

Code of Professional Practice:

Equality Impact

Assessment

and Welsh Language Impact Assessment

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to support

Code of Professional Practice Consultation 2024

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The Code of Professional Practice – Equality Impact Assessment

Step 1 – Scoping the EIA

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices – sometimes unwritten – that contribute to the way our policies are implemented and how our services are delivered.

Title of policy or activity
Review of The Code: Standards of conduct, performance and ethics for chiropractors (2016) and creation of the new Code of Professional Practice.
Is a new or existing policy/activity?
Existing policy
What is the main purpose and what are the intended outcomes of the policy/activity?
<p>The purpose of the Code Review is to</p> <ul style="list-style-type: none"> • make any necessary updates to the current standards that reflect changes within health and care practice • ensure that the current standards are fit for practice, particularly taking accessibility and relevance into account • gain insight into how we can better communicate the standards and promote them to ensure they are fully understood by registrants
Who is most likely to benefit or be affected by the policy/activity
<p>Once any changes to the standards are implemented:</p> <ul style="list-style-type: none"> • registrants will have to meet the new standards. • education and training providers may need to revise their programmes in line with any revisions to the standards and teach to the new Code. • international applicants will have to demonstrate they meet these standards when applying to join the Register. • employers will need to be aware of the revisions to understand what registrants will be required to know, do and understand at the point at which they join the Register. • GCC employees and partners will need to be aware of the revised standards and apply these in their respective roles eg Registration assessors, TOC assessors, FTP committees <p>Ultimately, patients will benefit from the implementation of the new standards by creating chiropractors that put the interests of patients first, with patient safety running throughout.</p>

Who is doing the assessment?	
Elizabeth Austin, Education and Standards Officer	
Dates of the EQIA	
• When did it start?	May 2024
• When was it completed?	July 2024
• When should the next review of the policy/activity take place?	Further review post consultation

Step 2 – Evidence and Engagement

What evidence have you considered towards this impact assessment?
<p>The GCC registrant database has provided us with information regarding the protected characteristics of our registrant population.</p> <p>The scoping review in 2023 and the pre-consultation engagement with stakeholders (the Code Conversation) has provided us with information regarding how the standards are used and understood in practice.</p> <p>Internal discussions with the GCC Council and other committees have informed these proposals.</p> <p>We sought legal review of the draft revised standards and have applied their recommendations, and it has been reviewed by our EDI advisor.</p> <p>A communications plan has been developed to:</p> <ul style="list-style-type: none"> • Create awareness and understanding of the review among all stakeholders • To share and disseminate information in a timely fashion • To encourage stakeholders to provide meaningful input into the decision-making process • To generate ideas to be considered and evaluated throughout the process <p>During the consultation period we will seek guidance from the GCC EDI Working Group. Members of the group are registrants with expertise in EDI and lived experience. We will also seek feedback from patients through the consultation period.</p>

How have you engaged stakeholders in gathering or analysing this evidence?

There are three stages of our stakeholder engagement: pre-consultation; consultation; and post consultation and implementation.

The external stakeholder groups targeted include:

- Professional bodies
- Registrants
- Education Providers
- EDI Working group
- Patients and Patient Interest Groups
- GCC Partners
- Insurance companies
- Students

We will carry out a 10-week consultation that will include a draft of new standards based on analysis following our engagement with stakeholders and internal discussions. The consultation will ask respondents to reflect on how the draft standards will impact the service they receive/provide.

Equality, Diversity and Inclusion¹

The consultation will specifically ask for views about the potential positive or negative equality impacts of these proposals and for suggestions for potential mitigations to any identified negative impacts on those with protected characteristics.

Welsh Language Standards²

In addition, the consultation will specifically ask for views about the potential positive or adverse effects the Code will have on

- opportunities for persons to use the Welsh language
- on treating the Welsh language no less favourably than the English language

and on the mitigations (and potential mitigations) that have been added to the Code to increase the positive effects and reduce the adverse impacts on the same.

We will hold external stakeholder workshops throughout the consultation period with the intention of enhancing understanding of the proposals and increasing engagement.

We will continue to seek feedback on our proposals from the GCC's EDI Working Group.

Proposals have been discussed with GCC committees and Council.

