Government Notice No. 125 of 2022

THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT

Regulations made by the Minister, after consultation with the Allied Health Professionals Council, under section 39 of the Allied Health Professionals Council Act

1. These regulations may be cited as the Allied Health Professionals Council (Chiropractor) Regulations 2022.

2. In these regulations –

"Act" means the Allied Health Professionals Council Act.

3. For the purpose of section 5(d) of the Act, the Code of Practice for a chiropractor shall be the Code set out in the Schedule.

4. Every chiropractor shall comply with the Code of Practice.

5. (1) Where a chiropractor fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) A chiropractor who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.

6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

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SCHEDULE
[Regulation 3]

CODE OF PRACTICE
CHIROPRACTORS

The Code of Practice in this document (the Code) lays down the standards of conduct and practice of all chiropractors and gives advice in relation to the practice of chiropractic. The Code sets expected standards. It is not an exhaustive set of rules.

2. The Code deals with conduct and practice. Standards of proficiency and competence are covered in the Council Statement of the Standard of Proficiency for the competent and safe practice of chiropractic.

1. Interpretation

"accredited institution" means an educational institution whose chiropractic programme has been accredited by one of the Councils on Chiropractic Education (CCE) of Europe or USA or Canada or Australasia;

"chiropractic" means health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal manipulation and other joint and soft-tissue manipulation;

"chiropractic specialist" means a general chiropractor who has attained a post-graduate specialized chiropractic qualification as defined by the Council;

"chiropractor" or "doctor of chiropractic" or "chiropractic physician" (or any derivative thereof) means primary health

care professional who is a general chiropractor or a chiropractic specialist;

"Council" means the Allied Health Professionals Council of Mauritius;

"evidence-based practice" means the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulative experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology;

"general chiropractor" a chiropractor who has completed a general chiropractic education as defined by the Council;

"recognised post-graduate course" means course taught through or in association with accredited chiropractic educational institutions, or through approved CPD training providers recognised by a chiropractic council/board, or by a CPD training providers accredited by the Council;

"subluxation or vertebral subluxation complex" means a theoretical construct grounded in vitalism, which claims that misalignment of vertebrae is the cause of human disease. This theoretical construct is unsupported by scientific evidence.

PART I – CONDUCT OF CHIROPRACTORS IN THEIR DEALINGS WITH PATIENTS

2. The welfare of the patient is paramount

The relationship between chiropractors and their patients is based on trust and on the principle that the welfare of the patient is paramount. Conduct by a chiropractor which breaches that trust or principle may lead to a charge of unacceptable professional conduct.

3. Treating patients with respect and consideration

Chiropractors shall treat patients politely and considerately. In particular chiropractors shall listen to patients and respect their views; ensure that the chiropractors' own beliefs and prejudices do not affect adversely the treatment or advice that they give to patients; respect patients' privacy and dignity, and their right to refuse to be subjects for teaching or research; inform patients about any matters relating to their condition, treatment or prognosis, in a way which they can understand; and where appropriate or on request refer patients promptly to a competent health professional for a second opinion.

4. Honesty with regard to investigations, treatment and advice

Chiropractors shall be honest with their patients. In particular, chiropractors shall not misrepresent the gravity of a patient's condition or the therapeutic value of chiropractic treatment, nor to promote undue dependence on their care, nor act or fail to act with regard to giving advice, recommending investigations or carrying out treatment in any way which is to the detriment of a patient.

5. Acceptance of responsibility for the care of patients

Chiropractors shall be free to choose whom they shall accept as patients.

6. Termination of responsibility for the care of patients

Chiropractors shall not give up responsibility for the care of a patient without good cause, nor, where appropriate, without making a genuine attempt to ensure that the responsibility for the future care of the patient is assumed by a competent health professional.

7. Personal relationships

(1) Chiropractors shall not use their professional position as a means of pursuing improper personal relationship with a patient or with a close relative or personal companion of a patient.

(2) Chiropractors who find that they are becoming involved in such an improper personal relationship with the patient should end the professional relationship and arrange alternative care for the patient.

(3) When it appears that a patient is becoming involved in such an improper relationship with a chiropractor, the chiropractor should take care not to encourage the patient, and may well be advised to arrange for alternative care.

8. Undue influence

Chiropractors shall not attempt to influence patients to do anything against their will or act to inappropriately benefit the chiropractor or anyone associated with them.

9. Informed consent capacity to consent

(1) Chiropractors shall ensure that before the patient undergoes any examination or treatment procedure, informed consent to such proposed examination or treatment is given. The person giving such consent must, in the opinion of the chiropractor,

be capable of understanding the nature and possible consequences of any examination or treatment, and have been given all relevant information to enable a meaningful decision to be made.

