AUSTRALIAN CHIROPRACTORS ASSOCIATION

Chiropractic Board of Australia Statement on Paediatric Care

March 2026

Targeted consultation: Chiropractic Board of Australia Statement on paediatric care

Initial questions

To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.

Question A

Are you completing this submission on behalf of an organisation or as an individual?

Your answer:

☒ **Organisation**

Name of organisation: **Australian Chiropractors Association**

Contact email: **alex.malley@chiropractors.org.au**

☐ Myself

Name: Click or tap here to enter text.

Contact email: Click or tap here to enter text.

Question B

If you are completing this submission as an individual, are you:

☐ A registered health practitioner?

Profession: Click or tap here to enter text.

☐ A member of the public?

☒ Other: Not applicable

Question C

Would you like your submission to be published?

☒ **Yes, publish my submission with my ~~name~~/organisation name**

☐ Yes, publish my submission **without** my name/ organisation name

☐ No – **do not** publish my submission

About the ACA

The ACA is the peak body representing Australian chiropractors, chiropractic students, and their patients. With 3,000 regular members and an additional 1100 student members, the ACA provides a strong, unified voice for all chiropractors.

As the national peak body, we support and reinforce Aphra's regulatory requirements, and promote professional standards and behaviours, supported by our core values:

- **Ethics and professionalism –** We adhere to the highest standards of ethics and professionalism in all areas of research, education, and practice.
- **Evidence-based practice –** We are committed to evidence-based practice, the integration of best available research evidence, clinical expertise, and patient values.
- **Patient Centred Chiropractic -** We believe in the profound significance and value of patient-centred chiropractic in healthcare in Australia.

Through education, policy leadership and constructive engagement with regulators and government, the ACA works to strengthen public confidence in chiropractic care while supporting proportionate, evidence-informed regulation in the public interest.

Throughout the extended paediatric review process, the ACA has served as the primary representative voice for the profession, engaging directly with regulators, government, media and stakeholders while supporting members and the profession through sustained scrutiny and public debate.

Executive Summary & Recommendations

The Australian Chiropractors Association (**ACA**) welcomes the opportunity to provide feedback in the targeted consultation on the *Chiropractic Board of Australia Statement on Paediatric Care* (the **Statement**), albeit that the ACA retains its previously expressed concerns about the abbreviated nature of the consultation.

The ACA supports the Board's objective of protecting public safety and providing clear expectations for practitioners. Throughout the paediatric review process, the Association has consistently expressed confidence in the Board's regulatory oversight and has reflected that confidence to members, government stakeholders and the broader community. However, the ACA considers that the revised Statement signals a departure from the proportionate, evidence-informed regulatory approach previously demonstrated, and therefore does not support the Statement in its current form or either of the proposed implementation options.

The ACA's concerns are grounded not in opposition to regulation, but in the need to maintain alignment with the principles and intent of the *Health Practitioner Regulation National Law* (**National Law**) and the National Registration and Accreditation Scheme (**NRAS** or **National Scheme**).[1,2] Under the National Law, regulatory guidance should be proportionate, risk-based, fair and transparent.[2] Fairness and transparency necessitates a clear and unambiguous distinction between advisory statements and enforceable obligations. Additionally, the guiding principles established in the National Law explicitly embody not only the protection of the public, but also that restrictions on practice should be imposed only where *necessary* to ensure health services are provided safely and are of an appropriate quality. It is a resolutely evidence-based approach to regulation that achieves coherence between those two guiding principles (as plainly contemplated by the National Law). That is particularly so in the development of statements, policies or guidelines directed at clinical practices, consistent with the Board's own exhortatory emphasis upon the importance of an evidence-based approach to clinical practice.[12]

The revised Statement merges precautionary policy language with existing regulatory expectations in a way that risks creating regulatory ambiguity, embedding a de-facto permanent clinical restriction within an ostensibly advisory instrument. In the absence of demonstrated systemic safety signals, this approach may reasonably be interpreted as prioritising management of external or political risk over patient safety risk, which in turn risks undermining confidence in independent, evidence-informed regulation.

