

Contents

Introduction	1
The Code of Practice	3
A You must respect patients' dignity, individuality and privacy	4
A1 Respecting privacy and dignity	4
A2 Chaperones	5
A3 A legal duty to promote equality	5
A4 Avoiding unfair discrimination	7
A5 Confidentiality	7
A6 Data protection legislation	8
A7 Protecting confidential information	9
A8 Sharing confidential information with colleagues	10
A9 Obtaining patients' consent to disclosure of confidential information	11
A10 Disclosing confidential information in the public interest	12
B You must respect patients' rights to be involved in decisions about their healthcare	13
B1 Establishing effective communication with patients	13
B2 Politeness and consideration	13
B3 Accurate, relevant and clear information: essential components of consent	13
B4 Obtaining consent	15
B5 Respecting patients' decisions	19
B6 Providing access to patient health records	20
B7 Maintaining patient records	21
B8 Safe keeping of patient records	21
C You must justify public trust and confidence by being honest and trustworthy	23
C1 Acting with honesty and integrity	23
C2 Refusing to continue patient care	23
C3 Establishing sexual boundaries	24
C4 Publicising your work or practice	25
C5 Use of titles and qualifications	25
C6 Conflicts of interest	26
C7 Financial records	26
D You must provide a good standard of practice and care	27
D1 Knowing your own limits	27
D2 Fitness to practise	27
E You must protect patients and colleagues from risk of harm	28
E1 Managing complaints	28
E2 Raising concerns	28
E3 Professional behaviour	29
E4 Practitioner health and wellbeing	30

E5	Health and safety.....	30
E6	Controlling infection.....	32
E7	Ionising radiation.....	33
E8	Safeguarding the welfare of children and vulnerable adults.....	34
E9	Professional indemnity insurance.....	35
F	You must cooperate with colleagues from your own and other professions.....	36
F1	Respecting the skills and contributions of others.....	36
F2	Delegation.....	36
F3	Employees.....	36
F4	Agreeing responsibilities.....	37
	The Standard of Proficiency.....	38
S1	Practice arrangements.....	39
S1.1	Information on practice matters.....	39
S1.2	Information on joint working arrangements.....	39
S2	Assessing the health and health needs of patients.....	40
S2.1	Information about assessment and care.....	40
S2.2	Obtaining case histories.....	40
S2.3	Physical examination.....	41
S2.4	Obtaining further information and carrying out further investigations on patients.....	41
S2.5	Ceasing assessment.....	41
S2.6	Clinical decision making.....	42
S2.7	Meeting the patient's health needs.....	42
S2.8	Advice on other forms of care and treatment.....	43
S3	Provision of chiropractic care.....	44
S3.1	Planning care.....	44
S3.2	Applying appropriate care.....	44
S3.3	Review.....	45
S3.4	Working with other healthcare professionals – provision of care.....	45
S3.5	Reports for third parties.....	46
S3.6	Public health interventions.....	46
	Glossary.....	48
	Abbreviations.....	50
	Index.....	51

Introduction

Purpose

The Code of Practice and the Standard of Proficiency set out for patients the quality of care they are entitled to receive from chiropractors. For chiropractors, they are the benchmarks of conduct and practice they will be measured against if a complaint is made to the General Chiropractic Council (GCC).

What chiropractors do

Chiropractic is 'A health profession concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the functions of the nervous system and general health. There is an emphasis on manual treatments including spinal adjustment and other joint and soft-tissue manipulation.' WFC Dictionary Definition, World Federation of Chiropractic, 2001.

Patients of all ages receive care from chiropractors for a wide range of problems with their spine, joints or muscles.

Chiropractors are concerned with the framework of bones and muscles that support the body (the musculoskeletal system). By helping the musculoskeletal system to work properly, chiropractors can play a major part in relieving disorders, and the pain and discomfort that go with them. These can be the result of 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 every patient's symptoms in the context of their full medical history, their lifestyle and their personal circumstances before deciding what care and advice should be provided.

The standards set out in this document apply to all chiropractors practising in the UK whatever:

- their employment status (that is, those running their own clinic, working in a partnership, working as an associate or an employee, or working as a locum)
- the environment in which they practise (that is, providing chiropractic services to a local community, multidisciplinary working, acting as a sports team adviser/coach, working in public health).

The General Chiropractic Council

The GCC was set up under the Chiropractors Act 1994. As a statutory body – set up by law – the GCC has three main duties:

- 1 protecting the public by regulating chiropractors
- 2 setting the standards of chiropractic education, conduct and practice
- 3 ensuring the development of the profession.

Anybody who calls themselves a chiropractor in the UK must be registered with the GCC, otherwise they are committing a criminal offence.

To register as a chiropractor, an individual has to satisfy the educational requirements for registration and show they are of good health and character.

Once an individual is registered as a chiropractor, they must:

- 1 act in accordance with the *Code of Practice and Standard of Proficiency* developed and published by the GCC – these are binding requirements on chiropractors
- 2 maintain and update their knowledge and skills by undertaking Continuing Professional Development every year. The GCC monitors this, and a chiropractor who does not meet this requirement can be removed from the register.

If you want to check that a chiropractor is registered, please phone us on 0845 601 1796. (The call will be charged at local rates.) Or look on the GCC website at www.gcc-uk.org and search for a chiropractor by name or location.

The Code of Practice and the 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 this document to define the scope of chiropractic. Achieving the requirements set out in the Code of Practice and the Standard of Proficiency will deliver a standard of chiropractic care that will promote patient health and wellbeing, and protect patients from harm. These requirements are laid out in the left-hand column in the following pages.

The right-hand column gives guidance and advice to help chiropractors meet these requirements and provides links to further information, including details on where the content of further legislation can be found. The guidance is not exhaustive.

Chiropractors must keep to all the standards within the Code of Practice and the Standard of Proficiency, including complying with all related legislation.

The *Code of Practice and Standard of Proficiency* and associated guidance are aimed at chiropractors, but they are also intended to let the public know what they can expect from chiropractors.

The Code of Practice

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 health and wellbeing of their patients. To do this they must act in accordance with the following principles. They must:

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

These principles are common to all regulated healthcare professions in the UK. Their application to chiropractors is set out in more detail in the sections that follow.

You must respect patients' dignity, individuality and privacy

Standards

AI Respecting privacy and dignity

You must respect patients' privacy, dignity and cultural differences.

Guidance

- 1 Patients will have different views on what it means to respect their privacy and dignity. For example, patients have different views on what they think is an 'intimate' examination, and they may be modest about showing parts of their body that you would not normally consider to be intimate.
- 2 To avoid misunderstandings, you might consider:
 - a) confirming with patients that they are happy with the environment in which you are working with them
 - b) explaining to patients why they may need to remove clothing
 - c) establishing at the outset if a patient has any sensitivities about removing their clothing, and acting accordingly
 - d) offering gowns to patients and having them available for patients to use
 - e) encouraging patients to only partially undress if this is appropriate to their assessment or care
 - f) not asking patients to remain undressed for longer than needed for their assessment or care
 - g) offering patients a chaperone when their assessment or care might be considered to be intimate – see A2 'Chaperones'.

Useful information

- *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*, CHRE, January 2008
www.chre.org.uk
- Advice on 'open plan' practice, GCC, December 2004
www.gcc-uk.org/files/link_file/OPadvicenotedec04.pdf

Links

Code of Practice A2, A3, C3

Standard of Proficiency S2.3, S3.2

Standards

A2 Chaperones

You must identify when there is a need for another person to be present when you are assessing or caring for a patient, and make appropriate arrangements for this to happen.

Guidance

- 1 Unless parental consent has been given for a child to be seen without someone else there or the child is competent to make his or her own decisions, then another person (who may be a parent) should always be present if the patient is a child. This might also be appropriate if the patient is a vulnerable adult. Patients might also ask to have someone to accompany them when they are being assessed or cared for.

Links

Code of Practice A1, B3, B4, E7

Standard of Proficiency S2.2, S2.3, S3.2

A3 A legal duty to promote equality

You must promote equality consistent with human rights and anti-discrimination legislation. This includes a duty to tackle discrimination when it occurs.

- 1 As you provide services to the public, you have a legal duty to promote equality and tackle discrimination within your services.
- 2 Discrimination when providing services means:
 - a) refusing to provide a service on discriminatory grounds
 - b) providing a lower standard of service
 - c) offering a service on different terms from those offered to other people.
- 3 You should consider how you can provide services to everyone who may want to use your service. For example, by making buildings accessible, changing the way you communicate with service users and giving extra help for disabled users.
- 4 If you are an employer you have the same duties to your employees as to your patients. You are also legally responsible for any discriminatory actions of your employees if these actions are committed in the course of their employment.
- 5 If you supply services to public sector organisations (for example, the NHS), you may have other legal responsibilities related to positively promoting equality.
- 6 The laws covering anti-discriminatory practices include those relating to age, disability, political beliefs, race and ethnicity, religion, sex and sexuality.

