray films, are to be regarded as part of a member's case records and must be kept for:
  - a. A minimum of 8 years from the time of being recorded or taken, or from the patient's last appointment with the chiropractor.
  - b. Until the patient's 25th birthday, or 26th if the young person was 17 at conclusion of treatment, or 8 years after the patient's death if death occurred before their 18th birthday.
  - c. 8 years after the death of any patient.
2. In the event of the retirement (or death) of a chiropractor who is working in a single-handed practice, the chiropractor (or executor in the case of the chiropractor being deceased) should take prompt reasonable steps to notify patients and allow them the opportunity to transfer their personal health information to another provider. If any patient cannot be contacted or does not respond within a reasonable period, the chiropractor (or executor) should maintain the information for a period of eight years and then securely destroy it.

Where chiropractors are working in a shared practice they may send a letter to patients stating that "Dr XXXXX will continue to practice from the clinic and will be happy to see Dr XXXXX's patients in future should they so wish".

3. In addition to initial case history and examination information, a member must keep a record of a patient's progress. This must include:
  - a. Date of visit.
  - b. Anything of note relevant to the patient's condition or treatment / intervention that the member considers significant.
  - c. Adjustments and/or other treatment/intervention given.
4. A patient has the right to see his case records including X-ray notes and reports.
5. If records are requested by the patient in writing, copies should be made available within 40 days of the written request including:
  - a. the categories of information held;
  - b. details of any recipients of the patient's information;
  - c. an explanation of any terms that are not intelligible to the average person without explanation; and
  - d. the purpose/s for which the information has been used.
6. A reasonable charge for copying such records may be made in accordance with the Data Protection Act. The original record shall be considered the property of the recording chiropractor or his employer, unless there is an agreement to the contrary.

7. Chiropractors and their employees must keep information about patients confidential. This includes the identity of the patient. Chiropractors should not disclose any healthcare information about a patient without the written consent of the patient. With regards to the disclosure of healthcare information, where the patient is a child or a mentally incompetent adult, the consent must be obtained from the patient's parent or guardian or grandparent, uncle, aunt, brother or sister and the giving of such consent is not prohibited by law. These consent requirements do not apply if the disclosure:
  - a. is necessary to prevent injury or other damage to the health of the patient; and
    - i. written consent cannot be given by or on behalf of the patient; or
    - ii. the chiropractor cannot reasonably be expected to obtain written consent; or
    - iii. it is necessary for medical purposes to disclose information to a registered medical practitioner, within the meaning of the Medical Practitioners Act 1978, or to a person who in the circumstances owes a duty of confidentiality to the patient that is equivalent to that which would exist if that person were a registered medical practitioner.
  - b. Is required urgently to prevent injury or other damage to the health of a person or serious loss or damage to property.
  - c. Is required by or under any enactment or by a rule of law or order of a court.
8. Chiropractors who employ additional techniques outside of chiropractic care must ensure that any notes recording their use of these techniques are clearly recorded in ink on a separate line to any notes relating to chiropractic care.

**NOTE:** For further, more detailed, information please refer to all guidelines on data protection published by the CAI from time to time.

## **J Employment**

1. Chiropractic Assistants/Receptionists
  - a. There should be a written binding contract between the principal and any non-chiropractic assistant employed by that principal. These should be written under legal advice with particular attention to relevant employment law.
  - b. Any employee with access to patient files is bound by patient confidentiality and it is the responsibility of the principal to inform personnel of such matters.
  - c. The malpractice insurance organized and approved by the CAI covers only the named individual chiropractor. Members must ensure that administrative staff do not carry out activities without first having adequate malpractice insurance cover which has been approved by the CAI's insurance advisors.

2. Associates
  - a. There should be a written binding contract between any principal chiropractor and any chiropractic associates employed by that principal. These should be written under legal advice with particular attention to relevant employment law.
  - b. Any associate with access to patient files is bound by patient confidentiality and it is the responsibility of the principal to inform associates of such matters.
  
3. Clinics owned by Non CAI Members or clinics owned by non- Chiropractors.
  - a. Where a Member is working in the capacity of Associate, whether employed or self-employed, in a facility that is wholly owned by a person or partnership of persons or a limited company who are not Members or qualified chiropractors, it is the members sole responsibility to ensure that the working relationship is within the remit of the CAI's codes. The CAI advises members, be it in the capacity of employee or employer to review the relevant guidelines recommended by the CAI.
  
4. Members are reminded that there is an implied duty of trust and confidentiality in contracts of employment, which is mutual as between employer and employee. This duty has been held by the courts to include an obligation on an employee not to compete with the employer for the duration of the employment contract. However, in order to adequately protect a clinic's customer base, the CAI recommends that issues relating to confidentiality and non-solicitation of clients or other employees, both during and after termination of employment, are dealt with explicitly in the employment contracts of all staff. The CAI recommends that legal advice be sought in relation to such contractual provisions.

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