

South Australia

**CHIROPRACTORS REGULATIONS 1992**

# REGULATIONS UNDER THE CHIROPRACTORS ACT 1991

## *Chiropractors Regulations 1992*

being

No. 49 of 1992: *Gaz.* 14 May 1992, p. 1397

as varied by

No. 166 of 1992: *Gaz.* 30 July 1992, p. 736

**No. 9 of 2002: *Gaz.* 15 January 2002, p. 297<sup>1</sup>**

<sup>1</sup> **Came into operation 15 January 2002: reg. 2.**

*NOTE:*

- *Asterisks indicate repeal or deletion of text.*
- *Entries appearing in bold type indicate the amendments incorporated since the last consolidation.*
- *For the legislative history of the regulations see Appendix.*

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**PART 1  
PRELIMINARY**

**Citation**

1. These regulations may be cited as the *Chiropractors Regulations 1992*.

**Interpretation**

2. In these regulations, unless the contrary intention appears—

"**the Act**" means the *Chiropractors Act 1991*:

"**elected member of the Board**" means a registered chiropractor appointed to the Board pursuant to an election.

*Note: For definition of divisional penalties (and divisional expiation fees) see Appendix 2.*

5.

**PART 2**  
**ELECTION OF MEMBERS FOR APPOINTMENT TO THE BOARD**

**Election of members for appointment to the Board**

3. For the purposes of section 6(1)(a) of the Act, an election of registered chiropractors for appointment to the Board must be held in accordance with this Part.

**Notice calling for nominations**

4. (1) Where a vacancy occurs in the office of an elected member of the Board, the Registrar must give a notice to each registered chiropractor, setting out—

- (a) the number of vacancies to be filled;
- (b) the date (being not less than 14 days after the date of the notice) and the hour by which nominations for candidates for election to those vacant offices must be received by the Registrar;

and

- (c) such other information as the Registrar thinks fit.

(2) A notice under subregulation (1) may be given to a registered chiropractor personally or by post addressed to him or her at his or her last known address.

**Nominations**

5. A nomination of a candidate for election must be—

- (a) in a form approved by the Registrar;
- (b) signed by the candidate;
- (c) signed by two other registered chiropractors;

and

- (d) received by the Registrar not later than the time fixed in the notice for the closure of nominations.

**Candidates may be declared elected in certain circumstances**

6. If the number of candidates duly nominated is the same as or is less than the number of vacancies to be filled pursuant to these regulations, the Registrar must declare those candidates to be duly elected.

**Ballot**

7. Where the number of candidates duly nominated is greater than the number of vacancies to be filled pursuant to these regulations, the Registrar must conduct a postal ballot in accordance with these regulations.

**Voting papers**

**8.** (1) Where a postal ballot is to be conducted, the Registrar must provide each registered chiropractor (not being a body corporate) with—

- (a) a voting paper listing (in alphabetical order) the names of all the candidates for election;
  - (b) an envelope in which the completed voting paper is to be enclosed;
- and
- (c) a copy of the Board's how-to-vote instructions.

(2) The Registrar may provide a registered chiropractor with the material referred to in subregulation (1) by posting it to him or her at his or her last known address.

**Voting**

**9.** (1) A registered chiropractor who wishes to vote must do so in accordance with the Board's how-to-vote instructions.

(2) The Registrar must cause all voting papers, other than those rejected, to be removed from their envelopes and placed, still folded, in a ballot box and then to be counted as soon as practicable after the time fixed in the Board's how-to-vote instructions for the close of voting.

(3) The following voting papers will be rejected:

- (a) if more than one voting paper is returned in the envelope — all the voting papers in the envelope;
- (b) a voting paper returned in an envelope that has not been endorsed in accordance with the Board's how-to-vote instructions;
- (c) a voting paper that was received by the Registrar after the time fixed in the Board's how-to-vote instructions for the close of voting.

(4) In counting the votes, any voting paper that contains votes for more candidates than the number of vacancies to be filled will be rejected.

(5) The Registrar must allow any candidate to inspect the voting papers (including any rejected) and the envelopes in which they were contained in order to verify the results of the ballot.