Standards

continued

A3 A legal duty to promote equality

Guidance

Useful information

- Equality and Human Rights Commission
www.equalityhumanrights.com
- Advice for service providers:
www.equalityhumanrights.com
- *Human Rights in Healthcare: A framework for Local Action*, DH, October 2008
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088970
- Human Rights Act 1998
www.justice.gov.uk/whatwedo/humanrights.htm or
www.dca.gov.uk/peoples-rights/human-rights/faqs.htm
- *Principles of Good Complaint Handling*
www.ombudsman.org.uk/improving_services/principles/complaint_handling/index.html
- Children Act 2004
www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

Links

Code of Practice A1, A4, B1, C2, E1

Standards

A4 Avoiding unfair discrimination

You must make sure your own beliefs and values do not prejudice your patients' care.

Guidance

- 1 'Prejudicing your patients' care' means allowing your views on a patient's lifestyle, age, culture, beliefs, race, gender, sexuality, disability, or social or economic status to inappropriately affect your assessment or care. You may bring factors such as a patient's lifestyle that are relevant to their clinical condition into your clinical decision making and the care you give.

Links

Code of Practice A1, A2, A3

A5 Confidentiality

You must keep information about patients confidential.

- 1 Confidentiality is central to the relationship between chiropractors and patients.
- 2 You gather information about patients and those close to them that is personal and may be highly sensitive. The information might be about health matters, family or lifestyle. Patients have a right to expect that the information you obtain, directly or indirectly in the course of your work, will be held in confidence.
- 3 If you work with others, such as other chiropractors and practice staff, it is important that you have proper procedures in place and that everyone who has access to personal data understands the need for confidentiality.
- 4 Breaking confidentiality may have significant implications, such as:
 - a) patients may not seek or may turn down further care, and this will affect their health
 - b) public confidence in chiropractors and other health professionals may be lost.

Links

Code of Practice A6, A7, A8, A9, A10
Standard of Proficiency SI.1, SI.2

Standards

A6 Data protection legislation

You must keep to the requirements of data protection law.

Guidance

- 1 The Data Protection Act 1998 sets out the requirements for handling personal data and sensitive personal data.
- 2 Personal data is data that identifies living individuals. Sensitive personal data is information about racial or ethnic origin, political opinions, religious beliefs or other beliefs of a similar nature, membership of a trade union, physical or mental health or condition, sexual life, and the commission or alleged commission of any offence and any related proceedings.
- 3 Processing data includes holding, obtaining, recording, using and disclosing information.
- 4 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 (for example, it also covers personnel records).
- 5 Under the Act, every organisation that processes personal information must notify the Information Commissioner's Office (ICO) and have a registered data controller.

Useful information

- Data Protection Act 1998
www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1
- Information Commissioner's Office
www.ico.gov.uk
- *Confidentiality: NHS Code of Practice*, DH, November 2003
www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550

Links

Code of Practice A5, A7, A8, A9, A10, B6, F4

Standards

A7 Protecting confidential information

You must effectively protect personal information against improper disclosure.

You 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.

Guidance

1 Most improper disclosures are unintentional. The most common disclosures are:

- a) discussing information about patients with people who are not entitled to the information or where the discussions can be overheard
- b) leaving patients' records (paper or electronic) where they can be seen by others who do not have a right to see them.

It is good practice to make sure that:

- a) patient records are handled in a way that means they cannot be seen by others
- b) electronic recording systems are safe from access from outside the practice, the security and integrity of data is maintained and the system is safely backed-up at regular intervals
- c) paper-based record systems are secure and cannot be accessed inappropriately, whether you are on or off the premises
- d) records are disposed of securely and in a manner that maintains patient confidentiality.

2 The Data Protection Act (DPA) has some specific implications for chiropractors. The main ones that directly relate to this standard are:

- a) if you employ a bookkeeper or an accountant, they must be able to see the financial information on payments separately from patients' clinical records
- b) if you want to pursue a patient for overdue payments, you must give only the minimum information for the specific situation to outside bodies (for example, for legal action or for debt collection)
- c) if you plan to sell your business you will need to get patients' consent to the transfer of their records (DPA Section 55).

Standards

continued

A7 Protecting confidential information

Guidance

Selling a business

- 3** There are some practical steps you can take to make it easier to keep to this data protection requirement, such as:
 - a)** when patients first join the practice, getting their consent for appropriate people who work on the premises or in the practice having access to their records
 - b)** being realistic about the size of the 'live' patient base (rather than the number of patients ever seen) and only contacting patients who have been seen in the recent past
 - c)** passing patient records to the new practice owner for safe keeping, on the understanding that they will get consent for access to their personal health records from each previous patient who contacts the practice.

Links

Code of Practice A5, A6, A8, A9, A10

A8 Sharing confidential information with colleagues

You must make sure that anyone you disclose personal information to understands that it is given to them in confidence and that they must respect this.

- 1** Any members of staff working with or for you need to understand that they are also bound by a duty of confidence, whether or not they have professional or contractual obligations to protect confidentiality.
- 2** If a patient consents to your disclosing confidential information to another statutorily regulated healthcare professional, you may assume that the professional will safeguard the information.

Links

Code of Practice A5, A6, A7, A9, A10, F4
Standard of Proficiency S1.1, S1.2

Standards

A9 Obtaining patients' consent to disclosure of confidential information

You must:

- a) obtain patients' express consent before providing personal information about them to others
- b) also explain your own responsibilities beforehand.

Guidance

- 1 Seeking patients' consent for the disclosure of information is an essential aspect of good communication with patients.
- 2 'Express consent' is specific permission given orally or in writing.
- 3 Seeking patients' consent to disclose information would include situations such as sharing information with another healthcare professional and disclosing information for clinical audit or research purposes.
- 4 It is good practice to:
 - a) disclose only the information you need to
 - b) anonymise data if this will still serve the purpose of the person asking for the information. That is, remove all identifiable information about patients from it, such as names, addresses, pictures, videos or anything else, that might identify patients
 - c) satisfy yourself that patients know about disclosures necessary for their care, or for evaluating and auditing care, so they can object to such disclosures if they want to.

Links

Code of Practice B3, B4, B5, C1

Standard of Proficiency S2.7, S2.8, S3.4, S3.5

Standards

A10 Disclosing confidential information in the public interest

You must disclose personal information in the public interest only when:

- a) you are satisfied that identifiable data is necessary for the purpose or
- b) it is not practicable to anonymise the data.

If you make the exceptional decision to disclose confidential information, you must, in each case:

- a) tell the patient beforehand as far as reasonably practical
- b) make clear to the patient what information is to be disclosed, the reason for the disclosure and the likely consequence of the disclosure
- c) disclose only the information that is relevant
- d) make sure that the person you give the information to holds it on the same terms as those you are subject to.

Recording your decision

When you decide to disclose confidential information, you must:

- a) record in writing the reasons for the disclosure and to whom it was made
- b) record in writing the information disclosed and the justification for the disclosure
- c) if the patient is not told before the disclosure takes place, record in writing the reasons why it was not reasonably practical to do so.

Guidance

- 1 '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.)
- 2 You may make exceptions to the general rule of confidentiality and disclose information to a third party if:
 - a) you believe it to be in the patient's best interests to disclose information to another health professional or relevant agency
 - b) you believe that disclosure to someone other than another health professional is essential for the sake of the patient's health and wellbeing (for example, the patient is at risk of death or serious harm) – see Code of Practice section E8 for guidance on child protection
 - c) disclosure is required by law
 - d) you are directed to disclose the information by an official having a legal power to order disclosure

or

 - e) having sought appropriate advice, you are advised that disclosure should be made in the public interest (for example, because the patient might cause harm to others).
- 3 In certain circumstances you will not be able to tell the patient before disclosure takes place – for example, when the likelihood of a violent response is significant, or when informing a potential suspect in a criminal investigation might allow them to evade custody, destroy evidence or disrupt an investigation. (Department of Health, 1993, *Confidentiality: NHS Code of Practice*, DH, London.)

Links

Code of Practice A5, A6, A7, A8, A9

You must respect patients' rights to be involved in decisions about their healthcare

Standards

B1 Establishing effective communication with patients

You must show respect for patients by listening to them and acknowledging their views.

Guidance

- 1 Effective chiropractic care is a partnership based on openness, trust and good communication. Talking to your patients about their assessment and care, and encouraging them to talk to you, will enable each patient to play a full part in their own assessment and care.