(2) Chiropractors must satisfy themselves at the outset that the patient has the mental capacity in order to provide valid consent. In doing so, a patient must be able to –

(a) comprehend and retain the relevant information; and

(b) can weigh that information in the balance to arrive at a decision.

(3) In assessing capacity, the chiropractor should bear in mind the following guidance, namely, that to demonstrate capacity to consent, individuals should be able to –

(a) understand in simple language what the examination and/or investigation and/or diagnosis and/or treatment is, its purposes and nature and why it is proposed;

(b) understand its principal benefits, risks and alternative;

(c) understand in broad terms what will be the consequences of not undergoing the proposed examination or treatment; and

(d) retain information long enough to make an effective decision.

10. Informed consent patients with full capacity

If, in the opinion of the chiropractor, a patient has the capacity to consent, the patient – and only the patient – may give consent to the proposed examination and treatment.

11. Informed consent patients lacking capacity

Where a chiropractor is of the view that a patient does not have the capacity to make decisions, the chiropractor can proceed to examine and treat the patient only under the following conditions.

12. Patients under 18

In the case of a patient under 18 years of age, who is judged to lack capacity, the chiropractor shall ensure that the patient's parents or guardian or other person or body legally responsible for the patient consents to the proposed examination or treatment on behalf of the patient. Such a person must first have been given all relevant information.

13. Patients over 18

(1) In the case of a patient over 18 years of age, who is judged to lack capacity, the general principle is that examination or treatment can take place only if this is in the best interests of the patient in the sense that that the action is taken to preserve the life, health or well-being of the patient.

(2) The chiropractor shall ensure that the patient's guardian or other person or body legally responsible for the patient consents to the proposed examination or treatment on behalf of the patient. Such a person must first have been given all relevant information.

14. Preparation

Patients should be asked to prepare appropriately for examination and treatment. If requested to disrobe, suitable forms of gowning should be made available for use by patients.

15. Having a third party present

Where a chiropractor intends to examine or treat a child under the age of 16 years, or to carry out an examination or treatment which

involves intimate areas, or to treat a patient in the patient's home, or where the patient so requests, the chiropractor shall arrange for a third party, (such as a suitable member of staff, or a relative or friend of the patient) to be present;

16. Dealing with medical emergencies

Chiropractors shall establish within their practices, and make known to the staff, proper procedures for dealing with any medical emergency occurring on their premises.

17. Chiropractic radiography and radiation protection

(1) Chiropractors have a number of statutory duties in relation to radiation protection during chiropractic radiography.

(2) Chiropractors who own or operate ionizing radiation equipment must ensure full compliance with the statutory regulations relating to it, and with safe radiological practice for the protection of their patients, colleagues, members of staff and others. Failure to do so may lead to a charge either of unacceptable professional conduct or of professional incompetence according to the circumstances.

18. Guidance when unable to help

In any case where a chiropractor discovers that the patient is suffering from a condition which is outside the chiropractor's scope of practice, the chiropractor shall advise the patient to consult a registered medical practitioner, another chiropractor, or another competent health professional, and, with the patient's consent, shall make available to such a person all relevant information.

19. Holidays and sick leave

Chiropractors shall ensure so far as is possible that when they are on holiday or sick their patients have access to another chiropractor or medical practitioner.

20. Reports on behalf of third parties

Before a chiropractor prepares a report on behalf of a third party, such as an employer or insurance company, the chiropractor shall obtain the patient's consent to the release of information to the third party and shall ensure at the outset that the patient is aware of the purpose of the report and of the obligation which the chiropractor has towards the third party.

21. Notification of fees

Chiropractors shall ensure that their fees are made known to patients either by way of notice or by personal communication before liability for payment is incurred.

22. Commercial transactions

(1) Chiropractors who supply goods of any description to a patient shall ensure, so far as is possible that the sale or supply of such goods is in the patient's best interests.

(2) Chiropractors must not sell to their patients any pharmaceutical, phyto therapeutic or homeopathic products or any vitamins that they have themselves prescribed.

23. Complaints and claims by patients

(1) Chiropractors shall deal promptly and fairly with any complaint or claim made against them by a patient. In particular, they shall establish within their practices and made it known to patients of their right to refer any unresolved complaint to the Council, the address of which they shall supply.

(2) Where a patient wishes to make a complaint against another health professional, the chiropractor shall give to the patient such assistance as is reasonable in the circumstance.

PART II – PATIENT RECORDS AND CONFIDENTIALITY

24. Confidentiality the general rule

(1) Subject to exceptions mentioned below chiropractors shall not disclose to a third party any information about a patient, including the identity of the patient, either during or after the lifetime of the patient, without consent of the patient or the patient's legal representative.

(2) Chiropractors are responsible for taking all reasonable steps to ensure –

(a) that this general principle is adhered to by any employee or agent of the chiropractor; and

(b) that any information relating to a patient is protected from improper use when it is received, stored, transmitted or disposed of.

