

## About revision of the Code of Practice

- Q1. What are the reasons for revising the Code of Practice (“**Code**”)?
- A1. In 2008, the Court of Appeal analyzed the relationship between the freedom of expression and rules on practice promotion by members of a profession. The Chiropractors Council decided to review the Code to ensure that the relevant rules are consistent with the promulgated principles. As the Code has been implemented for many years, the Council also took the opportunity to revise the Code comprehensively in line with present day expectations of the society.
- Q2. What are the main considerations in revising the Code?
- A2. Rules of professional conduct are required for protecting the public and the patients, maintaining public confidence in the chiropractic profession, and upholding the reputation of the profession. Key elements of professional ethics include honesty, integrity, transparency/disclosure, respectfulness, confidentiality and objectivity. Therefore, the main considerations in revising the Code are:
- (i) patients’ welfare;
  - (ii) the standards expected by the society of chiropractors; and
  - (iii) the conduct expected by the chiropractic profession of its members.
- Q3. What is the approach to the format of the Code?
- A3. The approach is to set out the principles of professional ethics for guidance of chiropractors. Where appropriate, specific provisions on the required conduct in particular situations are included to clarify the relevant principles.
- Q4. Are overseas rules of professional conduct incorporated?
- A4. Chiropractic has a much longer history in America and Europe. Therefore, overseas rules of professional conduct are valuable reference materials in revising the Code. Nevertheless, the local rules are formulated having regard to the local situation.

Q5. What are the *major* changes and the reasons for such changes?

A5. Chiropractors should thoroughly study the revised Code itself in order to understand all the requirements. The *major* changes and the reasons are:

- (1) Consent to treatment: S.4 sets out the requirement to obtain the patient's informed consent before providing treatment, and the factors affecting the validity of consent.

Reasons: (a) In law it is a requirement to obtain informed consent from the patient before providing treatment. (b) To clarify the factors affecting the validity of consent.

- (2) Patient records: S.5 sets out the requirement to maintain proper records of each patient and the matters required to be recorded, and the duty to ensure the accuracy and confidentiality of the records. S.10 sets out the proper handling of patient records when a chiropractor stops practice.

Reasons: (a) Proper patient records (including history, examination findings, investigation, treatment, progress) are essential for continuity of care for the patient. (b) To comply with the statutory requirements of the Personal Data (Privacy) Ordinance. (c) In case of dispute, to provide objective evidence for protecting the respective interests of the chiropractor and the patient.

- (3) Invoice / receipt: S.7 provides that on each consultation the chiropractor must issue to the patient a receipt or an invoice bearing the patient's name, treating chiropractor's name, registration number, address and date of consultation.

Reasons: (a) To prevent unregistered persons from posing as registered chiropractors. (b) To provide reliable information (as the registration number is unique for identifying each registered chiropractor) for patients to verify the treating person's registered status through checking the Register published on the Council's website. (c) In case of dispute, to provide objective evidence as to who provided the treatment.

- (4) Patient confidentiality: S.8 sets out the duty to maintain patients' confidentiality and the circumstances in which patient information can be disclosed to other persons without the patient's consent.

Reasons: (a) It is a professional duty to maintain patient confidentiality and not to disclose the patient's information without the patient's consent. This is essential for maintaining public trust in the profession. (b) To clarify the exceptional circumstances in which patient information may be disclosed without the patient's consent.

- (5) Chiropractic examination: S.9 clarifies the chiropractor-patient relationship in health check-up and chiropractic examination, and the need for chaperone during intimate examination.

Reasons: (a) To clarify the chiropractor-patient relationship in health check-up and examinations at the request of third parties (e.g. prospective employers, insurance companies) and the chiropractor's duties in such situations. (b) To address the concerns of the public about intimate examinations, to prevent misunderstanding, and to protect the chiropractor from unjustified allegations.

- (6) Referral of patients: S.11 provides that where appropriate a chiropractor should refer the patient to other healthcare professionals.

Reasons: (a) To make clear that referral should be made to the relevant healthcare profession, where the patient's condition is outside the ambit of chiropractic treatment, where healing will be better served by other treatment, or where co-management by chiropractic and other treatment will advance the patient's best interest. (b) To make clear that chiropractic does not purport to be a universal cure or useful for every health condition.

- (7) Termination of relationship: S.12 sets out the circumstances in which a chiropractor-patient relationship can be properly terminated.

Reasons: (a) To clarify the circumstances in which a chiropractor may terminate the chiropractor-patient relationship. (b) To set out the duties of the chiropractor where it is decided to terminate the relationship.

- (8) Disparagement: S.14.2 makes it clear that it is proper to make honest and justified comments on another chiropractor's professional practice.

Reasons: (a) To clarify that a chiropractor can honestly comment on another chiropractor's professional practice, as long as such comments are

justified, made in good faith, and intended to promote the best interest of the patient. (b) To ensure that chiropractors can express an honest opinion when called upon to give a second opinion or to conduct professional audit or peer review.

- (9) Financial transactions: S.16 sets out the various forms of improper financial transactions. (Note: (a) Under s.16.1 a chiropractor can charge for services rendered by him in connection with auxiliary services performed by other persons, such as interpreting radiographs, as long as this is made clear and is not disguised as the fee for taking the radiographs; (b) for the purposes of s.16.2, in a genuine principal-associate situation the principal by providing supervision, equipment and staff will be taking a commensurate part in providing the associate's service to patients.)

Reasons: (a) To make clear that certain kinds of financial transactions are improper and prohibited (e.g. sharing fees with middle-man, commissions and rebates for referral of patients to laboratories, benefits for promoting other suppliers' products or services). (b) To ensure that a chiropractor's charges are made transparent to the patient.

