Chiropractic & Osteopathic College of Australasia

3rd February 2012

Dr. Robert Fendall
Chair
Osteopathy Board of Australia

osteoboardconsultation@ahpra.gov.au

Dear Dr. Fendall,

Re: Draft Guidelines for Clinical Records – Public Consultation

The Chiropractic & Osteopathic College of Australasia (COCA) welcomes the opportunity to comment on the Draft Guidelines for Clinical Records. We refer the Board to our previous submission and hope the Board finds our comments helpful. However, while COCA understands that its earlier submission was too late to be considered as part of the preliminary consultation process, it would appear, that regardless of other stakeholder input, the two drafts are almost identical.

Yours sincerely.

Dr. John W Reggars DC, MChiroSc.
CEO/Vive President

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Chiropractic & Osteopathic College of Australasia

20th October 2011

Dr. Robert Fendall
Chair
Osteopathy Board of Australia

osteoboardconsultation@ahpra.gov.au

Dear Dr. Fendall,

Re: Draft Guidelines for Clinical Records

The Chiropractic & Osteopathic College of Australasia (COCA) welcomes the opportunity to comment on the Board's Draft Guidelines for Clinical Records and understands that the guidelines are designed to provide Registered Osteopaths advice on what constitutes appropriate professional conduct or practice.

The College congratulates the Board on the formulation of these guidelines and in principle supports the proposed guidelines. However, we believe the Draft Guidelines are in complete in several areas and hope the following, suggested amendments, are duly considered by the Board and included in the final document.

Outcome Measures
The current draft guidelines require practitioners to record the various components of a patient's clinical history, observations, assessments and management plan, which includes "details of how the patient was monitored and the outcome."

COCA believes that the guidelines should give further consideration to the use by osteopaths of validated objective and subjective (patient-reported) clinical outcome measures.

It is incumbent on all treating health practitioners to measure their treatment effectiveness in relation to their therapeutic goal. The use of validated outcome measures is of particular importance in the treatment of chronic conditions or where therapy is provided over an extended period and should be expected of any registered health practitioner.

Recommendation
That the Board include in the Guidelines for Clinical Records reference to and a requirement for osteopaths to use and record validated objective and subjective clinical outcome measures in the patients' clinical records.

It is further proposed that osteopaths be provided with a list of recommended outcome measure tools, such as those made available by the Transport Accident Commission of Victoria on the following web site –
http://www.tac.vic.gov.au/jsp/content/NavigationController.do?areaID=22&tierID=2&navID=F0065BDA7F000001018056DF70ECF3D5&navLink=null&pageID=1675

Response to previous treatment

Although the draft guidelines make mention of the necessity to record any unusual sequelae to treatment, COCA believes that good clinical records should record the response to all treatment provided. In COCA's opinion, the clinical records should include details of how a patient responded to all treatment provided, including where the treatment has been provided by another osteopath.

Recommendation
That the Board include in the Guidelines for Clinical Records specific reference to a requirement for osteopaths to record details of a patient's responses to all treatment provided.

Informed Consent
COCA notes that the draft guidelines only briefly refer to Informed Consent. Evidence of this important area of interaction between an osteopath and the patient must be properly maintained in the clinical records. It is fundamental that treatment should only proceed after a patient has made a determination based on a clear and informative discussion with the osteopath. The details of this discussion must be noted in the clinical records and contain the following elements –

- Statement of the diagnosis or a diagnostic impression
- The treatment proposed
- The planned outcome
- The risks associated with this treatment
- The common alternative treatments
- The likely outcomes of common alternative treatments
- The likely outcome of undertaking no treatment at all
- The relevant questions asked by the patient
- Answers to those questions
- A signature specifying what is being consented to

Supplementary to the above, formal consent must be obtained again when the following occurs –

- The diagnosis materially changes for the same problem
- The treatment materially changes for the same problem
- The patient presents with a new problem

Further, it is recommended that long term patients re-consent from time to time to ensure that an excellent understanding is maintained between osteopath and patient.

Recommendation
That the Board include in the Guidelines for Clinical Records specific reference to a requirement for osteopaths to gain and record appropriate Informed Consent from all patients before proceeding with any treatment.

Contra-Indications to Treatment
COCA suggests to the Board that accepted standards for clinical notes includes specific recording of contra-indications to a given therapeutic intervention. We note that no such provision appears in the draft guidelines. All health practitioners are obliged to identify, through a patient's clinical history, findings and observations, any contra-indications to a given treatment and those contra-indications should be prominently noted on the relevant clinical records.

Noting of contra-indications in clinical records is of particularly importance in situations involving a group practice or multidisciplinary practice, where clinical files are shared amongst a team of health professionals. In such cases it is paramount that any contraindication identified by one team member is prominently flagged on the clinical records for the consideration of other team members.

Recommendation
That the Board include in the Guidelines for Clinical Records reference to and a requirement for osteopaths to prominently record any identified contra-indications to treatment in the patient's clinical records.

Health Alert
As primary contact practitioners, osteopaths, as part of their clinical encounters with patients, should obtain comprehensive clinical histories. In some instances a clinical history may reveal health conditions, which while not necessarily being contra-indications to treatment, should alert practitioners to potential health emergencies or complications from treatment, that have potential to result in an adverse events or medical emergencies. Good practice suggests that "Clinical Alerts" of this nature should be identified and prominently noted on the patient's clinical record so that in the case of a medical emergency or an adverse event occurring as a result of such a condition, the osteopath can readily identify the cause and take appropriate action.

Recommendation
That the Board include in the Guidelines for Clinical Records reference to and a requirement for osteopaths to prominently record any identified "Health Alerts" in the patient's clinical records.

X-Rays and other imaging

The College notes that no specific reference is made in the draft guidelines in relation to the storage and maintenance of radiographic films and other imaging. COCA believes that the Board should provide osteopaths with guidance over the storage and maintenance of radiographs and other imaging films or records. It is not uncommon for osteopaths to refer their patients for radiographic procedures or for patients to attend with radiographs and other imaging films ordered by another health practitioner. In such instances osteopaths should be guided as to what responsibility they have when radiographic films are held by them for safe keeping.

Recommendation

That the Board issues guidelines for osteopaths on what responsibilities they have in relation to the storage and maintenance of radiographic films and other imaging records.

We thank the Board for the opportunity to provide this submission and hope that our comments and suggested amendments assist the Board in the development of its codes and guidelines of practice.

Yours sincerely,

John W Reggars DC, MChiroSc.
CEO/Vice President