Targeted consultation

Chiropractic Board of Australia Statement on paediatric care

November 2025

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About this consultation

We, the Chiropractic Board of Australia (the Board) are reviewing our Statement on paediatric care (the statement). The changes proposed clarify our expectations of chiropractors when providing care to paediatric patients.

Currently, our advice to chiropractors is outlined in two documents: the Statement on paediatric care and the Board's Interim policy on spinal manipulation for infants and young children (the interim policy). We are consulting on a revised version of the statement that would combine these two documents into one, easy to read statement.

We are aiming to make it easier for practitioners and the public to understand what we expect of practitioners when chiropractic treatment is provided to paediatric patients.

Background to the Statement on paediatric care and the interim policy

The Board initially introduced the interim policy, *Interim policy on spinal manipulation for infants and young children* in 2019 following concerns raised by Health Ministers and the independent review by Safer Care Victoria of the practice of chiropractic spinal manipulation on children under 12 years.[1]

In November 2023 we published an updated *Statement on paediatric care* and retired the interim policy. Following consultation with Health Ministers, the interim policy was reinstated in June 2024 while we carried out further work to revise the statement.

What are we consulting on?

We are consulting on a revised version of the statement. The revised statement incorporates the interim policy, including advising chiropractors to not use spinal manipulation to treat children under the age of two.

We want your feedback

We want to know **if you think the revised statement is clear** and if you have any **suggested changes or improvements that could be made to the revised statement**. We have some specific questions for you about the statement, along with an opportunity for general comment.

How to have your say

Consultation opens on **Wednesday 3 December 2025** and closes on **Wednesday 4 February 2026** at **5pm** (AEDT).

To provide feedback:

- Read the consultation paper
- Use our online form or use the submission template and email it to us at chiroboardconsultation@ahpra.gov.au

The questions we are asking can be found on page 6 of this document. They are the same questions in the online form and the submission template.

We choose whether to publish feedback on our website. If you do not want us to publish your feedback, let us know. You can read more about how we publish submissions on page 7.

What we will do with your feedback

Your feedback will help identify any changes or amendments that are required to the statement before it is finalised for publication.

[1] Safer Care Victoria. *Chiropractic spinal manipulation of children under 12- Independent review*. Melbourne, 2019. [Available from: www.bettersafercare.vic.gov.au/sites/default/files/2019-10/20191024-Final%20Chiropractic%20Spinal%20Manipulation.pdf

Consultation paper

Who we are and what we do

1. The Chiropractic Board of Australia (the Board) works with the Australian Health Practitioner Regulation Agency (Ahpra) and the 14 other National Boards to implement the National Registration and Accreditation Scheme (the National Scheme).
2. The Board is responsible for regulating chiropractors and ensuring the community has access to a safe chiropractic health workforce.
3. One way we (the Board and Ahpra) keep the public safe is by creating standards, codes and guidelines for the regulated health professions to ensure they have the necessary skills and qualifications to practise. Decisions made by the Board and Ahpra are guided by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).
4. The Board carries out regular reviews of its regulatory tools (e.g. standards, codes, guidelines, fact sheets and statements) to ensure they stay relevant and effective in a dynamic regulatory environment.

About this consultation

5. In November 2023, the Board published an updated Statement on paediatric care. At this time the Board also retired its interim policy.
6. The statement published in November 2023 advises practitioners to make sure their clinical practice is consistent with current peer-reviewed evidence and/or best-practice approaches. The updated statement did not explicitly advise chiropractors to not use spinal manipulation to treat children under two years of age.
7. The interim policy explicitly advises chiropractors to not use spinal manipulation to treat children under two years of age.
8. Following concerns raised by Health Ministers, the Board reinstated the interim policy in June 2024 and started work to revise the statement.
9. We are now consulting on this revised version of the statement. The revisions proposed combine the current statement and the interim policy into one document.
10. We are asking for your feedback on whether the revised statement is clear and easy to understand.
11. As the Board has consulted recently on revisions to the statement, a single targeted consultation is being carried out. This approach allows interested stakeholders to have their say. It also ensures an efficient review process is completed.

Statement on paediatric care

What changes are proposed?