Across seven years of review following the Safer Care Victoria process, no substantiated safety incidents, complaint trends or insurance signals have been identified that demonstrate harm associated with chiropractic paediatric care. [3,4]

The ACA acknowledges the challenges of obtaining high-level evidence of efficacy in paediatric healthcare. Many paediatric healthcare interventions operate within evidentiary environments constrained by ethical, methodological and practical limitations that restrict feasibility of randomised trials. [21-24, 30-32] Lack of high-level evidence of efficacy should not be conflated with evidence of risk, nor used to justify categorical prohibition without clear regulatory rationale.

In these contexts, regulatory decision-making must consider the totality of available evidence, including observational data, biological plausibility, clinical expertise, safety surveillance, the patient voice and real-world practice patterns. A proportionate approach grounded in existing safeguards including education, informed consent, clinical reasoning, modification of care and referral would more effectively support public safety while maintaining practitioner clarity and confidence.

The ACA does not support a profession-specific clinical restriction that is not supported by demonstrated systemic risk and that may undermine regulatory consistency across the National Scheme.

Instead, the Association proposes a revised approach, grounded in existing safeguards, that consolidates paediatric guidance into a single, clear statement, consistent with the 29 November 2023 CBA Statement on Paediatric Care. [6] This would preserve public access to appropriately trained practitioners, and maintain professional and public confidence in independent, evidence-informed regulation.

Beyond chiropractic, the present consultation raises broader considerations for the National Scheme, including inter-professional equity, workforce sustainability, risk communication and the role of guidance documents in shaping regulatory expectations. The ACA encourages the Board to adopt an approach that strengthens clarity, supports safe paediatric practice, and avoids unintended consequences for service access, professional reputation and public understanding.

Given the overlap in scope with other regulated health professions in relation to spinal manipulation, and the contrasting terms of guidelines issued by corresponding National Boards such as the Osteopathy Board of Australia, the ACA considers that the circumstances directly engage a requirement for consultation of other National Boards. [29] The National Law is directed at establishing an integrated and harmonious national scheme for registration and regulation of health practitioners. It would be inconsistent with that objective for there to be an anomalous divergence in regulatory approach as between National Boards in respect of the same clinical practice without any principled basis.

The Association remains committed to constructive engagement with the Board and Ahpra to achieve a sound regulatory outcome that protects patients, supports practitioners, and reinforces confidence in fair, proportionate and transparent regulation under Australia's risk-based National Scheme.

Consultation Questions

Any feedback to the consultation questions should not be read as endorsement of the proposed revised Statement in its current format.

1. **Could the statement be improved or simplified? If yes, please provide details as to what and why.**

Yes. The permanent clinical restriction should be removed from the Statement.

Additionally, the ACA considers that improvement and simplification is required to ensure the Statement is both easily utilised, understood and consistent with how guidance documents are intended to work under the NRAS. [7, 26]

We highlight the following areas:

A. Regulatory Design

The ACA has concerns about the regulatory design of the Statement. The ACA considers that guidance instruments generally are intended to clarify expectations relating to approved registration standards, not to establish specific freestanding clinical restrictions. Additionally, the Board itself distinguishes between codes and guidelines ("to provide guidance to the profession [and] clarify [its] *expectations*") on the one hand, and position statements ("to provide clarity on its *views*") on the other. [26, 28] As observed above, fairness and transparency requires that there be no ambiguity as between advisory statements and enforceable obligations in the Board's discharge of its regulatory function.

Our principal concern is not limited to drafting or simplification of the position statement. Rather, it relates to regulatory scope, proportionality, and the appropriateness of the instrument being used**,** having regard to the principles and processes of the National Law and NRAS. [2, 20, 25]

While consolidation of previous documents may administratively improve accessibility, the fact remains that a clinical restriction previously published as a 'policy' has been merged unchanged into a position statement. Moreover, in contradistinction to various general "expectations" identified in the text of that position statement, the specific clinical restriction is instead couched as "advice". This is confusing.