Links

Code of Practice A1, A2, A3, A4, A9, B2, B3, B4, C1, C3, C4, C5, C6

Standard of Proficiency S1.1, S1.2, S2.1, S2.4, S2.8

B2 Politeness and consideration

You must be polite and considerate to patients.

Links

Code of Practice A1, B5, C1

B3 Accurate, relevant and clear information: essential components of consent

You must share with patients the information they want or need to make decisions about their health and wellbeing, their health needs and related care options.

- 1 Patients have a right to receive information about the assessment and care that is available to them presented in a way that is easy for them to follow and use. This places a considerable responsibility on you, but without this information patients cannot play a full part in their care or make the decisions that are appropriate for them.
- 2 The information that is usually shared with patients includes:
 - a) the diagnosis or prognosis of their condition (that is, what their condition is, and the likely course it will take) and any related uncertainties
 - b) options for care
 - c) the purpose of any proposed assessment and methods of care
 - d) the likely outcomes with or without care
 - e) any foreseeable risks and likely benefits
 - f) the people who will be involved in and responsible for the assessment and care

Standards

continued

B3 Accurate, relevant and clear information: essential components of consent

Guidance

- g) any reasons for referring the patient to another healthcare professional or for your working with another healthcare professional to treat them
 - h) whether the care is linked to a research programme
 - i) their right to refuse care or get a second opinion
 - j) the financial implications of the recommended care.
- 3 Exactly what you decide to share with a patient on any single occasion will depend on:
- a) the patient's wishes, needs and priorities
 - b) the patient's level of knowledge and ability to understand the nature of their condition, its prognosis and the care options
 - c) the complexity of the assessment or care offered and any associated risks.
- 4 Effective communication of information involves:
- a) exploring care options with patients
 - b) listening to their concerns
 - c) asking for and respecting their views
 - d) encouraging them to ask questions
 - e) answering any questions as fully and honestly as possible
 - f) checking that patients have understood the information they have been given and whether they want more information before making a decision
 - g) telling patients that they can change their mind at any time
 - h) involving other healthcare professionals in the discussion if appropriate
 - i) finding out if patients need any other form of support to make decisions – for example, interpreters, or involving friends or family
 - j) providing other supporting material if appropriate.

Links

Code of Practice B1, B4, B5

Standard of Proficiency S1.1, S2.1, S3.1

Standards

B4 Obtaining consent

You must obtain consent from the patient or someone able to act on their behalf, before you assess or care for them. Patients' consent must be voluntary. That is, they must not be under any form of pressure or undue influence from you, other health professionals, family or friends.

Guidance

Consent and communication

- 1 Consent is not a 'one-off' exercise. It is a continuing process and needs effective communication with patients.

Consent of adults – weighing up capacity to understand

- 2 No-one else can make a decision on behalf of an adult who has the capacity to do so.
- 3 A person has capacity if they can understand, remember, use and weigh up the information needed to make a decision, and can communicate their wishes.
- 4 It should always be assumed that adults have the capacity to make a decision unless it is shown to be otherwise. If you have any doubts, ask yourself: 'Can this patient understand and weigh up the information needed to make this decision?'
- 5 Unexpected decisions do not prove the patient is incompetent, but may mean there is a need for more information or explanation.
- 6 If a patient with capacity does not make a decision, then their consent is not valid. If a patient refuses to receive information, it is good practice to record this. You should not withhold information for any reason.
- 7 Capacity is 'decision specific'. A patient may lack capacity to take a particular complex decision but be quite able to make more straightforward decisions.

Deciding a patient lacks capacity

- 8 Before making a judgment that a patient lacks capacity, all reasonable steps should have been taken to help the patient to make their own decisions, using the help of people close to the patient if appropriate.
- 9 A patient will lack capacity to consent to a particular intervention (as defined in the DH guidance) if he or she is unable to:
 - a) understand and remember information relevant to the decision, especially about the consequences of having or not having the intervention in question

or

Standards

continued

B4 Obtaining consent

Guidance

- b) use and weigh up this information in coming to a decision.

Children and young people

- 10** The ability to give consent is based on a person's capacity to understand, not their age.

16 to 17 year olds

- 11** At age 16 a young person can be treated as an adult and can be presumed to have the capacity to give consent for themselves. (This is the position in England, Northern Ireland, Scotland and Wales.) Under Section 8 of the Family Law Reform Act 1969, people aged 16 or 17 are entitled to consent to their own treatment and any related procedures involved in that treatment.
- 12** As with adults, consent is valid only if an appropriately informed person capable of consenting to the particular treatment gives it voluntarily. However, unlike with adults, the refusal of a competent person aged 16–17 may in certain circumstances be overridden by either a person with parental responsibility or a court.

Patients who are under 16

- 13** You should apply your professional judgment in assessing the capacity of each patient under 16.

Young people and children with capacity

- 14** Children under 16 may have the capacity to decide for themselves if they have the ability to understand what is involved (although those with parental responsibility will ideally be involved).
- 15** If a competent child consents to assessment or care, a parent cannot override that consent. Legally, a parent can consent if a competent child refuses, but such a serious step will be rare.

Note: following the case of *Gillick v West Norfolk and Wisbech AHA* (1986) AC 112, the courts have held that children who have enough understanding and intelligence to understand fully what is involved in a proposed treatment have the capacity to consent to that treatment.

Standards

continued

B4 Obtaining consent

Guidance

Young people and children without capacity, and those who can give consent on their behalf

- 16** Someone with parental responsibility should give consent on behalf of a child who does not have the capacity to decide, unless it is impossible to reach them and it is an emergency.
- 17** The Children Act 1989 (as amended) lists the people who may have parental responsibility. These include:
- a) the child's parents, if they were married at the time of conception or birth
 - b) the child's mother; but not the father if they were not married, or even if they later marry, unless the father has acquired parental responsibility through one of the following: becoming registered as the child's father; a court order; a parental responsibility agreement
 - c) the child's legally appointed guardian
 - d) a person in whose favour the court has made a residence order concerning the child
 - e) a Local Authority named in a care order for a child
 - f) a Local Authority or an authorised person who holds an emergency protection order for the child.

Form and time of consent

- 18** Before accepting a patient's consent, consideration should be given to whether the patient has been given the information they want or need and their understanding of what is proposed. This is more important than how they give their consent and how it is recorded.
- 19** Patients can give consent orally, in writing or might imply consent by accepting or getting ready for the assessment or care.
- 20** If you are an employee, your employer might have their own organisational policies on getting consent so you should check that what you do is consistent with these policies.

Responsibility for getting consent

- 21** If you are assessing or caring for a patient, it is your responsibility to discuss the assessment and care with the patient and get their consent.

Standards

continued

B4 Obtaining consent

Guidance

- 22** You may delegate the task of getting consent if it is not practical to do it yourself, as long as you make sure that the person this is delegated to:
- a) is suitably trained and qualified
 - b) has sufficient knowledge of the particular forms of assessment and care that are intended to be used and the risks involved
 - c) understands the Code of Practice and keeps to it.

Useful information

The first three publications listed below can be read on:
www.dh.gov.uk/consent

- *12 key points on consent: the law in England*, DH, March 2001
- *Reference Guide to Consent for Examination or Treatment*, DH, April 2001
- *Good practice in consent implementation guide: consent to examination or treatment*, DH, November 2001
- *A Good Practice Guide on Consent for Health Professionals in NHS Scotland*, Scottish Executive Health Department, June 2006
www.sehd.scot.nhs.uk/mels/HDL2006_34.pdf
- *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*, CHRE, January 2008
www.chre.org.uk
- *Consent: patients and doctors making decisions together*, General Medical Council, 2008
www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp

Links

Code of Practice B1, B2, B3, C1

Standard of Proficiency S1.1, S1.2, S2.1, S2.4, S2.8, S3.5

Standards

B5 Respecting patients' decisions

Chiropractors must respect patients' decisions.

Guidance

If you disagree with a patient's decision

- 1 Patients have the right to make their own decisions, even if you think they are wrong. There may be times when you think a patient's decision is irrational or wrong. If this happens, you can explain your concerns clearly to the patient and outline the possible consequences of their decision. You must not, however, put any pressure on a patient to accept your advice – see B4.
- 2 Competent adult patients are entitled to refuse assessment and care, even where the care would clearly benefit their health.
- 3 Patients have the right to refuse to be involved in teaching and research. If this happens it should not adversely affect the care you provide.

