

Survival and growth: Adversity make us do better

Phillip Ebrall

Narrative: Chiropractors world-wide were shocked and dismayed with the shameful announcement from RMIT University that there would be no Chiropractic student intake in 2024 and the program, which will have lasted 50 years or so by the time it ends, will be taught out over the next 4 years.

While there has been little concern for staff as some will remain and happily teach students in the replacement program of physiotherapy and others will spend more time in their own practices, grave concern was expressed for those many potential students planning to submit their application to commence their studies with RMIT in 2024, and for the 4-years of students remaining. The profession has acted, knowing that these dear people are the future of Chiropractic.

The *Australian Chiropractic College*, based in Adelaide, announced a giant growth step to introduce an enlightened form of study from 2024 where students can commence where-ever they live, completing a year while they consolidate and then move to Adelaide to finish and graduate. It may be that further options emerge during 2024 and this is a sign of strong, positive growth rooted in adversity which can only be good for the discipline of Chiropractic.

The philosophical vacuum that long existed at RMIT has also been addressed and educational sessions have been delivered which were greatly appreciated by the student body. These will be ongoing and supplemented with others.

We also note the new WHO Benchmarks for Anthroposophic Medicine, which I see as a layer of whole-body thinking to sit across established healing disciplines. These Benchmarks provide a challenging backdrop for the WFC as it develops a belated set of Benchmarks for the training of Chiropractors.

If implemented properly, the WFC Benchmarks will sideline the destructive negativity of the UK's GCC which refuses to accredit any chiropractic program that teaches what they consider 'unorthodox' ideas such as we see embraced as the focus of Anthroposophic Medicine.

We think the GCC is in for an awakening.

Indexing terms: Chiropractic; accreditation; education; Professional Identity; Future planning; Anthroposophic Medicine.

Editorial

Adversity, when well-managed, leads to growth; the response of the *Australian Chiropractic College (ACC)* to the shameful closure of the Chiropractic program at RMIT University is to be celebrated as growth.

From this year, 2024, the ACC will deliver its first year of study, the *Diploma of Health Science* both face to face on campus, as well as blended online. This means students can either enter the program directly in Adelaide or from anywhere in Australia.

ACC will deliver a blended on-line learning model for their first year of study. The program structure is available here <https://acc.sa.edu.au/program-structure/>. On successful completion the plan is for these students to then move to Adelaide and undertake their full Bachelor of Chiropractic.

“... rest-up and love your family during this break between the old 2023 and the new 2024. Heaven knows the world really needs Chiropractors like you, so keep yourself well ...”



There will be readers who may cling to their view that chiropractic can't be studied anywhere other than on-campus, in a chiropractic classroom. This is a dated view but is difficult to overcome due to the memories of the older Chiropractor who remembers the good times and new friends in the technique and principles classes of first year, while forgetting the hard yards of physics, chemistry, biology, and so on. They are also digital immigrants, unaware of contemporary learning technologies.

The thing that is not remembered is actually how little 'hands on' skills technique was provided in the first year of older programs. The critical learnings remain concepts, terminology, behaviours, philosophy, and clinical thinking in the Chiropractic manner. The most recent program I inaugurated, at *CQUniversity*, was based on the concept of '*anywhere, anytime learning*' which allowed it to be rolled-out to another 2 campuses while retaining commonality of learning, especially with skills. ACC's nation-wide implementation of this approach is a logical and sensible advancement. I even led our first year cohort on a feasibility trip to the *CQUniversity Study Centre* in Cairns, to test what we would need to do to deliver remotely at that site concurrently with Mackay.

With ACC, under the leadership of A/Prof Navine Haworth, DC, PhD, we have every confidence in the way they will roll-out this development and know it reinforces our new dawn in global Chiropractic education. The most important outcome is that it provides a life-line to those 'almost' applicants to RMIT for commencement in 2024, especially from Tasmania and Victoria. It will allow these new students to consolidate themselves financially and make the move later to Adelaide for a shorter period of time.

This *Journal* strongly supports this development and are hopeful the accrediting body (CCEA) will have a similar attitude. Well done to Patrick Sim and his team, especially Navine who is committed to '*making this work*'. This *Journal* holds Navine's doctoral thesis on our home page, and if you have any doubts about how good this new delivery method will be, please read her thesis and learn where she is coming from. Navine is an expert in Chiropractic clinical learning.

The *Journal* is convinced that this is a good maturation for our discipline's education delivery.

