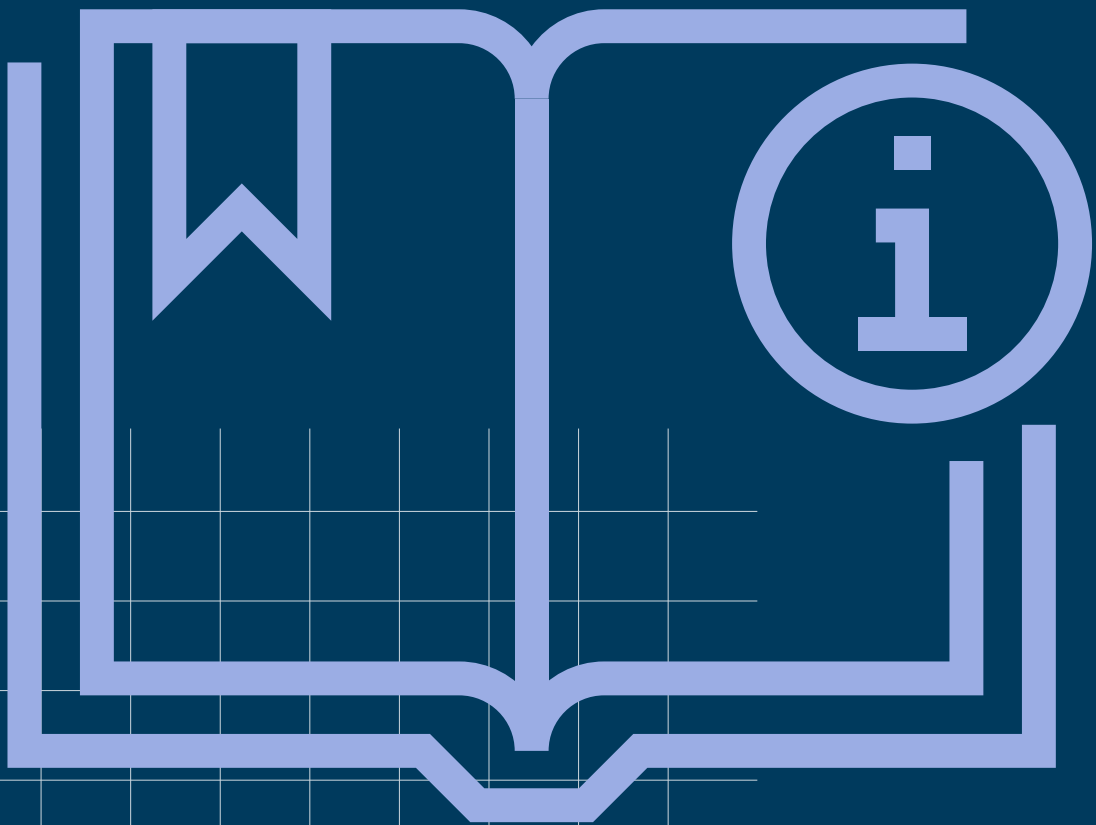
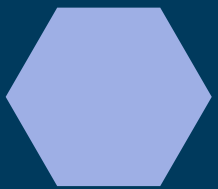
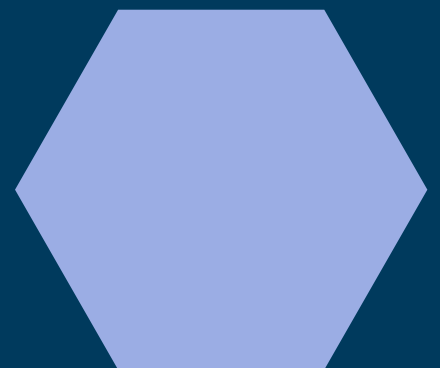


General Chiropractic Council

Education Standards

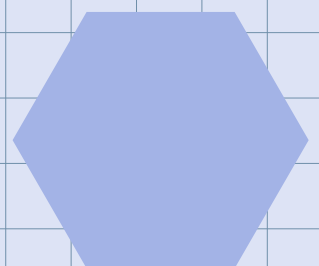
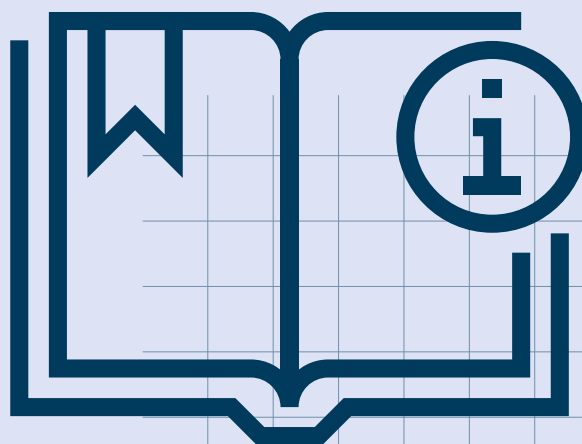


Standards



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Introduction

About us

The General Chiropractic Council (GCC) is the regulator for the chiropractic profession in the UK, Isle of Man and Gibraltar. Our overall purpose is to protect the public alongside our duty to develop and regulate the profession.

We do this by setting standards of education for individuals training to become chiropractors and standards of professional conduct for practising chiropractors.

Everyone calling themselves a chiropractor in the UK must be registered with the GCC. To be registered, an individual must satisfy the educational requirements for registration and be fit to practise, which means they have the skills, knowledge, good health and character to practise safely and effectively.

The Education Standards

The Education Standards provide the regulatory framework against which chiropractic education programmes are evaluated and recognised. Each Standard must be met for a programme to be recognised. The use of 'must' indicates that each Standard represents an overriding duty or principle.

The Education Standards are organised into two sections. In Section One, Standards address curriculum content setting out learning outcomes that are required of a programme to achieve programme recognition by the GCC. Each learning outcome of the Education Standards must be demonstrably included, and appropriately assessed, within the educational programme for the programme to be recognised.

In Section Two, Standards represent requirements for how a programme is designed, delivered, assessed and monitored. These Standards ensure that learners in chiropractic degree programmes receive a high-quality education to enable their development towards becoming safe, competent and effective primary healthcare practitioners.

The GCC takes an approach to its Education Standards whereby each Standard is broad in nature, supplemented by more detailed points within the *Expectations* for each Standard (Please see the 'Education Standards with Expectations' document for more information). The number of Standards, their order within a domain, the number of expectations, and their level of detail, is not an indicator of the weight and/or volume of assessment and teaching required to meet the Standard.

