

Title: *Resolution to redact the Feb 4th, 2021 amendments to the Personal Conduct Handbook (PCH) Part 2, Part 15, and Appendix L regarding Diagnostic Imaging.*

Authors: *X-ray Committee MOTIONED BY:* Dr. Mark Foullong *SECONDED BY (10):* Dr. Cameron Allan, Dr. Shawn Thomas, Dr. Kurtis Fischer, Dr. Josh Stehmeier, Dr. Francesca Lee, Dr. Matthew Kittleson, Dr. Surdeep Dhaliwal, Dr. Randy Mills, Dr. Don Nixdorf, Dr. Brock Jaeb, Dr. Thea Klaesson

Purpose/Intent: To return the Personal Conduct Handbook Parts 2, 15, and Appendix L regarding Diagnostic imaging to the state prior to the Feb 4th, 2021 amendments

Impact on Current Situation: The application of X-ray imaging is fundamental to the practice of many of the registrants of the College of Chiropractors of British Columbia (CCBC). Diagnostic imaging to conduct biomechanical analysis, assess for contraindications, and to identify spinal dysfunction and/or subluxation is taught in all accredited chiropractic colleges, and is a fundamental aspect of the practice of many of the registrants, whether used frequently or periodically as clinically indicated. While acknowledging the competency of chiropractors, the amendments limit the use of radiographic imaging (X-rays) exclusively to circumstances where serious pathology, or clinical reasons to suspect serious pathology (“red flags”), are identified. The College concluded that routine or repeat X-rays used as a regular protocol during the evaluation and diagnosis of patients are not clinically justified. Many registrants of the College understand that this is a direct overstep of the board’s mandate and the oath taken by it’s directors. These changes to the Personal Conduct Handbook (PCH) are directly opposed to the principles of evidence-based/evidence-informed practice espoused by the CCBC, particularly the clinical experience of the practitioner, patient values and use of all of the best available evidence. This directly contradicts the College’s duties to protect the public, and act in the public’s interest. This confuses registrants who are practicing in an ethical and evidence-informed manner as stipulated.

Whereas registrants of the College of Chiropractors of British Columbia (CCBC) are required to graduate from one of the recognized chiropractic education programs as listed in Schedule B of the CCBC Bylaws.

Whereas the amendments of 15.1 and 15.2 as stipulated directly contradict with the required curricular meta-competencies that are stipulated to be demonstrated by the accreditation standards by the Council of Chiropractic Education (CCE), Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (Federation), and Council of Chiropractic Education International (CCEI) for all accredited programs.

Whereas the Canadian Chiropractic Exam Board (CCEB) conducts the entry to practice exam for the CCBC and all provinces, these examinations include assessment of diagnostic imaging competency.

Whereas, the authority of the College to govern its affairs is subject to the Health Professions Act (HPA) and the Chiropractors Regulation (“Regulation”). Section 16(2)(b) of the HPA states that regulatory colleges have the duty to govern their Registrants according to the HPA, the Regulation, and the bylaws of the College. The Regulation states that:

4 (1) A registrant in the course of practising chiropractic may do any of the following:

[...]

(e) apply X-rays for diagnostic or imaging purposes, excluding X-rays for the purpose of computerized axial tomography;

Whereas the CCBC quality assurance continuing education (CE) program mandates all registrants that six diagnostic imaging structured credit hours are to be obtained to maintain competency.

Whereas anomalies or contraindications to care are often detected during radiographic examination that present the possibility of causing harm to a patient if the force and technique applied are not altered by practitioners that utilize the specific chiropractic adjustment (spinal manipulative therapy).

Whereas research shows that significant changes affecting the type of adjustment, care plan, and potential concurrent care can occur 66-91% of the time after radiographic analysis has been undertaken.

Whereas the amendments to the PCH were based on the findings of a single rapid review which was largely inconclusive, disregarded a large body of literature as seen in the study design, has serious methodological limitations, misrepresented unsubstantiated data to form its conclusion.

Whereas the referenced rapid review did not present evidence of harm from a radiographic image.

Whereas the study design and method utilised was a rapid review, which is an incorrect and inappropriate method to use in such an amendment.

