

Code of Practice and Standard of Proficiency

Effective from 1 June 2005

**General
Chiropractic
Council**



**Protecting patients
Setting standards
Promoting the profession**

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Glossary

In the *Code of Practice and Standard of Proficiency* specific meanings have been given to the following terms:

Assessment

obtaining information on a patient related to their health (ie physical, psychological and social wellbeing) and to their health needs and making decisions based on that information as to the appropriate actions to take.

Care

the work that chiropractors undertake to improve patients' health covering a spectrum of promoting health, maintaining health and preventing ill-health, and addressing health needs. The methods that might be used include:

- manual treatments
- the use of other technologies (eg ultrasound, traction, relaxation exercises, application of hot and cold packs, dry needling)
- advice, explanation and reassurance (eg explaining the kinds of activity and behaviour that will promote recovery, nutritional and dietary advice)
- exercise and rehabilitation
- multidisciplinary approaches (eg making referrals, joint plans of care with other healthcare practitioners)
- supporting the patient's health and wellbeing with other carers and stakeholders (eg relatives, employers)
- preventive measures related to the patient's lifestyle (eg diet, exercise, stress management)
- preventive measures related to the patient's environment (eg home, workplace).

Evidence-based care

clinical practice that incorporates the best available evidence from research, the preferences of the patient and the expertise of practitioners (including the individual chiropractor her/himself).

Health

a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity (World Health Organisation 1980).¹

Investigations

further activities undertaken to extend the information on a patient's health and health needs. For example: the use of imaging technology; examining systems; laboratory testing.

May

when the term 'may' is used, this reflects the fact that practitioners have a choice as to whether to undertake certain actions or not. The term 'may' is most often used to indicate the range of approaches from which a chiropractor might select.

Must

when the term 'must' is used, this signifies that the practitioner has to comply. In order to comply chiropractors will need to exercise their judgment.

Patient

the person receiving care from a chiropractor. The term 'patient' has been used for brevity and is intended to cover all related terms that might be used such as 'client'.

Products

items that might be sold or loaned to patients (eg supports, pillows, gym balls, Transcutaneous Electrical Nerve Stimulation (TENS) equipment, nutritional supplements, topical applications).

Should

when the term 'should' is used, this forms the basis of a strong recommendation for compliance although this might not be appropriate in all circumstances. Chiropractors will need to weigh up the different factors in each situation and determine the most appropriate action to take.

¹ World Health Organisation, 1980, *International Classification of Impairments, Disabilities and Handicaps*, WHO, Geneva.

General introduction

Purpose

The *Code of Practice and Standard of Proficiency* set out for patients the quality of care they are entitled to receive from chiropractors. For chiropractors they represent the benchmarks of conduct and practice against which they are content to be measured.

Chiropractic

Chiropractic is a health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system and the effect of these disorders on the function of the nervous system and on general health. There is an emphasis on manual treatments including spinal manipulation or adjustment.²

By restoring normal function to the musculoskeletal system chiropractors can play a major part in relieving disorders, and any accompanying pain or discomfort, arising from accidents, stress, lack of exercise, poor posture, illness and everyday wear and tear.

Chiropractors take a holistic approach to health and wellbeing: this means that they consider its physical, psychological and social aspects.

The education and training of chiropractors

To register as a chiropractor in the United Kingdom, individuals have to complete a four-year chiropractic honours degree course or its equivalent, including a full year of clinical training. This educational requirement reflects the fact that chiropractors are independent practitioners with responsibility for patients in the primary care setting.

Once individuals are accepted onto the Statutory Register, they are required to maintain and update their knowledge and skills through undertaking annual Continuing Professional Development. This is monitored by the General Chiropractic Council and failure to comply can result in removal from the Register.

² World Federation of Chiropractic, 1999.

The General Chiropractic Council

The Chiropractors Act 1994 (the Act) provided for the establishment of a General Chiropractic Council (GCC). As a statutory body the GCC has four main duties:

- 1** to protect the public
- 2** to set the standards of chiropractic conduct, practice and education
- 3** to develop the profession, using a model of continuous improvement in practice
- 4** to promote the contribution that chiropractic makes to the health of the nation.

The *Code of Practice and Standard of Proficiency* are binding requirements on chiropractors, which are developed and published by the GCC under specific provisions of the Act.

With effect from 1 June 2005 this version of the *Code* and *Standard* replaces the version published by the GCC in May 1999.

Code of Practice

Chiropractors must meet high standards of conduct and practice. The *Code of Practice* lays down the standard of personal and professional conduct that is required of all chiropractors. It also provides advice in relation to the practice of chiropractic.

Standard of Proficiency

Chiropractic is an independent primary healthcare profession. The law does not define the scope of practice for any healthcare profession. Nor is it the purpose of the *Standard of Proficiency* to define the scope of chiropractic. The *Standard of Proficiency* sets out standards for the competent and safe practice of chiropractic.

Chiropractors are required to comply with all provisions of the *Code of Practice* and the *Standard of Proficiency*. An allegation that a chiropractor has failed to comply with any component of the *Code* or the *Standard* does not, of itself, constitute unacceptable professional conduct but will be taken into account in any proceedings against that person under the provisions of the Act.

