

COLLEGE OF CHIROPRACTORS OF BRITISH COLUMBIA

Information Note

Prepared for: CCBC Registrants

Title: Efficacy Claims Policy - Backgrounder

Purpose: To provide registrants with information supporting the development of the current Efficacy Claims Policy.

BACKGROUND

The Efficacy Claims Policy announced by the CCBC in October 2018 and effective November 1, 2018 states that:

*“Due to the absence of acceptable evidence supporting such claims, **registrants must NOT represent** to patients or the public that chiropractic:*

(a) can be used to treat diseases, disorders or conditions such as: Alzheimer’s disease, cancer, diabetes, infections, infertility, or Tourette’s syndrome, or

(b) has any beneficial effect on childhood diseases, disorders or conditions such as: ADHD (or ADD), autism spectrum disorders including Asperger syndrome, cerebral palsy, Down syndrome, fetal alcohol syndrome, or developmental and speech disorders.”

Since the policy was announced, compliance by registrants has been swift and thorough. The Board wishes to acknowledge the commitment and professionalism demonstrated by BC’s chiropractors to ensure that services provided are within their scope of practice and that the advertising of those services aligns with their legislated scope of practice.

A small number of registrants – approximately 25 – have written to the College with questions about the policy, primarily asking for the background information used to inform its development.

The questions posed can be grouped generally within the following six topics:

1. the literature and evidence that was reviewed to inform the policy
2. the persons who reviewed the literature and evidence
3. which other jurisdictions were considered in the development of the policy
4. the definitions for “acceptable evidence”, “sufficient evidence” and “no beneficial effect”
5. whether patient testimonials are allowed within the policy
6. how the CCBC will address evidence on new topics.

At the December 6, 2018 Board meeting, staff were directed to work with Board members, including the Quality Assurance Committee, to provide materials supporting

the listed topics, and to distribute that information all registrants. The supporting materials and information collected is shown below.

College Staff and the Quality Assurance (QA) Committee began the original policy review in late 2016 and into early 2017. It was discussed at the Board level and returned to the QA Committee several times.

In April 2017 the Board approved the changes to Professional Conduct Handbook (PCH) part 14.1(f) with Appendix “N” being added to the PCH in April 2017.

Since then the review has been conducted by staff, the QA Committee and the Board, leading to the Policy statement in October 2018.

SUPPORTING INFORMATION AND MATERIALS

Topics 1, 2 and 3

Documents and literature reviewed included the following:

- [Why ‘Evidence Informed’ Healthcare?](#)
- [The Levels of Evidence and their role in Evidence-Based Medicine](#)
- [Chiropractic Board of Australia - Statement on advertising](#)
- [Best Practices for Chiropractic Care of Children: A Consensus Update](#)
- [Chiropractic Care for Nonmusculoskeletal Conditions: A Systematic Review with Implications for Whole Systems Research](#)
- [Primary prevention in chiropractic practice: a systematic review](#)
- [Effectiveness of manual therapies: the UK evidence report](#)
- [Effect of chiropractic treatment on primary or early secondary prevention: a systematic review with a pedagogic approach](#)
- [Chiropractic and children: Is more research enough?](#)
- [Chiropractic at the crossroads or are we just going around in circles?](#)
- [Appeal to fear in health care: appropriate or inappropriate?](#)

The policy development process included documentation available through:

- the UK Health & Care Professions Council, the Health Protection Agency (HPA) and the General Chiropractic Council (GCC)
- The Australia Health Practitioner Regulation Agency (AHPRA) and the Chiropractic Board of Australia
- The Manitoba Chiropractors Association Regulatory Board
- The BC Ministry of Health, Professional Regulation and Oversight, Clinical Integration, Regulation and Education Division.

The UK and Australia jurisdictions were identified by the College as recognized leaders in modern chiropractic regulation.

It should be noted that the BC Ministry of Health and the BC Health Regulators have identified the UK's Professional Standards Authority (PSA), of which the GCC is one of nine health and social care regulators in the UK, as a best practice.

Those involved in the development of the policy were all registrants in good standing, many with additional professional qualifications or designations.

Topic 4

Registrants requested further detail and clarification with respect to these terms:

- **Acceptable evidence:**

The following excerpt is from the PCH Appendix "N".

"What is acceptable evidence?"

Adopted from the Australian Health Practitioner Regulation Agency

Chiropractors must not advertise health benefits of their services when there is not acceptable evidence that these benefits can be achieved.

When assessing whether there is acceptable evidence for therapeutic claims, the issues to consider include:

- *Is the evidence relied on objective and based on accepted principles of good research? Is the evidence from a reputable source? For example, a properly peer-reviewed journal.*
- *Do the studies used provide clear evidence for the therapeutic claims made or are they one of a number of possible explanations for treatment outcomes?*
- *Have the results of the study been replicated? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.*
- *Has the evidence been contradicted by more objective, higher quality studies? (For example, evidence from a single study would not be acceptable evidence if it is contradicted by a systematic review). Statements and claims in marketing that are contrary to higher-level evidence are not acceptable.*

The following types of studies may not be considered sufficient acceptable evidence for advertising claims:

- *Studies involving no human subjects;*
- *before and after studies with little or no control or reference group (eg, case studies);*
- *self-assessment studies;*
- *anecdotal evidence based on observations in practice; and,*
- *outcome studies or audits, unless bias or other factors that may influence the results are carefully controlled."*

- **Sufficient evidence:**

Sufficient is inherently a subjective measure based on quality of high-level evidence. Statements or claims that are contrary to high-level evidence are unacceptable. High-

level evidence will usually take the form of meta-analyses, systematic reviews or one or more studies that are high quality, well respected and acknowledged.

All types of evidence, including meta-analyses and systemic reviews, are susceptible to being of poor quality due to bias errors, poor methodology and incorrect conclusions. All types of evidence must be reviewed based on individual merits.

- **No beneficial effect:**

The College supports evidence-informed healthcare. This position is in solid alignment with the Ministry of Health and other regulated health professions.

Based on the evidence, chiropractic care has no direct beneficial effect on the primary conditions listed in the policy.

Topic 5

Patient testimonials are permitted in the PCH part 14.3 “provided...(b) all testimonials are truthful, accurate, in good taste and otherwise conform to the provisions of the *Handbook* and section 85 of the *Bylaws*.”

The Efficacy Policy is further to PCH part 14.2(f) and the content of testimonials must be in accord with the policy.

Topic 6

Through 2019, the Board will develop a rigorous, defensible process for how emerging research and evidence will be considered for ongoing revisions to the policy. The Board has previously discussed options for an evidence review committee, also raised at the national level. Whatever process is adopted, registrants will be advised and invited to provide input into the development of the process.

Drafter: Richard Simpson
Date: January 15, 2019