



## Information Note for General Practitioners

### What is the General Chiropractic Council?

The General Chiropractic Council (GCC) regulates chiropractors in a similar way to how the General Medical Council regulates general medical practitioners and the Nursing and Midwifery Council regulates nurses and midwives.

Someone is not allowed to call themselves a chiropractor unless they are on the Register of Chiropractors.

To ensure that all applicants are both physically and mentally fit, the GCC requires a report from the applicant's GP stating if the applicant is physical and mental fit or has any health problems and if so, how these are being managed.

### Can I provide a report?

To be able to provide a report you must:-

- be registered with the General Medical Council, or equivalent overseas regulatory body
- not be related to the applicant by birth or marriage and either
- have prepared your report based on reviewing the last four years worth of the applicant's patient records; or
- if you do not have at least the last four years of the patients records, you must carry out a physical examination of the applicant.

### What must I include in the report?

Your report must contain the following information:-

- the applicants full name
- the applicants date of birth
- the date the medical records used in preparing the report began, or that they cover the last four years
- whether the applicant has any physical or mental health issues and, if so, how these are being managed
- if the applicant has had any physical or mental problems in the past that may recur
- any other past medical history that you feel is significant or appropriate for us to know about
- the date the report was written
- your signature. Medical reports signed by someone other than a registered medical practitioner will be rejected.

### What must be included in the physical examination?

In cases where you do not have access to an applicant's medical records, the report should be based on an examination. The GCC rules do not detail any specific tests that must be performed, but we rely on you, as a registered medical practitioner, to perform any tests you feel are appropriate to determine that the applicant is both physically and mentally fit.

### **What form should the report take?**

We don't have a set format for the report, but it must include the information in the above list.

For convenience a pro-forma report is provided as part of this form. If you wish to use it please complete all of the sections, and if there is additional information not specifically requested but which you believe is relevant, please add this in the space provided.

Whichever form your report takes, please ensure it is dated and contains your original signature. We do not accept reports with scanned signatures or those signed on your behalf.

### **Do I have to physically examine the applicant?**

You only have to carry out a physical examination of the applicant if you do not have the last four years worth of the applicant's medical records.

### **Who pays for the report?**

Any costs involved in providing a report are the responsibility of the applicant.

### **What about consent?**

A consent form for applicants to sign is attached if you require one to be completed before providing a medical report.

### **Who do I contact if I have any questions?**

If you have any questions please contact a member of our Registrations team on 020 7713 5155 x5501, or email us at [registrations@gcc-uk.org](mailto:registrations@gcc-uk.org)

## Medical report

### 1. About the patient

Patient's full name:

Patient's date of birth:

### 2. Basis of the medical report

Please state which of the following you have based the report on.

- access to 4 or more years of the patients medical records.  
 an examination of the patient. If so go to section 4.

### 3. Medical records

If you wrote the report with access to the patient's records, please complete the following.

When did the medical records you hold for the patient begin?

Are there any gaps in the patient's medical records over the past four years?

Yes  No

If so please give details below:

### 4. The patient's current health status

Is the above named patient of good physical and mental health?

Yes  No

If 'No' – give details below of the health issues they have, and how these being managed?

### 5. The patient's past medical history

Has the patient had any physical or mental health problems in the past that may reoccur?

Yes  No

If 'Yes', please give details below:

Has the patient any past medical history that you feel is significant or appropriate for us to know about?

Yes  No

If 'Yes', please give details below:

### 6. Other information

If there is any additional information you believe relevant to the patient's intention to become a chiropractor please provide it below?

### 7. About you

Your full name:

Surgery address:

GMC Registration number:

Your signature:

Date:

**Please return this report to your patient as they must include it with their registration application.**