The GCC takes an approach to its Education Standards whereby each Standard is broad in nature, supplemented by more detailed points within the Expectations for each Standard. The number of Standards, their order within a domain, the number of expectations, and their level of detail, is not an indicator of the weight and/or volume of assessment and teaching required to meet the Standard.

Education Standards and The Code

Learning outcomes reflect the **GCC's Code**¹, and its Guidance, which sets out the standards of conduct, performance and ethics for chiropractors, to ensure competent and safe practice. By linking learning outcomes to the Code, students can meet those requirements upon completing their learning requirements.

Organisation of the Education Standards

The Education Standards that follow are organised into ten domains (A-J) that reflect the key areas of concern of the GCC. An introductory paragraph explains the focus of each domain and its purpose within the Standards. Terms highlighted in bold within a domain introduction each represent a high-level Standard that follows. Some high-level Standards are further broken down into their narrower component Standards.

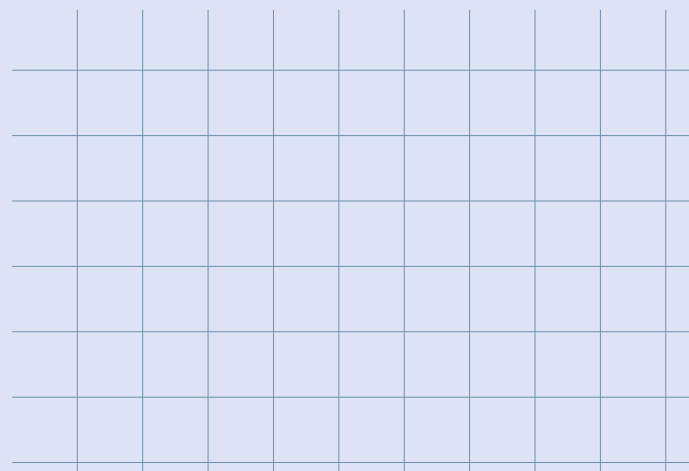
Education Standards:

Section 1

Standards in Section 1 address curriculum content, specifying the learning outcomes required of a programme to achieve approval by the GCC. Each of these must be demonstrably included and appropriately assessed for the programme to be recognised. The Standards are organised into five domains:

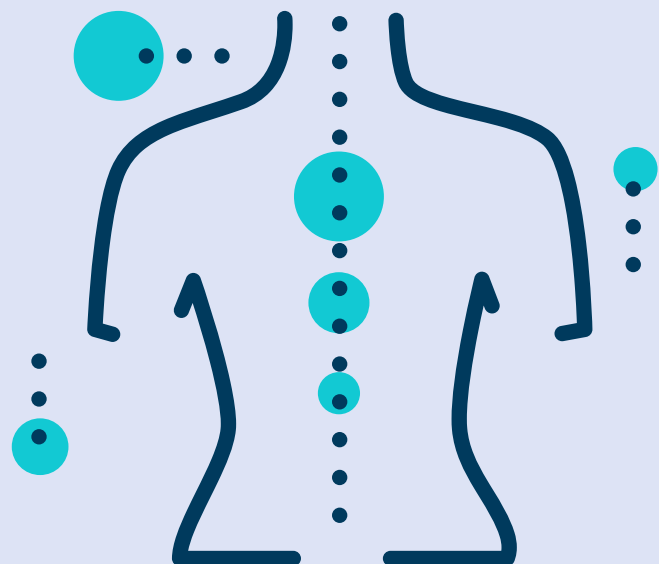
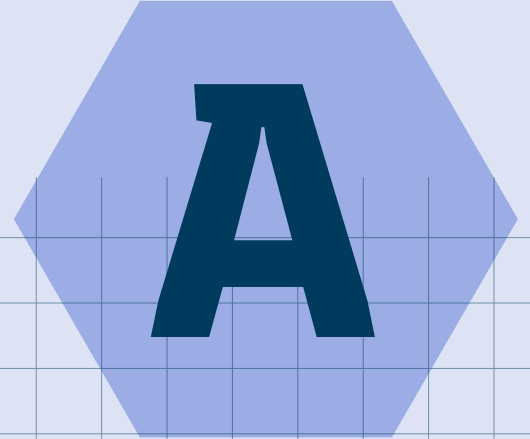
- A** Care of patients
- B** Safety and quality
- C** Professionalism
- D** Clinical approaches
- E** Collaborative healthcare

The provider must demonstrate to the GCC how the programme meets all of the following Standards.



Domain A: Care of Patients

The care and safety of patients are the priority of the GCC. The Education Standards ensure that new chiropractors are competent to fulfil their duty of care towards patients by **promoting their safety and wellbeing**. They must **communicate** skilfully and effectively to the benefit of patients and the public and deliver high-quality **person-centred approaches²** to care.



STANDARDS

1

Place the needs and safety of patients at the centre of the care process

1.1

Demonstrate understanding and implement relevant safeguarding procedures and guidance in relation to vulnerable people

1.2

Apply the principles of equality, diversity and inclusion to the care of patients, recognising the impact of discrimination on patient outcomes and the need to reduce health inequalities

1.3

Assess the mental capacity of a patient to make a particular decision, knowing when and how to take action

1.4

Maintain confidentiality and respect the dignity and privacy of patients

1.5

Appropriately gain and record the informed consent of patients throughout the care process

1.6

Compose clear and attributable patient records

2

Communicate clearly, sensitively and effectively with patients and the public by spoken, written and electronic methods

2.1

Demonstrate a range of appropriate and effective methods for communicating with others and listening, being able to select from and move between these

2.2

Evaluate and respond to the communication needs of patients, demonstrating understanding the need to make adjustments to the approach or to provide assistance, if needed

2.3

Use communication as an approach to enhance the care of patients

STANDARDS

3

Provide care based upon the principles of person-centred approaches

3.1

Engage effectively with patients through individualised conversations and interactions

3.2

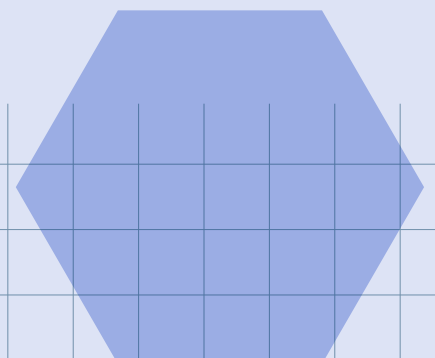
Enable and support patients in their care, health and wellbeing

