THE CHIROPRACTIC ASSOCIATION OF SOUTH AFRICA

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### STAKEHOLDER IDENTITY

- **The Chiropractic Association of South Africa (CASA)**, is registered under the Companies Act no 71 of 2008, registration no 1945/018909/08
- Membership is voluntary.
- Approximately 544 members (78% of all registered Chiropractors).

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STAKEHOLDER IDENTITY

• All practising Chiropractors in South Africa, have to register with the Allied Health Professions Council of South Africa, (AHPCSA) in terms of the Allied Health Professions Act 63 of 1982

• Approximately 700 chiropractors are registered in South Africa, comprising 26% of all professionals registered with AHPCSA

• Chiropractors in South Africa are therefore regarded as Allied Health Professionals

• Full membership to CASA is open to all duly qualified Chiropractors and who are registered with the AHPCSA

• With a CASA membership of some 544, about 78% of registered chiropractors are members.

• We are confident that more and more practitioners will now become members – also as a result of CASA’s submissions to this inquiry by the Competition Commission.
STAKEHOLDER IDENTITY

• CASA has an annually elected national council with a president, vice-president and regional branches with committees and chairpersons; whilst a Secretary-General as chief executive officer, assisted by a secretariat, is responsible for its overall administrative management. Regular minuted meetings are held.

• A proper understanding of the chiropractic profession will, with respect, assist to appreciate the ways in which competition in the private healthcare sector can be promoted by achieving its potential to deliver its mandate of specialised, accessible, quality, cost-effective, conservative healthcare to more consumers countrywide.
ORGANISATIONAL STRUCTURE OF CASA
Directors as registered in terms of Companies Act no 71, of 2008, named the Chiropractic Association of South Africa NPC registration no 1945/018909/08

President
Vice-President
Finance Chair
CEO/SG
(3 Directors allowed for)
A new constitution was adopted by the members on 7 November 2015.

The objects of CASA are contained therein.
WHO ARE CHIROPRACTORS?

In its Introduction the WHO states:

“Chiropractic is one of the most popularly used forms of manual therapy. It is now practiced worldwide and regulated by law in some 40 national jurisdictions. ... As a health care service, chiropractic offers a conservative management approach and, although it requires skilled practitioners, it does not always need auxiliary staff and therefore generates minimal add-on costs. Therefore, one of the benefits of chiropractic may be that it offers potential cost-effective management of neuromusculoskeletal disorders. ... In some countries, e.g. the United States of America, Canada, and some European countries, chiropractic has been legally recognised and formal university degrees have been established. ... In some countries, ..... primary health care workers specifically trained ... may also form the basis for introducing some chiropractic principles of health care and therapeutic interventions into national health systems which would otherwise be unavailable for the management of common musculoskeletal conditions and the optimization of health...”
WHO ARE CHIROPRACTORS?

- The WHO defines chiropractic as:

  - “A health care profession concerned with the diagnosis, treatment and prevention of disorders of the neuromusculoskeletal system and the effects of these disorders on general health. There is an emphasis on manual techniques, including joint adjustment and/or manipulation, with a particular focus on subluxations.”

- The WHO further states:

  - “Although spinal manipulation dates back to Hippocrates and the ancient Greek physicians, ... the discovery of chiropractic is attributed to D.D. Palmer in 1895, with the first school for the training of chiropractors commencing in the United States of America in Davenport, Iowa in 1897......The term ‘chiropractic’, derived from Greek roots to mean ‘done by hand’, originated with Palmer and was coined by a patient, the Reverend Samuel H. Weed.”
PROFESSIONAL ROLE OF CHIROPRACTIC

• Chiropractic practice, .... without the initial use of medicines, drugs and surgery and as primary-contact health care practitioners, recognise the importance of interprofessional referral and co-operation, in the best interests of the consumer, the patient.
PROFESSIONAL ROLE OF CHIROPRACTIC

• Chiropractic has risen to become the third most utilised primary health care profession in the world after medicine and dentistry.

• Much research has been done to evaluate the effectiveness of chiropractic, which has shown that 80-90% of people will suffer from low back pain at least once in their lifetime and that it is the second leading reason why people will visit a health care professional, second only to the common cold.

