

Complementarity and Synergy: the Canadian and US Approaches to Supporting the Knowledge Needs ... of a Self-determining Chiropractic Profession



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North American chiropractic is a profession in rapid evolution. This evolution is most clearly reflected in recent efforts to formalize the “knowledge foundation” of the profession.

A belief shared almost universally across the profession is that the knowledge foundation of chiropractic must include: 1) a systematic articulation of the unifying principles behind a chiropractic approach to care, 2) a systematic synthesis of the practice expertise of thousands of our clinicians, and 3) a recognition of the scientific evidence that underlies modalities of chiropractic care.



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Significant progress has occurred in the latter 2 areas, in 2 independent but complementary efforts north and south of the 49th parallel. In Canada, The Canadian Chiropractic Association (The CCA) and the Canadian Federation of Chiropractic Regulatory Boards (CFCRB) clinical practice guideline project (The CCA/CFCRB-CPG), and in the US, the Council on Chiropractic Guidelines and Practice Parameters best practices initiative (CCGPP).

The CCA/CFCRB-CPG and the CCGPP are independently producing documents that will respect the princi-

ples of a chiropractic approach to care. These documents will support clinical practice, reflect a synthesis of the published scientific evidence, and present practice recommendations.

The syntheses of evidence presented in each project's documents are informative statements that clearly state the evidence and a rating of the confidence one can have in this evidence. The practice recommendations presented in each project's documents are simply interpretations of the real-world, clinical meaning of this evidence in the context of chiropractic practice. By their nature, practice recommendations are directive, whether they are in a literature review, an editorial or a clinical practice guideline. However, a recommendation does not need to include limiting parameters, such as frequency or duration. For example, a valid recommendation about manipulation could revolve around a systematic method of adapting the basic HVLA technique to a particular patient, considering segment resistance or localized tissue edema or discoloration.

A knowledge foundation promotes professional self-determination

These 2 efforts are part of a thrust to reinforce our profession's ability to determine its future in North America. Self-determination is the cornerstone of any profession with a unique knowledge base and skill-set such as chiropractic (e.g., medicine, engineering, nursing, law). The cultural authority of self-determination means a good measure of chiropractic control over one's knowledge, one's practice, and the place of chiropractic in health care. Professional self-determination is a self-perpetuating cycle of responsibility, transparency, defensibility, and privilege that is afforded through public trust and empowerment (Figure 1).

The privilege of professional self-determination incurs a responsibility to remain current with advances in practice and systemic changes that, hopefully, reflect a population's evolving health care needs and priorities. This requires professional evolution in respect of the public's best interest; a self-determined profession is responsible for its own evolution.

A profession embracing evolution has a role in keeping vested interests (e.g., public, regulators) current with its growth; this requires transparency. An up-front, profession-wide commitment to evolve sets the stage for an

openness about how one's practice is always progressing towards "best practice," a moving target.

Transparency sets the stage for an unassailable defense of good chiropractic care; trust is reinforced, collaborative endeavors are believed-in, and the voice of chiropractic carries weight. Transparency reinforces societal institutions' willingness to grant, or in some cases, relinquish the privilege of professional self-determination.

The efforts of The CCA/CFCRB-CPG and the CCGPP fuel this cycle by producing practice recommendations. Transparency, by definition, requires explicit statements that allow us to share with others a description of what a practice involves, in enough detail that they can conceive of the practice; i.e., practice recommendations.

The CCA/CFCRB-CPG and the CCGPP:

2 complementary approaches

Recommendations must be credible to fuel self-determination. If they are not, they will not advance the care we offer, and nor will they motivate those outside of the profession to permit this privilege.

The credibility of a recommendation can be said to rest on how reliable and how valid it is. This is where the systematic methods being used by The CCA/CFCRB-CPG and the CCGPP shine; these methods provide us with a way to draft practice recommendations that are highly reliable and valid. For example, both projects are adhering to the rigorous standards of the AGREE clinical practice guidelines evaluation tool, and both incorporate extensive profession-wide feedback processes.

The complementary difference between the approach used by The CCA/CFCRB-CPG and the CCGPP is the degree to which expert opinion is incorporated into practice recommendations.

The recommendations The CCA/CFCRB-CPG is producing are generally evidence-limited and issue-specific. This means that they generally do not reach beyond what the evidence clearly supports, and that they address specific issues that are noted concerns for the profession.

The recommendations the CCGPP is producing are generally comprehensive and area-specific. This means that they attempt to address the full extent of what the evidence suggests is the best way to care for a patient by incorporating extensive expert opinion, and they address practice from the perspective of the implicated anatomic area. This approach to recommendations fits well with a