(3) If in doubt a chiropractor should take legal advice on the question of disclosure of information.

(4) Failure to observe confidentiality may constitute as unacceptable professional conduct.

25. Exceptions to the rule of confidentiality

(1) The exceptions to the general rule of confidentiality are that the chiropractor may disclose to a third party information relating to a patient –

(a) if the chiropractor believes it to be in the patient's interest to disclose information to another health professional;

(b) if the chiropractor believes that disclosure to someone other than another health professional is essential for the sake of the patient's health ;

(c) if disclosure is required by statute ;

(d) if the chiropractor is directed to disclose the information by an official having as legal power to order disclosure ; or

(e) if, upon seeking the advice of the Council the chiropractor is advised that disclosure should be made in the public interest.

(2) In each case where disclosure is made by a chiropractor on accordance with an exception to the general rule of confidentiality, the chiropractor shall inform the patient before disclosure takes place; so far as is reasonably practicable make clear to the patient the extent of the information to be disclosed ; the reason for the disclosure, and the likely consequence of disclosure, where to do so is appropriate ; disclose any such information as is relevant; ensure so far as possible that the person to whom disclosure is made undertakes to hold the information on the same terms as those to which the chiropractor is subject; and record in writing the reasons for such disclosure.

26. Ownership and safe keeping of records

For the purpose of the Code, as in the absence of any agreement to the contrary, all patient's records (including a case history, treatment chart, report, diagnostic films, correspondence, and other records of a similar nature) shall be deemed to be the property and responsibility of the chiropractor or chiropractors to whom the practice belongs.

27. Retention of records

(1) Patient records (as defined in 26 above) provide valuable information. Such records shall be retained in safe custody by the chiropractor to whom they belong for a period of 7 years from the date of the last visit of the patient to the chiropractor, save that in the case of patients under the age of 21 years the records shall be so retained until the said period of 7 years expires or until the patient is 21, whichever event occurs last.

(2) Chiropractors shall make prior arrangements such that on the closure of a practice for whatever reason, including death, the records of the patients shall be deposited for safe-keeping for not less than 7 years. Such records will be released on production of the written authority of the patient to whom they relate, or such patient's legal representative.

28. Disposal of records

In view of the confidentiality to be observed with regard to patient's records, records must be disposed of securely, usually by incineration or shredding.

29. Access to records by patients

(1) If so required by a patient in writing, a chiropractor shall make available to the patient without delay copies of any records, including diagnostic films, in accordance with any legislative provisions relating to data protection or access to health reports or records. Advice on these provisions may be obtained from the Council.

(2) Where a chiropractor releases original records (including diagnostic films) to a patient for the purposes other than their

transmission to another health professional, the chiropractor is advised to obtain from the patient a written undertaking for their return.

PART III – CONDUCT IN RELATION TO COLLEAGUES AND OTHERS

30. Criticism and discrimination

Chiropractors shall not unjustly criticize or discriminate against a colleague or other health professional.

31. Complaints against other chiropractors.

(1) Chiropractors shall report to the Council any concern that they may have about the conduct, competence or health of another chiropractor having first made an honest attempt to verify the facts upon which their concern is based.

(2) The welfare of patients is paramount and overrides personal and professional loyalties.

32. Soliciting of Patients

(1) A chiropractor shall not approach someone who is the patient of another chiropractor with the intention of persuading that person to become such other chiropractor's patient.

(2) Where 2 or more chiropractors practice together in the same practice, for the purposes of the Code and in the absence of any agreement to the contrary, a patient who has been treated at the practice by one or more of the chiropractors shall be deemed to be the patient of the chiropractor or chiropractors to whom the practice belongs.

33. Commission and split fees

Chiropractors shall not offer or accept any form of commission or split fee relating to a case referred to them by another health professional.

34. Provision of information contained in records Evidence

(1) With a patient's written consent, chiropractors shall without delay make available to another health professional, full information relating to patient's condition including the originals or copies of any case history forms, treatment notes and diagnostic films where such information is required for the proper care of the patient.

(2) Chiropractors who receive on loan records belonging to another health professional shall return them promptly.

(3) Chiropractors who are required or requested to give evidence or information to legal bodies should do so with care. Where evidence is given as an expert witness, the chiropractor must be independent and impartial.

35. Employing other health professionals

(1) Chiropractors who employ other health professionals of any description shall ensure that they are –

(a) properly qualified, and registered with the appropriate statutory or regulatory body (if any); and

(b) properly insured against any liability to, or in relation to patients.

(2) The nature of such insurance relating to each health professional, and the conditions of cover, shall be those prescribed by the appropriate statutory or regulatory body.