Mental incapacity

- 4 Only when the circumstances defined in legislation occur can someone make a decision on behalf of an adult.
- 5 England and Wales – Section 1 of the Mental Capacity Act 2005 sets out five statutory principles that apply to any action taken and decisions made under the Act. The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare of people aged 16 and over who lack the capacity to take some or all decisions for themselves, because of a mental disorder or inability to communicate. It also allows other people to make decisions on their behalf. In Northern Ireland there is no primary legislation covering capacity, so decisions need to be made following 'common law'.
- 6 If a previously competent patient has refused certain methods of assessment and care while they were competent, these decisions should be respected if that patient then becomes incompetent.

Standards

continued

B5 Respecting patients' decisions

Guidance

Useful information

- *Mental Capacity Act Code of Practice*, Department of Constitutional Affairs, 2007
www.dca.gov.uk/menincap/legis.htm#codeofpractice
- *Adults with Incapacity (Scotland) Act 2000*
www.opsi.gov.uk/legislation/scotland/acts2000/pdf/asp_20000004_en.pdf or
www.scotland.gov.uk/Topics/Justice/Civil/awi

Links

Code of Practice A1, A3, C1

Standard of Proficiency S2.5, S2.8, S3.1, S3.3, S3.4

B6 Providing access to patient health records

You must give patients access to their personal health records consistent with legislation.

- 1 The Data Protection Act sets down the right of access that individuals have to personal records that are held about them. This includes the time limits for responding to a request for access.
- 2 If you release clinical images (such as X-rays) to patients, this might make you vulnerable to any future claims or complaints if the clinical images are not returned to you.
- 3 Patients are entitled to have copies of clinical images for their own use even if it costs you money because the amount for producing the copies is more than you are able to charge under the terms of the Data Protection Act (£50 at the moment). If you do incur such costs, they are tax deductible as necessary business expenses.

Useful information

- *Data Protection Act 1998*
www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1
- *Ownership of x-ray films and other medical images*, GCC, February 2006
www.gcc-uk.org/files/link_file/x-ray%20notice%20feb%2006.pdf

Standards

continued

B6 Providing access to patient health records

B7 Maintaining patient records

You must keep patient records which are legible, attributable and truly represent your interaction with the patient.

B8 Safe keeping of patient records

You must keep patient records safely and in good condition for eight years from the date of the patient's last visit to you or, if the patient is a child, until his or her 25th birthday, or 26th birthday if the patient was 17 at the conclusion of treatment.

You must:

- a) arrange for patient records to be stored safely when you close down your practice or in the event of your death
- b) notify the GCC of the arrangements you have made.

Guidance

Links

Code of Practice A6, A9
Standard of Proficiency S1.1, S1.2

- I Patient records include such information as:
 - a) the patient's personal data
 - b) the case history of the patient
 - c) the patient's consent to assessment and care
 - d) the assessment and reassessment of the patient's health and health needs (including the outcomes of further investigations)
 - e) the diagnosis or rationale for care (or both)
 - f) the initial and reviewed plans of care for the patient
 - g) the care provided to the patient (including any advice given face to face or over the phone)
 - h) any referrals
 - i) clinical images
 - j) copies of correspondence.

Links

Code of Practice A6, A7, A10, B4, B6, F4
Standard of Proficiency S2.2, S2.4, S2.6, S2.7, S3.1, S3.3

Storage of patient records – while you are practising

- I This requirement of eight years is in line with the requirements that cover general NHS hospital records and other forms of health records. The purpose of this requirement is to make sure that the patient can have access to their recent health records and to provide protection for you if any complaints are made.

Storage of patient records – when you have finished practising

- 2 You are responsible for making sure that patient records are kept safe when you finish practising or in the event of your death, unless you have entered into a contract that states an organisation or other healthcare professional holds this responsibility. If the responsibility is yours, it is recommended that:
 - a) you make provision in your will for the safe storage of patients' records. These can then be released to a

Standards

continued

B8 Safe keeping of patient records

Guidance

- patient or their legal representative on production of the written authority of the patient
- b) when you close your practice, you publicise the arrangements that you have made to keep the records safe so that patients know how to obtain their records if they want to.

Useful information

- *Records Management: NHS Code of Practice*, DH, 5 April 2006
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

Links

Code of Practice A5, A6, A7, F4

Standard of Proficiency SI.1, SI.2

You must justify public trust and confidence by being honest and trustworthy

The relationship between chiropractors and their patients is based on trust and on the principle that the welfare of the patient comes first.

Standards

C1 Acting with honesty and integrity

You must act with honesty and integrity and never abuse your professional standing by rousing people's fears or imposing your views on them.

C2 Refusing to continue patient care

You must have a clear justification for refusing to continue a patient's care and you must explain to the patient how they might find out about other healthcare professionals who may be able to care for them.

Guidance

Links

Code of Practice A1, B1, C4, C5, C6, C7
Standard of Proficiency S2.7, S3.1, S3.2

- 1 You are free to decide which individuals you accept as patients.
- 2 Justification for refusing to continue a patient's care includes, for example:
 - a) if the patient is aggressive or violent
 - b) if the patient is putting you or your practice staff at risk
 - c) if the patient is constantly questioning your clinical judgment or acting against your clinical advice
 - d) if the patient is affecting your overall patient base or other patients
 - e) if the patient has an ulterior motive for seeing you
 - f) if the patient has become reliant on specific forms of care that are not promoting their health and wellbeing.

Links

Code of Practice A3, A4, E1
Standard of Proficiency S1.1, S2.1, S2.7

Standards

C3 Establishing sexual boundaries

You must establish and maintain clear sexual boundaries with patients and their carers.

Guidance

- I The Council for Healthcare Regulatory Excellence (CHRE) guidance on Sexual Boundaries emphasises:
 - a) the professional relationship between a health practitioner and a patient depends on confidence and trust. A healthcare professional who displays sexualised behaviour towards a patient breaks that trust, acts unprofessionally and may also be committing a criminal act. Breaches of sexual boundaries by health professionals can damage confidence in healthcare professionals generally and lessen the trust between patients, their families and healthcare professionals
 - b) sexualised behaviour is defined as: 'acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires'
 - c) if you find yourself sexually attracted to patients or their carers, it is your responsibility not to act on these feelings and to recognise the harm that any such actions can cause. If you are sexually attracted to a patient and are concerned that it may affect your professional relationship with the patient (or you believe that a patient is sexually attracted to you), you should ask for help and advice from a colleague or appropriate professional body in order to decide on the most suitable course of action to take. If, having sought advice, you do not believe you can remain objective and professional, you should find alternative care for the patient and ensure a proper handover to another healthcare professional.

Useful information

- *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*, CHRE, January 2008
www.chre.org.uk

Links

Code of Practice A1, A2

Standard of Proficiency S2.3, S2.5, S3.2

Standards

C4 Publicising your work or practice

You or anyone acting on your behalf must use only factual and verifiable information when publicising your work or practice. The information must not:

- a) mislead
- b) be inaccurate
- c) abuse the trust of members of the public
- d) exploit their lack of experience or knowledge about either health or chiropractic matters
- e) instil fear of future ill-health
- f) put pressure on people to use chiropractic
- g) bring the profession into disrepute.

Guidance

- 1 It is recommended that, wherever possible, you ask to see any media article, statement or interview that you are involved in before publication or broadcast so that you can try to ensure that it does not break the Code of Practice.
- 2 You may approach representatives of organisations, such as firms, companies, clubs or other health professionals, to publicise your services.

Links

Code of Practice B1, C1, C5, C6
Standard of Proficiency S1.1

C5 Use of titles and qualifications

You must not use any title or qualification in a way that may mislead the public as to its meaning or significance, or to claim you are better than other chiropractors.

- 1 Specifically, if you use the title 'Doctor' in writing (such as on business stationery, on practice nameplates or in advertising) or when talking to patients, you should make it clear that you are not a registered medical practitioner (unless you hold dual registration with the General Medical Council).
- 2 If you refer to qualifications that you hold in addition to your original chiropractic qualification, do not say or imply that they are recognised by the GCC as specialist qualifications.
- 3 If you are suspended or removed from the GCC register; it is a criminal offence to say or imply that you are a chiropractor. If suspended from the GCC register, you will remain accountable to the GCC during your period of suspension.

Links

Code of Practice C1, C4, C6
Standard of Proficiency S1.1

Standards

C6 Conflicts of interest

You must act in your patients' best interests when assessing them, making referrals, or providing or arranging care. You must not ask for or accept any inducement, gift or hospitality which may affect, or be seen to affect, the way you treat or refer patients. You must not offer such inducements to colleagues.

Guidance

- 1 Acting in the best interests of patients includes:
 - a) the amount and timing of assessment and care you recommend patients should have
 - b) any products that you recommend patients should use and, if you sell the products yourself, the amount you charge for them
 - c) the options that you give to patients for paying for their care.
- 2 You should tell patients about your involvement or interest in:
 - a) an organisation you plan to refer them to for assessment or treatment
 - b) an organisation that sells the products you are recommending
 - c) research that might affect them as a patient.