The revised Statement therefore raises substantive concerns regarding the use of an ostensibly advisory statement, in a document said to clarify the Board's views, to give effect to what operates, in practice, as a **permanent and unconditional clinical restriction**. The ACA notes that the National Law otherwise deals with specific clinical restrictions in ss 121 to 123. [1]

B. Clarification of purpose, status and limits of the Statement

The purpose of the statement should be more clearly explained from the beginning. Practitioners need to understand whether the document is providing guidance, setting expectations, or introducing concrete enforceable limitations. Clear language about its role would reduce confusion and help chiropractors apply the Statement appropriately in practice.

The revised Statement blurs the distinction between advice, guidance and enforceable obligation, presenting age-specific clinical prohibitions as advice within a guidance document.

We observe that at every regulatory change associated with this issue, including the June 2024 reinstatement of the interim policy, [8] these changes caused confusion for both practitioners and the public. The ACA has

consistently fielded a volume of enquiries from practitioners and the public related to whether practitioners can still see children under 2, clarification on technique utilisations and safety questions with every change.

We are concerned that this lack of clarity will create further uncertainty for practitioners and the public and result in further negative media, inconsistent application and decreased utilisation of chiropractic.

C. Proportionality and evidentiary explanation

The revised statement would benefit from clearer and more balanced framing around the role of evidence. The Statement repeatedly refers to "insufficient high-level evidence" in relation to spinal manipulation therapy (SMT) for children under two, while simultaneously advancing a precautionary regulatory position that may be interpreted as implying risk. [4] The ACA considers that this conflation of efficacy and risk creates both scientific and regulatory ambiguity.

In healthcare, the absence of high-level evidence of effectiveness should not be interpreted as no evidence of clinical benefit or evidence of harm. Many areas of paediatric and neonatal care operate within evidence environments shaped by ethical, methodological and practical constraints that limit the feasibility of large, randomised trials. [21-24, 30-32] Regulatory guidance should acknowledge these realities and distinguish clearly between any gaps in the evidence base for efficacy on the one hand and demonstrated safety concerns on the other.

The proposed Statement is scientifically problematic and risks establishing a precedent whereby absence of high-level evidence of efficacy is treated as sufficient justification for permanent and unconditional clinical restriction. Such a result would fail to cohere with the totality of the guiding principles of the National Law, as traversed above.

The revised Statement introduces further uncertainty by not clearly aligning with the Board's own guidance on evidence-based practice, which recognises that clinical decision-making requires integration of practitioner expertise and patient values with the best available evidence, and explicitly acknowledges that relevant high-level evidence is not always available for every condition or population. [12] By contrast, the revised Statement appears to treat the absence of high-level evidence as sufficient justification for categorical restriction, without adequately accounting for clinical judgement or evidentiary limitations inherent in paediatric care. Patient values, as manifested in the overwhelmingly positive parental feedback reported in the SCV review (99.7%),[3] also appear to be disregarded. This internal inconsistency risks confusing practitioners about how evidence is to be interpreted and applied in practice. Other National Boards, including the Osteopathy Board, have applied evidence-based practice principles more coherently in their guidance by recognising uncertainty while avoiding absolute prohibition. [2] Greater alignment with the Board's own "Evidence-based practice" guidance would improve clarity, scientific coherence and proportionality in the revised Statement.

The ACA also notes the importance of regulatory consistency across professions operating within the National Scheme. [10] Evidence thresholds and expectations should be applied equitably, particularly where comparable therapeutic interventions are provided by multiple regulated health professions.

Alignment with broader National Scheme approaches helps maintain confidence that regulatory settings are fair, proportionate and grounded in consistent principles. [2, 25]

To improve clarity and usability, the revised statement could:

1. Remove the clinical restriction on SMT in favour of a more proportionate risk-based regulatory approach that is reflective of the November 2023 version of the CBA Statement on Paediatric Care and the Osteopathy Board Statement on paediatric care, updated in 2025. [6,9]
2. Clearly distinguish between the two separate concepts of the absence of evidence demonstrating clinical efficacy, and evidence indicating an unacceptable level of risk. Separating these ideas would help practitioners, patients and stakeholders better understand the intent of the guidance, reduce the risk of misinterpretation, and ensure the statement supports safe practice while remaining scientifically and regulatorily coherent.