Figure 1: Practice recommendations' influence on professional self-determination

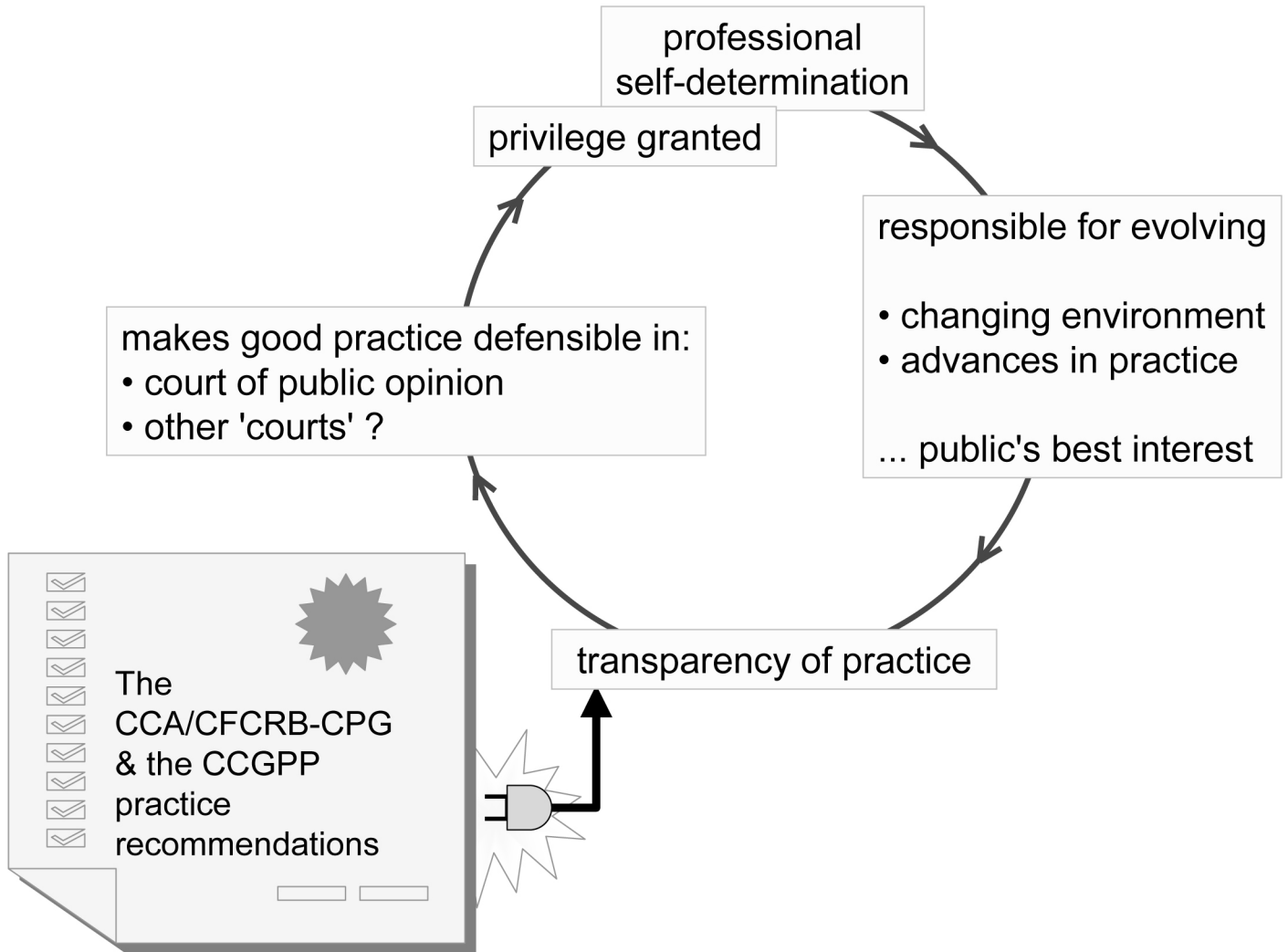


Table 1: Qualities of The CCA/CFCRB-CPG and the CCGPP practice recommendations

	“flavor” of recommendations	proportion of rated evidence incorporated	proportion of expert opinion incorporated	credibility among sceptics	credibility among professional members
The CCA/CFCRB-CPG	evidence limited	high	very low	high	mixed
CCGPP	best practice	high	moderate	mixed	high
Collective of both sets of recommendations	comprehensive understanding	high	mixed	high	high

document that addresses best practice; in all health disciplines, recommendations that address best practice (an understanding of the best way to care for a patient) almost always incorporate significant expert opinion because the evidence is rarely conclusive.

Each approach to providing recommendations has its strengths and weaknesses, but neither approach intrinsically suggests limits on practice.

Professional relevance of the 2 complementary approaches to drafting recommendations

Today's health care system is based on the scientific understanding of benefits and risks, and demands a clear articulation of what clinicians are doing when they care for patients. In this environment, where the evidence is not certain or studies are unavailable, an evidence-limited approach to producing recommendations has a different "type" of credibility compared with a best-practice approach (the latter resting to a great degree on expert opinion by virtue of the lack of good studies).

The evidence-limited approach is credible by being objectively defensible, whereas the best-practice approach is credible by being comprehensive, and thus, possibly, provides recommendations that can be more directly applied to the clinical setting.

The result is that, frequently, the evidence-limited recommendations are more respected by sceptics, whereas the best-practice recommendations are more respected by clinicians who have seen similar "truths" in their practice. The complementarity of having both projects' recommendations is most striking in that this provides a set that sceptics and clinicians will each find credible. Table 1 summarizes these ideas.

Clinical relevance of the 2 complementary approaches to drafting recommendations

At the clinical front-line, the complementarity of having both projects' recommendations is evident in clinicians being able to easily compare and contrast the evidence-limited recommendations with the best-practice ones. Most importantly, clinicians will clearly see the reach of the evidence "into" best practices; the extent to which best practices are evidence based.

We expect new clinicians to gain the most from having this set of recommendations. By being aware of the extent, type (evidence or expert opinion) and caliber of information that lies behind specific practices, they should have greater confidence in, and a better understanding of which and how practice methods can be adapted to individual patients. Overall, we believe 3 groups within chiropractic will directly benefit from understanding the extent to which best practices are evidence based:

- Clinicians will be able to quickly understand which areas of practice are open to wholesale questioning, and which are solidly founded on convincing evidence.
- Researchers will be able to easily identify where there are extensive gaps between the evidence and what is thought to be best-practice, and set their research agendas accordingly.
- Policy makers will be able to more easily be proactive with political and practice vulnerabilities by understanding the gaps between the evidence and what is thought to be best practice.