12. The proposed changes aim to incorporate the interim policy into the statement. We want one easy to read statement that clearly outlines the Board's expectations of practitioners when providing paediatric care.
13. The revisions outline the purpose of the statement and link to other important regulatory guidance that chiropractors are expected to apply in practise.
14. The following changes to the statement are proposed:
    - a new section titled 'Purpose of this statement' has been added
    - sections previously titled 'The Board's position on paediatric care' and 'What the Board expects' have been combined into one section titled 'What the Board expects when providing paediatric care'
    - advice to practitioners not to perform spinal manipulation on children under two is included
    - a definition of spinal manipulation consistent with the interim policy and s123 of the National Law is included
    - acknowledgement within the statement that there is insufficient high-level evidence or

guidance supporting the use of spinal manipulation to treat children under two years of age
- content has been reorganised to ensure it is consistent with relevant headings
- the section outlining the role of the Board has been moved to the end of the document
- wording changes have been made to improve readability and reduce repetition within the document.

15. The revised statement does not introduce new requirements or change the Board's expectations of chiropractors when providing paediatric care. These expectations are already outlined in:

- the current Statement on paediatric care
- the Board's Interim policy on spinal manipulation for infants and young children
- the shared Code of conduct
- the Board's Guidelines for advertising a regulated health service, and
- Evidence based practice fact sheet.

Options statement

16. The Board is considering the following options:

Option one – update the Statement on paediatric care and retire the interim policy

17. Option one is to introduce the revised statement (appendix 1) and retire the interim policy.
18. This option combines the statement and interim policy into one document, providing a single reference for chiropractors and the public.
19. The aim of having a single reference is to improve understanding of what is expected when chiropractic care is provided to children.
20. The revised statement has been reorganised and simplified to improve readability.
21. The revised statement is expected to have a positive impact on the safe provision of care. The revisions aim to ensure practitioners, patients, parents and carers have a clearer understanding of what is expected when chiropractic care is provided to children.

Option two – maintain the status quo

22. Option two is to continue with the existing statement and interim policy as separate documents.
23. The Board's advice to chiropractors to not perform spinal manipulation on children under two would remain part of the interim policy but would not be explicit in the statement.

Preferred option

24. The Chiropractic Board of Australia prefers option one.
25. Any further changes to the statement will depend on the feedback received during this consultation.

Issues for discussion

Potential benefits and costs of the proposed option

26. The benefits of updating the statement include:
    - no additional requirements will be imposed on practitioners when compared to those currently in effect
    - there is no expectation that the changes will increase regulatory burden on practitioners
    - the revised statement provides an easier to read and clearer reference to support the safe provision of care to children.
27. Noting that the preferred option does not include substantial changes to what is currently required of practitioners, no significant costs have been identified of implementing the revised statement.

Relevant sections of the National Law

28. Section 123 of the National Law.

Questions for consideration

29. The Board is asking for feedback

30. A feedback template is also available (Attachment A - Word or PDF form).
    1. Could the statement be improved or simplified? If yes, please provide details as to what and why.
    2. Which option do you support? Option one (update the statement and retire the interim policy) or option two (maintain the status quo)? Please provide details.
    3. The intention of the statement is to outline the Chiropractic Board of Australia's expectations of chiropractors when providing paediatric care.

       Do you think the statement will help chiropractors to understand the Board's expectations? Why/why not?
    4. Are there any changes needed to the statement to keep the public safe? Please provide reasons for your answer.
    5. Please provide any other comments or feedback on the statement.

Next steps

31. The Board will review and consider all feedback from this consultation before making decisions about any proposed updates to the *Statement on paediatric care*.

Publishing submissions

We will choose whether to publish submissions on our website. Publishing submissions keeps people informed and encourages discussions. Let us know if you do not want your submission published. Published submissions will include the names of the people and/or the organisations that made the submission.

We will not share submissions that have offensive or defamatory comments or that are unrelated to the consultation topic. Before we publish your submission, we may remove information that could identify you.

You can ask for all or part of your submission to be made confidential. Confidential information will not be published. If someone asks to access a confidential submission, we will use the *Freedom of Information Act 1982 (Cth)* to decide if the request should be approved. The *Freedom of Information Act 1982 (Cth)* was designed to protect personal details and information given in confidence.

