



Professional Communication Directive

Adopted April 2019, updated April 2024

Purpose & enforceability

Purpose: This Directive is intended to help regulated members understand what is expected of them in professional communication, which includes advertising and promotion. It accompanies the Code of Ethics (COE) and Standards of Practice (SP) as a tool for understanding what these standards mean in practice. This Directive aims to increase the knowledge, skills, attitudes and judgement (i.e. competence) of regulated members in their professional communication.

Enforceability: Colleges must carry out their activities and govern their regulated members in a manner that protects and serves the public interest. Colleges must also provide direction to and regulate the practice of the profession by its regulated members. Directives help define professional behaviours and conduct expected of regulated members, are enforceable under the *Health Professions Act* (HPA), and may be referenced in the management of complaints, discipline hearings or appeals.

Relevant legislation and standards

Chiropractors must ensure that their communication, including advertising and promotional activity, is compliant with the legislation and the College of Chiropractors of Alberta (CCOA) standards. This directive assists regulated members in understanding their communication obligations and requirements generally and particularly under:

- HPA, s. 3 (1), s. 102,
- SP 1.0, 1.1, 1.2, 1.3, 4.1, 6.1,
- COE Principles 4 & 5,
- COE Articles A2, A9, A12, A14, B1, B2, B5, C1, C2, C5, C6, D1.

There are other rules that regulated members are required to follow in their communications, including (but not limited to) those outlined in the Canadian Code of Advertising Standards. This Directive is focused on regulated members' understanding of their ethical obligations and requirements as outlined in the HPA, COE and SP. For support in understanding requirements under other pieces of legislation, chiropractors should speak to their legal counsel.

What professional communication is

Regulated members engage in professional communication whenever they communicate in a professional capacity. To expand on that, it is communication with anyone, in any way, as a chiropractor or that the audience views as coming from a chiropractor.

It is important that regulated members consider the ease at which the public can search the internet and determine a regulated member's profession. For this reason, it is more difficult to make a clear distinction between professional and non-professional (private or "off duty"). The public can easily attribute regulated members to their profession even when not using their professional title.



Ethical obligations

General

Regulated members must be truthful and transparent in all professional communications.

Regulated members' professional communications must not

- be misleading,
- be contrary to the public interest and public safety,
- damage the public's trust in the profession, or
- mispresent the profession, or
- negatively impact the integrity of the profession.

Regulated members are responsible for their communications and that of anyone who communicates on their behalf.

Chiropractic efficacy claims

Regulated members must not engage in any communication, including advertising, promotion and testimonials, that states, suggests or implies that treatment, relief, prevention or cure of non-musculoskeletal (MSK) conditions* can be achieved with spinal manipulative therapy or the chiropractic adjustment.

*For a non-exhaustive list of examples of specific or related non-MSK conditions, see **Appendix A**.

All chiropractic efficacy claims, including in testimonials, must be reflective of current and broadly accepted, evidence-based chiropractic research and information. In addition, efficacy claims must be reflective of widely accepted public health doctrines, truthful and factual in all respects. This is an important part of regulated members' requirement to adopt evidence-based practice, defined as follows:

"the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." Sackett, D., Rosenberg, W., Gray, J., et al. (1996). Evidence based medicine: what it is and what it isn't: it's about integrating individual clinical expertise and the best external evidence. *BMJ*, 312, 71-72. doi: <http://dx.doi.org/10.1136/bmj.312.7023.7>

Scope of Practice claims

Regulated members must not communicate about matters which are outside the scope of practice of a chiropractor, including:

1. Communication suggesting chiropractic treatment as a psychosocial intervention or mental health treatment. See also – CCOA Directive on Psychosocial Interventions.
2. Communication expressing opinions or providing advice/information regarding vaccinations and immunizations. See also – CCOA Practice Policy - Vaccination and Immunization.
3. Claims and testimonials regarding the effectiveness of chiropractic care in treating disorders, diseases, or conditions, or make practice activity statements, which fall outside the chiropractic scope of practice.



Title claims

Regulated members must not engage in professional communication that:

1. Uses protected titles to practice activities outside the scope of practice or authorized restricted activities as outlined by the CCOA. For example, if a regulated member is also a certified massage therapist, they cannot use the protected titles of a chiropractor in any context of being a massage therapist.
2. Uses the word "specialist" or "specialized" to identify areas of practice interest, unless properly authorized by the CCOA.