(6) In the event that two or more candidates receive an equal number of votes and one or more of them must be excluded, the Registrar must determine the question by lot.

**Registrar to forward names of elected chiropractors to Governor for appointment**

**10.** Where a registered chiropractor has been elected in accordance with these regulations (whether by declaration or ballot), the Registrar must forward the name and address of the chiropractor to the Governor for appointment to the Board.

**PART 3**  
**REGISTRATION AND RENEWAL OF REGISTRATION**

**Qualifications for registration**

**11.** For the purposes of section 18(1) of the Act, a natural person is eligible for registration as a chiropractor if he or she—

- (a) holds any of the qualifications set out in Schedule 1; or
- (b) has successfully completed a competency examination in chiropractic or osteopathy administered by the Board or the Council on Chiropractic Education Australasia.

**Application for registration**

**12.** For the purposes of section 19 of the Act, an application for registration of a person as a chiropractor must—

- (a) be made in the form set out—
    - (i) in the case of an application by a natural person—in Schedule 2;
    - (ii) in the case of an application by a body corporate—in Schedule 3;
  - (b) be accompanied by the documents specified in the application form;
- and
- (c) be lodged with the Registrar of the Board.

**Application for renewal of registration**

**13.** For the purposes of section 22 of the Act, an application for renewal of registration as a chiropractor must—

- (a) be made in the form set out in Schedule 4;
- and
- (b) be lodged with the Registrar of the Board.

**Fees**

**14.** The Board may fix the fees payable for registration, renewal of registration and other purposes contemplated by the Act.

**PART 4  
MISCELLANEOUS**

**Recognised training courses**

15. For the purposes of section 25(1)(b) of the Act, the following courses are recognised as training courses with a practical component that an unregistered person may undertake in this State:

<i>Institution</i>	<i>Course</i>
RMIT University	Bachelor of Applied Science degree (Clinical Science) <i>and</i> Bachelor of Chiropractic Science degree
Macquarie University	Bachelor of Applied Science degree (Clinical Science) <i>and</i> Bachelor of Osteopathic Science degree
Victoria University of Technology	Master of Chiropractic degree
Victoria University of Technology	Bachelor of Science degree (Clinical Science) <i>and</i> Master of Health Science degree (Osteopathy)

**Information relating to damages claim against chiropractor**

16. For the purposes of section 30 of the Act, the information that the Board may require to be given by a registered chiropractor against whom a damages claim for professional negligence has been made is as follows:

- (a) full details of the alleged negligence and the circumstances surrounding it;
  - (b) the nature of any treatment or procedure alleged to have been carried out negligently;
  - (c) details of the injury suffered by the claimant arising out of the alleged negligence, whether death or permanent or temporary incapacity or impairment;
  - (d) the address of the premises at which the alleged negligence occurred;
  - (e) the time and date of each alleged incidence of negligence;
- and
- (f) details of the court order made or settlement reached in respect of the claim.

**Information relating to chiropractor suffering from an incapacitating illness**

17. For the purposes of section 39 of the Act, the information that must be included in a written report from a medical practitioner in relation to an illness suffered by a registered chiropractor is as follows:

- (a) the diagnosis of the illness;
- (b) the prognosis and likely duration of the illness;

8.

(c) details of treatment being given to the chiropractor for the illness or any other condition;

and

(d) a description of any particular form of chiropractic treatment that the medical practitioner believes the chiropractor is not fit to administer.

**Changes of address**

**18.** A registered chiropractor must, within 14 days of changing his or her residential, postal or professional address, notify the Board in writing of the change.

Penalty: Division 11 fine.

**Approval of names**

**19.** A registered chiropractor must not practise under a name (whether a company name or a business name) unless that name has first been approved by the Board.

Penalty: Division 11 fine.