Whereas the amendments state that “the application is not without risk and therefore, must be carefully considered”, though evidence suggests that low-dose radiation brings at most minimal

risk, if not negligible. Therefore the radiographic risk argument is undecided in the scientific literature.

Whereas a lack of scientific literature on the clinical utility of routine or repeat radiographs utilized by chiropractors, does not confirm a lack of benefit or harm-done to the public patient.

Whereas the CCBC by their own admission had not received a complaint from the public in the past 2 years at a minimum with regards to mis-use of diagnostic imaging by a chiropractor.

Whereas the College reduced the submissions of the public consultation to a summary document. Therefore, the full impact of the public consultation was unfairly represented and letters submitted were not made accessible to board members or registrants for review.

Whereas attending registrants of the February 4th, 2021 board meeting witnessed bias in the decision-making process. The summaries of the public consultation letters, completed by the policy advisor, given to the board members, did not fully reflect the perspective of the public, stakeholders, associations, medical and chiropractic specialists.

Whereas following the vote which approved the amendments to PCH Part 2, Part 15, and Appendix L on February 4, 2021, it was clearly explained by three board members that they were opposed to the motion due to the significant omission of information. They requested their vote to be recorded and documented, as per the bylaw involving Robert's Rules of Order, that they were concerned of potential legal repercussions and/or costs of these amendments.

Whereas the amendments create increased risk by negating the chiropractors ability to clearly and safely assess and manage a patient. The fear of financial or disciplinary repercussions from the College impacts and obscures the clinical judgement, intuition, or “gut-feeling” of the chiropractor based on fear of reprimand.

Whereas the amendment creates ineffective patient risk management due to the fact the chiropractor is not able to assess and manage the patient without fear of disciplinary action.

Whereas the amendment exposes the public to unnecessary risk of harm and/or poor outcomes due to what the registrant may not see or identify due to limited ability to utilize diagnostic imaging.

Whereas the amendments expose the health professional to potential allegations of malpractice from the inability to reveal serious pathology where the patient history and physical examination may not identify all information relevant to that patient.

Whereas the Health Care (Consent) and Care Facility (Admission) Act (“HCCFA”) define health care to mean anything that is done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other purpose related to health. Section 4 of the *HCCFA* states that:

4 Every adult who is capable of giving or refusing consent to health care has:

(a) The right to give consent or to refuse on any grounds, including moral or religious grounds, even if the refusal will result in death,

(b) The right to select a particular form of available health care on any grounds, including moral or religious grounds,

(d) the right to expect that a decision to give, refuse or revoke consent will be respected, and

(e) the right to be involved to the greatest degree possible in all case planning and decision making.

Whereas the amendments take away this statutorily-given right from the patient's right to choose. Patients that have found significant benefit from chiropractic care that safely utilize repeat diagnostic imaging beyond “red flags” and “serious pathologies”.

Whereas the financial weight of the amendments on CCBC, and thus the Registrants, is considerable. This considers: the funds already spent on the rapid review study commissioned to generate the amendments, funds that have been and will be spent by the College in legal defense of the amendments, and funds that have been and will be spent by the Registrants in legal challenge. As nothing was indicated to the registrants by the CCBC, it seems that the College was trying to solve a problem that didn’t exist. This clearly represents an inappropriate and irresponsible use of the CCBC’s financial resources. These total costs could add into the hundreds of thousands of dollars.

Resolved: *That the College of Chiropractors of British Columbia (CCBC):*

1. Is encouraged to review and redact the Feb 4th, 2021 amendments to the Personal Conduct Handbook (PCH) Part 2, Part 15, and Appendix L regarding Diagnostic Imaging

Special Resolution mover: Dr. Mark Foullong

Motion seconded by (10): Dr. Cameron Allan, Dr. Shawn Thomas, Dr. Kurtis Fischer, Dr. Josh Stehmeier, Dr. Francesca Lee, Dr. Matthew Kittleson, Dr. Surdeep Dhaliwal, Dr. Randy Mills, Dr. Don Nixdorf, Dr. Brock Jaeb, Dr. Thea Klaesson

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Relevant Policy: CCBC Personal Conduct Handbook (PCH) Part 2, Part 15, and Appendix L regarding Diagnostic Imaging