36. Unqualified persons

Chiropractors shall not practice in circumstances in which a person who is not a registered chiropractor takes decisions with regard to the chiropractic management or treatment of the chiropractor's patients.

37. Delegation

Chiropractors may authorize another person to interview or to examine a patient, or to carry out treatment, provided they believe that person to be competent to carry out the task concerned and that they make available to that person all necessary information relating to the patient. The chiropractor remains responsible for managing the patient's care.

38. Teaching and training

(1) Chiropractors who undertake to teach or train others shall ensure that they have the necessary skills and knowledge, and that those they train are properly supervised, and, where necessary, insured. Subject to these provisions, and to the chiropractors being responsible for the conduct of those whom they teach or train, the chiropractors may allow chiropractic students to treat consenting patients.

(2) A chiropractor shall not teach or give courses on techniques of manipulation/mobilisation, whether they are mechanically assisted or not, to a person who is not a chiropractor.

39. Education and proficiency

Chiropractors must comply with all standards laid down by the Council concerning education and proficiency, and, in particular, with the Statement of the Standard of Proficiency required for the competent and safe practice of chiropractic which has been published

by the Council and with the rules governing post registration training made by the Council.

40. Research

When taking part in clinical trials or other research, chiropractors shall ensure that, in appropriate cases, they adhere strictly to a research protocol which has been approved in accordance with the rules made by an appropriate ethics committee ; obtained the informed consent of any patient taking part in the research; accept only such payments as are specified in the protocol ; conduct the research not influenced by payments or gifts ; maintain adequate records ; record results truthfully ; make no unauthorized claims to authorship ; and make no attempt to prevent publication of any criticism of the research.

PART IV – MATTERS RELATING TO PERSONAL CONDUCT OF CHIROPRACTORS

41. Personal behaviour generally

Chiropractors shall at all times avoid conduct which may undermine public confidence in the chiropractic profession or bring the profession into disrepute, whether or not such conduct is directly concerned with professional practice.

42. Alcohol and drugs

(1) Complaints of intoxication or the misuse of drugs may lead to a charge of unacceptable professional conduct, whether or not the complaint is the subject of criminal proceedings.

(2) Impairment of a chiropractor's ability to practice as a result of the misuse of alcohol or drugs may lead to the question of the chiropractor's fitness to practice being referred to the Council.

43. Dealing with health

Chiropractors who have reason to believe that patients may be at risk because of the chiropractor's ill health, whether mental or physical, must seek and follow proper advice as to whether or how they should modify their practice. Failure to do so may be regarded as unacceptable professional conduct. Ill health that is considered to risk the health or wellbeing of the patient should be reported to the Council.

44. Use of qualifications

Chiropractors shall not use any title or qualification in such a way that the public may be misled as to its meaning or significance. In particular when using the title "Doctor ", chiropractors who are not registered medical practitioners shall ensure that, where appropriate (for example, in their dealings with patients and other health professionals) they make it clear that they are registered chiropractors and not registered medical practitioners. For example, Dr. John Smith DC, Chiropractor.

PART V – PUBLICITY AND THE PROMOTION OF A PRACTICE

45. Generally

Chiropractors should conduct themselves in a manner expected of a professional and act ethically when publicizing their services.

46. Legality

The publicity of a chiropractor shall comply with the general law, and shall not encourage or condone breaches of the law by others.

47. Decency

(1) The publicity of a chiropractor shall contain nothing nor be in a form nor be published or circulated in any way which would be likely, in the light of generally prevailing standards of decency and propriety, either to cause serious or widespread offence or to bring the chiropractic profession into disrepute.

(2) Advertisements shall not contain any laudatory statements (including statements of prominence or uniqueness) or superlatives to describe the services or clinic. No claim shall be made of superiority in services or personal qualities or skills over others, nor comparisons, whether direct or implied, between other chiropractors or other health professionals.

48. Honesty

The publicity of a chiropractor shall be worded in such a way that it does not abuse the trust of members of the public nor exploit their lack of experience or knowledge, either of matters of health or of chiropractic services.

49. Truthfulness

Publicity of a chiropractor shall not be misleading or inaccurate in any way.

50. Frequency of publicity

Publicity shall not be generated so frequently or in such a manner as to place those to whom it is directed under pressure to respond.

51. Physical details of publicity

The design, size, lettering, colouring, degree of illumination, material, and other physical details of the publicity used by the

chiropractor (for example, but not by way of limitation, name plates, signs identifying professional premises, professional stationery, directory entries, professional announcements, and advertising for staff) shall be consistent with a professional approach towards the provision of information to members of the public.

52. Identity of a Chiropractor

The publicity of a chiropractor shall contain sufficient information to enable the chiropractor to be contacted in person.