Links

Code of Practice C1, C4, C5

Standard of Proficiency S1.1, S2.7, S3.1

C7 Financial records

You must keep sound financial records and keep to relevant legislation.

- 1 Legislation will include that covering income tax and value added tax (VAT).

Useful information

- Advice on income tax and VAT, HM Revenue & Customs www.hmrc.gov.uk/index.htm

Links

Code of Practice C1

You must provide a good standard of practice and care

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

Standards

D1 Knowing your own limits

You must recognise and work within the limits of your own knowledge, skills and competence.

Guidance

- I You should consider your knowledge, skills and competence, and use your professional judgment to assess your own limits. You might consider:
 - a) getting advice and support from an appropriate source when the needs of the patient or the complexity of a case are beyond your own knowledge and skills
 - b) identifying where it might be appropriate to consider co-managing the patient with another healthcare practitioner
 - c) referring patients to other healthcare practitioners when their needs are beyond your own knowledge, skills and competence.

Links

Standard of Proficiency S2.6, S2.7, S2.8, S3.2

D2 Fitness to practise

You must maintain and improve your professional knowledge, skills and performance in keeping with the requirements set out by the GCC.

- I You have to meet the Continuing Professional Development (CPD) requirements set down by the GCC to maintain your registration.

Useful information

- GCC's mandatory CPD scheme
www.gcc-uk.org/page.cfm?page_id=26

Links

Code of Practice D1

E You must protect patients and colleagues from risk of harm

Standards

E1 Managing complaints

You must have a written complaints procedure in place in your practice, which is easily accessible to patients. You must deal promptly and fairly with any complaint or claim made by a patient. You must tell patients about their right to refer any unresolved complaint to the GCC and give them the GCC's contact details.

E2 Raising concerns

You must protect patients when you believe that the conduct, competence or health of a regulated healthcare practitioner (including a chiropractor) puts patients at risk.

Guidance

- 1 It is recommended that you:
 - a) make all staff in the practice aware of the complaints procedure and make sure that they know what they should do if a patient wants to make a complaint
 - b) try to resolve promptly and professionally within the practice any issues raised by a patient so the issues do not become more serious.

Links

Code of Practice A3, A4, C1

Statutorily regulated professionals

- 1 Before taking any action in relation to a statutorily regulated healthcare professional, you should try and establish the facts and make sure your concerns are justified. If you still have concerns, you should then:
 - a) try to discuss your concerns with the practitioner themselves
 - b) report your concerns to the practice principal or work colleagues of the other healthcare practitioner (if he or she works with others) if the individual is not prepared to discuss this with you.
- 2 If your concerns are about a sole practitioner who is not willing to discuss this with you, or the practice principal or work colleagues of a healthcare professional refuse to take action, you should report your concerns to the relevant regulatory body.

Useful information

- *Who regulates health and social care professionals?*, jointly published by the UK's regulators of health & social care professionals, July 2006
www.gcc-uk.org/files/link_file/Regulators8.pdf

Standards

continued

E2 Raising concerns

Guidance

Practitioners who do not have statutory regulation

- 3 If you have concerns about healthcare practitioners who are not statutorily regulated, you should do your best to establish the facts and make sure your concerns are justified. If necessary, you should report your concerns to any relevant voluntary regulatory body.

Useful information

- Complementary & Natural Healthcare Council
www.cnhc.org.uk
- Regulation and complementary healthcare, the Prince's Foundation for Integrated Health
www.fih.org.uk/what_we_do/regulation/index.html
- UK Public Health Register
www.publichealthregister.org.uk

Links

Code of Practice C1, E3, E8, F1

E3 Professional behaviour

You must avoid acting in a way that may undermine public confidence in the chiropractic profession or bring the profession into disrepute.

- 1 It is possible to undermine public confidence by your conduct in professional practice or in your personal life more generally.
- 2 Areas of your professional practice that might undermine public confidence or bring the profession into disrepute would include:
 - a) arguments between you and other chiropractors or other healthcare professionals that are shared with or involve patients
 - b) soliciting the patients of other healthcare professionals.
- 3 When you enter into joint working arrangements with other chiropractors, you are recommended to agree at the start a contract about the arrangements. The contract should include what will happen when the joint working arrangements come to an end. This should help minimise the possibility of arguments and misunderstandings at a later date.
- 4 Areas of your personal life that might undermine public confidence or bring the profession into disrepute include, for example, misuse of drugs and alcohol,

Standards

continued

E3 Professional behaviour

Guidance

convictions for fraud or dishonesty, and convictions related to the use of pornography.

- 5 Complaints about the misuse of drugs or alcohol may lead to a charge of unacceptable professional conduct, whether or not:
 - a) the complaint is the subject of criminal proceedings
 - b) the conduct directly affects your practice.
- 6 If your ability to practise is impaired due to the misuse of alcohol or other drugs, this may lead to a question of your fitness to practise being referred to the Health Committee.

Links

Code of Practice C1, C7

Standard of Proficiency S1.2

E4 Practitioner health and wellbeing

You must seek and follow proper advice about whether or how you should modify your own practice when patients may be at risk due to your own mental or physical health.

- 1 You are encouraged to monitor your own health and wellbeing to reduce the risks to patients. If possible, you should use your professional insight to identify when your ill health may put patients at risk. It is recommended that you seek the help, support and advice of an appropriate health professional in this.

Links

Code of Practice C1

E5 Health and safety

You must manage and deal with risks to health and safety in your work environment and follow health and safety legislation.

- 1 The laws covering health, safety and security include those on:
 - a) health and safety at work
 - b) control of substances hazardous to health
 - c) moving and handling
 - d) environmental protection.
- 2 Risks arise from a number of sources such as:
 - a) from you as a person
 - b) in the practice environment – for example, lack of ventilation, poor or faulty equipment and electrical fittings, pests
 - c) social risks – for example, bullying, harassment, oppression, verbal abuse
 - d) physical risks – for example, violence, theft.

Standards

continued

E5 Health and safety

Guidance

- 3 The Health and Safety Executive sets out five steps to risk assessment:
 - a) identify the hazards
 - b) decide who might be harmed and how
 - c) evaluate the risks and decide on precautions
 - d) record your findings and implement them
 - e) review your assessment and update if necessary.
- 4 The sort of systems that might be relevant to your work include those to manage:
 - a) health emergencies
 - b) environmental emergencies occurring in the practice.

Useful information

- Health and Safety at Work Act 1974
www.hse.gov.uk/legislation/hswa.htm
- *Five steps to risk assessment*, Health & Safety Executive (HSE), June 2006
www.hse.gov.uk/pubns/indg163.pdf
- Control of Substances Hazardous to Health, HSE
www.hse.gov.uk/coshh
- *Be safe! An introductory guide to health and safety*, Learning & Skills Council, June 2005
www.hse.gov.uk/campaigns/euroweek2006/pdfs/lscbesafeguidance.pdf
- Environmental Protection Act 1990
www.opsi.gov.uk/acts/acts1990/Ukpga_19900043_en_1.htm
- *Guidance on risk management*, DH, February 2007
www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/NationalTaskForceonViolence/Selfaudittool/DH_4073974

Links

Standard of Proficiency S1.1, S2.3, S3.2

Standards

E6 Controlling infection

You must assess and manage infection risk.

Guidance

- 1 The risks of infection are relatively low in chiropractic practice. However, they do exist because of the different members of the public who will be visiting your practice and being treated by you.
- 2 The measures that will help you to reduce the risk of infection include hand washing, using and disposing of gloves and aprons, using and disposing of 'sharps' safely, and educating patients and their carers about infection.
- 3 The Health Protection Agency (or similar body in Scotland, Wales and Northern Ireland) and Environmental Health Officers (EHOs) are the appropriate bodies to contact about communicable diseases and infection control. Depending on the situation and local circumstances, they may advise you to use specific control measures to prevent or check the spread of disease or infection.
- 4 Communicable diseases are diseases that can be passed (transmitted) from one person to another. Infection control is the different methods and strategies used to reduce or prevent infections and their transmission.

Useful information

- *Guidance on Infection Control*, National Institute for Health & Clinical Excellence (NICE), June 2003
www.nice.org.uk/guidance/index.jsp?action=byID&o=10922
- Health Protection Agency
www.hpa.org.uk

Links

Standard of Proficiency S1.1, S2.3, S3.2

Standards

E7 Ionising radiation

You must follow the legislation and regulations covering ionising radiation.