Statutory Committees

The GCC has three statutory committees concerned with the maintenance of standards of proficiency, conduct, and physical and mental health.

- 1** The Investigating Committee investigates any complaints made to the GCC about a chiropractor's proficiency, conduct or health – essentially it establishes whether there is a case to answer.
- 2** The Health Committee considers and makes judgments on any cases of concern about a chiropractor's health referred to it by the Investigating Committee or the Professional Conduct Committee.
- 3** The Professional Conduct Committee considers and makes judgments on any cases of concern about a chiropractor's conduct or proficiency referred to it by the Investigating Committee or the Health Committee.

Code of Practice

Introduction

The *Code of Practice* lays down standards of conduct and practice expected of all chiropractors in the United Kingdom and gives advice in relation to the practice of chiropractic. It is not an exhaustive set of rules.

The Principles

All chiropractors are personally accountable for their actions and must be able to explain and justify their decisions. All chiropractors have a duty to protect and promote the needs of their patients. To do this they must act in accordance with the following principles.

- A** Chiropractors must be open with patients and show respect for their dignity, individuality and privacy.
- B** Chiropractors must respect patients' rights to be involved in decisions about their treatment and health care.
- C** Chiropractors must justify public trust and confidence by being honest and trustworthy.
- D** Chiropractors must provide a good standard of practice and care.
- E** Chiropractors must protect patients and colleagues from risk of harm.
- F** Chiropractors must cooperate with colleagues from their own and other professions.

These principles are set out in more detail in the text that follows.

A Chiropractors must be open with patients and show respect for their dignity, individuality and privacy.

A1 Chiropractors must listen to patients.

A2 Chiropractors must keep information about patients confidential.³

Specifically chiropractors:

A2.1 must take the appropriate precautions when communicating confidential or sensitive information electronically, in writing or orally. Such precautions should take account of: who might overhear or oversee the information; who might access the information; the information that might be communicated by the practitioner's actions.

A2.2 must not disclose information about a patient, including the identity of the patient, either during or after the lifetime of the patient without the consent of the patient or the patient's legal representative.⁴

A2.3 must store information in, and retrieve it from, recording systems consistent with the requirements of legislation relating to information and its use. Specifically chiropractors should ensure that when they use electronic recording systems, the records are safe from access outside the practice, the security and integrity of data is maintained and the system is safely backed-up at regular intervals.

A2.4 must maintain patient confidentiality during the handling, storage and disposal of records.

A2.5 must obtain consent from patients before responding to any requests for information about them. The chiropractor must also explain to the patient the chiropractor's own responsibilities in the process.

³ Legislation relating to information and its use includes: the Data Protection Act 1998. "This Act provides a framework that governs the processing of information that identifies living individuals – personal data. Processing includes holding, obtaining, recording, using and disclosing of information and the Act applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope eg it also covers personnel records". Department of Health, July 2003, *Confidentiality: NHS Code of Practice*, DH, London. This document contains other information likely to be of interest to chiropractors.

⁴ This requirement has specific implications in a number of ways for chiropractors. Firstly, chiropractors should make sure that if they employ a bookkeeper or an accountant then financial information on payments can be looked at separately from clinical records. Secondly, if a chiropractor wishes to pursue a patient for overdue payments, then only the minimum information for the situation in hand should be supplied to outside bodies (eg for legal proceedings or for debt collection). Thirdly, for chiropractors thinking of selling their business there is a need to gain the patients' specific consent to the transfer of their records as otherwise their confidentiality could be compromised.

A2.6 must take all reasonable steps to ensure that others who work for or with them also maintain confidentiality.

A2.7 may make exceptions to the general rule of confidentiality and disclose information to a third party if:

- the chiropractor believes it to be in the patient's best interest to disclose information to another health professional or relevant agency
- the chiropractor believes that disclosure to someone other than another health professional is essential for the sake of the patient's health⁵
- disclosure is required by statute
- the chiropractor is directed to disclose the information by any official having a legal power to order disclosure, or
- having sought appropriate advice, the chiropractor is advised that disclosure should be made in the public interest.⁶

In each case where disclosure is made by a chiropractor in accordance with an exception to the general rules of confidentiality, a chiropractor must:

- inform the patient before the disclosure takes place
- make clear to the patient, as far as is reasonably practicable, the extent of the information to be disclosed, the reason for the disclosure and the likely consequence of the disclosure, where it is appropriate to do this
- disclose only such information as is relevant ensuring that the person to whom the disclosure is made undertakes to hold the information on the same terms as those to which the chiropractor is subject, and
- record in writing the reasons for the disclosure.

⁵ See section **E2.7** for further guidance on child protection.

⁶ Public interest means those "exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services." (Department of Health, 1993, *Confidentiality: NHS Code of Practice*, DH, London).

A3 Chiropractors must make sure their own beliefs and values do not prejudice their patients' care.