Appendices

Appendix 1. Statement on paediatric care – Revised for consultation – October 2025

Appendix 2. Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

Appendix 3. National Boards Patient and Consumer Health and Safety Impact Statement

Attachments

Attachment A. Response template

Appendix 1. Statement on paediatric care

Chiropractic Board Ahpra

Position statement

October 2025

Statement on paediatric care

Purpose of this statement

This statement outlines the Chiropractic Board of Australia's (the Board) expectations regarding paediatric care by chiropractors.

What the Board expects when providing paediatric care

The Board expects practitioners to be competent, safe to practice and to practice within an ethical framework. The Board's standards, codes, guidelines, fact sheets and statements set out these expectations. These are published on the Board's website and the Board expects practitioners to read, understand and apply them to their practise.

When caring for children, chiropractors provide a range of treatment modalities and/or advice relating to exercise and other lifestyle factors relevant to the child's age, condition and concern. There are considerations, responsibilities, and differences in the provision of care for children as compared to adults.

The Board expects chiropractors to:

- understand that children have significant anatomical, physiological, developmental and psychological differences and needs from adults and that their management requires specific skills and expertise
- modify all care and treatment to suit the age, presentation and development of the patient
- discuss their proposed management plan with the patient and their parent/guardian
- explain the basis for the proposed treatment and any supporting evidence to the patient and/or their parent/guardian
- obtain and document consent, including informing the patient and/or their parent/guardian about the benefits and risks of the proposed treatments, alternatives to the proposed treatment, including receiving no treatment, and
- communicate with other health practitioners involved with the care of the patient such as the patient's general practitioner or paediatrician.

Where chiropractors do not have the clinical skills and knowledge to appropriately assess or manage a paediatric patient, the Board expects they refer the patient to a healthcare practitioner(s) with the appropriate skills, or to co-manage the patient with other healthcare practitioner(s).

In addition to the above, the Board advises chiropractors are not to use spinal manipulation to treat children under two years of age. This advice is given as there is insufficient high-level evidence or guidance to support this practice.

For this position statement the term 'spinal manipulation' means moving the joint beyond its '…usual physiological range of motion using a high velocity, low amplitude thrust'.[2]

Providing best-practice and evidence-based care

Best-practice approaches to providing chiropractic care to children are published in peer-reviewed literature and are based on evidence. The Board expects practitioners use this evidence to guide clinical practice and ensure they provide safe care.

Current evidence indicates that serious adverse events, either directly from manual therapy or indirectly by

[2] This definition aligns with that in The Health Practitioner Regulation National Law (the National Law), as in force in each state and territory.

delayed referral or misdiagnosis, are very rare. The Board expects chiropractors to make sure their clinical practice is consistent with current peer-reviewed evidence and/or best-practice approaches.

The Board notes there is currently insufficient high-level evidence or guidance regarding using spinal manipulation on infants.

The Board advises chiropractors are not to use spinal manipulation to treat children under two years of age.

Find more information about providing best-practice and evidence-based care in the Code of conduct:

Code of conduct

Principle 1: practitioners should practise safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, and informed by the best available evidence to achieve the best possible patient outcomes.

Principle 11: practitioners should recognise the vital role of ethical and evidence-based research to inform quality health care.

Section 4.3: the Board's expects that when caring for children and young people, good chiropractic practice involves placing the interests and wellbeing of the child or young person first.

Ensuring informed consent

Informed consent is a foundational expectation of the Board and is addressed in detail across the Code of conduct and other regulatory documents available on the Board's website.

In the context of paediatric care, chiropractors must ensure they obtain informed consent. This may be from the child, parent or guardian depending on the child's age, maturity and their capacity to understand. Where appropriate, older children should be encouraged to participate in discussions about their care.

Find more information about informed consent in the Code of conduct and the Evidence-based practice fact sheet:

Code of conduct

Section 4.2: good practice in relation to informed consent includes that you:

- act according to the patient's capacity for decision-making and consent, including when caring for children and young people, based on their maturity and capacity to understand, and the nature of the proposed care. Practitioners should consider the need for the consent of a parent, carer, guardian or other substitute decision maker.
- get informed consent from the patient or where the patient does not have the capacity, from their parent, guardian or substitute decision -maker before carrying out any examination or investigation or providing treatment. When obtaining informed consent practitioners should include information on material risks and expected outcomes and take into account any advance care directive (or similar).