Overdue backflip by the Chiropractic Board of Australia

This masthead has been vocal in its call for accountability by the *Chiropractic Board of Australia* (CBA) for its supposed '*temporary*' or interim guidance against Chiropractors caring for infants and children. (1)

On 29 November 2023 the CBA issued a far more conciliatory position statement on the care that a Chiropractor is '*guided*' to provide for children and infants. Details are given on the Board's website.

This *Journal* is aware of processes at the highest level in Australia's public integrity system which put considerable pressure on the *Australian Health Practitioner's Regulation Agency* (AHPRA) which in turn placed pressure on the Board to justify and defend its position.

It is now apparent the Board could not defend its position and collapsed under the need to justify to government why it maintained a position it could not justify in the first place. However it could be that considerable damage has been done to the profession regulated by a weak Board which drifted with the political wind blown by the same tired voices of a negative medical clique.

The question of damages is now relevant for those practices which saw a significant drop in patient numbers secondary to that restrictive and damaging '*guidance*' of the Board. The *Journal* understands that more than one group is seeking redress through class actions.

There is also concern for the members of the Australian public whom the Board deterred from consulting a chiropractor. Clearly we are all legitimately concerned with the Board's behaviour which did not meet its own standards for evidence. It is fitting that the Chair, Wayne Minter, has been

1. Ebrall P. The Chiropractic Board of Australia and its evidence-free position on the chiropractic care of children: A call for action. [Editorial]. *Asia-Pac Chiropr J*. 2022;2:6. URL apcj.net/papers-issue-2-6/#EbrallEditorial2022Q2.

renewed for a 4th term so that he remains to be answerable for alleged damages that may be found to have ensued from the Board's 'temporary' guidance.

As for the competence or otherwise of the then Minister for Health, Jenny Mikakos, who called the inquiry which sparked this regrettable series of events, we shall leave commentary to Keating et al (2) with the observation that it is interesting to see a person who sat on the *Safer Care Victoria* inquiry to be now critical of the process and its findings.

On the matter of love in Chiropractic

Recently I published a proposition to *Absolve Chiropractic's indeterminacy through interdependence*. (3) In that paper I claimed that the Japanese idea of *kokoro* means that heart, mind and spirit are one and that the application of these ensures that the patient becomes integral within the healing encounter, being embraced within the Chiropractor's heart.

A current article by Bill Stieg, (4) a medical writer, cites Dean Ornish, the 'father of lifestyle medicine' as recommending that we 'eat well, move more, stress less, love more'. The idea to 'love more' often draws skepticism but is vital, said Ornish; it is 'invariably the part that's the most meaningful, that sense of connection to community that can come when you bring total strangers together'. He says 'The "love more" part, in many ways, is not only as important, but in some ways even more because everything really flows from that', adding that 'patients in a support group, who can "let down their emotional defenses and talk openly and authentically", are much more likely to make and maintain healthy changes'.

The *Journal* celebrates the expressions of love from Dr Brad Atkinson and Dr Sam Floreani, who each have made considerable effort to provide the 'ELEMENTS' of chiropractic to students of RMIT. *As reported on Facebook* the students were most appreciative. These exciting and informative sessions have also been taken to students in Adelaide and Auckland, which gives us hope for the future of Chiropractic graduates in Australasia.

Thank you Sam and Brad and your supportive teams. We appreciate you.

Pic right: Drs Heidi Haavik, Sam Floreani, and Kelly Holt, at NZCC, November 2023.



On the matter of negativity

We note the resignation of our Medical nemesis A/Prof Ken Harvey couched as retirement. (5) He also announced he is stepping away from his role as President of the *Friends of Science in Medicine*. Call us cynical but we can not help but notice this follows right on the heels of the closure of the Chiropractic program at *RMIT University*. Perhaps Harvey now feels his mission is accomplished.

One can not be an 'influencer without accountability' and we can only state that the *Journal* is glad to see the back of such renegade, destructive, influence over a Government-registered profession and its legitimate processes of education.

There will be more to report on this matter in due course.

-
- Keating G, Amarin-Woods L. Commentary on the 2019 Safer Care Victoria review of chiropractic spinal manipulation of children under 12 years. *Chiropr J Aust*. 2023;50(1):2-28. <https://www.cja.org.au/index.php/cja/article/download/312/144/625>.
 - Ebrall P. Absolving Chiropractic's indeterminacy through interdependence. *Asia-Pac Chiropr J*. 2023;4.2. URL apcj.net/Papers-Issue-4-2/#EbrallAbsolvingindeterminacy.
 - Stieg B. 'Love More': Why Doctors Should Promote Social Connection. [News]. *Medscape*. 19 November 2023. https://www.medscape.com/viewarticle/998519?ecd=wnl_tp10_daily_231119_MSCPEDIT_etid6069067&uac=234269PK&impID=6069067#vp_1.
 - Calafiore S. Professor Ken Harvey retires from anti-quackery crusade. [News]. *Aus Doc*. 28 September 2022. <https://www.ausdoc.com.au/news/professor-ken-harvey-retires-from-anti-quackery-crusade/>

Anthroposophic Medicine

Integrated health services are essential for implementation of the WHO *Thirteenth General Programme of Work*, to support countries in achieving universal health coverage and the health-related Sustainable Development Goals. The mission of the *Department of Integrated Health Services* is to accelerate equitable access to high-quality, integrated, people-centred health services that can be monitored and evaluated. WHO is mandated to provide independent normative guidance.