Specifically chiropractors:

- A3.1** must undertake their work in compliance with human rights legislation⁷ and legislation relating to anti-discriminatory practice.⁸
- A3.2** must respect patients' rights to make their own choices and decisions.
- A3.3** must act in ways that are consistent with patients' expressed beliefs and views and acknowledge the benefits of diversity.
- A3.4** must respect patients' privacy and dignity and make gowns available for patients to use during assessment and care if the patient wishes to use one.
- A3.5** must provide assessment and care based on their clinical judgment of patients' needs and the likely benefit of care. Chiropractors must not allow their views about the patient's lifestyle, culture, beliefs, race, gender, sexuality, disability, age or social or economic status to prejudice their assessment or care. Chiropractors must not refuse or delay assessment or care because they believe that patients have contributed to their condition.
- A3.6** should take the appropriate action to minimise the impact of discrimination on patients and colleagues.⁹

⁷ Legislation relating to human rights includes the Human Rights Act 1998 and the Children Act 1989.

⁸ Legislation relating to anti-discriminatory practice includes that relating to: race and ethnicity, sex, religion and political beliefs, disability and sexuality.

⁹ For example, this might involve drawing individuals' attention to the use of language that is discriminatory.

Chiropractors must respect patients' rights to be involved in decisions about their treatment and health care.

B1 Chiropractors must provide information about patients' health, health needs and care options in a way that patients can understand.

Specifically chiropractors:

B1.1 must be polite and considerate to patients.

B1.2 must provide a patient with information on his/her health, health needs and care options adapting as necessary the way in which the information is given to the individual concerned.

B1.3 should understand that communication is a two-way process and encourage patients to communicate with the chiropractor and participate fully in their own assessment and care.

B2 Chiropractors must obtain appropriate consent before investigating conditions and providing treatment.

Specifically chiropractors:¹⁰

B2.1 must obtain consent before assessing or caring for competent adult patients.¹¹

¹⁰ The 12 points that follow are taken from Department of Health, 2001, *12 Key Points of Consent: the law in England*, DH London. Searches have been made of guidance from the government health departments of the other three UK countries; where specific guidance on consent has been found it appears to be consistent with that of the DH. Further guidance on the 12 key principles is available in: Department of Health, 2001, *Reference Guide to Consent for examination and treatment*, DH London; Department of Health, 2001, *Good Practice in Consent Implementation Guide: consent to examination or treatment*, DH London. All are available on www.dh.gov.uk/consent.

¹¹ Competence is understood in terms of the patient's ability to understand the choices and their consequences, including the nature, purpose and possible risk of any assessment and care. A patient will lack capacity to consent to a particular intervention (as defined in the DH guidance) if s/he is unable to comprehend and retain information material to the decision, especially as to the consequences of having, or not having, the intervention in question; and/or unable to use and weigh this information in the decision-making process. Before making a judgment that a patient lacks capacity, the chiropractor must take all reasonable steps to assist the patient in taking their own decisions using the help of people close to the patient if appropriate. Capacity is 'decision specific' and a patient may lack capacity to take a particular complex decision but be quite able to make more straightforward decisions.

- B2.2** should always assume adults to be competent unless demonstrated otherwise. If a chiropractor has doubts about the adult's competence, s/he should ask him/herself the question "can this patient understand and weigh up the information needed to make this decision?" Unexpected decisions do not prove the patient is incompetent, but may indicate a need for further information or explanation.
- B2.3** should recognise that patients may be competent to make some decisions even if they are not competent to make others.
- B2.4** should understand that giving and obtaining consent is usually a process, not a one-off event. Patients can change their mind and withdraw consent at any time during the process of receiving assessment or care. If there is any doubt, chiropractors should always check that the patient still consents to the chiropractor assessing or providing care for them.
- B2.5** must seek consent before assessing or caring for a child. At age 16 young people can be treated as an adult¹² and can be presumed to have the capacity to consent for themselves.¹³ Younger children may have the capacity to consent depending on their ability to understand what is involved (although those with parental responsibility will ideally be involved).¹⁴ In other cases someone with parental responsibility must

¹² This is the position in England, N Ireland, Scotland and Wales.

¹³ By virtue of section 8 of the Family Law Reform Act 1969, people aged 16 or 17 are entitled to consent to their own medical treatment and any ancillary procedures involved in that treatment. As for adults, consent will be valid only if it is given voluntarily by an appropriately informed person capable of consenting to the particular intervention. However, unlike adults, the refusal of a competent person aged 16-17 may in certain circumstances be over-riden by either a person with parental responsibility or a court.

¹⁴ Following the case of *Gillick v West Norfolk and Wisbech AHA* (1986) AC 112 the courts have held that children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention. This is sometimes described as 'Gillick competent'.

give consent on the child's behalf, unless they cannot be reached in an emergency.¹⁵ If a competent child consents to assessment or care, a parent cannot over-ride that consent. Legally a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.

- B2.6** must seek the patient's consent if s/he is the person assessing or caring for the patient.
- B2.7** must offer enough information to patients for them to take the decision to consent or not.¹⁶ If the patient is not offered as much information as they reasonably need to make their decision, and in a form they can understand, their consent may not be valid.
- B2.8** should ensure that patients have given their consent voluntarily and not under any form of duress or undue influence from health professionals, family or friends.