53. Claims to specialisation or expertise

No claims shall be made by the chiropractor that the chiropractor is a specialist or an expert in a particular field unless this has been gained at an accredited institution or a recognized postgraduate course. The chiropractor shall only be entitled to use the title specialist if he is registered as a Chiropractic Specialist by the Council. Any statement about the efficacy of services provided must be capable of being substantiated and be in accordance with prevailing accepted standards of best practice of chiropractic.

54. Published materials and broadcasts

(1) The publicity of chiropractors may refer to clinical or research material published by them or others in a professional journal, and to their authorship of books and articles relating to professional matters, provided that the reference is accurate and clearly identified, and no suggestions are made in either the publicity or the published material or the broadcasts that they should be consulted in preference to any other chiropractor.

(2) A chiropractor who is associated with the development or promotion of devices, books or products offered for commercial sale is responsible for ensuring that these are presented in a professional

and factual way. Any claims regarding performance, benefit or results shall be supported by scientifically acceptable evidence.

55. Interactions with the media

(1) Publicity about a chiropractor or a practice which arises through, or from interviews with representatives of the media, and which may be regarded as likely to bring the profession into disrepute, should be avoided. (example demonstrating an adjustive technique on television or in front of a live audience is in direct infringement of the Code of Practice).

(2) A chiropractor should wherever possible request access to the article, statement or interview before publication or broadcast.

(3) The Council will generally hold a chiropractor responsible for any publicity which may ensue from giving interviews to the media.

(4) It is recommended that the content of the interview/ program is discussed in broad terms with the representative of Chiropractic profession on the Council.

56. Claim of superiority

No claim shall be made by general chiropractors that the services they are able to offer, or their personal qualities or skills, are in any way superior to that of any other registered chiropractor. No claim shall be made by chiropractic specialists that the services they are able to offer, or their personal qualities or skills, are in any way superior to that of any other registered chiropractor within the same speciality.

57. Criticisms of services or charges

No publicity may, in relation to any other chiropractor or other health professional, whether identifiable or not, criticize the quality or costs of services provided.

58. Guarantees of successful treatment

No publicity shall employ any words, phrases or illustrations which suggest a guarantee that any condition will be cured.

59. Statements relating to fees

(1) Any publicity relating to fees shall be clearly expressed. In particular, a chiropractor shall state what services will be provided for each fee.

(2) Discounts or quantum of fees, incentives, or any special arrangements, for the purpose of patient recruitment is forbidden.

60. Personal approaches

(1) Chiropractors shall not publicise their services by making any unsolicited and direct approach to a private individual who is not a patient, whether in person, or by mail, telephone, facsimile or other form of communication.

(2) Chiropractors may approach representatives of organisations such as firms, companies, clubs, schools or other health professionals to publicise their services.

(3) Chiropractic services shall not be advertised in the form of any sales campaign (including door to door sales), exhibition, competition or any other activity (including lucky draws, or fund-raising activities) in such a manner as to introduce, publicise or promote a clinic or any of its services, except with prior approval by the representative of the Chiropractic profession on the Council.

(4) Chiropractors must not solicit patients or propose public screenings in areas such as shopping malls or commercial trade fairs.

61. Business names

Chiropractors shall not use a name for a practice which may be misleading or cause confusion with similar names for the practices of other chiropractors or other health professionals.

62. Personal names

Chiropractors shall not practice under any family or given names other than those which are entered on the Register of Chiropractors.

63. Internet

Internet advertising must only contain the information otherwise permitted on paper. Correspondence or provision of professional information shall not be conveyed over the internet, nor consultation or advice to any member of the public in such a manner as to amount to soliciting or encouraging the use of services provided by or at a chiropractic clinic.

PART VI – PRACTICE ARRANGEMENTS, PREMISES AND ADMINISTRATION

64. Registration with the Allied Health Professionals Council

It is the responsibility of a chiropractor who intends to practice, to register with the Council before beginning to practice, and to renew registration annually. Practicing without a valid license may render a chiropractor subject to prosecution and deregistration from the Register of Chiropractors.

65. Agreement of partnership, association or employment

Chiropractors who enter into any contract of partnership, association or employment shall abide by the terms of such a contract, and ensure that such terms are recorded without delay in a formal, written document.

66. Limited companies

Where a limited company is used with the running of a chiropractic practice, chiropractors working in such a practice are reminded that they will remain personally liable to individual patients in respect of any treatment or advice which they provide.

67. Health and Safety legislation

Chiropractors shall ensure that they are aware of and comply with all relevant legislative provisions relating to health and safety applying to practice premises, whether such provisions apply to them as employers or as employees.

68. Appearance and maintenance of premises

Chiropractors shall ensure that the premises in which they practice reflect the professional nature of the practice; are safe, well maintained and orderly; and are hygienic, suitably lit, cooled and ventilated.

69. Privacy of changing and treatment areas

Chiropractors shall ensure that the privacy of changing and treatment areas is secured.