Evidence-based practice fact sheet

- In cases where there is only low-level evidence to support a particular treatment choice the practitioner should inform the patient of this fact. The patient can be informed that it is the practitioner's clinical experience that the treatment may be effective for the presenting condition. Without this information the patient is unable to make an adequately informed decision about their health care.
- Evidence-based practice involves a practitioner considering the available research and other sources of information in addition to their clinical experience and the patient's values during their clinical decision-making process. Where there is evidence that a form of care is inappropriate or unsafe, a practitioners' clinical experience should not be used to override the evidence.

Practicing within the chiropractor's skills, competence and expertise

Practitioners, including those who provide care to paediatric patients, must keep their knowledge and skills up to date and should routinely apply self-reflection, practice improvement and performance-appraisal processes to maintain their professional expertise.

Continuing professional development (CPD) seeks to improve patient health outcomes, safety and experiences and draws on the best available evidence. Practitioners must complete CPD as a requirement of their registration, as outlined in the Board's Registration standard: Continuing professional development.

Find more information about expected skills, competence and expertise in the Code of conduct, Guidelines for advertising a regulated health service and the Evidence-based practice fact sheet:

Code of conduct

Principle 7: minimising risk to patients involves putting patients first by maintaining professional capability through ongoing professional development and self-reflection and understanding and applying the principles of clinical governance, risk minimisation and management in practice.

Section 7.3: the Board expects good chiropractic practice requires practitioners to maintain and develop appropriate and current knowledge, skills and profession behaviours.

Section 7.4: the Board expects practitioner to keep knowledge and skills up to date to ensure practitioners continue to work within their competence and scope of practice.

Guidelines for advertising a regulated health service

Section 4.1: advertising may be false, misleading or deceptive including when it:

- compares health outcomes, regulated health professions or practitioners or prices without complete information, and/or
- makes claims about providing a superior regulated health service.

Evidence-based practice fact sheet

A practitioner's clinical experience ranks as a very low level of evidence because of the small sample size and the lack of control for factors including placebo effect. Practitioners should recognise that their clinical experience cannot be used to justify treatment when there is good evidence for the efficacy of other treatment modalities that is contradictory.

Advertising practices in accordance with regulatory expectations

How a practitioner advertises their services can influence a patient or parent/guardian's decision-making about health care needs. It is important practitioners provide access to information that is accurate, supported by acceptable evidence and not misleading.

Read the Check your advertising: Chiropractic examples for guidance to ensure advertising is compliant with Ahpra and the Board's codes and guidelines.

Find more information about advertising practices in the Code of conduct and Guidelines for advertising a regulated health service:

Code of conduct

Section 8.5: good practice involves complying with the advertising requirements of the National Law which are explained in the *Guidelines for advertising a regulated health service*.

Guidelines for advertising a regulated health service

Section 4.1: advertising may be false, misleading or deceptive including when it:

- makes statements about effectiveness of treatment that are not supported by acceptable evidence
- minimises, underplays or under-represents the risk or potential risk associated with a treatment or procedure, and/or
- makes unqualified claims about the effectiveness of treatment by listing health conditions that a treatment or service can 'assist with' or treat.

Check your advertising: Chiropractic examples

Provides information and examples of advertising claims that don't meet the legal requirements.

The Chiropractic Board of Australia

The role of the Chiropractic Board of Australia (the Board) is to protect the public in accordance with the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The Board does this through its work in the National Registration and Accreditation Scheme (the National Scheme) in partnership with the Australian Health Practitioner Regulation Agency (Ahpra).

The following resources are available to help practitioner's meet their obligations as outlined in the *Statement on paediatric care:*

- The Code of conduct (2022) (the Code)
- Guidelines for advertising a regulated health service (2021) (the Advertising guidelines)
- Evidence based practice fact sheet (2023), and
- Self-reflective tool.

Appendix 2. Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

Targeted consultation on the review of the Statement on paediatric care

The Australian Health Practitioner Regulation Agency (Ahpra) *Procedures for the development of registration standards, codes and guidelines* (2023) is available on the Ahpra Resources webpage.

Ahpra is required to establish procedures to ensure that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. This is outlined in section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law).