• Low back pain is the most common reason for visits to orthopaedic surgeons, neurosurgeons and occupational medical practitioners – and the third most common stated reason for surgery.
PROFESSIONAL ROLE OF CHIROPRACTIC

• Research done supporting the Chiropractic Profession throughout the world:
  • New Zealand report supports chiropractors being able to act as:
    • Primary contact practitioners;
    • * Specialist assessors of neuromuscular and musculoskeletal systems;
    • * Specialists in the field of spinal and extremity manipulation; and
    • * Practitioners trained in the prevention of disease and promotion of health within both the private and public health care sectors of their country.

• Chiropractic treatment was found to be the most “cost effective and efficacious”
PROFESSIONAL ROLE OF CHIROPRACTIC

• There is strong evidence for the effectiveness of manipulation, back schools and exercise therapy for chronic pain.
  • The latter is seen as particularly important in developing countries where these countries would benefit financially from reducing the burden (financial, socioeconomic, production loss, absenteeism and medical costs) of musculoskeletal and neuromuscular disorders that are associated with both the workplace and reactional activities.
  • In South Africa, the crisis of the health care delivery system currently includes but is not limited to: a shortage of resources, the high cost of health care, a lack of inter-professional cooperation and the underutilisation of more cost effective treatment.
PROFESSIONAL ROLE OF CHIROPRACTIC

• **BEAM trial**, published in the British Medical Journal (November 2004)
  • Chiropractic treatment produces superior results in terms of safety, effectiveness and patient satisfaction
    • Patients are shown to take fewer days sick leave, spend less time incapacitated, use less medication for pain relief, smaller probability of needing back surgery and the problem becoming a chronic condition.

• The World Federation of Chiropractic (WFC), formed in 1988, commenced an official association with the World Health Organization as a non-governmental organization or NGO in 1997. CASA is a voting member of the WFC, and is represented internationally by them.

• WFC has been part of the WHO’s development of guidelines for governments on minimum educational standards for the regulation and safe practice of chiropractic health care – the WHO Guidelines on Basic Training and Safety in Chiropractic.
PROFESSIONAL ROLE OF CHIROPRACTIC

“Chiropractic services are now largely or fully integrated with medical and other mainstream health care services in a number of countries. …. through Harvard University’s health care network. In the words of Wayne Jonas, MD, Founding Director, Office of Alternative Medicine, US National Institutes of Health: ‘The chiropractic profession is assuming its valuable and appropriate role in the health care system in this country and around the world. As this happens the professional battles of the past will fade and the patient at last will be the true winner.’ ”

• “In the 1960s and 1970s the foundations were laid for broader mainstream acceptance of the profession – improved educational and licensing standards, significant research texts and scientific journals, and legal recognition and regulation in all US states and various other countries …….. PRACTICE ……..” Research demonstrates that the primary reasons patients consult chiropractors are back pain (approximately 60%), other musculoskeletal pain such as pain in the neck, shoulder, extremities and arthritic pain (20%) and headaches including migraine (10%)…….Interdisciplinary practice is now common, with chiropractic doctors/chiropractors, medical doctors, physical therapists and others working as partners in private practices, occupational health, automobile accident and other rehabilitation centres and national sports medicine teams. While most chiropractic services are community-based in private offices, hospital-based services are today available in many countries …..”
PROFESSIONAL ROLE OF CHIROPRACTIC

• Recent World Health Organization Global Burden of Disease report, published in Lancet 2012; (Murray et al, Vos et al, 2012) the following information regarding spinal conditions was reported:
  • Low back pain is the leading cause of disability.
  • Neck pain is the fourth leading cause of disability.
  • Low back pain and neck pain affect more than 1 billion people worldwide

• Spinal pain contributes more to the global burden of disease (including death and disability) than: HIV, diabetes, malaria, stroke, Alzheimer’s disease, breast and lung cancer combined, traffic injuries, and lower respiratory infections.
• Over the course of one year, as much as 72% of the population worldwide will have a bout of back pain. At any given time, the percentage of people with back pain has been identified as high as 59% (Louw et al, 2007).

• The prevalence of spinal pain is four times higher in developing countries (Hoy et al, 2010). The implications of which can be particularly devastating for populations that depend on manual labour for economic survival.
PROFESSIONAL ROLE OF CHIROPRACTIC

In a recent SA newspaper article (Rapport 20th March 2016) according to an Icas report, reasons were given as to why South Africans take sick leave.