¹⁵ The Children Act 1989 sets out persons who may have parental responsibility. These include: the child's parents if married at the time of conception or birth; the child's mother; but not the father if they were not married unless the father has acquired parental responsibility via a court order or a parental responsibility agreement or the couple subsequently marry; the child's legally appointed guardian; a person in whose favour the court has made a residence order concerning the child; a Local Authority designated in a care order in respect of a child; a Local Authority or other authorised person who holds an emergency protection order in respect of the child.

¹⁶ For example, this would include information on the benefits and risks of the proposed method of assessment or care and any alternative methods.

- B2.9** should recognise that patients can give their consent in any form – written, oral or non-verbal. A signature on a consent form does not in itself prove the consent is valid – the point of the form is to record the patient's decision and also increasingly the discussions that have taken place.¹⁷
- B2.10** should recognise that competent adult patients are entitled to refuse assessment and care, even where this would clearly benefit their health,¹⁸ and have a right to refuse involvement in teaching and research.¹⁹
- B2.11** should recognise that no-one can give consent on behalf of an incompetent adult.²⁰ However, chiropractors may still decide to undertake assessment and care of such a patient if the assessment or care would be in the patient's best interests.²¹
- B2.12** must abide by a refusal to methods of assessment and care made in advance by a patient while they were competent if that patient then becomes incompetent and the circumstances where such methods might be used then arise.²²

¹⁷ Chiropractors who are employed by an organisation should be aware that their employer may have its own policies on obtaining written consent.

¹⁸ The only exception to this rule is where the assessment or care is for a mental disorder and the patient is detained under the Mental Health Act 1983 in England and Wales, the Mental Health (Scotland) Act 1984, and the Mental Health (Northern Ireland) Order 1986. A competent pregnant woman may refuse any form of care, even if this would be detrimental to the foetus.

¹⁹ Patients' right to refuse involvement in teaching or research was specifically referred to in the earlier version of the *Code of Practice* at 2.2 and has been added here to the DH 12 key points.

²⁰ In Scotland the Adults with Incapacity (Scotland) Act 2000 allows a person to be appointed to make decisions for a mentally incapacitated person in some circumstances.

²¹ 'Best interests' go wider than best medical interests to include factors such as the wishes and beliefs of the patient when competent, their current wishes, their general wellbeing and their spiritual and religious welfare. People close to the patient may be able to give the chiropractor information on some of these factors. Where the patient has never been competent, relatives, carers and friends may be best placed to advise on the patient's needs and preferences.

²² For example, a chiropractor who has been treating a patient for a number of years is aware that the patient refused particular forms of care in the past. The patient is now incapacitated and is unable to communicate effectively with the chiropractor but is brought for treatment by their partner. The chiropractor should still respect the patient's previous refusals to these forms of care.

B3 Chiropractors must ensure that patients have easy access to their health records.

Specifically chiropractors:

- B3.1** must make available to patients in a reasonable time copies of records consistent with legislation.²³ If patients wish to obtain copies of clinical images for their own keeping then chiropractors should obtain copies of such images for the patient even if this incurs a net cost to the chiropractor due to the amount it is possible to charge under legislation.²⁴ Chiropractors are advised to consider how releasing clinical images (such as radiographs) to patients (rather than obtaining a copy for them) might make the chiropractor vulnerable to any future claims if the clinical images are not returned.
- B3.2** must agree the ownership of, and the responsibility for, patient records when working jointly with others in the same practice or on the same premises.
- B3.3** must retain records safely for a period of eight years from the date of the last visit of the patient to the chiropractor, or if the patient is a child until the patient's 25th birthday or the 26th birthday if the patient was 17 at the conclusion of treatment.²⁵
- B3.4** must make contingency arrangements for the safe retention of records on the closure of their practice or in the event of their death. Chiropractors must notify the Registrar of these arrangements and on closure of their practice the arrangements should be advertised in a newspaper circulating in the area of the practice. Chiropractors are encouraged to make provisions in their wills for the safe storage of patients' records. Such records will be released to patients on production of the written authority of the patient to whom they relate, or a patient's legal representative.

²³ Legislation relating to the provision of records includes: the Data Protection Act 1998, and particularly the provisions relating to Data Subject Access.

²⁴ Chiropractors may charge patients for the provision of copies of records including images up to the limit of the fees set at that time under the Data Protection Act; they will not however necessarily be able to charge the patient the full copying costs and hence the chiropractor might have to pay the difference between the two amounts him/herself. However, this would mean that they still had the clinical image in their own safe keeping.

²⁵ This is in line with the requirements with regard to general NHS hospital records.

C Chiropractors must justify public trust and confidence by being honest and trustworthy.

CI Chiropractors must act with integrity and never abuse their professional standing.