70. Insurance

(1) Chiropractors who are involved in advising or treating patients must be indemnified against claims for professional negligence for a minimum of one million rupees per annum. This is in the interests of both patients, who may have a right to compensation, and of chiropractors themselves who may require professional and legal advice in connection with claims made against them.

(2) Failure to arrange adequate indemnity cover which includes the cost of obtaining professional and legal advice, may lead to a charge of unacceptable professional conduct.

(3) Chiropractors should also maintain at all times public liability insurance and, where appropriate, employers' liability insurance.

71. Debt collection

Chiropractors shall not use debt collecting agencies, or institute legal proceedings to recover sums due, until all other reasonable measures to obtain payment have been taken, and shall ensure that, if such methods are used, only such information relating to the patient is disclosed as is necessary.

72. Separation of funds and financial information

(1) In cases where chiropractors hold money on behalf of another party they shall do so in such a way that it is kept separately from their own money, and that they account to the other party for any interest earned by such money.

(2) So far as is practical, financial information relating to a patient should be kept separately from clinical notes.

PART VII – STATEMENT OF THE STANDARD OF POFICIENCY FOR THE COMPETENT AND SAFE PRACTICE OF CHIROPRACTIC

73. Scope is not defined

Chiropractic is an independent Primary Health Care Profession. In common with other such professions, the law does not attempt to define precisely what is the scope of Chiropractic. The Scope of Practice has to reflect International standards in that the Chiropractic

Profession deals with neuromusculoskeletal conditions and treatment modalities used should be evidence-based. It's not the purpose of this document to do so.

74. Requirement to issue a statement of standard

The Council deems it necessary, and from its own free will, to issue a Statement of Standard, which in its opinion, is required for the Competent and Safe practice of Chiropractic in Mauritius, as detailed in this document.

75. Other document issued by the Council

This document does not intend to deal with matters that are addressed in the Code of Practice, and other documents issued by the said Council relating to the professional conduct and training of registered Chiropractors. These documents are complementary, and practitioners must be familiar with them.

76. Current practice as basis for standard

The fundamental basis for the Standard of Proficiency is the principle that every registered Chiropractor must at all times adopt the current sound practice of a reasonable practitioner.

77. Effect of achievement of standard

Achievement of these requirements set out in this Document are intended to deliver a standard which will protect the patient from harm and endanger a climate for securing real benefit. The resulting management of the patient should have a holistic approach including the promotion of lifestyle, the prevention and attenuation of recurrence of disease, and the consideration of long-term management issues. It is important that the patient is informed, and is involved in these issues, as far as possible.

78. The principal aspects of proficient practice

(1) The principal aspects of proficient practice are set in the following sections.

(2) Safety is included within each section where appropriate as flowing directly from the practice of Chiropractic, but the knowledge of and compliance with associated statutory requirements such as Health & Safety Regulations is clearly an integral part of competent practice in any workplace at which patients are related. These requirements stand on their own and are not therefore detailed here.

79. Current practice sets limits

Chiropractors must know their own limitations. It is not appropriate to restrict the clinical freedom of chiropractors to select procedures that in their judgment are the best for the patients and most suited to their skills and experience. The diagnostic and therapeutic procedures utilized by chiropractors should be evidence-based, and used in the chiropractic profession. These procedures should be taught through or in association with accredited chiropractic educational institutions, or through CPD training providers recognised by a chiropractic council/board, OR by CPD training providers accredited by the Council. The CPD training providers, accredited by the Council, should have minimum academic requirements equivalent to the recognized overseas CPD training providers.

PART VIII – PROFESSIONAL OBLIGATIONS

80. Ethical obligations

The ethical obligations with regard to patient's rights, dignity; privacy and confidentiality must be observed, as outlined in the Code of Practice, the Code of Practice prevails.

81. Audit and Continuing Professional Development

Chiropractors must conduct Clinical Audit, and undertake Continuing Professional Development, the requirements for which will be published from time to time by the Council.

PART IX – CLINICAL ASSESSMENT AND DIAGNOSIS

82. Clinical assessment

The Clinical Assessment must be structured so as to support and lead to an evaluation of the health status of patients, including their physical, psychological, and social health. This is to enable an informed decision to be made as to the prospects for benefit (or otherwise) of treatment. It should also identify contraindications to treatment as well as patients who would be better served by another discipline.

83. Record keeping

The minimum standards of record keeping are set out in the Code of Practice. Records should be legible, attributable and be an accurate reflection of every clinical interaction. Records should be kept together with any clinical correspondence relevant to the case. They should contain the Case History (see below), an accurate record of attendances, treatments, advice, observations and, where appropriate, a record of consent.