3.3

Collaboratively support and manage patients with high complexity of physical, psychological and social factors

The Standards and The Code

Develops fitness to practise with respect to Principles A1-5, A7, C1-8, D2-4, E1-7, F1, F3-5, H1-6 of The Code



Domain B:

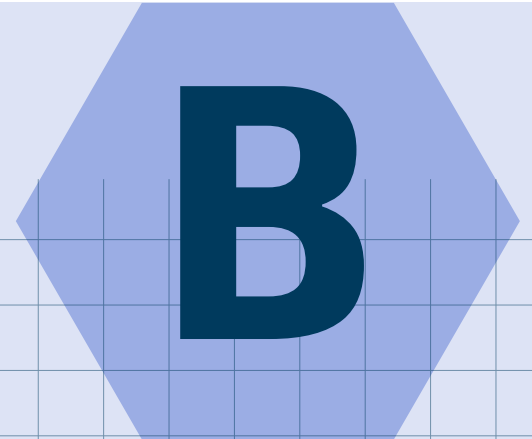
Safety and Quality

The GCC's requirements for chiropractors emphasise the need to put patients' health interests first and provide a good standard of clinical care and practice¹. These Standards ensure that new chiropractors understand and implement the following principles, which underpin the safety and quality of care.

First, the **accessibility of healthcare** matters to patients, and new chiropractors must actively promote this, taking account of the principles of equality, diversity and inclusion.

Second, new chiropractors need to understand and deploy robust systems to **keep patients safe**, working with others to extend and develop mechanisms to promote safety and prevent harm.

Third, **assuring the quality of care** provided is central to the protection of patients. Therefore, new chiropractors must be able to implement methods for continuous improvement in their care of patients and also more widely if working in a team setting.



STANDARDS

4

Recognise the importance of promoting accessible healthcare for all

5

Promote and maintain a culture of safety, to protect patients and prevent harm before it occurs

5.1

Maintain safe healthcare environments

5.2

Engage with systems and procedures to promote the safety of patients

5.3

Manage safety incidents, errors or complaints, to protect the safety of patients and to prevent future harms

6

Promote and maintain quality in practice and service delivery

6.1

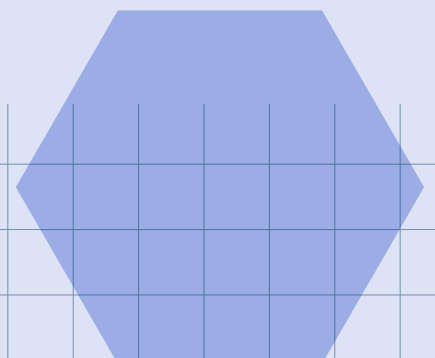
Understand, implement and demonstrate ability to integrate continuous improvement of quality into their own practice

6.2

Engage with systems and procedures to promote quality in wider team practice and care delivery

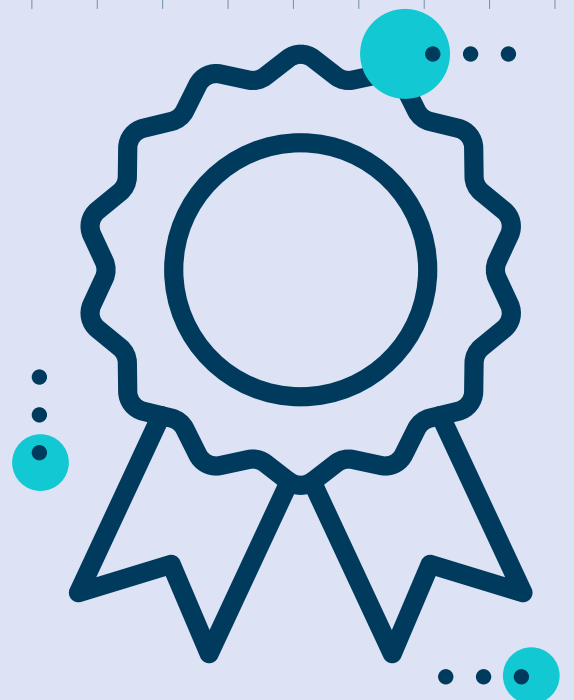
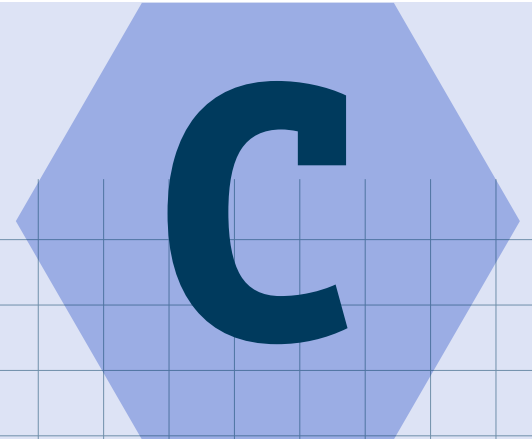
The Standards and The Code

Develops fitness to practise with respect to principles
A3-6, C, C9, D3 of The Code



Domain C: Professionalism

Professional values and behaviours underpin everything a chiropractor does in their chiropractic practice and as a representative of the profession. The Standards develop professionalism. They ensure new chiropractors understand what it means to be a **regulated healthcare professional**, the relevant **legislation and guidance**, and the required standards of **ethical and professional behaviour**. The Standards embed the behavioural approach of **critical thinking and the appropriate use of evidence** to all aspects of professional practice, and engagement with **professional development** to ensure that the chiropractor maintains competence throughout their professional life.