**SCHEDULE 1**  
*Prescribed Qualifications*

**SOUTH AUSTRALIA**

<i>Institution</i>	<i>Qualification</i>
Chiropractic & Osteopathic College of SA Incorporated	Diploma in Chiropractic & Osteopathy
Chiropractic & Osteopathic Institute Incorporated	Diploma in Chiropractic & Osteopathy

**VICTORIA**

<i>Institution</i>	<i>Qualification</i>
Chiropractic College of Australasia	Diploma of Chiropractic
Pax Chiropractic College	Diploma of Doctor of Chiropractic
International College of Chiropractic, Preston Institute of Technology	Diploma in Applied Science (Human Biology) and Diploma in Applied Science (Chiropractic)
Phillip Institute of Technology	Bachelor of Applied Science degree in Chiropractic
	Bachelor of Applied Science degree in Osteopathy
Royal Melbourne Institute of Technology	Bachelor of Applied Science degree in Chiropractic
	Bachelor of Applied Science degree in Osteopathy
RMIT University	Bachelor of Applied Science degree (Clinical Science) and Bachelor of Chiropractic Science degree (undertaken at Bundoora Campus, Victoria)
	Bachelor of Applied Science degree (Clinical Science) and Bachelor of Osteopathic Science degree (undertaken at Bundoora Campus, Victoria)
Victoria University of Technology	Bachelor of Science degree (Clinical Science) and Master of Health Science degree (Osteopathy)

**NEW SOUTH WALES**

<i>Institution</i>	<i>Qualification</i>
Sydney College of Chiropractic	Diploma of Chiropractic
	Diploma of Doctor of Chiropractic
	Graduate Diploma in Chiropractic
Macquarie University	Master of Chiropractic degree

10.

Sydney College of Osteopathy

Diploma of Osteopathy

Diploma of Doctor of Osteopathy

The International Colleges of Osteopathy

Graduate Diploma of Osteopathy

**SCHEDULE 2  
CHIROPRACTORS ACT 1991**

(Reg. 12)  
APPLICATION FOR REGISTRATION IN SOUTH AUSTRALIA  
(Natural Person)

TO The Chiropractors Board of South Australia

I,

(Former name\* )  
(Surname) (if applicable) (Given names)

hereby apply for registration as a chiropractor and provide the following information in support of my application:—

(\* A marriage certificate or other authorised document must be produced with this application.)

1. Residential Address

	Postcode	Telephone
2. Postal address (as above, as below or other)		

	Postcode	Telephone
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**NOTE:** A postal address **must** be given.

3. Professional Address (include name of employer)

	Postcode	Telephone
--	----------	-----------

4. Date of Birth

5. Sex (M or F)

6. Place of Birth

7. I am/am not an Australian citizen.  
(If not an Australian citizen give particulars of—  
(a) country of citizenship;  
(b) country of permanent residence.

8. The names, addresses, occupations and telephone numbers of two reputable persons (at least one of whom should be a chiropractor or osteopath) to whom reference may be made as to my character are as follows:

(a)  
(b)

9. Written professional references relating to my employment within the last five (5) years (if any) are attached to this application.

10. My primary chiropractic or osteopathic qualifications are as follows:

Degree/Diploma (abbreviated)	University or College, etc (abbreviated)	Year Conferred
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11. I have additional tertiary qualifications (chiropractic, osteopathy or related discipline) which I wish to be taken into account for registration or for entry on the Register. Use abbreviations and include name of College etc, and year conferred.

12.

12. I am a member of the following professional Association(s)

**NOTE:** Original or certified documents authenticating the qualifications or membership, referred to in questions 10, 11 and 12, are attached.

13. A complete and detailed signed statement of my experience in the practice of chiropractic or osteopathy is attached. (This must be specific as to dates and places).
14. I am/am not presently registered or licensed as a chiropractor or osteopath  
(Name the authority concerned)

**NOTE:** A certificate of good standing and current registration from the above authority **must** be requested by you to be forwarded directly to this Board to arrive no later than one (1) month from the date of this application.

15. I have/have not been refused registration or a licence to practise as a chiropractor or osteopath in another State, a Territory of the Commonwealth or a place outside the Commonwealth.
16. I have/have not been the subject of any disciplinary inquiry or action by any authority legally constituted to discipline chiropractors or osteopaths.
17. I have/have not been convicted anywhere of an indictable offence within the last seven (7) years.