Guidance

- 1 Every X-ray must be justified under the Ionising Radiation (Medical Exposure) Regulations 2000. Routinely exposing patients to X-rays at set periods as part of a care plan cannot be justified.
- 2 The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006 apply to all healthcare professionals, including chiropractors. Someone allowed to refer patients for an X-ray (radiograph) is defined as 'a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002'. Chiropractors may also perform the function of employer, practitioner and/or the operator under the regulations.

Useful information

- *Ionising Radiation (Medical Exposure) Regulations 2000* (together with notes on good practice), DH, 23 April 2007
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4007957
- *Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006*
www.opsi.gov.uk/si/si2006/20062523.htm
- *Advice on the ionising radiation regulations*, GCC, August 2004
[www.gcc-uk.org/files/link_file/Advice%20IRRegs%202000%20\(revised%20July%202004\).pdf](http://www.gcc-uk.org/files/link_file/Advice%20IRRegs%202000%20(revised%20July%202004).pdf)
- *Clinical imaging requests from non-medically qualified professionals*, Royal College of Nursing, November 2006
www.gcc-uk.org/files/link_file/Clinical%20imaging%20requests.pdf

Links

Code of Practice E5

Standard of Proficiency S2.4, S3.1, S3.3

Standards

E8 Safeguarding the welfare of children and vulnerable adults

If you come into contact professionally with children and vulnerable adults, you must safeguard and promote their welfare. You must find out about local procedures in your area and follow them if you suspect a child or a vulnerable adult is at risk because of abuse or neglect.

Guidance

- 1 You have a duty under the law to safeguard and promote the welfare of children and vulnerable adults if you work with them. The Independent Safeguarding Authority has been set up by the Government to help prevent unsuitable people from working with children and vulnerable adults. The Authority works in partnership with the Criminal Records Bureau. The Vetting and Barring Scheme starts coming into effect from 2010. If you employ people you will need to make sure you have used the appropriate vetting systems.

Acting on concerns about a child or vulnerable adult

- 2 If you have concerns about the welfare of a child or a vulnerable adult, you should discuss your concerns with a colleague in your practice (if you work with others) or with colleagues in other agencies. If, after these discussions, you consider that the person is or may be in need (including those who may be at risk of suffering significant harm), then you should contact social services. In general, you should try to discuss your concerns with the child or vulnerable adult, as far as their age and understanding allow, and with their parents or guardians. You should try to get their agreement to make a referral to social services, unless you consider such a discussion would place the child, or you or your practice staff, at risk of significant harm.

Useful information

- Independent Safeguarding Authority
www.isa.gov.org.uk
- Protection of Vulnerable Groups (Scotland) Act 2007 (analysis of consultation), The Scottish Government, 2008
www.scotland.gov.uk/Resource/Doc/229909/0062266.pdf
- *Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004*, HM Government, 2007
www.everychildmatters.gov.uk/_files/CB6A73D97A171A201EF5ED4F26B0B55D.pdf
- Guidance for professionals working with children, HM Government, April 2006
www.everychildmatters.gov.uk/resources-and-practice/IG00060

Standards

continued

E8 Safeguarding the welfare of children and vulnerable adults

Guidance

- *Guidance on information sharing*, HM Government, October 2008
www.everychildmatters.gov.uk/informationsharing
- *Protecting Children and Young People: Framework for Standards*, The Scottish Government, 22 March 2004
www.scotland.gov.uk/Publications/2004/03/19102/34603
- *Co-operating to Safeguard Children*, Northern Ireland Government, May 2003
www.dhsspsni.gov.uk/show_publications?txtid=14022

Links

Code of Practice B4, B5, D1

E9 Professional indemnity insurance

You must, while in practice, secure and maintain the necessary professional indemnity insurance and any other insurance required by legislation.

Liability

- 1 You are personally liable to individual patients for any assessment or care you provide.
- 2 Personal liability applies to all chiropractors, including those working as a locum, those working in a practice run by a principal, and those working for a limited company.
- 3 You will need to:
 - a) tell your insurance company about any changes in your circumstances that affect your policy
 - b) make sure that your insurance has enough 'run-off' cover to protect you when you finish practising.
- 4 The General Chiropractic Council (Professional Indemnity Insurance) Rules 1999 apply here.

Useful information

- The GCC (Professional Indemnity Insurance) Rules Order 1999
www.gcc-uk.org/files/link_file/Legislation_PII_Rules.pdf

Links

Code of Practice C1
Standard of Proficiency S1.1

F You must cooperate with colleagues from your own and other professions

Standards

F1 Respecting the skills and contributions of others

You must respect the skills and contributions that others bring to the care of patients. You must not discriminate against or unjustly criticise another health professional.

F2 Delegation

You must not require anyone else to take on responsibilities for patient assessment and care that are beyond their level of knowledge, skills or experience.

Specifically, you must not allow a person who is not a chiropractor to:

- a) formulate chiropractic diagnoses or rationales for care
- b) make decisions about the forms of chiropractic care that should be given to a patient.

You must also not practise in a way that gives them this responsibility.

F3 Employees

You must ensure that any health professionals that you employ are properly qualified and insured and, where appropriate, registered with the appropriate regulatory body.

Guidance

- I You are encouraged to support others to develop their professional knowledge, skills and experience.

Links

Code of Practice A3, A4, C1
Standard of Proficiency S1.1, S1.2

- I You may authorise another person who is not a regulated healthcare professional to carry out aspects of assessment or care for a particular patient, as long as you:

- a) make sure the person has the knowledge and skills needed to carry out the aspects of assessment or care concerned
- b) provide the person with the patient information they need
- c) remain responsible for the management of the patient
- d) remain responsible for the delegated aspects of assessment or care.

Links

Standard of Proficiency S2.1, S2.8

Useful information

- *Who regulates health and social care professionals?* jointly published by the UK's regulators of health & social care professionals, July 2006
www.gcc-uk.org/files/link_file/Regulators8.pdf

Links

Code of Practice A3, B4, E7, E8

Standards

F4 Agreeing responsibilities

If you work jointly with others, you must agree and record who holds responsibilities for patients.

Guidance

Joint working

- 1 Working jointly with others might be in a chiropractic practice, working in a multidisciplinary practice or working in the NHS or other clinics.
- 2 Because of responsibilities under the Data Protection Act, there is a particular need to be clear who is responsible for the safe keeping of patient records.

Links

Code of Practice A6, A7, B6, B7, B8, E5

Standard of Proficiency S1.1, S1.2, S2.2, S3.4, S3.5

The Standard of Proficiency

The Standard of Proficiency sets out what is required for the competent and safe practice of chiropractic. All chiropractors must work to this standard, and patients can expect chiropractors to do this.

The basis for the Standard of Proficiency is the principle that every chiropractor must at all times follow the current, sound practice of a reasonable practitioner. There is no legal definition of 'a reasonable practitioner'. However, the concept is used in the discussions of the Investigating Committee and the Professional Conduct Committee when a complaint is made.

Achieving the requirements set out in the Standard will deliver a standard of chiropractic care that will promote patient health and wellbeing and protect patients from harm.

The Standard of Proficiency is set out in three sections:

- S1** Practice arrangements
- S2** Assessing the health and health needs of patients
- S3** Provision of chiropractic care.

Practice arrangements

Standards

SI.1 Information on practice matters

You must ensure that patients can readily get hold of information on:

- a) fees and any related structures
- b) the type of information that will be entered in their records and who is allowed to have access to their records
- c) the procedures for making a complaint if the patient wants to do this
- d) the arrangements that are in place when you are unavailable.

Guidance

- 1 People who are allowed to have access to the patient's medical records are:
 - a) the patient
 - b) parents or guardians if the patient is a child
 - c) healthcare professionals in the same healthcare team
 - d) administrative staff – for example, practice manager, receptionist.
- 2 Arrangements for when you are not available might cover what will happen at weekends, when you are on holiday or ill, or if you are not available for an appointment. The arrangements will include care by another member of the practice, locums, or arrangements with a nearby practice.

Links

Code of Practice A5, A6, B1, B3, B6, B7, B8, C1, C4, C5, C6, C7, E1, F2

SI.2 Information on joint working arrangements

If you work with other healthcare professionals, you must make clear information readily available to patients on:

- a) the healthcare professional who is responsible for their day-to-day care
- b) 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
- c) who will be responsible for their patient records
- d) who to approach if there is any problem with their care.

- 1 Whether you work with others or on your own, it is recommended that you monitor the services you provide to identify what is working well and where improvements need to be made.
- 2 If you work in a team (for example, with a chiropractic principal, other chiropractors, practice managers, support staff, or other healthcare practitioners), you should discuss and agree with other team members any changes you can make to improve the services you offer to patients.
- 3 If you plan to make changes to your services, it is good practice to tell users of your services about the changes before they take place.

