



Submission to the State Insurance

Regulation Authority (SIRA)

Draft State Insurance and Care Governance Amendment Regulation 2022

Authorised by:

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Introduction

Chiropractic Australia welcomes the opportunity to provide a submission to the State Insurance Regulation Authority (SIRA) regarding the Draft *State Insurance and Care Governance Amendment Regulation 2022*.

About Chiropractic Australia

Chiropractic Australia is a not-for-profit professional association advocating evidence-based treatment and inter-professional cooperation to foster community health through high-quality, patient-centred care. Established in 2015, Chiropractic Australia has followed a reform agenda to improve chiropractic care quality and availability through education and advocacy. Its predecessor, the Chiropractic and Osteopathic College of Australasia (COCA), was formed in 1989 and focused on providing educational and vocational services. It was an active driver of research and the promotion of evidence-based practice for the chiropractic osteopathic professions in Australia. This long-term emphasis on promoting evidence-based practice in conjunction with a greater focus on advocacy has seen Chiropractic Australia become a key stakeholder with government and other health peak bodies. Further details about Chiropractic Australia and our policies can be found at the Chiropractic Australia website – <https://chiropracticaustralia.org.au/>.

Comments

Chiropractic Australia recognises the vital role SIRA plays in ensuring people injured in a work accident or motor accident receive clinically appropriate and evidence-based treatment to optimise their recovery and provide good health outcomes in a timely manner.

The treatment provided to those injured should be clinically appropriate and consistent with an evidence-based approach that aligns with the *Clinical Framework for the Delivery of Health Services*. It is reasonable to expect that all healthcare providers working within the scheme will provide treatment consistent with this approach. However, there are outliers within all professions. For various reasons, there will be practitioners who will not comply with the expectations of the authority and the regulator. It is crucial, therefore, to delineate the role and boundaries of SIRA and the Australian Health Practitioner Regulation Agency (Ahpra), the regulator.

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Chiropractic Australia is of the view that compliance issues relating to itemisation and billing should be managed by SIRA. In contrast, issues of performance of providers concerning treatment services, such as over-servicing, inappropriate treatment (i.e. outside scope of practice), and misrepresentation of qualifications or skills, should be managed by Ahpra. In some situations, there may be an overlap, such as where the treatment provided is not appropriate and not demonstrating clinical benefit (measurable treatment effectiveness). In this situation, treatment should be changed or ceased in favour of a more suitable form of treatment that could provide improved health outcomes. In the situation described above, if this occurs with one patient/client, this action should not be considered a significant breach; however, if there is a pattern of behaviour by a provider acting in this way with many clients/patients, this is both an issue impacting SIRA (as a billing issue) and the health outcomes of injured workers and motor accident clients more broadly, and may also represent unprofessional conduct by a practitioner who could be in breach of the profession's Code of Conduct. Hence, the scope of SIRA's role and actions should be clearly defined, with a pathway for referral to Ahpra developed in conjunction with internal compliance strategies outlined in the draft *State Insurance and Care Governance Amendment Regulation 2022*.

Chiropractic Australia supports the enforcement action outlined in the draft *State Insurance and Care Governance Amendment Regulation 2022* with respect to billing issues. However, for matters that relate to clinical performance, such as high levels of servicing that is provided (within the scope of practice for the practitioner), but is not consistent with an evidence-based approach, such as the provision of high frequency passive manual therapy for the management of an injured worker or motor accident client who experiences chronic pain, it is recommended to incorporate an education component in Step 2 of the enforcement action which states "*SIRA assists and supports the allied health to correct the error by providing guidance about correct practice according to the relevant fee order.*" In this situation, it would be appropriate to utilise a senior clinician of the same profession (such as an Independent Consultant or Independent Medical Examiner) to provide education and guidance concerning clinical guideline-based management to drive practitioner behaviour change.

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