(If the answer to either of the above three questions (15, 16 & 17) is "I have been...." particulars are required to be written below)

18. I am/am not presently covered by professional indemnity insurance.
- |                           |                 |
|---------------------------|-----------------|
| Name of Insurance Company |                 |
| Policy No.                | Amount of Cover |

19. I have/have not been a bankrupt. (Please provide details)

20. I enclose the following identification:
- (a) passport
  - (b) birth certificate or extract
- or
- (c) citizenship papers

**NOTE:**

- (a) The prescribed application fee must accompany this application.
- (b) Please attach additional sheets where appropriate.
- (c) Please consult Registration Guidelines for additional information and possible documentation.

**NOTE ALSO that "chiropractic" includes osteopathy**

**DECLARATION**

I solemnly and sincerely declare that the statements made in this application are true and correct in every particular to the best of my knowledge and belief; that I am the person named in the attached documents and that I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1936*.

Declared at

this

day of

19

.....  
(Signature of Applicant)

Before me

.....  
A Justice of the Peace, Notary Public or Commissioner  
for taking Affidavits.

Two recent  
passport-type  
photographs of  
applicant must  
be stapled here.

**SCHEDULE 3**  
**CHIROPRACTORS ACT 1991**

(Reg. 12)  
APPLICATION FOR REGISTRATION IN SOUTH AUSTRALIA  
(Company)

TO The Chiropractors Board of South Australia

Application is hereby made for registration as a chiropractor pursuant to the *Chiropractors Act 1991* and the following information is provided in respect of the application:

1. (a) Applicant's name  
(b) Registered office  
(c) Business address
- |  |          |           |
|--|----------|-----------|
|  | Postcode | Telephone |
|  | Postcode | Telephone |
2. Date of incorporation
  3. State whether the applicant intends to practise in South Australia under its own name, or under a business name and if so, state the business name proposed to be used:
  4. (a) State the intended principal place of business  
  
(b) State any other intended places of business
  5. State in relation to each director (within the meaning of the Act):
    - (a) the director's name and usual residential address;
    - (b) whether the director is registered under the Act;
    - (c) if the director is not registered under the Act whether he or she is a prescribed relative of a director who is a registered chiropractor and if so, the particulars of the relationship;
    - (d) whether the director is a director of any other company which is registered under the Act and if so, full particulars of that other directorship.
  6. Give particulars of the issued capital of the applicant specifying the number, class and nominal value of all shares on issue.
  7. State in relation to each person who is a member of the applicant company or the beneficial owner of shares in the applicant company:
    - (a) the person's full name and usual residential address;
    - (b) whether the person is registered under the Act;
    - (c) whether he or she is a director or employee of the applicant company or a prescribed relative of a person who is a director or employee of the applicant company;

15.

(d) the following particulars of all shares in the applicant company held or owned beneficially by such person;

- (i) a description of the shares (including the number, nominal value and class);
- (ii) particulars of the voting rights (if any) exercisable at a meeting of the members of the company attached to the shares;
- (iii) if the person is not the holder of shares, the name and address of the holder and particulars of the nature of the beneficial ownership of the shares of such person.

8. Is the applicant company at present registered or licensed as a chiropractor, osteopath or as a company anywhere else?

Yes No

If the answer is Yes name the authority concerned—

9. Has the applicant company or any officer of the applicant company ever been refused registration or a licence to practise as a chiropractor or osteopath or registration as a company in another State, a Territory or the Commonwealth or a place outside the Commonwealth?

Yes No

10. Has the applicant company or any officer of the applicant company ever been the subject of any disciplinary inquiry or action by any authority legally constituted to discipline chiropractors or osteopaths or register companies?

Yes No

11. Has any officer of the applicant company been convicted anywhere of an indictable offence within the last seven (7) years?

Yes No

If the answer to any of the above three questions (9, 10 & 11) is Yes particulars are required to be written below.

12. Has the applicant company been convicted anywhere of an indictable offence or of contravening the *Corporations Law* (or antecedent legislation) or been investigated by any statutory authority within the last seven (7) years?