As part of this process the WHO identifies and commissions experts who provide valuable comments and suggestions during working group meetings, the development of benchmarks, their peer review process and associated consultations.

The WFC missed the original round of Benchmarks for various health disciplines which were published around 2010 and is now playing catch-up in a process that will draw on its own compliant resources to produce benchmarks for training, most likely along the lines of those proposed by the UK *Forum of Deans*, (6) an elite group within the (British) *Royal College of Chiropractors*. It is this ship of fools, an allegory by Plato about the lack of expert knowledge, which has advised the GCC since 2010 (7) that the subluxation is only of historical value.

The interesting thing arising from the *Benchmarks for Anthroposophic Medicine* (8) is their position for example on the:

Threefold nature of the human organism: Functional polarity between catabolic processes necessary for the emergence of consciousness (neurosensory system) and anabolic, regenerative processes (system of metabolism and limbs), held in balance through rhythmical processes (rhythmic system).

This principle is part of *Anthroposophy* which in total describes how abilities can be developed from a simple sensorial stage to higher levels of perception through empirical observation of the physical and spiritual characteristics of human beings and nature. (8, p. 2) To me, this closely parallels the approach of *Conventional Chiropractors* and one I explored in our previous issue. (3)

Anthroposophic spiritual science is an application of scientific methods in the realm of non-sensory reality and a consequential development of Western thought, particularly the philosophy of Plato and Aristotle and German idealism as represented by Goethe, Schiller, Fichte, Hegel and Schelling.

Clearly the WHO is now providing benchmarks for a healing discipline which are based around ideas of '*unorthodox explanatory frameworks, such as life force, innate intelligence, vitalism*'.

The challenge for the WFC is that should it go anywhere near the GCC's educational standards, as promulgated by Byfield's *Forum of Deans*, they will establish an embarrassing conflict with these new *Benchmarks for Anthroposophic Medicine* (8) as the GCC holds that '*programmes promoting and teaching unorthodox explanatory frameworks, such as life force, innate intelligence, vitalism and a belief that manipulating the spine to remove restrictions or "chiropractic subluxations" can restore health more broadly, will not meet these Education Standards*'.(9)

The WFC has to play a straight bat in the development of its proposed *Benchmarks for Chiropractic* and can not risk aligning with the GCC by taking any position without evidence. For the WFC to do so would negatively impact the global Chiropractic educational curriculum and seriously diminish the credibility of the WFC, placing the WFC in a position where many Colleges would reject its proposition.

6. Outcomes for Chiropractic Graduates: Consultation on draft document – now closed. 25 March 2022. <https://rcc-uk.org/news/outcomes-for-chiropractic-graduates/>.

7. Ebrall PS. Antagonists, Protagonists, and the General Chiropractic Council: A Pragmatic Narrative of Eminence-Based Chiropractic, J. Philosophy, Principles & Practice of Chiropractic. 2020; July 27: Pages 37-48.

8. WHO benchmarks for training in anthroposophic medicine. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO. <https://iris.who.int/handle/10665/366645>.

9. General Chiropractic Council Education Standards How the Education Standards are used. November 2023, p. 7. https://www.gcc-uk.org/assets/downloads/GCC_How_the_Education_Standards_are_used_guide.pdf.

The second challenge for the WFC is the increasing lack of respect for the WHO emerging in many nations. The most blatant expression of this is the rejection of the WHO's idea to assume authority in every country once another pandemic is declared. Australia is among the many nations (10) resisting this (11) and it seems the WHO has moved from wanting to be authoritative to now offering recommendations to member countries.

This points to a weakening of the presumed authority of the WHO and by default its associated non-state players such as the WFC. This may extend to matters of education and perhaps this is why the WFC is now acting in an attempt to regain some credibility by creating the *International Chiropractic Education Alliance (ICEA)* 'as a global body with principal purposes of strengthening the organisational framework of chiropractic education worldwide and promoting access to high-quality chiropractic education for students from all backgrounds and nations'. (12)

Such a body has a veneer of responsibility but no authority at all. It can do nothing except talk about important matters such as international portability and we doubt this would include strengthening of the philosophical aspect of Chiropractic education.