Links

Code of Practice E1, E3, F2, F3, F4

Assessing the health and health needs of patients

Standards

S2.1 Information about assessment and care

You must explain clearly to patients:

- a) what will happen during assessments
- b) the care to be provided, the foreseeable risks and proposed benefits, and when the care will be reviewed
- c) the findings from assessments and reassessments
- d) any need to refer the patient to another healthcare professional to meet their health needs.

Guidance

- 1 You might need to explain to patients that their ideas about risk are not necessarily borne out by research evidence. You might find it useful to explain the evidence there is about different forms of assessment and care, and the risks attached to these – although you will need to recognise that some of this information is rather complicated.

Useful information

- GCC Advice and Information Notes
www.gcc-uk.org/page.cfm?page_id=437
- NICE's guidance on health topics
www.nice.org.uk/Guidance/Topic
- NHS Evidence
www.evidence.nhs.uk
- Scottish Intercollegiate Guidelines Network
www.sign.ac.uk/guidelines/index.html

Links

Code of Practice B1, B3, B4

Standard of Proficiency S2.6, S2.7, S2.8

S2.2 Obtaining case histories

You must obtain and document the case history of the patient, using appropriate methods to draw out the necessary information.

- 1 The case history is a vital part of assessing patients' health and health needs, and a vital part of the patient record. The case history would normally include:
 - a) the patient's reason for seeking chiropractic care
 - b) the characteristics of any complaint the patient has
 - c) the patient's medical history.
- 2 The extent of the case history will vary depending on the situation in which you are providing chiropractic care. For example, if you are acting as a chiropractor to a sports team and they are on the playing field, you will be getting the information from the individual more quickly than if you were seeing them in your own consulting room. However, in both cases you should still take and record a case history.

Links

Code of Practice A5–A10, B1–B5, B7

Standards

S2.3 Physical examination

If you want to gain more information on the patient's health and health needs by physically examining the patient, you must use appropriate methods and give due regard to the patient's health.

Guidance

Links

Code of Practice A1, A2, A5, B1–B5, C3, E6, F2
Standard of Proficiency S2.5

S2.4 Obtaining further information and carrying out further investigations on patients

You must:

- a) be able to identify when further investigations are needed and act on this need in the patient's best interests and without delay
- b) use further investigations only when the information gained from the investigations will benefit the management of the patient
- c) be competent to carry out the investigations and/or interpret the results
- d) carry out further investigations in keeping with relevant legislation and existing good practice guidelines for those investigations
- e) record the outcomes of investigations.

I It might be necessary to obtain further information and/or carry out further investigations on patients to understand more about:

- a) the particular presenting condition
- b) other pre-existing health conditions.

Links

Code of Practice A1, A2, A5, B1–B5, B7, C3, D1, E6, F2
Standard of Proficiency S2.5

S2.5 Ceasing assessment

You must halt assessments when:

- a) a patient asks you to
or
- b) the information obtained means that it is inadvisable to proceed.

Links

Code of Practice B4, B5, C3, E5

Standards

S2.6 Clinical decision making

You must:

- a) evaluate the patient's health and health needs
- b) arrive at and document a working diagnosis or rationale for care, based on the evaluation of the information.

When drawing up the working diagnosis or rationale for care, you must consider:

- a) relevant information about the natural history and prognosis of any complaint the patient has
- b) the potential benefits and risks of care, including contraindications
- c) the likelihood of recurrence or need for long-term management.

You must keep the working diagnosis or rationale for care under review while you care for the patient.

S2.7 Meeting the patient's health needs

You must involve other healthcare practitioners in the patient's care if this means that the patient's health needs will be met more effectively, either by referral or by arranging co-management of the patient.

Guidance

- 1 If you are working as a locum, you may initially use the working diagnosis or rationale for care developed by the chiropractor for whom you are acting.
- 2 A contraindication is any clinical symptom or circumstance indicating that an otherwise advisable form of treatment is undesirable or inappropriate.

Links

Code of Practice B4, B7

Standard of Proficiency S3.1, S3.3

- 1 Involving other healthcare practitioners in the care of the patient should be informed by your clinical judgment as to how to achieve the best outcomes for the patient. Referrals should be made when there are clinical reasons to do so, or if the patient asks for a second opinion.
- 2 There are some areas of healthcare that are covered by specific laws – for example, cancer. You should check that what you do keeps to this legislation.

Links

Code of Practice B4, B7, C6, D1, E8, F1, F2, F4

Standard of Proficiency S3.4

Standards

S2.8 Advice on other forms of care and treatment

You must not act in isolation and advise a patient to stop medication that has been prescribed by another healthcare professional.

Guidance

- 1 You may give patients information on:
 - a) the possible effects of the prescriptions on their health
 - b) how the prescriptions might be affecting the care you plan to give
 - c) the use of medication they can buy 'over the counter'.
- 2 If you have concerns about the effects of treatment prescribed by another health professional on a patient's health, you should:
 - a) advise the patient to discuss the issue with the health professional who recommended or prescribed it
 - b) contact the patient's general medical practitioner (GP) if the patient consents to you doing this.

Links

Code of Practice C1, C6, D1, E2

Standard of Proficiency S3.1, S3.3, S3.4

Standards

S3.1 Planning care

You must develop and record a plan of care for the patient and do this in discussion with the patient.

You must continually review a patient's state of health and health needs as you provide care for the patient, and modify the plan of care accordingly.

S3.2 Applying appropriate care

The care you select and provide must:

- a) be informed by the best available evidence, the preferences of the patient and the expertise of practitioners
- b) be appropriate to the patient's current state of health and health needs
and
- c) minimise risks to that patient.

You must be knowledgeable about the particular forms of care that you select for a patient and be competent to apply those forms in practice.

The patient must have consented to the form of care.

Guidance

- I It is good practice for the plan of care to help the patient to improve their own state of health and actively participate in their own care.

Links

Code of Practice B7

Standard of Proficiency S2.6

- I The expertise of practitioners includes your own expertise as well as that of other practitioners.

Links

Code of Practice B4, B5, C1, C6, D1, D2

Standards

S3.3 Review

You must:

- a) evaluate the benefit of care to the patient and identify whether the original diagnosis or rationale for care, or the plan of care, should be modified
- b) review with patients the effectiveness of the plan of care in meeting its agreed aims
- c) reach agreement with patients on any changes that need to be made
- d) make a record of these agreements.

S3.4 Working with other healthcare professionals – provision of care

If you receive a formal referral from another healthcare professional to provide chiropractic assessment or care for a patient, you must report back to the professional who referred the patient once you have gained the patient's consent for this to happen.

Guidance

- 1 Every patient is an individual with their own health needs. The plan of care that you develop for individual patients needs to reflect their own individual health needs and their interests in having chiropractic care.

Links

Code of Practice A1, B5, B7, C1
Standard of Proficiency S2.7

When a patient has been referred to you by another healthcare professional

- 1 'Referral' means that another healthcare professional (such as a GP, medical consultant, physiotherapist or another chiropractor) has passed accountability and responsibility for the patient's care to you.
- 2 The report back to the person who referred the patient might include information on:
 - a) the initial findings
 - b) the number of times that care has been provided and the form of that care
 - c) changes in a patient's state of health, health needs and satisfaction
 - d) a review of assessment and care plans following care, including any arrangements for further contact with the patient
 - e) any requests for the referring party or other healthcare practitioners to be involved again.
- 3 It is good practice to do this in writing so that the information can be held in the patient's records.
- 4 The sole exception to this rule is when the referral has been made solely for the purposes of meeting the requirements for reimbursing health insurance.

Standards

continued

S3.4 Working with other healthcare professionals – provision of care

Guidance

Providing information to others to complete patient records

- 5 It is also good practice, when patients consent to this, to produce reports for GPs as they are the people who usually have responsibility for patients' complete health records. It is good practice for such reports to use terminology appropriate for the GP, be in an appropriate format and be provided when specific phases of care have been concluded.
- 6 It is helpful for the reports to show:
 - a) the reason for the information being provided
 - b) the assessment of the patient's health and health needs, before and after you have provided chiropractic care
 - c) the care that has been provided
 - d) the patient's consent to the information being sent.

Links

Code of Practice B4, D1, F1, F4

S3.5 Reports for third parties

You must:

- a) gain the consent of the patient before providing any information
- b) reply to requests for information from other health professionals and third parties.

- I It is good practice to produce clear, succinct reports for third parties (including occupational health practitioners), using their standard format if they have one. You may make a reasonable charge for providing this information.