Specifically chiropractors:

- CI.1** must remember that the relationship between chiropractors and their patients is based on trust and on the principle that the welfare of the patient is paramount.
- CI.2** are free to choose whom they accept as patients. Once an individual is a patient of the chiropractor, then the chiropractor must not terminate the patient's care without justification²⁶ and should provide the patient with information on other healthcare professionals who may be able to help them.
- CI.3** should be aware that a few individuals can become focused on specific forms of care that do not necessarily promote their overall health and wellbeing. In such circumstances chiropractors will need to take extra steps to enable these patients to take responsibility for their own health and be more self-managing. Chiropractors must not encourage patients to become dependent on particular forms of care.
- CI.4** must not use their professional position as a means of pursuing a sexual relationship with a patient and must end the professional relationship if they find that they are becoming involved with a patient, or a patient is becoming involved in such a relationship with them.
- CI.5** must not knowingly approach someone who is the patient of another chiropractor, or a related health professional,²⁷ with the specific intention of persuading that person to become the chiropractor's patient. Chiropractors may approach representatives of organisations such as firms, companies, schools, clubs or other health professionals to publicise their services.

²⁶ Justification would include, for example: patients being unable to understand the nature of the agreement; aggression/violence; the patient is putting the chiropractor and the practice staff at risk; the patient is constantly questioning the chiropractor's clinical judgment; the patient is affecting the overall patient base and/or other patients; the patient has an ulterior motive for seeing the chiropractor.

²⁷ A related health professional in this instance would be an osteopath, physiotherapist or similar.

- CI.6** may publicise their practices or permit another person to do so consistent with the law and the guidance issued by the Advertising Standards Authority. If chiropractors, or others on their behalf, do publicise, the information used must be factual and verifiable. The information must not be misleading or inaccurate in any way. It must not, in any way, abuse the trust of members of the public nor exploit their lack of experience or knowledge about either health or chiropractic matters. It must not put pressure on people to use chiropractic.²⁸
- CI.7** should avoid publicity about him/herself or the practice which arises through or from interviews with representatives of the media, and which may be regarded as bringing the profession into disrepute. A chiropractor should, wherever possible, request access to the article, statement or interview before publication or broadcast to try to ensure that it does not contravene anything in the *Code of Practice*.
- CI.8** must not use any title or qualification in such a way that the public may be misled as to its meaning or significance. In particular, chiropractors who use the title of 'doctor' and who are not registered medical practitioners must ensure that they make it clear that they are registered chiropractors and not registered medical practitioners.²⁹
- CI.9** must not make claims to being a specialist or an expert in a field of chiropractic although chiropractors may indicate that their practice is wholly or mainly devoted to particular types of care.

²⁸ For example, by arousing ill-founded fear for their future health.

²⁹ For example, in business stationery and on practice nameplates.

C2 Chiropractors must never ask for, nor accept, any inducement, gift, hospitality or referral which may affect, or be seen to affect, their judgment.

Specifically chiropractors:

C2.1 must be honest in financial and commercial matters.

C2.2 must not defraud patients or any organisation for which they work.

C2.3 must not attempt to influence patients to do anything against their will or for the financial benefit of the chiropractor or anyone associated with the chiropractor.

C2.4 must act in the patient's best interests when making or receiving referrals, providing or arranging assessment or care, or offering products to patients.

C2.5 must not ask for or accept any inducement, gift or hospitality that may affect or be seen to affect their judgment, nor offer any such inducements to colleagues.

C3 Chiropractors must recommend the use of particular products or services only on the basis of clinical judgment and not commercial gain.

C4 Chiropractors must declare any personal interests to those who may be affected.³⁰

³⁰ For example, if a chiropractor is involved in research that might affect a patient, then the patient has the right to know of the chiropractor's involvement and the chiropractor must inform the patient of his/her research.

Chiropractors must provide a good standard of practice and care.

The *Standard of Proficiency* sets out the requirements for the competent and safe practice of chiropractic.

D1 Chiropractors must recognise and work within the limits of their knowledge, skills and experience.

Specifically chiropractors:

- D1.1** must seek advice and support from an appropriate source when the needs of patients and the complexity of a case are beyond their own knowledge and skills.
- D1.2** must refer patients to other healthcare practitioners when the needs of the patient are beyond the knowledge and skills of the chiropractor.
- D1.3** must ensure that they are appropriately prepared for the assessment and care of patients.

D2 Chiropractors must maintain and improve their professional knowledge, skills and performance.

Specifically chiropractors:

- D2.1** must meet any requirements for Continuing Professional Development set out by the GCC.

D3 Chiropractors must make records promptly and include all relevant information in a clear and legible form.

Specifically chiropractors:

- D3.1** must keep legible, full and attributable records of patients including information on: the patient's personal data; the patient's consent to assessment and care; the assessment and reassessment of the patient's health and health needs, and the care provided to the patient.

E Chiropractors must protect patients and colleagues from risk of harm.

E1 Chiropractors must act quickly if either their own, or another healthcare worker's conduct, health or performance may place patients or colleagues at risk.