D. Maintenance of regulatory independence and transparency

The revised Statement would be strengthened by clearer articulation of its regulatory rationale within the broader National Scheme context. While collaboration with governments and stakeholders is an expected feature of NRAS governance, guidance instruments should demonstrate clear independence and a direct link to evidenced regulatory risk and demonstrated regulatory need.

The consultation material references ministerial concern and prior reviews [4] but provides limited visibility into how these inputs have been balanced against the Board's own evidence base, including the absence of complaints or notifications indicating systemic patient harm. Greater transparency around this decision-making pathway would assist practitioners and the public to understand the regulatory necessity for the Statement in its current form.

This clarity is particularly important given the erratic pattern of change in the Board's position from 2023 (explained only by a bare reference to 'ministerial concerns'), [6,8,13] and the existence of comparable paediatric guidance issued by other National Boards that does not adopt equivalent clinical restrictions. [9] Without a clearer explanation of the regulatory threshold being applied, the Statement may be perceived as addressing broader reputational or systemic considerations rather than clearly defined patient risk.

Maintaining the confidence of registrants and the public in the National Board is paramount. [2,20,25] The ACA is concerned that the revised Statement, being unique within the scheme, framed as precautionary, and not appearing aligned with NRAS principles of evidence-based regulation may be viewed as the Board managing political risk rather that patient risk.

E. Maintain Alignment with National Scheme Principles

The revised Statement would be strengthened by a more cohesive structure and balanced presentation that reflects Ahpra's regulatory principles for the National Scheme, including proportionate, transparent and consistent regulatory responses that supports community confidence.

In its current form, the layout places substantial weight on precautionary messaging without equivalently describing the broad range of age-appropriate paediatric care that is within scope and routinely delivered by chiropractors. This imbalance contributes to a document that feels heavy and difficult to navigate. It may unintentionally suggest a broader regulatory intent than appears to be the case.

Reframing the Statement so that precautionary guidance sits alongside clear acknowledgement of existing clinical safeguards such as informed consent, red-flag screening, modification of care, professional judgement and appropriate referral or co-management would improve readability and reduce the risk of

misinterpretation. Presenting this balance more clearly would strengthen alignment with National Scheme principles by demonstrating fair, transparent and proportionate guidance. [2]

F. Improve structure and usability; reduce duplication

The revised Statement would benefit from a clearer, more cohesive structure to improve usability and reduce confusion. In its current form, the document reads as though multiple instruments have been combined without full integration, resulting in uneven flow and a layout that is difficult to navigate. At the same time, a significant proportion of the content restates practitioner obligations already established through existing regulatory instruments, including the shared Code of Conduct, Advertising Guidelines and the Evidence-based practice framework. [10-12] Repetition of these requirements adds length and creates a layered reading experience that makes the document feel dense and difficult to navigate. A more streamlined design would strengthen its function as practical guidance for practitioners, parents and carers.

Simplification could be achieved through:

- establishing a concise purpose and scope section that clearly defines the Statement as guidance and outlines its limits,
- providing a short, plain-language summary of key expectations at the beginning of the document,
- separating general paediatric care principles from age-specific advice to avoid conflation,
- reducing duplication by referencing existing regulatory instruments rather than restating them, and
- adopting more consistent plain-language drafting throughout.

In addition, the inclusion of a brief “what this means in practice” section would assist practitioners to translate regulatory expectations into clinical decision-making and help minimise misunderstanding among patients and carers.

Clear, self-contained guidance is particularly important where practitioners seek clarity directly from regulatory materials, as external interpretation pathways may vary. Improving structure and readability would therefore enhance confidence, reduce reliance on third-party clarification, and align with Ahpra’s stated commitment to plain-language regulatory communication.

Summary position – Question 1

In summary, the ACA considers that the revised Statement can and should be improved to ensure it operates as a clear, proportionate and fit-for-purpose guidance document within NRAS. The current drafting reflects a convergence of regulatory advice, precautionary policy language and existing obligations that blurs the distinction between guidance and enforceable restriction. Combined, it creates a document that feels dense, uneven in emphasis and difficult to interpret in practice.