- 30%-35% as a result of musculoskeletal problems and back pain;
- 30%-35% mental and psychological problems;
- 20%-25% acute and chronic medical conditions and
- 10%-15% just because they were entitled to it.
WORLD SPINE CARE

• A positive and successful public based program driven by chiropractors with the backing of the Botswana Government under the Global Alliance for Musculoskeletal Health and the WHO.

• The traditional medical model of analgesics, imaging and time off work is not supported by the evidence.

• The best current evidence indicates that manual therapy (manipulation and mobilisation), patient education, exercise and mild analgesia when indicated, is the recommended treatment plan.

• Low back and neck pain combined are only exceeded by cardio-vascular disease in terms of disability.

• The burden of disease world wide is now shifting from communicable to non-communicable diseases, musculo-skeletal and mental diseases combined being the greatest.

• If a consumer / patient has low back pain, he/she has a 50-60% chance of having it again within 5 years.

• The socio-economic impact of low back pain is greater than any other singular disease.

• The above applies much more to lower income groups, females, the elderly and rural communities / areas.
• Chiropractic care has been covered by Workman’s Compensation, also known as COIDS (Compensation for Occupational Injury and Disease) for many years.

• Experience in the USA shows that chiropractic care costs up to 50% less than comparable medical care and surgery; and also requires 50% less sick leave before returning to work.

• The State of Oregon in the USA, aims to produce healthy citizens rather than simply financing and delivering health care. Officially recommending spinal manipulation as the only drug-free treatment for acute, sub-acute and chronic low back pain. The Governor, a medical doctor, proclaimed October 2014 to be Oregon Chiropractic Health and Wellness MONTH
CURRENT RESEARCH IN BOTSWANA

• Maria Hondras. DC, MPH, PhD Fellow. Topic: Burden of musculoskeletal disorders among villagers in rural Botswana: A focused ethnography. Faculty of Health Sciences. University of Southern Denmark  mhondras@health.sdu.dk

• Mylène Mongeon, BA, MS student. Topic: Improvising knowledge: The case study of the implementation of a biomedical care clinic by World Spine Care in Shoshong, Botswana. Collaboration with traditional healers. University of Ottawa. Mmong062@uottawa.ca

• Mufudzi Chihambakwe, M. Tech (chiro) student. Topic: The perception of selected stakeholders of the integration of World Spine Care into the health care system of Botswana. Durban University of Technology.  muffychihambakwe@gmail.com
Chiropractors can be trained virtually anywhere in the world.

- In South Africa the course is offered at Durban University of Technology (DUT) since 1989 or at the University of Johannesburg (UJ) since 1994. Both these academic programmes have full accreditation with the Council on Higher Education of the South African Department of Education, as well as the International Council on Chiropractic Education.

- Within the AHPCSA, only Chiropractors and Homeopaths qualify with a masters degree.

- Regular meetings occur where the academic staff and CASA council discuss issues such as curriculae and teaching standards. CASA aims to promote, encourage and maintain high standards of education, training, conduct and practice within the profession in South Africa.
• The qualifications obtained by the South African graduates are highly regarded and recognised internationally.

• Continuing professional development is a lawful requirement for continued registration with the AHPCSA giving the profession local and international credibility with other health professionals.

• Chiropractors are required to take the Chiropractor’s Oath, in line with the Hippocratic Oath, which is one of the oldest binding documents in history and from which is quoted: “I will stand ready at all times to serve my fellow being without distinction of race, sex, creed or colour.”
MAIN THEORIES OF HARM

• market power and distortions in relation to both health care facilities and practitioners,
• barriers to entry and expansion at various levels of the health care value chain; and
• regulatory legal framework.
MARKET POWER AND DISTORTIONS IN RELATION TO HEALTH CARE FACILITIES

• Chiropractors in South Africa are limited to private practice. They may not legally associate with private or state hospitals and, if done, it happens on a tolerance basis with risk to the provider. Our submission is that this discriminatory process disadvantages the patient (consumer) to quality follow-through health care.