STANDARDS

7

Explain the nature and context of chiropractic as a regulated profession in the UK, as well as chiropractors' duties as registered healthcare professionals and compare the UK context with others around the world

8

Recognise, understand and describe specific legislation, regulatory standards and guidance relevant to the work of chiropractors

9

Demonstrate professional accountability, insight and behaviour

9.1

Demonstrate an understanding of the nature of professionalism, professional ethics and accountability

9.2

Demonstrate professional insight into their own behaviour and performance

9.3

Maintain appropriate professional relationships

STANDARDS

10

Embed the use of critically appraised evidence into professional practice to enhance the care of patients

10.1

Describe the different research methods that inform professional practice, and the strengths and limitations inherent in their design

10.2

Critically appraise quality within individual studies, and across a body of evidence, and identify limitations to the interpretation of findings

10.3

Integrate critically appraised evidence into professional practice

10.4

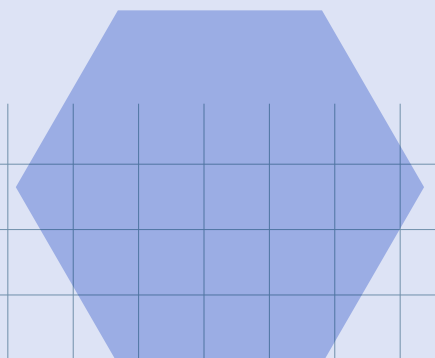
Engage appropriately with research

11

Use reflective practice as a tool for personal development; take responsibility for their own learning needs, in the interests of enhancing the care and safety of patients

The Standards and The Code

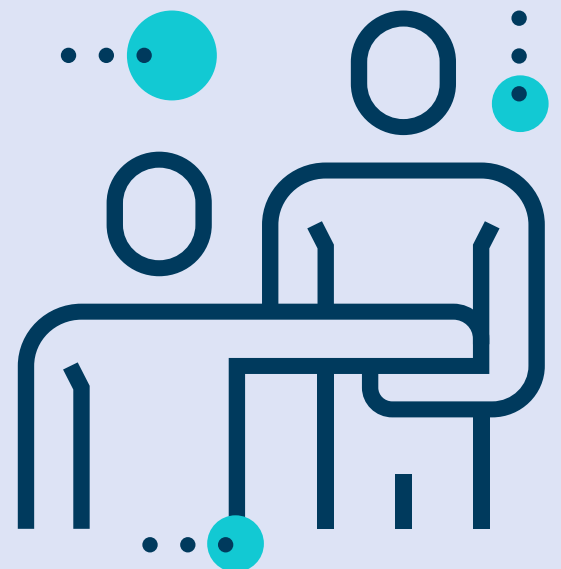
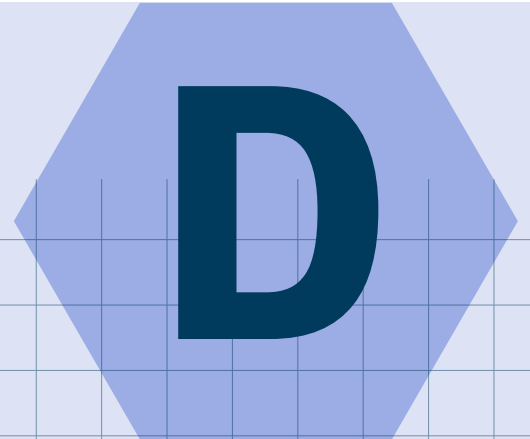
Develops fitness to practise with respect to Principles A1-5, A7, B1-7, B9, C2-8, D1-4, F1-2, F5, G1-6, H2, H4, H7 of The Code



Domain D: Clinical Approaches

Working independently in a primary care setting requires high-level clinical knowledge, skills and competencies. New chiropractors should take an individualised approach to the care of patients, using critically appraised evidence to support their decision-making, and incorporating factors relevant to that patient and the practitioner.

The Standards ensure that critical thinking underpins clinical approaches, and that evidence is integrated into the **assessment, investigation and diagnosis** of patients' health needs, **clinical reasoning and decision making**, and the **planning of care and management of conditions**. New chiropractors must be able to provide multimodal care to meet the needs of their patients. The Standards ensure competence in a range of care approaches that include the promotion of self-management, manual approaches, rehabilitative techniques and education about pain. The Standards also recognise the important role of healthcare professionals in **prevention, health promotion and population health**, ensuring the ability of new chiropractors to engage with these.



STANDARDS

12

Assess the health and determine the health needs of the patient

12.1

Demonstrate understanding of the range of health needs that present to chiropractors and the nature and impact of physical, psychological and social determinants of health

12.2

Distinguish between normal and abnormal structure and functioning of the human body

12.3

Take and record effective, purposeful and comprehensive, case histories with information drawn from the narrative of the patient

12.4

Conduct and record effective assessment of patients using evidence-based tools and techniques

12.5

Critically select, instigate and interpret appropriate investigative imaging and tests to aid diagnosis, ensuring that these are necessary and are in the patient's best interest

13

Synthesise, analyse, critically evaluate and reflect upon information, applying systematic approaches to reach decisions about clinical care (including diagnosis and care planning)

13.1

Explain the value of reflection on clinical reasoning and decision-making practice and the need to record the outcome of such reflection

13.2

Make reasoned decisions that include evidence and ethical considerations and take personal responsibility for these

13.3

Demonstrate the process of evidence-based practice, to answer a clinical question

13.4

Recognise complexity and uncertainty, their impacts on clinical reasoning, and identify strategies to approach these

13.5

Identify, analyse and interpret potentially significant information obtained during a clinical encounter, to reach an appropriate working diagnosis or rationale for care and formulate an individualised care plan

STANDARDS

14

Critically select and apply appropriate evidence-based care to meet the needs and preferences of the patient

14.1

Recognise potential serious underlying pathology and appropriately refer patients onwards in a timely manner

14.2

Support and encourage patients to manage their condition, changing their behaviour if needed, and being actively involved in optimising their own health and wellbeing

14.3

Critically select from and apply a comprehensive range of manual approaches to the management of conditions, drawing appropriately from evidence supporting the rationale for their use

14.4

Critically select and apply appropriate rehabilitative interventions to promote the recovery of patients from musculoskeletal conditions, reduce disability and optimise functioning, drawing appropriately from evidence of effectiveness

14.5

Apply appropriate approaches to the education of patients about pain, its management, and the provision of other advice, drawing upon evidence of effectiveness

14.6

Understand the role of relevant pharmacotherapy, injection therapy and surgical interventions and their implications for chiropractic care, providing information appropriately and signposting or referring patients for specialist advice, as necessary

14.7

Develop, implement and review individualised plans of care in partnership with patients, which are evidence-based and take into account individuals' needs, goals and wishes

14.8

Identify circumstances when it is appropriate to cease care, and implement appropriately

STANDARDS

15

Apply appropriate prevention and health promotion interventions to support the physical, mental and social wellbeing of individuals and of the population

15.1

Apply appropriate prevention and health promotion interventions to support the musculoskeletal health of individuals, communities and the population