The ACA’s primary concerns of regulatory design, embedding of a permanent clinical restriction and setting a worrying regulatory precedent remain paramount. These concerns are not grounded in resistance to regulation, but in the need to maintain alignment with NRAS principles of proportionality, transparency and evidence-led decision-making. [2]

A revised approach that removes the permanent clinical restriction, clarifies purpose and regulatory status, strengthens evidentiary framing, reduces duplication, and adopts a clearer plain-language structure would significantly enhance usability and regulatory coherence.

Such changes would support practitioner understanding, reduce unintended misinterpretation, and reinforce confidence that the Statement reflects evidence-led, transparent and proportionate regulation aligned with the principles of the National Scheme. [2]

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.

The ACA does not support either option as currently presented, as both maintain a continuing unconditional restriction on spinal manipulation for children under the age of two.

While the ACA recognises the Board's intent to consolidate guidance into a single accessible document, neither option adequately addresses the substantive concerns raised regarding regulatory scope, proportionality, and the appropriateness of using a Statement to give effect to what operates, in practice, as a permanent clinical restriction.

Both options retain a precautionary policy position that is not supported by demonstrated evidence of harm across the published literature, regulatory or insurance datasets, or the Safer Care Victoria Review.[3,4] There is no evidence that the measure would deliver additional risk reduction within the current regulatory framework.

The ACA's position is grounded in the evidence-based regulatory framework of the National Law and Ahpra's Regulatory Principles for the National Scheme. Under this framework, regulatory responses should be proportionate to demonstrated risk, transparent in their rationale, and the least restrictive necessary to protect the public.[1, 2, 25] From a peak-body perspective, the issue is therefore not consolidation versus status quo, but whether the regulatory approach itself remains consistent with the objectives of the National Scheme.[14] The ACA considers that neither option, in its current form, provides a proportionate or appropriately designed regulatory outcome.

Preferred approach

The ACA considers that a revised approach is required, one that supports safe paediatric practice while maintaining regulatory clarity, independence and evidence-led decision-making.

After almost a decade of reviews and shifting policy settings predating the Safer Care Victoria process, continued reliance on precautionary measures has prolonged uncertainty for practitioners and the public. Following this sustained scrutiny, the profession requires a clear, proportionate and durable regulatory outcome that restores confidence in evidence-led, independent regulation.

Specifically, the ACA considers that the Board should:

- consolidate paediatric care guidance into a single, coherent document without embedding permanent clinical prohibitions, consistent with the November 2023 Statements approach and the comparable position adopted by the Osteopathy Board;[6,9]
- clearly distinguish between precautionary guidance and enforceable regulatory obligations, in line with National Scheme principles of proportionality, transparency and least-restrictive regulation; and
- include balanced content that supports public understanding of safe, age-appropriate paediatric chiropractic care, consistent with the regulatory principles that emphasise maintaining community confidence.

The Association remains committed to constructive engagement with the Board to develop an approach that provides regulatory clarity, supports public safety, and reinforces confidence in independent, evidence-informed regulation under the National Scheme.

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?

   In its current form, only partially.

   While the revised Statement outlines general expectations around education, informed consent and clinical decision-making, the inclusion of absolute age-specific restrictions within a guidance document blurs the distinction between interpretive advice and enforceable obligation. This creates uncertainty about how the Board's expectations should be applied in practice.

   As highlighted in the substantive response to Question 1, the Statement would better support practitioner understanding if its scope and regulatory status were clearer, precautionary guidance were distinguished from enforceable requirements, and duplication with existing regulatory instruments were reduced. In its current form, the drafting implies risk without evidentiary substantiation and may be interpreted as overriding clinical judgement rather than guiding it.

4. Are there any changes needed to the statement to keep the public safe? Please provide reasons for your answer.

Yes. The ACA supports the objective of protecting public safety, but does not consider that the revised Statement provides additional safety benefit beyond the existing regulatory framework.

The ACA has previously affirmed, to members, Health Ministers, Chief Allied Health Officers and within the Safer Care Victoria Review process, its confidence in the Board's capacity to apply the existing regulatory mechanisms of the National Law to oversee and regulate chiropractic practice effectively.

The Board already has robust mechanisms to protect the public, including the shared Code of conduct, advertising guidelines, evidence-based practice expectations, and established notification and enforcement processes under the National Law. [1] These tools provide a comprehensive framework for managing practitioner risk and responding to concerns where they arise.