• It is well known and public knowledge, that in South Africa patients are not allowed to be cared for by Chiropractors in state / public hospitals and clinics. This obviously and unfairly inhibits and restricts competition.

• It is submitted that there is no valid scientific reason why South African Chiropractors should not be permitted to practise in public hospitals or why such hospitals cannot facilitate training of interns.

• Is this perhaps due to an ignorance of the nature and scope of the profession, or a professional jealousy which might be financially motivated?
MARKET POWER AND DISTORTIONS IN RELATION TO HEALTH CARE FACILITIES

- This lack of competition not only prevents patients from being cared for in whatever facilities they wish (probably more conveniently and at lower costs), but also, as stated, prevents chiropractic students from doing their internship accordingly.

- As for the market distortions, the South African scenario is even worse, because of the restrictions placed on the sharing of rooms by a practitioner:
  - “A practitioner shall not share his or her rooms with a person or entity not registered in terms of the Act.”
  - Yet, Rule 9.(2) of the same Ethical and Professional Rules of the Health Professions Council of South Africa, provides that:
    - “A practitioner shall help or support only a person registered under ... or the Allied Health Professions Act, 1982 (Act no. 63 of 1982), if the professional practice or conduct of such person is legal and within the scope of his or her profession.”
MARKET POWER AND DISTORTIONS IN RELATION TO HEALTH CARE FACILITIES

• As previously stated, Chiropractors may not register in terms of this latter act, but have to register in terms of the Allied Health Professions Act (no. 63 of 1982).

• As opposed hereto, the Allied Health Professions Act has no similar prohibition about the sharing of rooms. On the contrary, in Rule 49 of its Regulations in terms of the Allied Health Professions Act (1982), it specifically enables partnerships between Chiropractors and medical practitioners in terms of the Health Professions Act referred to above.

• Government Notice no. R266 of 26/3/2001, issued pursuant to the AHPCSA Act, provides in section 54(5):

• “A person who is registered under the Act may not share a consulting room with a person not registered in terms of any Act regarding health professions, or have an entrance through, or a nameplate at the entrance of such person’s consulting or waiting rooms or business.”
• This contradictory regulatory legal framework inhibits health care services from optimal functioning and disturbs interrelationships between the various markets, including health care financing (medical aid schemes in particular).

• Any potential legal action clearly faces uncertainty as a court will have to rely on a dubious interpretation, greatly disadvantaging both parties. The position of the consumers as patients, too, is obviously adversely affected.

• It is submitted that health care services in rural areas in particular, will improve significantly if these stumbling blocks are removed without delay.
• The results show almost a million patients are treated annually by Chiropractors in South Africa with 15 000 new patients a month.

• According to AHPCSA, only R119 million (0.9%) of total private healthcare costs was spent on Chiropractic care.

• The rural accessibility to consumers (patients) by chiropractors is therefore becoming imperative.
MARKET POWER AND DISTORTIONS IN RELATION TO HEALTH CARE PRACTITIONERS

• The distortions and discriminations submitted with regard to health care facilities, apply *mutatis mutandis* to practitioners.

• A Chiropractor is presently perceived by the public and some medical aid schemes, to hold an inferior status in the medical and health care markets because they may not, as a person, *inter alia*, share rooms with medical practitioners; nor are they allowed to admit patients for chiropractic care at state hospitals or clinics nor direct consumers (patients) properly along the health care pathway.

• These distortions are out-dated and possibly unconstitutional in view of the provisions of Chapter 2: Bill of Rights, Section 27(1)(a) of our Constitution: “EVERYONE HAS THE RIGHT TO HAVE ACCESS TO --- (a) HEALTH CARE SERVICES..”, which are barriers precluding the profession of chiropractic to fulfil its mandate to provide accessible, quality, cost effective, conservative health care to the population of South Africa.
MARKET POWER AND DISTORTIONS IN RELATION TO HEALTH CARE PRACTITIONERS

- Medical schemes set their own tariffs.
- Chiropractic is grouped with “allied” services, which are given one allowance for all “professions” in that category; regardless of the level of education required and qualifications.
- Should the patient experience a second (repeat) episode, the patient usually has to pay for the treatment out of pocket.
- Negotiations are undertaken by CASA with individual medical schemes, in the form of protocol development. These negotiations have not been very successful.
Medical Schemes determine their rates based on their own financial models. The practitioner and patient profiles are not considered, and neither is the patient able to have their situation assessed by a multidisciplinary panel.