Specifically chiropractors:

- E1.1** must have a complaints procedure in place within their practice and deal promptly and fairly with any complaint or claim made against them by a patient.
- E1.2** must notify patients of their right to refer any unresolved complaint to the GCC, giving the patient the GCC's address.
- E1.3** must protect patients when they believe that the conduct, competence or health of another regulated healthcare practitioner (including a chiropractor) is a threat to patients. Before taking action, a chiropractor should do his/her best to verify the facts on which this belief is based. Then, if necessary, the chiropractor should report honestly to the practice principal/work colleagues of the other regulated healthcare practitioner (if s/he works with others) any concern about the conduct, competence or health of that healthcare practitioner. If the other person is a sole practitioner, or the practice principal/work colleagues of that other person have refused to take action, then a chiropractor must report his/her concerns to the relevant regulatory body.
- E1.4** must avoid conduct which may undermine public confidence in the chiropractic profession or bring the profession into disrepute, whether or not such conduct is directly concerned with professional practice.³¹
- E1.5** must seek and follow proper advice as to whether or how they should modify their own practice when patients may be at risk due to the chiropractor's own mental or physical health.³²

³¹ Complaints of the misuse of drugs and alcohol may lead to a charge of unacceptable professional conduct, whether or not the complaint is the subject of criminal proceedings. Impairment of a chiropractor's ability to practise as a result of the misuse of alcohol or other drugs may lead to the question of the chiropractor's fitness to practise being referred to the Health Committee.

³² Proper advice in this instance is advice from a relevant regulated healthcare professional.

E2 Chiropractors must reduce risks to health, safety and security.

Specifically chiropractors:

- E2.1** must work in compliance with health and safety legislation.³³
- E2.2** must identify and assess potential risks within the practice and from this assessment identify and take action to manage those risks.³⁴
- E2.3** must establish systems and structures to deal with emergencies in the practice.³⁵ Chiropractors must take the appropriate action to manage any emergency that arises and summon immediate assistance if and when this is necessary.
- E2.4** must assess and manage infection risk.³⁶
- E2.5** must comply with legislation and regulations relating to ionising radiation.³⁷
- E2.6** must identify when there is a need for another person to be present when they are assessing or caring for a patient and make appropriate arrangements for this to happen.³⁸

³³ Legislation relating to health, safety and security includes that relating to: health and safety at work, control of substances hazardous to health, moving and handling, environmental protection.

³⁴ The risks might be: from the chiropractor her/himself, the practice environment (eg lack of ventilation, poor/malfunctioning equipment and electrical fittings, pests), social risks (eg bullying, harassment, oppression, verbal abuse) and physical risks (eg violence, theft).

³⁵ The emergencies that need to be considered are health emergencies (such as heart attacks, electrocutions) and environmental emergencies occurring in the practice (eg fire).

³⁶ Clinical guidelines on controlling infection in primary care settings can be found in: National Institute of Clinical Excellence, June 2003, *Infection control: Prevention of healthcare-associated infection in primary and community care* Clinical Guideline 2, NICE, London.

³⁷ Legislation and regulations relating to ionising radiation includes: the Ionising Radiation Act 1999 and the Ionising Radiation (Medical Exposures) Regulations 2000. Individuals should be aware that X-rays as part of a routine care plan cannot be justified by date or schedule only. Each X-ray needs individual justification under the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000.

³⁸ Other people (who may be a parent) must always be present when the patient is a child unless parental consent has been given for the child to be seen without someone else there or the child is competent to make his/her own decisions – see section **B2** on consent. Other people might also need to be present when patients are adults, such as when the patient has learning difficulties.

E

E2.7 who come into contact with children and families must safeguard and promote the welfare of children. Chiropractors should be familiar with the procedures and protocols for promoting and safeguarding children in the area in which they live.³⁹

³⁹ If a chiropractor has concerns about a child's welfare, s/he should discuss those concerns with a colleague in the practice (if they work with others) or with colleagues in other agencies. If after these discussions the chiropractor considers that the child is or may be a child in need (including those who may be at risk of suffering significant harm), then the chiropractor must refer the child and family to social services. In general chiropractors should seek to discuss their concerns with the child, as appropriate to age and understanding, and with their parents and seek their agreement to make a referral to social services unless the chiropractor considers such a discussion would place the child at risk of significant harm. Further information on child protection is available in: *What to do if you're worried a child is being abused: Summary and Full Document*, Department of Health, May 2003.

Chiropractors must cooperate with colleagues from their own and other professions.

F1 Chiropractors must respect and encourage the skills and contributions which others bring to the care of patients.

Specifically chiropractors:

F1.1 must not discriminate against, or unjustly criticise, a colleague or other health professional.

F2 Chiropractors must within their work environment support professional colleagues in developing their professional knowledge, skills and experience.

F3 Chiropractors must not require colleagues to take on responsibilities that are beyond their level of knowledge, skills or experience.

Specifically chiropractors:

F3.1 must ensure that any health professionals that they employ are properly qualified and registered with the appropriate statutory or regulatory body if any.

F3.2 must not allow someone who is not a chiropractor to formulate diagnoses/rationales for care, or make decisions about the forms of chiropractic care that should be given to a patient;⁴⁰ nor practise in a way that gives them this responsibility.

F3.3 may authorise another person who is not a regulated healthcare professional to undertake aspects of assessment or care for a particular patient provided that the chiropractor:

- ensures that the person has the necessary knowledge and skills to carry out the aspects of assessment and care concerned
- provides the person with the necessary patient information
- remains responsible for the management of the patient
- remains responsible for the delegated aspects of assessment and care.