Context – issue or problem statement

As the regulator for the profession, the Chiropractic Board of Australia (the Board) expects practitioners to provide safe and ethical care, consistent with the Board's standards, codes and guidelines. Protecting the public and public confidence in the safety of the profession are the principles that guide the Board in its work as the regulator for the chiropractic profession.

To help practitioners to understand their obligations, the Board publishes a range of information, including position statements, facts sheets and answers to frequently asked questions. These include the Board's Statement on paediatric care and Interim policy on spinal manipulation for infants and young children (the interim policy).

The interim policy was introduced in 2019 and advises chiropractors to not use spinal manipulation to treat children under two years of age. 'Spinal manipulation' is defined in the interim policy as moving the joints of the spine beyond the child's usual physiological range of motion using a high velocity, low amplitude thrust.

In June 2024, Health Ministers expressed concern that the revised statement does not include advice to practitioners not to use spinal manipulation to treat children under two years of age. Following a request from Health Ministers, the interim policy was reinstated on 17 June 2024 and remains in effect.[3]

The Board has carried out further work to review the statement and is now consulting on a revised version.

Background to the Statement on paediatric care and interim policy

The Board has published several iterations of its *Statement on paediatric care*, including in June 2017 and in November 2023. These versions of the statement placed an emphasis on the need to practise in an evidence-based manner, using best practice approaches when providing care to children.

The Board's interim policy was first published on 14 March 2019 advising chiropractors to not use spinal manipulation to treat children under two years of age.

The interim policy was introduced following concerns raised with the Board, including by the Council of Australian Governments (COAG) Health Council (CHC) which met on 8 March 2019. At the meeting Health Ministers noted community concerns about spinal manipulation on children performed by chiropractors.

On behalf of CHC, Safer Care Victoria was instructed by the Victorian Health Minister to review the practice of chiropractic spinal manipulation on children. The report, Chiropractic spinal manipulation of children under 12 - Independent review, was released on 31 October 2019.

The Board's interim policy remained in effect until 29 November 2023, when the latest iteration of the *Statement on paediatric care* was released. At this time the interim policy was retired.

Before reviewing the statement, the Board commissioned an update on the Safer Care Victoria report, which was completed by Cochrane Australia in January 2023.[4] The update did not alter the conclusions

[3] Chiropractic Board of Australia. *Chiropractic Board reinstates interim policy*. Accessed 24 September 2025 from www.chiropracticboard.gov.au/News/2024-06-17-Chiropractic-Board-reinstates-interim-policy.aspx.
[4] Cochrane Australia. *Systematic review of spinal manipulation in children under 12 years – Update of 2019 systemic review for Safer Care Victoria*. January 2023. Available from: www.chiropracticboard.gov.au/Codes-guidelines/Position-statements.aspx

reached in the 2019 review.

The November 2023 statement remains in effect.

Assessment

Below is the Board's assessment of the consultation on the review of the Statement on paediatric care taking account of the Ahpra procedures.

1. Describe how the proposal

a. takes into account the paramount principle, objectives and guiding principles in the National Law[5]

b. draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The *Statement on paediatric care* (the statement) meets the objectives and guiding principles of the National Law by offering guidance to chiropractors as to what the Board expects when providing paediatric care. Given this context, carrying out consultation on the statement is appropriate. While the statement is not a standard, code or guideline, it is part of the regulatory framework to help protect the public and ensure public confidence in the health services being provided.

There is limited evidence available to support a significant change to the current policy settings, including very little evidence of patient harm occurring in Australia. The Board is not aware of any patient complaints or practitioner notifications that arose from significant harm to a child following spinal manipulation.

Reviewing the statement considers the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners. The proposed revision to the statement considers the available evidence including the Safer Care Victoria report from 2019 and the update completed by Cochrane Australia in 2023.

There is insufficient high-quality evidence that supports the use of spinal manipulation on infants and young children as effective. The Safer Care Victoria report recommended a 'first do no harm' approach, noting the need to respect a parent's or guardian's right to choose appropriate healthcare options for their child while ensuring that children, particularly the very young who are less able to communicate adverse effects, are safe.