15.2

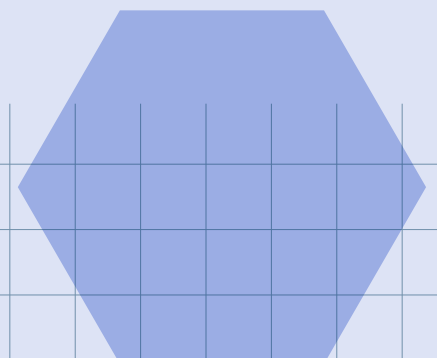
Apply appropriate prevention and health promotion interventions to encourage behaviour changes that can have a positive impact on the health and wellbeing of individuals, communities and populations

15.3

Engage appropriately with population health initiatives to enhance health and wellbeing

The Standards and The Code

Develops fitness to practise with respect to Principles A1, A4-5, B8, C1-8, D3-4, F1-3, G3-5, and H3 of The Code

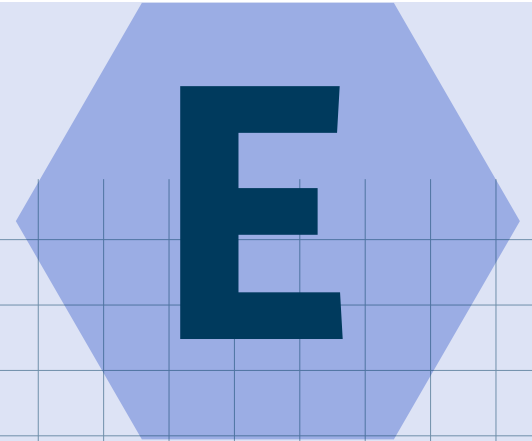


Domain E:

Collaborative Healthcare

A new chiropractor must be able to meet patients' best interests by working collaboratively with other healthcare professionals in a range of possible practice settings. The Standards ensure understanding of the importance of **collaborating with other professionals**: appropriate identification of when and how patients should be referred to other services or co-managed, and the effective implementation of this. When working with others, the new chiropractor must demonstrate **teamwork and leadership skills**.

The Standards also address the requirements of working in a **multi-professional** setting, with an ethos of care that is integrated around the patient. A new chiropractor must demonstrate a good understanding of the importance of the perspective of the patient in the design and improvement of services.



STANDARDS

16

Collaborate effectively with other healthcare professionals, in the best interests of patients

16.1

Identify appropriate situations and pathways for the collaborative care of patients

16.2

Establish effective professional relationships, communicating appropriately, so as to optimise care of patients

17

Work effectively with others and demonstrate leadership knowledge appropriate to a healthcare professional

17.1

Demonstrate effective team working, professional interpersonal relationships and the application of these to practice

17.2

Understand the concept of leadership and its application to practice

18

Recognise the importance of integrated care of patients within multi-professional services and the principles of their design, delivery, evaluation, and enhancement

18.1

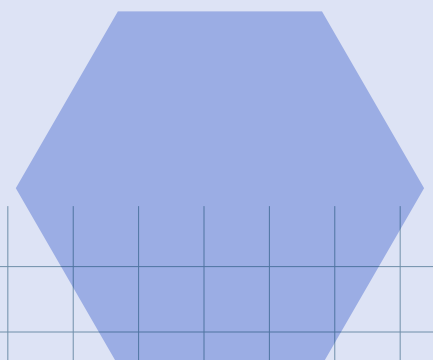
Be able to contribute effectively to work undertaken as part of a multi-professional team

18.2

Be able to contribute effectively to the design, monitoring, evaluation, and enhancement of a multi-professional service

The Standards and The Code

Develops fitness to practise with respect to Principles A5, C7, D2, F3, and G3-6 of The Code



Domain F:

The Programme

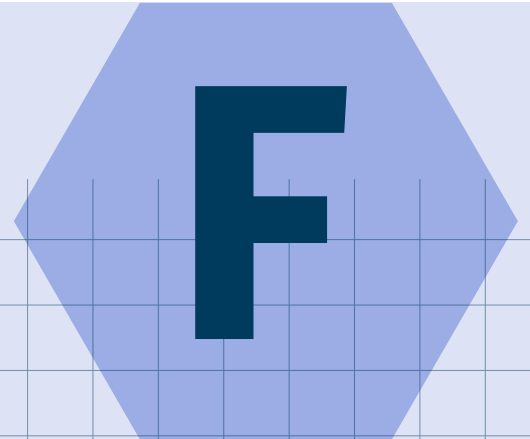
The way in which the programme is designed must meet the Education Standards of the GCC and the contemporary requirements of the profession. It must promote the core values of **equality, diversity and inclusion** and of the appreciation of **research and evidence** that underpin evidence-based practice.

Important features in the design of the programme include:

- The way in which theory is linked to practice through the **integration of academic and clinical learning**.
- The way in which the **acquisition of clinical skills and experience** are developed to prepare new chiropractors for practice.
- The inclusion of an **interprofessional** approach developing their ability to interact professionally with others in the collaborative care of patients.

To ensure the programme's quality and effectiveness, key stakeholders' inputs are essential to its design, delivery and evaluation. This includes the **involvement of patients, external stakeholders, learners and educators**. The **management of the programme** must ensure its robust governance, while ongoing and systematic **monitoring and evaluation of the programme** will enable its continuous enhancement. This includes taking account of **innovation and advances** in healthcare and education so that the programme is relevant and effective in preparing new chiropractors for practice.

The provider must demonstrate it continuously **assures the quality** and outcomes of its programme, with respect to performance against the GCC Education Standards.



STANDARDS

19

Embed a culture of equality, diversity and inclusion (EDI) throughout the design, delivery and quality assurance of the programme

20

Embed a culture that values research and evidence throughout the design, delivery and quality assurance of the programme

21

Ensure that the knowledge and skills covered by the programme are integrated across academic and clinical settings, are internally consistent and are oriented to chiropractic practice

22

Incorporate a substantial period of clinical skills acquisition and experience into the programme, for students to develop and apply learned knowledge and skills to the care of patients

22.1

Design clinical experiential learning to be outcomes-based, enabling learners to achieve all relevant learning outcomes in Section 1 of the GCC Education Standards and to gain sufficient experience of the care of patients to prepare them for practice

22.2

Have policies and procedures in place that protect the safety of patients, learners, educators and non-clinical staff within clinical experiential learning settings

23

Build in an interprofessional approach within the programme structure, such that learners gain understanding of other professions and develop collaborative approaches to healthcare

24

Ensure the involvement of patients and/or their carers in the design, delivery, evaluation and development of the programme

STANDARDS

25

Promote the involvement of external stakeholders in the design, delivery, evaluation and development of the programme