¹ [Equality Act 2010](#)

² [Welsh Language \(Wales\) Measure 2011](#)

Step 3 – Analysis by protected characteristic

Age

(include children and adults)

We anticipate that patients who are vulnerable, which may include children, and adults, are likely to be positively impacted by our proposals. We have proposed updates to standards regarding assessing vulnerability, safeguarding, consent and professional boundaries (standards A8, E4 and F5).

Children and adults who are vulnerable, may be more susceptible to inappropriate relationships. Proposed changes highlight registrant responsibilities towards their patients and require registrants to be aware of the potential impact of their position on patients, to take an active role in maintaining professional boundaries, and to not leverage their position to pursue or encourage personal, financial, sexual or emotional relationships with patients and/or carers (Standard E1).

Proposed amendments and the introduction of new standards on social media and the sharing of information may also positively impact all patients. The proposed changes require registrants to ensure the information they share is factual, verifiable and not misleading (Standard C4 and C5) and require registrants to protect the privacy of others when posting on social media (Standard J1). With these changes, we hope to better protect those who are more vulnerable to misinformation and inappropriate content shared on social media applications from harm.

Disability

(include people with visible and non-visible impairments and people with many different access needs, for example because of neurodivergence, sight or hearing loss or mobility needs).

We have proposed changes that will be better enable everyone to engage with, and benefit from, chiropractic care by reducing the barriers that they face:

- The proposed changes expect chiropractors to recognise diversity, patient choice and interact with patients in a culturally competent way (standards A2, A7).
- Be aware of the potential impact of their values, biases and beliefs, and to take positive action to ensure these do not create barriers for patients, their carers and/or colleagues. (Standard C10 and C11)
- Registrants must ensure that they, and the staff they employ, treat all patients, their carers and anyone accompanying them, with equal respect and dignity (Standard E2).
- To provide equitable healthcare provision that everybody can seek, connect and engage with (Standard B4).
- Individuals seeking to take advantage of others through an inappropriate relationship are more likely to view those with a disability as vulnerable. We

have proposed updates to standards regarding professional boundaries (Standard E1). These proposed changes highlight registrant responsibilities towards their patients and require registrants to be aware of the potential impact of their position on patients, to take an active role in maintaining professional boundaries, and to not leverage their position to pursue or encourage personal, sexual or emotional relationships with patients and/or carers. With these changes, registrant responsibilities are clear.

Unlike other protected characteristics, disability brings with it a positive legal requirement in the Equality Act to take steps to remove or avoid something that causes discrimination (e.g. obligations on services providers / businesses to change policies, practices and procedures to ensure access is possible.) Chiropractors are expected to be aware of this legislation (Standard C3).

Gender reassignment

(consider that individuals at different stages of transition may have different needs)

People undergoing or preparing to undergo gender reassignment could be at risk of discriminatory actions, microaggressions or actions which hinder their access to service. We have proposed changes that clarify our standards, relating to discrimination. We anticipate our proposals will positively impact people with these protected characteristics for the following reasons:

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on patients, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against patients, carers and colleagues (Standard C10 and C11).
- In terms of gender reassignment, this means that where necessary, Registrants and the staff they employ must take action to respect people undergoing gender reassignment which includes using carers' or colleagues' chosen pronouns. (Standard A2, A7 and E2).

In respect to gender reassignment, this will ensure that where necessary, registrants must take action to adjust their service to accommodate the individual's need and also ensures that registrants must not restrict access to their services to people undergoing gender reassignment (Standard B4).

People with this protected characteristic may be harmed by breaches in privacy or the spread of misinformation. We anticipate that proposed changes on social media and the sharing of information are likely to positively impact people undergoing or preparing to undergo gender reassignment for the following reasons:

- The proposed changes require registrants to ensure the information they share is accurate and trustworthy (Standard C4 and C5)
- They explicitly require registrants to protect the privacy of others when posting on social media. (J1)

Marriage and civil partnerships

(include same-sex unions)

We have proposed changes that clarify our standards, relating to discrimination. We anticipate that our proposals will better ensure that people in marriages and civil partnerships are treated equally for the following reasons.

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on patients, carers and colleagues and to ensure these do not lead to discrimination against patients, carers and colleagues (Standard C10 and C11).