84. Requirement for and the role of case history

Except in an emergency, a Chiropractor shall take a written Case History, and, where indicated, undertake a physical examination and any related investigations that the chiropractor may deem necessary for the safe practice of chiropractic. The chiropractor shall record the outcomes of such assessment/examination/investigation before

initiating treatment or giving advice. The case history plays a critical role in patient assessment. It should be sufficient to identify any patient who may be at risk; indicate the need for any further examination or investigation; and, with regard to every presenting complaint, allow for the evaluation of its natural history, prognosis and the prospects for preventing recurrences and limiting chronicity.

85. Interviews

(1) One of the principal means of ascertaining a patient's case history is by way of verbal interview. Patient interviews must be part of an assessment before treatment. They may be necessary during the course of treatment and are likely to be required for the purpose of giving specialist opinion.

(2) A Chiropractor should be able, at all of these stages, to determine how far to proceed with the assessment, and whether or not to refer the patient to another health professional

86. Initial examination

For the purposes of a physical examination, a Chiropractor is required to operate a standard of proficiency which establishes the nature of the patient's presenting complaints together with any contra-indications and warning signs as well as natural history and prognosis of the condition. The physical examination should elicit both positive and negative findings and assist in the establishment of a management plan. All procedures used or requested in the examination of a patient should be recorded in the patient's case notes, as should the Chiropractor's assessment of the presenting complaint and the initial management or treatment plan. In carrying out any physical examination a Chiropractor must comply with section 7(3).

87. Examination in the course of a treatment

(1) The objective of an examination during the course of treatment includes enabling a Chiropractor to –

(a) determine whether to continue, modify or conclude treatment;

(b) evaluate the perceived benefit of the treatment to the patient ; and

(c) determine whether to modify the initial prognosis in the light of treatment outcomes.

(2) In conducting such examination, a Chiropractor is required to take all reasonable action to secure that these objectives are achieved.

88. Diagnosis or clinical impression

The Chiropractor must arrive at and document a working diagnosis or clinical impression, as well as formulate Differential Diagnosis and document this diagnosis or clinical impression in terms that are comprehensible both to Chiropractors, and to other Health Professionals, expressed rationally and related clearly to the evidence from the clinical assessment. It follows that the findings should form a fundamental component of the patient's record. The diagnosis or clinical impression should be reviewed in the light of progress with treatment, and natural history of the condition. The method of examination and diagnosis must be evidence-based. The diagnosis of subluxation /vertebral subluxation complex does not meet this standard.

89. Diagnostic imaging

(1) Any use of diagnostic imaging must comply with existing legislation.

(2) Under no circumstance should X-Rays, or other imaging techniques involving radiation or other risk, be carried out unless they clearly affect the management of the patient. The lowest X-Ray dose consistent with achieving the information required must be used. If the X-Rays are performed by the chiropractor, a radiology report is mandatory.

(3) Furthermore it is a prerequisite that the Chiropractor clearly indicates the Clinical Indications for the said procedure.

90. Laboratory testing

(1) A Chiropractor shall determine when a laboratory testing procedure is necessary for the evaluation of a patient. If laboratory tests are indicated then a decision whether or not to refer should be made. They should demonstrate competency to interpret clinical laboratory tests. They must also be familiar to the degree of accuracy of the particular test, what the normal values are and what other indications should be considered if the test is positive.

(2) A qualified Chiropractor has the ability to perform certain basic procedures such as Blood Sugar Tests be it with a glucose meter or a urinary dip stick, as part of assessment of a Patient.

PART X – TREATMENT

91. Appropriate treatment

(1) A Chiropractor must be competent to select the appropriate treatment for the individual patient and be proficient in its delivery. A Chiropractor should be competent to recognize the risks or contra-indications associated with any treatment/s. A Chiropractor should also understand the theories underlying such treatments.

(2) A chiropractor should only use such interventions that are supported by evidence and for which the chiropractor is competent to undertake.

92. Preliminary considerations

The decision to embark on the treatment of a patient requires that a Chiropractor should first determine whether it is safe to proceed with treatment in the light of any or all of the following considerations –

(a) whether tissues are able to withstand a given manual procedure;

(b) whether mechanical disorders are of a type in which mechanical integrity has been breached (e.g a fracture) ;

(c) whether there is credible evidence of an underlying disease process or concurrent condition; and

(d) whether the clinical course is likely to be affected adversely by treatment.

93. Prescription

Treatments shall be determined and/or administered by the chiropractor in an evidence-based manner and limited to the neuromusculoskeletal field.

94. Referral/prescription to other health professionals

Any prescriptions for adjunct/ complementary therapy/ treatment made to other health practitioners should be done with communication of the working diagnosis and other relevant information for the patient treatment

95. Chiropractic injectable

Biopuncture, Prolotherapy, Nutritherapy, Herbal and Autologous injectable therapies should be restricted to neuromusculoskeletal conditions, and must not be performed intravenously by a Chiropractor. All the general rules of asepsis should be respected. Epinephrine should be readily available in case of emergency. For Chiropractic injectable a written consent is compulsory.