26

Involve learners in the design, evaluation and development of the programme

27

Involve educators in the design, monitoring, evaluation and development of the programme

28

Ensure the provider has a management structure and up-to-date policies and procedures

29

Monitor and evaluate all areas of chiropractic degree programmes, through procedures which are fair and based on principles of equality

30

Embrace innovation and advances in education, healthcare practice and science

31

Provide effective measures for quality-assuring the programme, demonstrating accountability for this

Domain G:

Resources

The provider must demonstrate that it has the necessary resources to fully deliver a recognised programme to the specification of the Education Standards. The provision of robust evidence of **financial viability and sustainability** is essential. In addition, the delivery of the programme requires the adequate provision of **effective, appropriate and accessible resources** needed to support teaching, learning and clinical practice. **Sufficient and appropriate staffing** also underpins the ability of the provider to deliver the programme. This includes clinical and non-clinical educators, as well as staff in non-educator roles. Consideration is required of both the professional and educational experience and the qualification of educators. The provision of appropriate support to enable all staff to fulfil the requirements of their roles, in accordance with the Education Standards, is also required.



G



STANDARDS

32

Demonstrate initial and ongoing financial viability and sustainability of the programme, based on robust evidence of financial sources

33

Provide effective, appropriate and accessible resources at a level that is sufficient and adequate

33.1

Provide facilities and resources that fully support preclinical delivery of the programme, and both learner and educator experience

33.2

Provide facilities and resources to fully support delivery of the clinical learning components of the programme, and the experience of learners, educators and patients and/or their carers

33.3

Provide digital health resources to support clinical learning and practice, and the care of patients

34

Provide sufficient numbers of educators and other staff, with appropriate level and breadth of expertise to fully support design and delivery of the programme, the experience of learners and safe and effective supervision of the care of patients

34.1

Provide appropriately qualified and registered chiropractors in teaching and management roles

34.2

Provide educators who possess or who are working towards, an appropriate teaching qualification or who possess relevant and recent teaching experience. The provider must be able to demonstrate educator competence in enabling students to learn effectively and in assessing student achievement

34.3

Apply appropriate selection criteria and induction procedures when appointing staff

34.4

Provide effective staff management and staff development opportunities that continually drive improvement in education and training

34.5

Promote among educators a culture that values research and support them in the integration of contemporary, best quality evidence into teaching and clinical practice

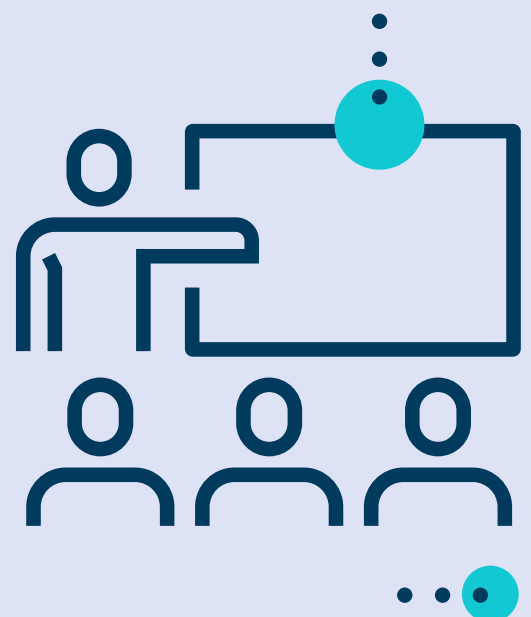
Domain H:

Teaching, Learning and Assessment

How education is delivered underpins the effectiveness of learning and the preparation of new chiropractors for professional practice. An appropriate **teaching and assessment strategy** for the programme ensures that the delivery methods enable learners to acquire the requisite skills, competencies and experience and that assessment methods are valid for each learning outcome.

To prepare new chiropractors for the provision of evidence-based care to patients, delivery methods should purposefully support the development of independent **critical thinking** and appreciation of the **value of evidence** as integral approaches to professional practice; this should be reflected specifically and appropriately in assessment methods.

Graduation from a recognised programme is taken to indicate that the required learning outcomes (set out in Section 1 of the GCC Education Standards) have been achieved. Robust **assurance of the quality of assessment of outcomes and progression** through the programme is important in determining the new chiropractor's fitness to practise. **Clinical experiential learning** is an essential and substantive part of preparing the new chiropractor to provide safe and competent care to patients. A range of possible models exist to enable learners to develop, integrate and apply their clinical knowledge and skills. These should be considered, selected and implemented to provide high-quality clinical learning experiences.



STANDARDS

35

Design a teaching and assessment strategy that employs a variety of valid and appropriate teaching, learning and assessment methods to address all the learning outcomes set out in Section 1 of the Education Standards, and which in turn encourages and supports students to self-direct their learning

36

Embed critical thinking and the appreciation of the value of evidence into teaching, learning and assessment

37

The provider must assure the quality of assessment and progression

38

Enable students, via high quality clinical experiences, to develop and demonstrate their ability to integrate and apply their knowledge and skills in the provision of safe and competent care of patients

38.1

Ensure that clinical teaching, learning and assessment enables learners to progressively develop and achieve competence in the learning outcomes specified in Section 1 of the Education Standards

38.2

Maintain a thorough and effective system for assuring the quality of clinical experiential learning and assessment

38.3

Ensure that clinical experiential learning promotes the integration of critically appraised evidence into practice and that appropriate methods of assessing competence in this are applied

38.4

Ensure that clinical experiential learning promotes interprofessional, collaborative practice, in the best interest of patients, and that appropriate methods of assessing competence in this are applied