Pregnancy and maternity

(include people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

We have proposed changes that clarify our standards, relating to discrimination. People who are pregnant, expecting a baby, who have recently had a baby or who are breast feeding may experience discriminatory actions of microaggressions. We anticipate that our proposals will positively impact those with this protected characteristic by better protecting against discrimination for the following reasons:

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on patients, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against patients, carers and colleagues (Standard C10 and C11).
- Registrants must ensure that they, and the staff they employ, treat the patient, their carer and anyone accompanying them, with equal respect and dignity (Standard E2).
- Where necessary, registrants must take action to adjust their service to accommodate the needs of someone who is pregnant, expecting a baby, post-natal or breast-feeding and must not restrict access to their services based on a person being pregnant, expecting a baby, being post-natal or breast-feeding. (Standard B4)

Race

(includes nationality, citizenship, ethnic or national origins)

We have proposed changes that clarify our standards relating to discrimination. We anticipate our proposals will positively impact those with racialised identities by better protecting against discrimination for the following reasons.

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on patients, carers and colleagues. Registrants

must take action to ensure their own views, biases and beliefs do not lead to discrimination against patients, carers and colleagues (Standard C10 and C11).

- Registrants must ensure that they, and the staff they employ, treat the patient, their carer and anyone accompanying them, with equal respect and dignity (Standard E2).
- In respect to race, this will ensure that where necessary, registrants must take action to adjust their service to accommodate other people's cultural requirements (Standard A7).
- Registrants must not hinder colleagues from practicing their culture at work (Standard H5)
- Registrants must not restrict access to their services based on cultural practices, race, citizenship, ethnic or national origins or nationality (Standard B4)

Religion or belief

(includes religious and philosophical beliefs, including lack of belief)

We have proposed changes that clarify our standards, relating to discrimination. We anticipate our proposals will positively impact people's choice to hold religious belief or retain a lack of belief by better protecting against discrimination for the following reasons:

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on patients, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against patients, carers and colleagues (Standard C10 and C11)
- Registrants must ensure that they, and the staff they employ, treat the patient, their carer and anyone accompanying them with equal respect and dignity (Standard E2).
- In respect to religion and belief, this will ensure that where necessary, registrants must take action to adjust their service for those who practice religious beliefs and also ensure that registrants must not restrict access to their services based on belief or lifestyle choice (Standard B4).
- Registrants must not hinder colleagues practising their beliefs at work (Standard H5).

With these changes, people are less at risk of discriminatory actions based on the religious beliefs they hold or if they do not hold any religious belief. They are also less likely to experience microaggressions. For patients, their access to services is less likely to be hindered because of discrimination.

Sex

(Male and female)

We have proposed changes that clarify our standards, relating to discrimination. Our proposals will positively impact people by better protecting against discrimination.

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against service users, carers and colleagues (Standard C10 and C11).
- In respect to sex, this will ensure that where necessary, registrants must take action to adjust their service for those who have different requirements based on their sex and do not restrict access to their services based on a patient's or their carer's sex (Standard B4).
- Registrants must not treat colleagues differently based on their sex (Standard H5).

Sexual orientation

(include heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

We have proposed changes that clarify our standards relating to discrimination. We anticipate our proposals will better ensure that people of all sexual orientations are treated equally for the following reasons:

- The proposed changes require registrants to be aware of the potential impact of their views, biases and beliefs on service users, carers and colleagues. Registrants must take action to ensure their own views, biases and beliefs do not lead to discrimination against patients, carers and colleagues (Standard C10 and C11).
- Registrants must ensure that they, and the staff they employ, treat the patient, their carer and anyone accompanying them, with equal respect and dignity (Standard E2).
- Proposed changes to Standard J1 on social media are anticipated to positively impact people who do not wish their sexual orientation to be disclosed to others. The changes require registrants to protect the privacy of others when posting on social media.