A targeted consultation supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way by allowing practitioners and the public to provide feedback and contribute to continued improvement of the National Scheme's processes, noting that recent reviews have been undertaken of the statement, including the revised version published in November 2023.

2. Outline steps that been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

The consultation on the revised statement follows the processes defined in the Consultation process of National Boards.

The National Law requires wide-ranging consultation on proposed standards, codes and guidelines. The Board is following a similar process for the statement.

The National Law also requires National Boards to consult each other on matters of shared interest. The Board is consulting with other National Boards, including other professions that can perform cervical spinal manipulation including medicine, osteopathy and physiotherapy.

The Board has considered the statements made by other National Boards, including the Osteopathy Board of Australia's Statement on paediatric care in considering revisions.

A decision to use a targeted consultation has been informed noting that a review has been undertaken

[5] See section 3 and section 3A of the National Law

recently, including in 2023. The approach is appropriate given the evidence available to the Board in considering what, if any change may be warranted.

To ensure that there is the opportunity for broader public comment, an eight-week public consultation will occur. This includes publishing a consultation paper on the Board website and informing health practitioners and the community of the review via the Board's electronic newsletter and social media.

The Board will consider all feedback received when making recommendations for updating the statement.

3. Address the following principles:

a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The Board has considered recommendations from the 2019 and 2023 reports regarding spinal manipulation in children under 12. The Board also considered feedback previously provided in response to previous reviews of the statement. As a result, the Board is consulting on the following two options:

- Option one – update the statement and retire the interim policy
- Option two – maintain the status quo

The Board prefers option one as it provides a single reference for practitioners outlining the Board's expectations when providing paediatric care. Maintaining the status quo (i.e. no change) is not a viable option.

b. whether the proposal results in an unnecessary restriction of competition among health practitioners**.**

A revised statement is unlikely to restrict competition among health practitioners. All chiropractors are expected to comply with the statement as they do now, and the Board's other regulatory guidance. The changes proposed do not introduce new requirements on practitioners.

The shared *Code of conduct* applies to multiple professions and advises:

1. practitioners should practise safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, and informed by the best available evidence to achieve the best possible patient outcomes. – Principle 1
2. practitioners should recognise the vital role of ethical and evidence-based research to inform quality health care. – Principle 11

Practitioners are expected to be informed by the best available evidence. There is insufficient high-quality evidence that supports the use of spinal manipulation on infants and young children.

Any updates to the statement are not expected to negatively affect the levels of competition among health practitioners.

c. whether the proposal results in an unnecessary restriction of consumer choice

A revised statement is not likely to result in any unnecessary restrictions of consumer choice. Any updates to the statement will apply to all chiropractors in the context of providing paediatric care. A range of other treatment modalities remain available to chiropractors providing care to children, which does not restrict consumer choice.

The statement outlines the Board's expectations when chiropractors are providing paediatric care and has the potential to improve consumer confidence that chiropractors are held to the same ethical and professional standards of conduct as other professions.

d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

The Board has considered the potential costs associated with the revised statement during the development of this consultation paper.

Updating the statement will not include substantial changes, therefore, no significant costs have been

identified. However, there may be some minor costs associated, such as:

- registrants, other stakeholders, and Ahpra needing to become familiar with changes to the current statement, noting that no additional regulatory burden will be placed on practitioners, and
- the Board may need to promote the changes to ensure practitioner and the public are aware of the revisions to the statement.

If the proposed changes are agreed, the Board will engage stakeholders to ensure they are aware of the changes and have an opportunity to become familiar with and comply with the updated statement before it starts.

e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The Board is committed to a plain English approach that will help practitioners and the public understand the statement.

We are seeking feedback as part of the consultation process to ensure the revisions are easy to understand and clear.

The Board will develop an implementation plan to support a revised statement. This may include developing explanatory material to support transparency and public understanding where appropriate.

f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The National Boards and Ahpra have procedures in place to support a review of the statement. If approved, the Board will review the statement at least every five years, including an assessment against the objectives and guiding principles of the National Law and the principles for best practice regulation.

The Board may choose to review the statement earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process and/or in updating the statement will be provided to the National Board and Ahpra to inform decision making.

The Board and Ahpra have completed a patient health and safety impact statement for public consultation, provided at Appendix 3.