Yes No

13. Is the applicant company or has the applicant company ever been in liquidation or receivership?

Yes No

If the answer to either of the above two questions (12 & 13) is Yes particulars are required to be written below

We,

(Insert full name of each director) hereby declare:

- (a) that the above statements are true in every particular to the best of our knowledge, information and belief, and
- (b) that we are authorised by the board of the applicant company to make this application on behalf of the company.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 19

Signatures of the directors of the applicant company:

.....

.....

.....

Before me

.....

A Justice of the Peace, Notary Public or Commissioner for taking Affidavits.

- NOTE:**
- (a) Please attach additional sheets where appropriate.
  - (b) The Memorandum and Articles of Association of the company must be furnished with this application.
  - (c) The prescribed application fee must accompany this application.

**NOTE ALSO that "chiropractic" includes osteopathy**

**SCHEDULE 4**  
**CHIROPRACTORS ACT 1991**  
*(reg. 13)*  
 APPLICATION FOR RENEWAL OF REGISTRATION

TO The Chiropractors Board of South Australia

I Reg No  
 Full name of applicant  
 hereby apply for renewal of my registration as a chiropractor and provide the following information in support  
 of my application—

1. Residential or Registered office address
- |  |          |           |
|--|----------|-----------|
|  | Postcode | Telephone |
|--|----------|-----------|
2. Postal address (as above, as below or other)
- |  |          |           |
|--|----------|-----------|
|  | Postcode | Telephone |
|--|----------|-----------|

**Note:** A postal address **must** be given.

3. Main Practice or Business address (include name of employer if applicable)
- |  |          |           |
|--|----------|-----------|
|  | Postcode | Telephone |
|--|----------|-----------|
4. Have you in the past 12 months, in South Australia or elsewhere, been found guilty of:
- |  |     |    |
|--|-----|----|
| (a) unprofessional conduct;  | Yes | No |
| (b) an offence involving dishonesty<br>or an offence punishable by<br>imprisonment for one year or more? | Yes | No |

If your answer is yes please give details

5. Do you have the required level of Professional Indemnity Insurance?
- |  |     |    |
|--|-----|----|
|  | Yes | No |
|--|-----|----|

If you answer is No please give a brief explanation.

If your answer is Yes please complete the following:

Name of Insurance Company

Amount of Cover

Policy No

18.

6. Have you engaged in the practice of chiropractic or osteopathy during the whole of the 5 years preceding the date of this application?

Yes

No

If your answer is No give dates of your engagement in practice during that period, including, if you are not currently engaged in practice, the date on which you last ceased to be so engaged.

Signature

Date

- NOTE:**
- (a) The prescribed renewal fee must accompany this application.
  - (b) This application must be lodged with the Registrar between 1 October and 30 November.
  - (c) Applications will not be accepted after 30 November except in special circumstances.
  - (d) Cash should not be forwarded by post.

## APPENDIX 1

### LEGISLATIVE HISTORY

*(entries in bold type indicate amendments incorporated since the last consolidation)*

Part 3 comprising regs. 11-14 and heading inserted by 166, 1992, reg. 2

**Regulation 11:**

**substituted by 9, 2002, reg. 3**

Part 4 comprising regs. 15-18 and heading inserted by 166, 1992, reg. 2

**Regulation 15:**

**varied by 9, 2002, reg. 4**

**Schedule 1:**

inserted by 166, 1992, reg. 2; **substituted by 9, 2002, reg. 5**

Schedules 2 - 4:

inserted by 166, 1992, reg. 2

**APPENDIX 2****DIVISIONAL PENALTIES AND EXPIATION FEES**

At the date of publication of this reprint divisional penalties and expiation fees are, as provided by section 28A of the *Acts Interpretation Act 1915*, as follows:

Division	Maximum imprisonment	Maximum fine	Expiation fee
1	15 years	\$60 000	—
2	10 years	\$40 000	—
3	7 years	\$30 000	—
4	4 years	\$15 000	—
5	2 years	\$8 000	—
6	1 year	\$4 000	\$300
7	6 months	\$2 000	\$200
8	3 months	\$1 000	\$150
9	—	\$500	\$100
10	—	\$200	\$75
11	—	\$100	\$50
12	—	\$50	\$25