It will be interesting to see what it attempts to achieve, and whether or not it has any impact on Chiropractic education and importantly, global accreditation.

And finally, indexing the Journal

From the beginning this *Journal* has been carefully and thoroughly indexed by the Chiropractic profession's referent data base, *Index to Chiropractic Literature*. We remain most grateful to the *Chiropractic Library Collaboration* who maintain this process.

It means all Chiropractors world-wide can search and access our *Journal* free of any costs and other charges. We also have a Google-driven search-box on our pages which is very powerful in helping you locate an article by author, indexing term, or other plain language term. For these reasons we have decided against constructing a formal index to hold on our website; the available technologies do the job better for you.

And now we are delighted to announce that from this issue the *Journal* has entered into an electronic licensing relationship with EBSCO Publishing, the world's leading aggregator of full text journals, magazines and eBooks. The full text of the *Asia-Pacific Chiropractic Journal* can be found in the EBSCOhost™ databases. We attach on our website the PDF explaining what this means, but in short we are now indexed along with more than 17,000 publishers in a full-text data-base.

It is impressive that EBSCO products are used in over 132,000 libraries worldwide covering every university in nearly 50 nations. This is important to the profession as Chiropractic education rolls out in universities outside the Americas, Europe, and Australasia.

For our authors it brings a new level of visibility for your work and you may find we tighten your proposed indexing terms to those better suited to broader Subject Headings. We continue to feature Chiropractic's unique terminology as we know this is respected by *ChiroIndex* and is, of course, familiar to Chiropractors with special interests such as *Applied Kinesiology* as you will see in this issue.

From time to time we are asked why we are not indexed in America's *National Library of Medicine*, which can be accessed through the portal *PubMed*. We remember the multiple submissions over the years by the *Chiropractic Journal of Australia* and its fore-runners which were rejected on the basis of it being a '*chiropractic*' journal. The CJA may have a better chance in today's less political climate, but the important matter remains, why? Of what relevance to Chiropractic content is a medical data base? This *Journal* is by Chiropractors for Chiropractors and our discipline data-base is *Chiroindex*.

10. Balakrishnan VC. WHO Pandemic Treaty: The Good, The Bad, & The Ugly – An Interview With Larry Gostin. Health Policy Watch. 14 September 2023. <https://healthpolicy-watch.news/who-pandemic-treaty-the-good-the-bad-the-ugly-an-interview-with-larry-gostin/>.

11. https://www.apph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2022/May/Pandemics_and_WHO_Reform. https://www.apph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2022/May/Pandemics_and_WHO_Reform.

12. International Chiropractic Education Alliance. WFC. April 2023. https://www.wfc.org/website/images/wfc/ICEA/ICEA_framework_document_2023_04_01.pdf

Call us old-fashioned but this masthead continues to maintain that Chiropractic is a profession which operates based on a unique approach to health care, (13) it is not medicine. We welcome our indexing now in EBSCO's data-bases so we have higher visibility to the researchers of other academic disciplines.

In conclusion

The *Journal* values the time you take to read and refer to us and we express our gratitude to you. We trust we are contributing in some small way to helping you strengthen your faith, confidence, and belief in the wonders of this great healing art to which are are each privileged to contribute.

There is no reason to think that the world will be a nicer place this year. In fact I dread that we will see much more of the same corruption, nation-to-nation and street violence, and governmental stupidity.

All we can ask of you is that you put your energies into being the light in your community. Be '*the beacon of well-being*'.

You must act to be that rare person today who can be trusted to do the best by the good folk who put their faith in you to heal them so they may enjoy healthier life-years by avoiding where possible drugs and surgery.

Please, rest-up and love your family during this break between the old 2023 and the new 2024. Heaven knows the world really needs Chiropractors like you, so keep yourself well.

Phillip Ebrall

Editor

BAppSc(Chiropr), GC Tert Learn Teach, MPhotog, PhD, DC (Hon), FACCS, FICCS

Research Scientist: History and Philosophy - Chiropractic [Field 220299]

pebrall@me.com

Melbourne, 27 December, 2023

Cite: Ebrall P. Survival and growth: Adversity make us do better [Editorial]. *Asia-Pac Chiropr J.* 2023;4.2. apcj.net/Papers-issue-4-3/#EbrallJanuary24.

13. Hawk C. Chiropractic: More Than Spinal Manipulation. *J Chiropr Humanit.* 1998 1998/01/01;8:71-76.