Compliance with CCOA direction

A regulated member must promptly comply with requests and direction from the CCOA regarding their professional communication, including to:

1. Substantiate any professional communication.
2. Confirm whether a specific communication is made by the regulated member or their agent, or
3. Change or stop using any communication that the CCOA deems in violation of the *Health Professions Act*, Standards of Practice, Code of Ethics or Professional Communication Directive.

Self-disclosures and representing services

Self disclosure: While the SOP 1.2(d) states that chiropractors' professional communication should only be inclusive of matters within the training and scope of practice of a chiropractor, the CCOA understands that it is important to some chiropractors to provide some personal information about themselves to patients. Such disclosures are permitted for the purposes of creating comfort for patients and to help decrease the power imbalance between chiropractors (who have more power in the practitioner-patient relationship) and patients (who have less power in the patient-practitioner relationship). Self-disclosure of a chiropractor's personal information should be limited and must not negatively impact the public interest, safety, or the integrity of the profession.

Representing services: Representations about chiropractic services must be professional, inclusive to the broad diversity of the public and related to the scope of practice of a chiropractor. Describing a style of service or practice must not increase the risk of a dual relationship, conflicts of interest or boundary violations.

Chiropractors should consider self-disclosures and representations about services carefully through the following ethical framework:

1. Is the representation or self-disclosure relevant to the scope of practice of a chiropractor? If not, what is the purpose for the self-disclosure or representation? Is it in the public interest? How does it impact the reputation of the profession as a whole?
2. Will self-disclosure or representation increase the risk of dual relationships, conflicts of interest or boundary violations? Could it increase the vulnerability of the patient? Could it make the patient feel loyalty to the chiropractor?
3. Does self-disclosure or representation create or contribute to real or perceived barriers to services, even if unintended? Is it inclusive and welcoming of all people? Could it contribute to marginalization?



See also CCOA Guidelines on Professional Boundaries.

Testimonials

The SP allow chiropractors to use testimonials in some of their communications. However, it is the chiropractor's responsibility to ensure testimonials comply with standards.

Testimonials pose several ethical and compliance challenges for regulated members. In addition following all requirements in the SP, regulated members should consider the following:

- Patients may feel pressured to give a positive testimonial when asked, due to the power imbalance between chiropractor and patient. It is the chiropractor's responsibility to ensure that the patient gives the testimonial without any feeling of pressure. However, this is difficult to know for certain as the patient may not express their discomfort or feelings of pressure. This difficulty does not mitigate the chiropractor's responsibility to ensure the testimonial is given freely and without pressure.
- Testimonials do not always provide the public with accurate and honest representation about services as testimonials can be selectively published by the practitioner.
- Testimonials must not state, suggest or imply effectiveness of chiropractic care in treating disorders, diseases or conditions, or refer to practice activities that fall outside the chiropractic scope of practice.
- Testimonials must not contravene the rules on prohibited efficacy, scope of practice and title claims as outlined in this directive and the SP.

The internet and social media

The internet provides communication avenues that chiropractors benefit from, such as social media promotion and websites. Health professionals can communicate about their services to vast audiences with the click of a button. However, these benefits come with higher standards of accountability for communication.

For example, a chiropractor may do a social media post without their professional title(s) from their personal account(s); however, it is very easy for the public to determine that they are in fact a chiropractor because they likely also have a website and social media for their chiropractic practice. Therefore, making a "personal" or "off duty" communication does not mean that regulatory rules do not apply.

As well, consider the longevity and vastness of electronic communications on the internet. One cannot control who receives their electronic communications. Posts can easily be re-posted, screen captured or shared. Like all people using the internet, regulated members may be responsible for all re-posting and sharing of their content, even if the original post is later taken down.

See also CCOA Guidelines on Professional Boundaries.



Supporting chiropractors with professional communication competence

The CCOA has several methods to support its regulated members with their professional communication competence:

- Newsletters from the CCOA often contain information and tips about ethics.
- CCOA provides practice consultation services. Regulated chiropractors may send practice questions to office@theccoa.ca, with “Practice Consultation” in the subject line.
- Regulated members have access to self-auditing tools (instructions available on the CCOA website) to meet practice standards and increase their competence in professional communication. Additional educational materials will be produced by the CCOA and shared with regulated members.
- The Registrar (registrar@theccoa.ca) can make recommendations, by request, for courses on professional communication
- The practice visit program will be enhanced to help regulated members identify and correct deficiencies in professional communication standards, as outlined in the Continuing Competence Program Manual.
- The Competence Committee will consider the content of the Professional Communication Directive when auditing the communication competence of regulated members.
- The CCOA proactively reviews regulated members’ websites and social media communications and contacts regulated members to help them address any violations of CCOA standards.