Chiropractors use RPL codes as their procedure coding system.
• A major barrier for effective competition in private health care is the fact that Chiropractors are prohibited from caring for their patients in state hospitals and rural clinics. This inaccessibility of adequate services in hospitals and rural clinics has resulted in musculoskeletal conditions being neglected to a greater degree than necessary. Comparative costs between orthopaedic surgery and hospitalisation as opposed to treatment by a Chiropractor ---R150,000 and R15,000!

• Chiropractic care is generally accessible only to those who can afford private care or who are covered by a medical scheme with no care available at primary contact level in state hospitals and rural clinics.
• Chiropractic students are required to complete a period of internship. These graduates could in this process fulfil the State’s needs and render a much needed health care service.

• The Kimberley Hospital supported a Department of Chiropractic on an outpatient basis. This department was established and run most successfully for years. Indications are that it has been most cost effective and well supported by the other departments in the hospital.
A study by Meyer researched “The Knowledge and Perception of the Medical Staff about Chiropractic at Kimberley Hospital Complex” is summarised as follows:

- Doctors (62.5%, n=54) and therapists (61.6%, n=10) had a higher knowledge percentage score than nurses (48%, n=213) or other healthcare professions (56.8%, n=15).

- Seventy five percent (n=203) believed that chiropractors are competent in the general medical management of patients but they would still rather refer patients to physiotherapists and orthopaedic surgeons.

- A large proportion of the respondents (80.3%, n=228) believe that chiropractic is not well promoted in South Africa.

- The majority wanted to learn more about the chiropractic profession (95.8%, n=277), especially pertaining to the scope and the treatment employed by chiropractors. Seventy-nine percent (n=212) believed that patients benefit from chiropractic at KHC and 95.4% (n=268) felt that South African hospitals would benefit from chiropractic care.

BARRIERS TO ENTRY AND EXPANSION AT VARIOUS LEVELS OF THE HEALTH CARE VALUE CHAIN WITHIN THE REGULATORY FRAMEWORK
• Some medical schemes discriminate against payment for chiropractic care on the basis that Chiropractors are registered with the Allied Health Professions Council as opposed to the Health Professions Council.

• So too, have patients who require extended chiropractic care, been prejudiced and discriminated against, as applications for extended benefit cover is consistently rejected (regardless of the costs savings) whilst others who are not excluded from government health care systems are not rejected.
It is submitted that the value of chiropractic care should not be prejudiced by being registered with the AHPCSA. It should be acknowledged that the discipline is more effective than for only a few predetermined conditions. It should be acknowledged that chiropractic treatment is effective for many chronic neuromuscular and musculoskeletal conditions.
Closer interaction and multi-disciplinary practices ought to be encouraged between Chiropractors and members of the medical and supplementary professions, as is evidenced by:

• Chiropractors in South Africa are welcomed onto many medical forums, e.g. members of the Spine Society of South Africa; PHISC – private healthcare information services committee

• some Chiropractors who are (albeit perhaps illegally) already in practice with other registered independent health practitioners e.g. general practitioners and related specialists like dentists, physiotherapists and biokineticists, clearly indicating a distortion in competition and in the practitioner market as well as the need for the law to be amended accordingly;

• many medical specialists and general practitioners accept referrals from Chiropractors and some refer patients to Chiropractors;

• chiropractic interns have been serving in out-patient wards at the Kimberley Hospital for many years, the results of which have been very positive;

• medical specialists have participated in Master research dissertations with Chiropractors and students.
Chiropractic students and qualified practitioners provide lectures, tutorials and / or practical education for medical students.

These activities have been achieved without formal agreements being established between the relevant statutory or professional bodies; rather perhaps because there was a *bona fide* need.

All parties benefit, especially the patients and the public.

Chiropractors have procedure specific equipment to facilitate outcome. The techniques and equipment are unique to the profession, and are not duplicated by other practitioners of manipulative therapies.
The professional autonomy and disciplined independence of Chiropractors in their service delivery to the private health care sector, has grown in a responsible manner throughout the world, including South Africa and should be recognised, respected and strengthened more widely in the entire private health care system.