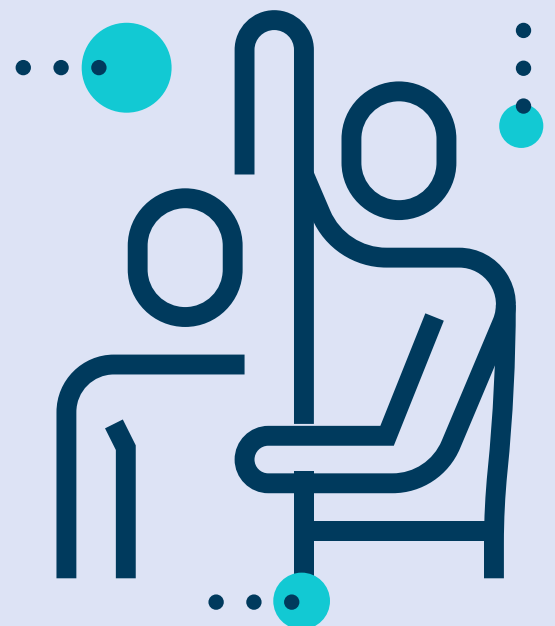
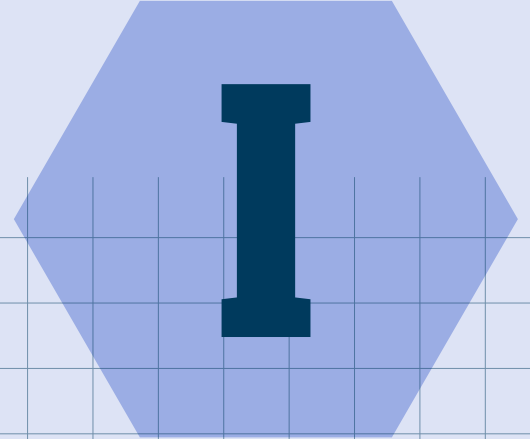
38.5

Provide clinical experiential learning that enables learners to engage appropriately with digital and/or mobile technology to enhance the care of patients and practice

Domain I:

Patients

The provider is required to ensure that the **needs of patients are prioritised** at all times when they receive care in an education setting or otherwise engage with the programme. A high level of clinical governance, integrated effectively with academic governance, is needed to protect patients and **assure safe, high-quality care** in this setting. Providers should also ensure that care is provided in accordance with **patients' individual needs and preferences**; this should be actively and effectively monitored.



STANDARDS

39

Ensure that, in the education setting, the needs of patients outweigh all aspects of teaching and research

40

Assure the safety and quality of care of patients in the education setting

41

The provider must ensure that care is provided in accordance with the needs and preferences of patients

Domain J:

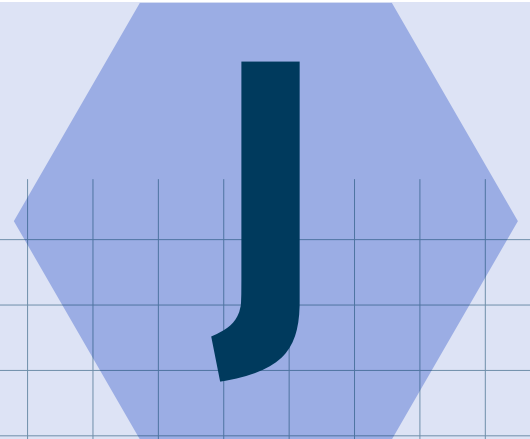
Learners

The provider's **entry requirements and admissions process** protects patients and/or their carers coming into contact with learners; and ensures the suitability of new chiropractors, as a regulated healthcare professional, to work with patients and the public.

A more diverse workforce benefits patients and the public and admissions processes must promote this. The provision of comprehensive and timely **information for learners** about the programme promotes understanding of the requirements and expectations placed on them; will provide understanding of their rights, and of policies and procedures that affect them. Optimal conditions for learning to occur necessitate a **safe, supportive and fair learning environment**, enabling equality of opportunity for learning.

The provider must demonstrate how they ensure this, and that comprehensive and accessible services for **academic and pastoral support/guidance** for learners are in place. The encouragement of an **active learner voice** enables the provider to hear the perspectives of learners on all aspects of their experience, for the purposes of addressing concerns and enhancement.

Providers have a responsibility to act where there are indications raising concerns about a learner's current or future **fitness to practise**, to ensure that new chiropractors do not pose a risk to patients and the public. Appropriately robust learner fitness to practise processes are fundamental to the protection of patients and the public, as well as to preparing learners for the requirements and responsibilities of professional practice.



STANDARDS

42

Ensure the admissions process balances a robust evaluation of the requirements for learners to succeed in the programme and to meet the standards for registration, with promoting wider access and participation

43

Provide clear information on the main aspects of the programme

44

Ensure the learning environment is safe and supportive for learners, the culture is fair and compassionate, and provides a good experience for all

45

Provide learners with academic guidance, pastoral care and other support services

46

Involve learners in all aspects of their learning experience and encourage an active learner voice

47

Provide appropriate student fitness to practise policies and procedures to protect patients, as well as to help learners whose behaviour or health poses a risk to the safety of patients or colleagues

List of Abbreviations

EDI Equality, Diversity and Inclusion

GCC General Chiropractic Council

Glossary

Accessible healthcare Equitable healthcare provision that enables everybody to seek, physically connect and engage with it.

Behaviour-change approach Interventions to promote or support modification in behaviour that can have a positive impact on physical and mental health and wellbeing. This includes encouraging individuals to adopt a healthier lifestyle by, for example, stopping smoking, adopting a healthy diet or being more physically active.

Capacity Ability of a patient to understand, remember and consider information provided to them. Note: the legal framework for the treatment of a child lacking the capacity to consent differs across the nations of the UK. It is important that chiropractors operate within the relevant law that applies in the nation in which they are practising.

Care Interventions by chiropractors that are designed to improve health. These include promoting health, maintaining health, preventing ill health, and addressing health needs.

Carer A person of any age, adult or child, who provides support to a partner, child, relative or friend who cannot manage to live independently; or whose health or wellbeing would deteriorate without this help.

Child England, Wales, Northern Ireland and Scotland each have their own guidance for organisations to keep children safe. They all agree that a child is anyone who is under the age of 18. (A young person generally refers to 16 and upwards).

Clinical assessment Chiropractor's evaluation of a disease or condition based on the patient's report of their health (that is, their physical, psychological and social wellbeing) and symptoms and course of the illness or condition, along with the objective findings including examination, laboratory tests, diagnostic imaging, medical history and information reported by relatives and/or carers and other healthcare professionals.

Clinical experiential learning Arrangements made by the provider for learners to develop and implement the clinical knowledge and skills required of the programme. This may include the provision of practice placements in a variety of healthcare settings, internships and simulated clinical learning.

Collaborative healthcare involves the participation of patients, family, and a diverse team of health care professionals. All of these participants are involved in a cooperative and coordinated way.

Competence To have and be able to apply the required knowledge, attitude, and skills.

Critical/critically refers to a kind of thinking that involves questioning, analysis, interpretation evaluation and making a judgement about something.

Disability includes impairments (problems in body functions or structures) activity limitations (difficulties encountered by an individual in executing tasks or actions) and participation restrictions (problems experienced by an individual in life situations).

Education Standard An overriding principle that must be met by a chiropractic programme.