Related CCOA Directives

- CCOA Guidelines on Professional Boundaries
- CCOA Directive on Psychosocial Interventions
- CCOA Practice Policy - Vaccination and Immunization

Balancing rights and responsibilities

The CCOA has thoughtfully considered the content in this Directive. The CCOA believes that any restrictions imposed by this directive are reasonable and justifiable for public interest and safety, for the integrity of the profession and for public trust to be maintained.



Appendix A

This is a non-exhaustive list of non-MSK diseases, disorders and conditions that chiropractors cannot state, suggest or imply can be treated, relieved, prevented or cured by spinal manipulative therapy or the chiropractic adjustment.

Immunity and immune related conditions ○ Allergies ○ Asthma ○ Bacterial or fungal infections ○ Immunity ○ Otitis media (ear infection) ○ Viral infections	Neurodegenerative conditions ○ Alzheimer's disease or dementia ○ Cognitive impairment ○ Multiple sclerosis (MS) ○ Parkinson's ○ Tourette's
Neurodevelopmental conditions ○ Asperger's syndrome ○ Attention deficit disorder (ADD) ○ Attention deficit hyperactivity disorder (ADHD) ○ Autism or autism spectrum disorders ○ Developmental and speech disorders	Newborn and pediatric health ○ Better baby development ○ Infantile colic ○ Fetal alcohol spectrum disorders ○ Nocturnal enuresis (bedwetting) ○ Treating birth trauma
Reproductive health conditions ○ Family planning ○ Fertility or Infertility ○ Primary dysmenorrhea ○ Regulating (assisting) in hormonal function	Systemic health conditions ○ Cancer ○ Diabetes ○ Hypertension ○ Organ health ○ Psychosocial disorders
Pregnancy and perinatal health ○ Assist in baby's growth ○ Avoiding a caesarean section ○ Better baby development ○ Difficult labour or dystocia ○ Easier labour or birth ○ Improved birth outcomes ○ Increasing baby's health and well-being ○ Shorter birth times ○ Preventing premature birth ○ Preventing forceful extraction (forceps or suction) ○ Preventing damage or subluxation to the infant spine in-utero ○ Preventing birth trauma ○ Traumatic delivery	Intrauterine constraint ○ Breech, breech position or breech malposition ○ Improving comfort of baby in-utero ○ Improved infant position at birth ○ Moving or providing optimal position ○ Optimal uterine environment ○ Room to develop in the uterus ○ Tension, torsion or distortion of the uterus ○ Turning into head down position
	Miscellaneous ○ Cerebral palsy ○ Down syndrome
*If you are uncertain about a condition that is NOT on this list, please contact the Registrar (registrar@thecco.ca) for guidance prior to engaging in professional communications about the specific condition or related claim.	



Appendix B - Key Terms

Throughout this directive:

Advertising: Refers to the act of bringing attention to a product or service to the public.	Perform: The ability to effectively apply knowledge, along with the appropriate attitude and judgement.
Agent: An individual or organization acting on behalf or under the direction of a regulated member.	Professional Communication: Communication with anyone, in any way, as a chiropractor or that the audience views as coming from a chiropractor.
Attitude: The inclination to behave in a particular way in various situations.	Promotion: Any effort made by a regulated member or their agent to communicate with current or potential patients for the purpose of informing them about products, prices or services and persuading them to make purchases. This includes personal selling, direct marketing, advertising, sales promotion, publicity and public relations.
Audience: The people listening, reading or receiving communication in audio, video or writing or by visiting a website or any social media or any other online avenue, whether it is the intended audience or not.	Protected Title: Titles, abbreviations or initials authorized for regulated members of a recognized profession under the schedules of the <i>Health Professions Act</i> .
Competence: The collective knowledge, skills, attitudes and judgement required for providing professional services.	Psychosocial Intervention: Assessments or treatments such as cognitive-behavioural therapies, behaviour modification, counseling, supportive psychotherapy and psychoanalysis.
Judgement: Knowing when to apply appropriate communication in specific circumstances.	Scope of Practice: The procedures, actions and processes that a health care practitioner is permitted to undertake in accordance with the terms of their professional registration and practice permit. It is limited to what the law allows based on specific education, experience and demonstrated competence.