Appendix 3. Chiropractic Board's Patient and Consumer Health and Safety Impact Statement

Consultation on the review of the Statement on paediatric care

Statement purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (the impact statement)[6] explains the potential impacts of updating the *Statement on paediatric care* on the health and safety of the public, particularly those vulnerable to harm in the community which includes those subject to stigma, discrimination or racism in health care, and/or experiencing health disadvantage and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the impact statement are:

1. The potential impact of the proposed revisions to a statement on the health and safety of patients and consumers particularly those vulnerable to harm in the community including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed revisions to the statement on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with patients and consumers particularly those vulnerable to harm in the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The impact Statement aligns with the:

- National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025
- National Scheme engagement strategy 2020-2025
- National Scheme Strategy 2020-25 and,
- reflects key aspects of the Ahpra Procedures for the development of registration standards, codes, guidelines and accreditation standards.

Below is our initial assessment of the potential impact of a proposed update to the statement on the health and safety of patients and consumers, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. The impact statement will be updated after consultation feedback.

1. How will this proposal impact on patient, client and consumer health and safety, particularly those vulnerable to harm in the community? Will the impact be different for people vulnerable to harm in the community compared to the general public?

The Board has carefully considered the impacts updates to the *Statement on paediatric care* could have on patient and consumer health and safety, particularly infants and children, in order to put forward what we think is the best option for consultation. The proposed option is informed by recommendations from the Safer Care Victoria report and preliminary engagement with stakeholders.

The Board expects that any proposed updates to the *Statement on paediatric care* will improve patient and consumer safety, particularly for vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. The Board does not expect that the updated *Statement on paediatric care* will have any adverse impacts on patient and consumer safety.

Our engagement through public consultation will help us to better understand possible updates to the *Statement on paediatric care* and meet our responsibilities to protect patient safety and healthcare quality.

2. How will National Boards engage with patients, clients and consumers, particularly those vulnerable to harm in the community during consultation?

In line with our consultation processes the Board is carrying out wide-ranging consultation. We will engage with patients and consumers, practitioners, employers, peak bodies, other relevant organisations and the community to get

[6] The *Statement on paediatric care* has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Ministerial Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code or guideline.

input and views from people vulnerable to harm in the community.

The public consultation builds on the findings from previous reviews, with questions being asked about suggested improvements to the *Statement on paediatric care*. Responses will help us to improve the statement and assist in building a safe and competent health workforce.

3. What might be the unintended impacts for patients, clients and consumers, particularly people vulnerable to harm in the community? How will these be addressed?

The Board has carefully considered what the unintended impacts of updating the *Statement on paediatric care* might be. Consulting with relevant organisations and those vulnerable to harm in the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for patients and consumers that may be raised during consultation particularly for people vulnerable to harm in the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board has carefully considered any potential impact of updating the *Statement on paediatric care* on Aboriginal and Torres Strait Islander Peoples and do not consider that Aboriginal and Torres Strait Island Peoples will be impacted any differently from non-Aboriginal and Torres Strait Islander Peoples. Our engagement will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples. We will also include Aboriginal and Torres Strait Islander Peoples and stakeholders as part of our consultation to engage and understand if any further improvements can be made to the *Statement on paediatric care* to ensure practitioners are providing culturally safe care.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The National Boards and Ahpra are committed to the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 which focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, the Board will engage with relevant Aboriginal and Torres Strait Islander stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples. We will also invite the Aboriginal and Torres Strait Islander Health Word Smithing Group to provide comment on the *Statement on paediatric care*.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The Board has carefully considered what might be any unintended impacts for updating the *Statement on paediatric care* and have not identified any unintended impacts for Aboriginal and Torres Strait Islander Peoples at this stage. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any potential impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7. How will the impact of this proposal be actively monitored and evaluated?

Part of the Boards' and Ahpra's work in keeping the public safe is ensuring that all National Board's guidance to regulated health professions are regularly reviewed.

In updating the *Statement on paediatric care*, the Board is seeking to provide clear guidance to practitioners.

The Board will evaluate any changes to the statement through regular stakeholder engagement, review of notifications and audits of practitioner compliance with the Board's standards, codes and guidelines. The Board is committed to actively monitoring compliance to ensure the Australian public has access to a safe and competent chiropractic workforce.