⁴⁰ The following sections of the *Standard of Proficiency* are of specific note here: **A1.6, A1.7, A2.1, A2.2.**

Standard of Proficiency

The *Standard of Proficiency* sets out what is expected in the competent and safe practice of chiropractic. All chiropractors are expected to reach this standard of proficiency. Patients can expect chiropractors to work to this standard.

The fundamental basis for the *Standard of Proficiency* is the principle that every chiropractor must at all times adopt the current sound practice of a reasonable practitioner.

Achievement of the requirements set out in the *Standard* will deliver a standard of chiropractic care that will protect the patient from harm and engender a climate of real benefit.

The *Standard of Proficiency* is in three sections relating to:

- A** Patient management
- B** Practice management
- C** Effective communication.

Effective communication is an integral part of patient management and practice management and has been placed in a separate section to emphasise its importance.

The standards relating to each of these sections are further detailed in the text that follows.

AI Assessing the health and health needs of patients

AI.1 Obtaining case histories

The case history is an integral part of assessing patients' health and health needs and of the patient record. Chiropractors must obtain a patient's case history through appropriately eliciting and acting on information from the patient on: the patient's reason for attending; the characteristics of any presenting complaint; the patient's medical history.

AI.2 Physical examination

Chiropractors should also use appropriate methods of physical examination to extend information on a patient's health and health needs. Such methods must be used with due regard to the patient's health.

AI.3 Further investigations

Chiropractors must be able to identify when further investigations are needed and act on this need in the patient's best interests. Chiropractors must only use further investigations when the information gained from such investigations will benefit the management of the patient and the chiropractor is competent to undertake and/or interpret the results. Chiropractors must undertake further investigations in a manner that is consistent with relevant legislation and existing good practice guidelines for those investigations. The outcomes of the investigations should be recorded.

AI.4 Obtaining information on patients

When chiropractors have identified a need to obtain more information on patients, they should make appropriate arrangements without delay. Such information might relate, for example, to the results of further investigations undertaken on patients or be about the health conditions of patients.

A1.5 Ceasing assessment

Chiropractors must halt assessments at the request of the patient or when the information obtained means that it is inadvisable to proceed.

A1.6 Formulating diagnoses/rationales for care

Chiropractors must evaluate the patient's health and health needs from the information gained. Chiropractors must formulate and document a working diagnosis, or rationale for care, based on the evaluation of the information. The working diagnosis, or rationale for care, should be kept under review while caring for the patient.

A1.7 Clinical decision making

Chiropractors must interpret all of the information available about a patient and then make and record valid decisions about:

- a) how the patient's health and health needs are likely to change over time with and without chiropractic care
- b) the benefits and risks of providing care for the patient, including any contra-indications
- c) the natural history and prognosis of any presenting complaint
- d) any emergency situations that need immediate action
- e) the likelihood of preventing recurrences or managing any long-term health needs and the severity of those health needs
- f) patients whose health needs would be better met through the care offered by another healthcare professional, including those covered by specific legislation⁴¹
- g) any other care which the patient is receiving where there is evidence that it is having an adverse effect on the patient's health.

⁴¹ Legislation on health needs to be met by specific healthcare professionals includes: the Cancer Act 1939.

A1.8 Advice on medication

Chiropractors may give patients information on the use of medications that can be purchased over-the-counter and the possible effects of prescribed medication. Chiropractors must not advise patients to stop prescribed medication. If a chiropractor has concerns about the effects of prescribed medication on a patient's health, s/he should advise the patient to discuss the issue with the health professional who prescribed the medication or with the patient's general practitioner as a first point of contact.

A2 Providing care to improve patients' health and to address patients' health needs

A2.1 Planning care

Chiropractors must develop and record a plan of care for a patient and should do this in discussion with the patient. The plan of care should help the patient to improve her/his own health and actively participate in her/his own care. The plan of care should have aims and be consistent with the patient's identified health and health needs, and anticipated changes in their health and health needs. Chiropractors must continually review a patient's health and health needs as they provide care for the patient and should modify the plan of care accordingly.

A2.2 Selecting appropriate care

Chiropractors must select care that is safe and appropriate for the patient concerned, their health and their health needs.

A2.3 Applying appropriate care

Chiropractors must be knowledgeable about the underlying theories of the care they provide and be competent to apply that form of care in practice. Chiropractors' provision of care must be evidence-based and appropriate to the patient's health and health needs. The patient must have consented to the form of care. Chiropractors must care for patients in a way that minimises risk to that patient.

A2.4 Review

Chiropractors must evaluate the benefit of care to the patient and identify whether the original diagnosis, or rationale for care, or plan of care should be modified. Chiropractors must review with patients the effectiveness of the plan of care in meeting its agreed aims. They should reach agreement with patients on any changes that need to be made.