It has deserved and earned such a status by providing objective, evidence-based facts and results of controlled research studies.

CASA has committed itself and its membership to serve.
• The practice of a health care professional is based on a relationship of mutual trust between patients and health care practitioners.
According to a recent CASA market survey about 95% of patients being treated by Chiropractors are from city, urban or suburban communities. That means only 5% is from rural and probably less privileged communities. This is a serious impediment for the Private Health Care Sector to work effectively, and reflects the need that exists outside of the urban/suburban environment for an expansion of Chiropractic services in a manner that is accessible to patients.
Almost a million patients are currently being treated annually by Chiropractors in South Africa and they now care for about 15 000 new patients a month. As stated above, a mere 5% has access to chiropractors in rural areas. This reflects the demographic access skew related to the inability to provide services where they are needed.

The abovementioned current, probably unconstitutional, unfair and unwarranted discriminatory official rules and regulations, cause undue financial hardships and unnecessary lack of health care because patients are forced to discontinue chiropractic care. ... Some never start! These, unfortunately, are not catered for by the private health care sector and cannot be properly directed along the health care pathway.

It is also important to note the fact that the lack of public facilities does not allow for prospective students without financial wherewithal to actually consider entering into the chiropractic programmes and therefore also developing the profession to more adequately address its own demographics and spread into the other rural population groups.
• World-wide Chiropractic is one of the most popularly used forms of manual therapy as it does not use drugs or other consumable medication and only limited auxiliary treatment modalities, it offers great potential for cost-effective management of neuromuscular and musculoskeletal disorders.
• Prevailing imperfect information in the health care markets around chiropractic, forms a barrier which compromises decisions and processes of patients’ ability to choose the most appropriate provider to deal with their condition.

• The regulatory legal framework alluded to above, distorts competition between general practitioners and chiropractors, who are wrongly precluded from treating their patients in state hospitals and clinics. Whilst medical aids discriminate against chiropractic services ostensibly because they are not registered in terms of the same regulatory framework as ordinary medical doctors. These barriers hinder professional competition.
CONCLUSION, HARM AND REQUEST

- There are three main deficiencies in the health care sector which harm competition and negatively impact on the quality of the primary health care service which Chiropractors should and could deliver to the public and consumers:

- firstly, Chiropractors have to register with the Allied Health Professions Council of South Africa and not the Health Professions Council of South Africa;

- secondly, as a main consequence, Chiropractors cannot provide primary health care to the public and their patients (consumers) in state hospitals and rural clinics whilst medical schemes discriminate against chiropractic patients and their care;

- thirdly, medical practitioners are precluded from sharing their consulting rooms with Chiropractors in terms of their governing Act, whereas Chiropractors are not so prohibited to share rooms in terms of their governing Act and regulations
CONCLUSION, HARM AND REQUEST

• The Regulatory Legal Framework within which the chiropractic profession has to function is by and large satisfactory. Hence its remarkable success, relatively good growth, public acceptance with trust and respect from the consumer that it has earned.

• The main deficiencies and barriers which harm competition, are caused by the conflicting provisions in the two governing pieces of legislation with their regulations and not by practitioners.

• This request, for and on behalf of the Chiropractic Association of South Africa, is that both the Allied Health Professions Act (no. 63 of 1982) with its Regulations and the Health Professions Act (no. 56 of 1974) with its Regulations, be suitably amended to allow for full and unrestricted autonomous professional practise and cooperation between registered Chiropractors and other appropriately registered practitioners as defined in terms of this inquiry’s Statement of Issues.

• Maybe even an updated consolidated Healthcare Act should cater for all practitioners.
THE END

• QUESTIONS
• CSA vs HPCSA - traditional perspectives and politics. CASA should be free to choose
• Condemnation -
• The World Spine Care project in which both WFC and CASA play a significant role (strong international affiliation to a very positive and successful public based program being driven by Chiropractors and with the backing of the Botswanan ministry of Health), under the Global Alliance for Muskuloskeletal Health and World Health Organisation.
The World Spine Care project was not brought to South Africa because SA is not considered poor enough, nor do we have the statutory regulations to allow for such a project. We do however, need similar cost-effective and efficient projects to be initiated in SA.