96. Manipulation under Anesthesia (MUA)

MUA must be performed in a hospital/medical clinic setting, and requires an interdisciplinary team which includes an anesthesiologist, an operating room nurse and a chiropractor. The Chiropractor has to ensure appropriate care and present evidence of an unsuccessful attempt at more conservative measures during a period of 6 weeks before performing MUA on the patient. The Chiropractor must organise a follow-up without sedation. For MUA a written consent is compulsory.

97. Internal coccyx manipulation/mobilisation

(1) An internal coccyx manipulation/mobilisation maybe performed if the following criteria are met.

(2) The patient has not responded favourably to a reasonable trial of conservative treatment e.g NSAIDS, core strengthening, external manipulation/mobilization, etc. Signed informed consent must be obtained from the patient prior to an internal coccyx examination and/or adjustment being conducted. During the procedure a patient approved chaperone must be present. The procedure must be conducted with the use of a disposable finger cot or examination glove.

PART XI – ADVICE/CERTIFICATE

98. Nature of advice

(1) A Chiropractor must be sufficiently competent to give correct advice in relation to the following matters –

(a) supporting and enhancing the effects of treatments;

(b) minimising the likelihood of recurrence of the original/complaint;

(c) minimising the need for further treatment;

(d) increasing patient's control over their environment;

(e) promoting a healthy lifestyle;

(f) dealing promptly and fairly with patient's concerns and grievances; and

(g) seeking a second opinion.

(2) In giving advice, the Chiropractor should endeavor to optimize the patient's prospects for return to normal activities and to avoid treatment dependence. In formulating such advice, a Chiropractor must use a language and terminology that is readily comprehensible to the patient, and must relate that advice to activities commonly performed by the patient. Care should be taken to ensure that the patient is told of any substantial risk involved in particular treatments or activity.

99. Cessation of prescribed treatment

A Chiropractor shall not advise the cessation of any treatment prescribed by another health professional where cessation might

endanger the health of the patient or adversely affect the management of the case.

100. Certificate of fitness

A Chiropractor may give an appropriate Fitness to work/ practice of sporting activities when it falls within his knowledge and expertise.

101. Certificate of Medical Leave

Certificate of Medical leave should always mention Chief Complaints and Working Diagnosis. A certificate for time off from work should in no case exceed a period of 2 weeks.

PART XII – COMMUNICATION

102. The Scope of communication

Proficiency requires that a Chiropractor should have the ability to communicate clearly with patients; colleagues; general practitioners and other health care professionals. The need for clear communications extends also to the giving of a specialist opinion.

103. Communication with patients

A Chiropractor must report the findings and treatment clearly to patients, and must explain how best to prevent the recurrence of problems.

104. Communication with other Chiropractor; general practitioners and other health professionals

(1) A Chiropractor must communicate with clinical colleagues in such a way as to enable them to participate in patient management if required. A Chiropractor must use terminology suitable to the knowledge and background of these colleagues, particularly in terms

of assessment, diagnosis, treatment, advice, natural history and likely prognosis.

(2) A Chiropractor referring a patient to a colleague or to another health professional should take all necessary steps to supply information from the Case History and assessment or diagnostic findings in such a way as to minimise the need for unnecessary testing or duplication of procedures.

(3) Post referral communication between referring and receiving practitioners should be complete and adequately detailed. Appropriate records and clinical findings should be exchanged whenever warranted.

PART XIII – CHIROPRACTIC POST-GRADUATE SPECIALITIES

105. Specialities in diagnostic imaging

(1) Any diagnostic imaging examinations performed must be accompanied by a report. The report must describe any limitation on the interpretation, provide the probable clinical diagnosis if indicated, provide a differential diagnosis if indicated, and must be accompanied by relevant images.

(2) Guided non-chiropractic injectable procedures will require a prescription by a registered medical doctor.

PART XIV – CHIROPRACTIC POST-GRADUATE CERTIFICATIONS

106. Electro diagnostics

Any electrodiagnostic studies including motor and sensory nerve conduction studies, electromyography, evoked potentials must be accompanied by a report. The report must mention and

describe electrodiagnostic abnormalities including their distribution if relevant, any limitation on the interpretation, provide the probable electrophysiological diagnosis, provide the probable clinical diagnosis if indicated.

107. Revision of the standard & further guidance

The Council may from time to time revise the Standard of Proficiency in light of prevailing changes in knowledge or practice or consequent upon adverse events and any recommendations of commissions of enquiry or equivalent tribunals. It may also from time to time issue Guidance Notes on matters of current interest and concern.