Links

Code of Practice B4, B7, F1

S3.6 Public health interventions

If you are engaged in public health interventions, you must ensure that your interventions:

- a) are based on the best available evidence
- b) are appropriate for the populations concerned
- c) do not undermine the efforts of other health professionals who specialise in this area.

- I 'The purpose of public health is to:

- a) improve health and wellbeing in the population
- b) prevent disease and minimise its consequences
- c) prolong valued life
- d) reduce inequalities in health.'

Public Health Skills and Career Framework, Public Health Resource Unit and Skills for Health, 2008.

Standards

continued

S3.6 Public health interventions

Guidance

- 2 The 'public health interventions' carried out by chiropractors might include:
- a) supporting individuals to change their behaviour to improve their health and wellbeing – for example, physical activity, eating
 - b) supporting people to stay at work with the necessary changes to, for example, their behaviour and immediate workplace
 - c) participating in public health programmes run by others.

Useful information

- Public Health Resource Unit
www.phru.nhs.uk
- Health Protection Agency
www.hpa.org.uk
- NICE's guidance on health topics
www.nice.org.uk/Guidance/Topic

Links

Code of Practice B1, C1, D1

Standard of Proficiency S2.8

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 about their health (that is, their physical, psychological and social wellbeing) and their health needs, and using that information to make decisions about the appropriate actions to take.
- Care** The work that chiropractors do to improve patients' health, covering: 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 – for example, ultrasound, traction, relaxation exercises, applying hot and cold packs, dry needling
 - advice, explanation and reassurance – for example, explaining the kinds of activity and behaviour that will promote recovery, giving nutritional and dietary advice
 - exercise and rehabilitation
 - multidisciplinary approaches – for example, making referrals, joint plans of care with other healthcare practitioners
 - supporting the patient's health and wellbeing with other carers and stakeholders – for example, relatives, employers
 - preventive measures linked to the patient's lifestyle – for example, eating, exercise, stress management
 - preventive measures linked to the patient's environment – for example, their home, workplace
 - promoting health and wellbeing – for example, using behaviour-change approaches.
- Health** A state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity (World Health Organisation, 1980). (World Health Organisation, 1980, *International Classification of Impairments, Disabilities and Handicaps*, WHO, Geneva.)
- Investigations** Activities carried out to provide more information on a patient's health and health needs. For example, the use of imaging technology, examining systems, laboratory testing.
- Locum** A locum is a chiropractor who does the work of another chiropractor while that person is unavailable; for example, when they are on holiday or ill.
- May** When the term 'may' is used, this reflects that practitioners have a choice as to whether to carry out certain actions or not. The term 'may' is most often used to introduce the range of approaches from which a chiropractor might select.
- Must** When the term 'must' is used, this means that the practitioner has to comply. To comply, chiropractors will need to exercise their judgment.

Patient Individuals who have been given advice, assessment and/or care by a chiropractor. Chiropractors and others who volunteer to allow colleagues to demonstrate or practise techniques on them, as distinct from the provision of care, are not included in this definition.

The term 'patient' has been used to save space 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 – for example, supports, pillows, gym balls, Transcutaneous Electrical Nerve Stimulation (TENS) pain-relief equipment, nutritional supplements, ointments and creams.

Should The term 'should' is used when guidance is offered on how to meet the overriding duty (i.e. a 'must' statement). It is also used when the duty does not apply in all circumstances or where there are factors outside your control that affect whether or how you can comply with the guidance.

Abbreviations

ASA	Advertising Standards Authority
CHRE	Council for Healthcare Regulatory Excellence
CRB	Criminal Records Bureau
CPD	Continuing Professional Development
DH	Department of Health
EHRC	Equality and Human Rights Commission
GCC	General Chiropractic Council
GMC	General Medical Council
HMRC	Her Majesty's Revenue and Customs
HSE	Health and Safety Executive
ICO	Information Commissioner's Office
ISA	Independent Safeguarding Authority
NICE	National Institute for Health and Clinical Excellence

Index

Topic	The Code of Practice	The Standard of Proficiency
Access to health records	A5, A7, B6, B8	SI.1
Adults	A2, B4, E8	
Advertising	C4, C5	
Alcohol	E3	
Anonymised information	A9, A10	
Assessment	A1, A4, B1, B3, B4, B5, B7, C6, E5, E9, F2 (defined in glossary)	S2.1, S2.5, S3.4
Audit	A9	
Care	A1, A2, A4, A5, A9, B1, B3, B4, B5, B7, C2, C3, C6, D, E7, E9, F1, F2 (defined in glossary)	SI.1, SI.2, S2.1, S2.2, S2.6, S2.7, S2.8, S3.1, S3.2, S3.3, S3.4
Case history	B7	S2.2
Chaperone	A1, A2	
Charge(s)/bills	B6, C6	S3.5
Children	A2, A3, A10, B4, B8, E8	SI.1
Clinical images	B6, B7	
Communicable disease	E6	
Communication	A9, B1, B3, B4,	
Competence	D1, E2	
Complaints	A3, B6, B8, E1, E3	SI.1, S2.2, S2.6
Co-management	D1	S2.7
Concerns	B3, B5, E2, E8	S2.8
Confidence	A5, A8, C3, E3	
Confidentiality	A5, A6, A7, A8, A9, A10	
Conflicts of interest	C6	
Consent	A2, A7, A8, A9, B3, B4, B7	S2.8, S3.2, S3.4, S3.5
Contract	A8, B8, E3	

Topic	The Code of Practice	The Standard of Proficiency
CPD	D2	
Culture	A1, A4	
Data protection	A6, A7, B6, F4	
Delegation	B4, F2	
Diagnosis	B3, B7	S2.6, S3.3
Dignity	A1	
Disclosure of information	A6, A7, A8, A9, A10	
Discrimination	A3, A4, F1	
Disposal of data/ records	A7	
Drugs	E3	
Employee	A3, B4, F3	
Employer	A3, E7, E8	
Equality	A3	
Evidence	A10	S2.1, S3.2, S3.6
Examination	A1, B4	S2.3
Expertise		S3.2
Finance	A7, B3, C7	
Gifts	C6	
Health and safety	E5	
Health needs	B3, B7	S2.1, S2.2, S2.3, S2.6, S2.7, S3.1, S3.2, S3.3, S3.4
Honesty	C1	
Hospitality	C6	
Human rights	A3	
Individuality	A	
Inducements	C6	
Infection control	E6	

Topic	The Code of Practice	The Standard of Proficiency
Insurance	E9	S3.4
Integrity	A7, C1	
Investigations	B7 (defined in glossary)	S2.4
Ionising radiation	E7	
Law/legislation	A3, A6, A10, B4, B5, B6, C4, C7, E5, E7, E8, E9	S2.4, S2.7
Limits	D1	
Locums	E9 (defined in glossary)	S1.1, S2.6
Medical history		S2.2
Medication		S2.8
Mental capacity	B5	
Moving and handling	E5	
Openness	B1	
Parent	A2, B4	S1.1
Patient	B1, B2, B3, B4, B5, B6, B7, B8, C, C2, C3, C5, C6, D1, E1, E2, E3, E4, E6, E7, E9, F1, F2, F4 (defined in glossary)	S1.1, S1.2, S2.1, S2.2, S2.3, S2.4, S2.5, S2.6, S2.7, S2.8, S3.1, S3.2, S3.3, S3.4, S3.5
Personal data	A5, A6, B7	
Plan of care		S3.1, S3.3
Politeness	B2	
Prescriptions		S2.8
Principal	E2, E9	S1.2
Privacy	A1	
Processing data	A6	
Products	C6 (defined in glossary)	
Prognosis	B3	S2.6
Public health		S3.6
Public interest	A10	
Publicise	B8, C4	

Topic	The Code of Practice	The Standard of Proficiency
Rationale for care	B7, F2	S2.6, S3.3
Record	A6, A7, A10, B4, B6, B7, B8, E5, F4	S1.1, S1.2, S2.2, S2.4, S3.1, S3.3, S3.4
Referrals	B7, C6, D1, E8	S2.7, S3.4
Research	A9, B3, C6	S2.1
Respect	A1, A8, B1, B3, B5, F1	
Review	B7, E5	S2.1, S2.6, S3.1, S3.3, S3.4
Risks	B3, E2, E4, E5, E6, E8	S2.1, S2.6, S3.2
Safeguard	A8, B5, E8	
Selling	A7, C6	
Sensitive personal data	A6	
Sexual boundaries	C3	
Storage	B8	
Terminating care	C2	
Third parties	A10	S3.5
Titles	C5	
Trust	B1, C3, C4	
Vulnerable adults	A2, E8	
Working with others	D1, E3, F, F4	
X-rays	B6, E7	

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