B Practice management

BI Practice and employment arrangements

BI.1 Personal liability

Chiropractors must understand that they are personally liable to individual patients for any assessment or care they provide.⁴²

BI.2 Financial records

Chiropractors must keep sound financial records and comply with relevant legislation.⁴³

BI.3 Joint working

Chiropractors who work jointly with other chiropractors in the same practice or on the same premises must agree respective responsibilities for patients. Specifically those who have joint arrangements on managing records, must enter into and make a record of specific agreements relating to these arrangements.

BI.4 Contractual arrangements

Chiropractors must abide by the terms of any legally enforceable contract or partnership, association or employment and should ensure that such terms are promptly recorded in a formal written document.

BI.5 Improving the quality of services

Chiropractors should monitor the services they are providing and identify what is working well and what is not. Chiropractors who work jointly with colleagues⁴⁴ should discuss and agree with them any changes it is necessary to make. Changes must be made in the interests of patients. Users of services should be informed of changes in an appropriate manner.

BI.6 Information technology skills

Chiropractors are encouraged to use information technology as this should help, for example, in the production of written reports. Chiropractors may develop information technology skills themselves or employ individuals with such skills.

⁴² This personal liability includes chiropractors working as a locum, those working in a practice run by a principal, and those working for a limited company.

⁴³ For example, that relating to income tax and value added tax.

⁴⁴ Colleagues might include: a chiropractic principal, other chiropractors, practice managers, support staff, other healthcare practitioners.

B2 Insurance

B2.1 Professional liability insurance

Chiropractors must, while in practice, secure and maintain the necessary professional indemnity insurance.⁴⁵ Chiropractors are advised to ensure that their insurance covers them should a complaint be made when they have ceased practising.

B2.2 Employment of other health professionals

Chiropractors must employ other health professionals only if these individuals themselves hold the necessary professional indemnity insurance.

B2.3 Other forms of insurance

Chiropractors must obtain and maintain other relevant insurance that is required by legislation.⁴⁶

⁴⁵ The General Chiropractic Council (Professional Indemnity Insurance) Rules 1999.

⁴⁶ For example, employer's liability insurance.

CI Communication with patients

CI.1 Information on assessment and care

Chiropractors must explain clearly to patients:

- what will happen during assessments and care, and when the care will be reviewed
- any known risks in particular forms of assessment and care⁴⁷
- the outcomes of assessments and care
- any need to refer that person to another health professional to meet the patient's health needs.

CI.2 Information on practice matters

Chiropractors must make clear information available to patients on:

- fees and any related structures
- the type of information that will be entered in their records and who may have access to their records⁴⁸
- the procedures for making a complaint if the patient wishes to do this
- the arrangements that are in place for managing contingencies.⁴⁹

CI.3 Information on joint working arrangements

Chiropractors who work together in any capacity in the same practice or premises, must make clear information readily available to patients on:

- the name and status in the practice of the chiropractor responsible for their day-to-day care
- the chiropractor accountable for their overall care if this is different (than for day-to-day care) and the parts of their care that have been delegated
- the chiropractor who will be responsible for the patient's records
- the person to approach in the event of any problem with their care.

⁴⁷ For example, the risks of over-exposure to radiation.

⁴⁸ Those who may have access to the patient's medical records are: the patient, parents/guardians if the patient is a child, other healthcare professionals in the same healthcare team for continuity of care.

⁴⁹ Contingency arrangements would include: the chiropractor being on holiday, ill, delayed and not available for an appointment.

C2 Communication with other healthcare professionals

C2.1 Responding to referrals

Chiropractors must produce clear follow-up reports when patients have been formally referred in writing to the chiropractor as a named healthcare professional.⁵⁰ Chiropractors must seek the consent of the patient for this information being provided.⁵¹ In compiling such reports chiropractors are encouraged to consider the following:

- the initial findings
- the number of times that care has been provided and the form of that care
- changes in a patient's health, health needs and satisfaction
- a review of assessment and care plans following care including any arrangements for further contact with the patient
- any requests for further involvement of the referring party or other healthcare practitioners.

C2.2 Contributing to the completeness of patients' health records

Chiropractors are encouraged to produce clear, succinct reports for general medical practitioners as the custodian of patients' complete health records if the patient consents to this happening. Such reports should use terminology appropriate for the general practitioner; be in an appropriate format and be sent when specific phases of care have been concluded. The reports should identify: the reason for the information being sent, the assessment of the patient's health and health needs before and after the provision of care, the care that has been provided, and the patient's consent to the information being sent.

⁵⁰ This means that the other healthcare professional (such as a general practitioner, a medical consultant, physiotherapist, another chiropractor) has passed accountability for that care to the named chiropractor and no longer retains responsibility for that care.

⁵¹ Section **A2.5** of the *Code of Practice* refers to this.

C2.3 Reports for third parties

Chiropractors should reply promptly and courteously to requests for information from other health professionals and third parties. Chiropractors must seek the consent of the patient for this information being provided.⁵² Chiropractors should produce clear, succinct reports for third parties in a format that is consistent with any required standard templates. Chiropractors may make a reasonable charge for the provision of such information.

C2.4 Facilitating access to care

Chiropractors should act in the interests of patients through facilitating access to the investigations and other forms of healthcare that patients may need.

⁵² Section **A2.5** of the *Code of Practice* refers to this.