Given the acknowledged rarity of serious adverse events and the absence of substantiated safety incidents, [3,4] the ACA considers that public safety is best supported through clear, proportionate, and evidence-led guidance rather than categorical restrictions embedded within a position statement. Reinforcing informed consent, practitioner competence, appropriate modification of care, and referral obligations would more directly support safe paediatric practice.

Changes that would better support public safety include:

- maintaining safe access to appropriately trained and regulated chiropractors for paediatric care. Clinical restrictions on regulated practitioners may unintentionally shift parents and carers toward less qualified, less safe or unregulated alternatives, reducing regulatory oversight and likely increasing risk;
- ensuring the Statement complements, rather than duplicates, existing regulatory safeguards; and
- strengthening plain-language clarity so that practitioners, parents and carers can easily understand expectations and make informed decisions.

Public safety is best served by clear, proportionate and evidence-led regulation.

A revised approach grounded in proportionality, transparency and regulatory clarity is necessary to ensure that regulatory guidance strengthens, rather than dilutes, public safety outcomes. A clearer, evidence-based framework would better protect the public while reinforcing trust in fair and independent regulation.

5. Please provide any other comments or feedback on the statement.

The Association encourages the Board to consider how the revised Statement will be perceived and relied upon not only by chiropractors, but also by the public, other National Boards, regulators and government stakeholders. Regulatory guidance issued under the National Scheme carries broader system implications, including beyond a single profession.

Risk Communication and Public Understanding

The way precautionary information is framed within regulatory guidance has a significant impact on public interpretation. Where language implies heightened risk without contextual explanation, it may unintentionally discourage families from seeking regulated care or create confusion about what constitutes safe practice. Clear, balanced communication that distinguishes between precaution, uncertainty and demonstrated harm would better support informed decision-making by parents and carers.

Consideration of Service Delivery Contexts

Regulatory decisions also operate within real-world service delivery contexts. Chiropractors remain a highly accessible healthcare provider for many families, including those in rural and regional communities, CALD and vulnerable populations where cultural differences, workforce shortages, barriers and limited access to paediatric services already exist. [15,16] Profession-specific restrictions risk unintended consequences of reducing access to regulated, trained practitioners and may exacerbate existing inequities in healthcare availability.

Workforce Sustainability and System Capacity

The Association encourages consideration of the broader workforce context in which this Statement will operate. Chiropractors are listed on all workforce shortage registers nationally and in jurisdictions, [17] often providing timely access to musculoskeletal care for families. Regulatory settings that reduce practitioner participation in paediatric care may place additional strain on already stretched primary care and paediatric services, particularly in regional communities.

Precedent beyond chiropractic

Clinical restriction in the absence of demonstrated systemic risk [3,4], may create a precedent that extends beyond chiropractic and may influence future regulatory approaches across professions in the National Scheme. The ACA notes that comparable chiropractic regulators internationally do not impose equivalent profession-wide clinical prohibitions through guidance instruments, underscoring the atypical nature of the proposed approach. The ACA submits that the guiding principles of the National Law requires that restrictive regulatory interventions be grounded in evidenced and identified risk rather than perceived or external pressures. The revised Statement does not conform with those guiding principles.

Professional Reputation and Unintended Consequences

The ACA is concerned that the current framing of the revised Statement risks causing reputational harm to the chiropractic profession Regulatory guidance should reinforce public confidence in competent, regulated practitioners. Where precautionary language appears disproportionate or inconsistently applied, it may unintentionally undermine trust in both the profession and the independence of the National Scheme.

Concluding Comments

The ACA submits that the Board should adopt a revised approach that provides clarity, proportionality and durable regulatory certainty after a prolonged period of review and scrutiny. A Statement that reinforces practitioner competence, informed consent, clinical accountability and existing safeguards, without embedding profession-specific restriction would better support safe paediatric care, maintain access to regulated providers, and uphold the integrity of Australia's risk-based regulatory framework.

The Association remains committed to constructive engagement with the Board to achieve an outcome that protects patients, supports practitioners and reinforces confidence in fair and transparent regulation.

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