Step 4 – Analysis of impact on Welsh Language

Welsh Language speakers
<p>In line with the GCC’s duties under the Welsh Language Standards, the Code has been drafted to have a neutral or positive effect on opportunities for persons to use the Welsh language and to treat the Welsh language no less favourably than the English language.</p> <p>Specifically, the section of the Code relating to communication (Principle G) has been enhanced. It now explicitly references understanding the patient’s language and communication preferences as well as their needs (Standard G1).</p> <p>Standards G2 and G3 highlights the need to communicate clearly and in a way that is easy to understand. Standard G3 specifically emphasising that clinic policies could be published in the Welsh language.</p> <p>The new Code, along with the commentary, consultation and consultation documents, will be available in Welsh, and we will be specifically asking every respondent if they are a Welsh speaker (even if responding in English) and whether they live in Wales to ensure the outcomes of the consultation reflect the views of Welsh speakers and Welsh residents.</p>

Step 5 – Other identified groups

Socio-economic group and income
<p>There is a lack of GCC data relating to registrants’ socio-economic group and income. This creates challenges in the assessment of registrants experiencing disadvantage or barriers to access based on socio-economic group or income.</p> <p>Furthermore, socio-economic group and income were not areas of concern raised during our pre-consultation stakeholder engagement.</p> <p>Nevertheless, one of the topics of concern in the pre-consultation has been around financial plans and the possible positive or negative impact of imposing standards on them for patients who struggle financially. There is an argument that they make care more affordable, while others argue they exploit patients who are in pain.</p> <p>Standard C8 requires clear contracts for financial payment plans, which must include the arrangements for refunds for unused care. This standard is expected to assist financially vulnerable patients to better understand their responsibilities when signing up with a plan but does not extend expectations of the chiropractor beyond those expected by other regulators.</p> <p>Standard G3 expects chiropractors to have visible and clear information on fees and charging policies (among other things).</p> <p>Standard E1 expands the definition of boundaries to include financial boundaries, to prevent the exploitation of financially vulnerable patients.</p>

Four countries diversity

The Code needs to interface with the legal framework within all the countries where the GCC has registrants.

Standard C3 sets the expectation that the chiropractor will keep up to date with, and follow, the laws that will affect their practice in the country in which they work. It does not make explicit links to specific laws or regulators so that it can be applied to all jurisdictions.

Standard C14 has been redrafted to remove references to specific legal processes (e.g. arrest) in order to reflect a wider range of circumstances across different legal jurisdictions.

It is not expected that the changes proposed will impact any one of the four countries differently.

Step 6 – Summary of analysis

We anticipate the proposed changes to the standards to have an overall positive impact on people's protected characteristics, their use of the Welsh language and their experience of chiropractic care.

Our changes to the identified standards above ensure that registrants must be active in ensuring their behaviour is anti-discriminatory and ensure that registrants understand that they must actively maintain professional boundaries. This is expected to positively impact children and older people who are vulnerable or those with a disability.

Our proposals to strengthen our approach to social media are designed to ensure that registrants understand their role in tackling misinformation relating to protected characteristics such as race, disability, sexual orientation and gender reassignment. There are also new standards around upholding the dignity of the patient – meaning that registrants cannot post discriminatory or inappropriate content even if the patient is not identifiable within the post.

Our proposals specifically encourage chiropractors working in Wales to consider the Welsh language as part of their need to communicate clearly and in a way that is easy to understand. This is a substantial development from the current Code in line with the importance placed on the Welsh language by the Welsh Government.

There is also the potential that registrants with disabilities, such as people who are neurodivergent or who have comprehension challenges, and students who may be less familiar with GCC and our standards may find it challenging to digest the changes proposed. Activities that will help to lessen this impact will include targeted engagement post-consultation.

The focus group meetings and review of feedback from the online consultation process will allow us to review the data in more detail and assess any impact on stakeholders with a protected characteristic.

Step 7 – Action Plan

Summary of action plan
<p>Throughout the pre-consultation, consultation and post-consultation period of the review, we will engage with a diverse range of stakeholders. We have engaged with the GCC EDI Working group to ensure that EDI issues relating to the standards are raised and mitigated promptly. We will continue to engage with this group throughout the consultation period and post-consultation. Their input will be particularly helpful to plan the implementation of the proposed changes and to ensure this is done so fairly across protected characteristics and nationally.</p> <p>Our implementation plan will be especially important and will consider how the new changes are communicated to our external stakeholder groups.</p>
What is the impact of the policy/activity over time?
<p>The effect of the updated Code will be monitored over time and the need for further guidance and toolkits.</p>
Where/how will this EIA be published and updated?
<p>The EIA will be published on our website alongside the updated standards and guidance</p>

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[This document is also available in Welsh.](#)

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