Educator A person who educates, especially a teacher, principal, or other person involved in planning, directing or delivering education. This will include both academic and clinical education within chiropractic programmes.

Evidence base A body of scientific research information

Evidence-based Within the Education Standards this is used to indicate where it is required that knowledge and skills acquired by learners should be in accordance with the **best available evidence** from scientific research.

Evidence-based medicine/practice is the integration of best research evidence, with clinical expertise and patient values, in accordance with the amended model of evidence-based medicine used by Sackett et al³.

Expectation What the GCC considers should be included within a programme, in order to meet the requirements of an Education Standard.

Fitness to practise Being able to demonstrate that one is fit to be entered onto the GCC register. The requirements are demonstrating sufficient knowledge, skills and competence, behaving professionally and being in good health. See also *Student fitness to practise*.

Health A state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity.

Health inequalities Systematic differences in the health status of different socioeconomic population groups.

Health promotion The process of enabling people to increase control over, and to improve their health. This extends beyond a focus on individual behaviour and towards a range of interventions that can have a positive effect on population health.

Higher Education Institution Any provider of higher education which is one or more of the following: a UK university; a higher education corporation; an institution designated as eligible to receive support from funds administered by the Office for Students.

Informed consent Permission given by a patient and/or their carer to accept a proposed clinical intervention after having been informed, as far as reasonably can be expected, of all relevant factors relating to that intervention. For consent to be valid, it should be given voluntarily, be based on accurate information including risks and benefits, and the individual giving consent must have the capacity to do so. Where a person does not have **capacity** to consent to the care, support or treatment a decision should be made in accordance with the Mental Capacity Act.

Integrated care Care that is **person-centred** and coordinated within healthcare settings, across mental and physical health and across health and social care.

Interprofessional approach refers to **collaborative healthcare** practice and education where individuals from two or more professional backgrounds meet, interact, learn together, and practice with the patient at the centre of care.

Investigation Clinical study which contributes to the assessment of a patient which may include diagnostic imaging, examining systems and laboratory testing.

Learner A student, enrolled on a chiropractic **programme** who gains knowledge skills and competencies by a range of means, which include study, instruction and experience.

Manual approaches are hands-on care interventions that include manipulation techniques, mobilisation and soft-tissue approaches.

Musculoskeletal conditions are impairments that affect **musculoskeletal health**. This diverse group of conditions are associated with pain and also impaired physical function. Some musculoskeletal conditions may secondarily affect nerves (for example, disc or peripheral nerve entrapment disorders).

Musculoskeletal health Refers to the performance of the locomotor system, comprising intact muscles, bones, joints and adjacent connective tissues (World Health Organisation).

Musculoskeletal problems is a term used to describe symptoms of impaired **musculoskeletal health**, where the cause (e.g. a **musculoskeletal condition** or **disease**) may or may not be known. This includes pain and physical function impairments. Problems that may occur secondary to musculoskeletal health impairments are also included, for example symptoms arising from nerves.

Musculoskeletal health care is the discipline of providing care or management for musculoskeletal conditions and problems, including those that secondarily affect nerves.

Musculoskeletal disease implies that there is pathogenic cause to a **musculoskeletal health** impairment.

Must This means that the duty as set out in the Standard is compulsory.

Patient Individuals who have been given clinical advice or assessment and/or care by a chiropractor. The term 'patient' has been used to save space and is intended to cover all related terms that might be used such as 'client' or 'service user'.

Population health An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.

Prevention Providing or arranging care or services that reduce needs for support among patients and/or their carers, and contributes towards preventing or delaying the development of such needs.

Programme A course of study that is coherently designed and organized to achieve pre-determined learning objectives. Successful completion of a recognised chiropractic programme and achievement of all of its learning outcomes confers eligibility to apply to join the register of the GCC.

Provider An organisation that delivers higher education, as defined in Schedule 6 of the Education Reform Act 1988. A provider can be a body with degree awarding powers or deliver higher education on behalf of another awarding body.

Purposeful Done or performed with a conscious purpose or intent. Purposeful is used in the Education Standards where it is required that learners draw upon their knowledge of what needs to be obtained, in order to direct their clinical actions.

Quality of care The degree to which health care and/or services for individuals and populations increase the likelihood of desired health outcomes. This includes the requirements to be effective, safe and person-centred and to be delivered in a way that is timely, equitable, integrated and efficient.

Rationale for care Reasons why chiropractors are providing treatment for a patient.

Record Document containing personal information and information relating to the clinical assessment and working diagnosis or rationale for care of a patient. Typically it should include relevant clinical findings, decisions made, actions agreed, names of those involved in decisions and agreement; information provided to the patient and the name of the person creating the record.

Rehabilitation is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.

Referral Transferring of responsibility for care to a third party for a particular purpose, such as additional investigation, care or treatment that is outside the chiropractor's competence.

Registered healthcare professional A person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 applies.

Self-management support When health professionals, teams and services work in ways that ensure that individuals with long term conditions have the knowledge, skills, confidence and support they need to manage their condition(s) effectively in the context of their everyday life.

Should Indicates the expectation of the GCC as to what will be included in order to meet the overriding duty of a Standard. 'Should' is also used where the duty or principle will not apply in all situations or circumstances, or where factors outside the provider's control affect whether or how it can meet the expectations.

Signpost Actively direct a patient and/or carer to the most appropriate source of help. This may include identifying to the patient a more suitably qualified health or care professional (e.g. if their requirement is beyond the scope of practice of the chiropractor), or to resources such as Web and app-based portals that can provide authoritative information or support self-help or self-management.

Student fitness to practise During their training to become a chiropractor, all students enrolled on a chiropractic programme need to demonstrate that both their personal and professional conduct is of the high standards expected. Student fitness to practise is used in the Standards to refer to the GCC's Code, policies, procedures and published guidance that relate to the assurance of fitness to practise of students. The GCC's **Professionalism in Action: A Guide for Chiropractic Students on Being Fit to Practise** explains how this relates to learners undertaking a recognised chiropractic programme.

Working diagnosis A working decision kept under review.

References

Citations relate to the following references, or their newer updates:

1. General Chiropractic Council. The Code. Standards of performance, conduct and ethics. 2016.
2. Skills for Health, Health Education England and Skills for Care. Person-centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support. 2017.
3. Sackett DL, Straus ES, Richardson WS, Haynes RB, Evidence-Based Medicine: How to Practice and Teach EBM. 2nd ed. Churchill Livingstone; 2000.

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