- (10) Canvassing: S.18 elaborates on what does and what does not constitute prohibited canvassing.

Reasons: (a) To clarify what a chiropractor can and cannot do, in order to avoid contravening the prohibition of canvassing for patients. (b) To clarify that participation in certain health schemes (e.g. health insurance schemes, employee health benefits schemes) does not constitute canvassing.

- (11) Criminal convictions: S.20.4 provides that a chiropractor who has been convicted in or outside Hong Kong must report the conviction to the Council within 28 days from the date of conviction, even if the conviction is under appeal.

Reasons: (a) To ensure that all criminal convictions will be brought to the notice of the Council as soon as possible, so that the Council can consider whether disciplinary action should be taken. (b) To maintain public confidence that timely disciplinary action will be taken against persons unfit to practise chiropractic, particularly where serious offences with implication to patient safety are involved.

- (12) Disciplinary proceedings: S.21.2 provides that if any professional regulatory body in or outside Hong Kong has made an adverse finding against a chiropractor in disciplinary proceedings, the chiropractor must report the matter to the Council within 28 days from the date of the finding.

Reasons: (a) To ensure that all adverse disciplinary findings will be brought to the notice of the Council as soon as possible, so that the Council can consider whether disciplinary action should be taken. (b) To maintain public confidence that timely disciplinary action will be taken against persons unfit to practise chiropractic, particularly where improper conduct with implication to patient safety is involved.

- (13) Display registered name: S.22.5 provides that every chiropractor must display a notice setting out his registered name on the exterior of his clinic, and a notice setting out his registered name and registration number at the reception counter. S.23.3 provides that every chiropractor must practice in his registered name.

Reasons: These are measures to ensure that only registered chiropractors will be providing chiropractic treatment to patients. The display of the chiropractor's name and registration number will enable patients to verify the chiropractor's registered status *before* receiving treatment, whereas the invoices/receipts under s.7 will be provided *after* the treatment.

- (14) Quotation of fees: S.22.6 provides that every chiropractor must display in the waiting area a notice that patients can ask for advance quotation of the treatment fees.

Reasons: (a) To address the public concern that patients may be charged unreasonably high fees, without advance knowledge of the fees and the opportunity to consider whether to receive treatment at such high fees. (b) To ensure that a chiropractor's fee is made transparent to the patient.

- (15) Disseminating practice information: S.23 sets out the respective rules on disseminating information about a chiropractor's practice to the public and patients. S.24 sets out the rules on practice promotion.

Reasons: (a) To protect the public from misleading information. (b) To ensure compliance with the principles governing freedom of expression.

(c) To prevent distasteful means of disseminating practice information. (d) To uphold the reputation of the profession as an honorable profession, thus maintaining public confidence that chiropractors are guided by patient welfare rather than commercial gain.

- (16) Disclosure of interest: S.23.5 provides that a chiropractor must disclose his interest in a product or service before making comments on the product or service.

Reasons: (a) To prevent a chiropractor who offers professional advice on the pros and cons of a product or service from hiding his interest in the product/service. (b) To address the public concern that seemingly professional advice may be tainted by the chiropractor's hidden motives.

- (17) Practice promotion: S.24 sets out the rules on practice promotion.

Reasons: Same reasons as those set out in item (15) above on "Disseminating practice information".

- (18) Package or pre-payment: S.24.4 sets out the rules on package services or pre-payment schemes. Upon clinical examination at the end of a pre-payment package a chiropractor can continue to provide further treatment if it is clinically indicated, either through non-packaged sessions or a further pre-payment package.

Reasons: (a) To ensure that patients will not be tied up by long-term packages or pre-paid schemes even if subsequent development of their health conditions renders further treatment unnecessary or unsuitable. (b) To address the public concern that some patients may be induced to purchase long-term packages or pre-paid schemes which may become unnecessary or unsuitable with the passage of time and development of their health conditions.

- (19) Permitted channels: S.25.1 sets out the permitted channels for disseminating practice information to the public (i.e. persons who are not already the chiropractor's patients), and the specific rules applicable to each channel are set out in Appendices A to G. S.25.2 sets out the rules on providing practice information to patients.

Reasons: (a) Same reasons as those set out in item (15) above on “Disseminating practice information”. (b) To distinguish between the public and patients as different categories of targets of dissemination of practice information, with different rules applicable to each category.

- (20) Practice website: Appendix D sets out the different rules applicable to practice websites and public education websites.

Reasons: (a) To provide for a practice website for disseminating a chiropractor’s practice information to the public under s.25(1)(e), and a public education website for a chiropractor to take part in bona fide health education under s.26.1. (b) To keep the two websites separate from each other (both in terms of the permitted contents and non-hyperlinking), as they are set up for different purposes. (c) To prevent unauthorized promotion of a chiropractor’s practice in the guise of health education. (d) To prevent unauthorized practice promotion through internet devices such as pay-per-click or pay-for-priority-listing service.

- (21) Health education: S.26 provides that a chiropractor can take part in bona fide health education (e.g. lectures, publications), as long as it is not exploited for promoting his practice or canvassing for patients.

Reasons: (a) To clarify that participation in health education activities is permissible. (b) To make clear that information provided in health education should be objectively verifiable, unexaggerated, and with balanced presentation of the pros and cons.

- (22) Commercial endorsement: S.27 provides that a chiropractor must not exploit his professional status for commercial endorsement or promotion of health related products and services.

Reasons: (a) To prevent chiropractors from exploiting their professional status for commercial promotion of health products. (b) To maintain the professional image of the profession. (c) To prevent a chiropractor’s clinic from being operated as a sales outlet of health products.

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