

# **GCC Education Standards**

**Consultation draft**

**July 2022**

# 1. 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 review of Education Standards

In 2021 the GCC reviewed its existing Education Standards, published in 2017, to determine whether they remained fit for purpose or if changes were required. The Education Standards Review Steering Group, set up by the GCC, led the scoping review and mapped to standards, practice and quality assurance frameworks from other healthcare and higher education regulators, alongside professional and chartered bodies.

Focus groups were held with key stakeholders, including patients, to seek feedback on the Standards and their expectations of what a newly qualified chiropractor should be able to do.

While the review concluded that the current Education Standards were broadly fit for purpose in meeting the requirements of the GCC Code, a full review of the Education Standards should take place in 2022 to ensure they:

- take into account developments within the profession, increase focus on multi-disciplinary learning and different professions working more closely together, ensuring that graduates are well placed to meet the opportunities to care for patients in different contexts
- provide a realistic and comprehensive set of outcomes to be met by graduates on recognised programmes, demonstrating an ability to practise in accordance with the GCC Code
- remain consistent, as appropriate, with the outcomes set by other UK healthcare frameworks and standards.

## 2. 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 approval 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 students 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. This permits compliance with each Standard to be demonstrated through the broad learning outcomes of the programme.

### **Key themes embedded through the Education Standards**

The Education Standards have patients and their safety at their heart with the inclusion of a domain addressing the care of patients.

Placing patients at the centre of their care is also one of three themes embedded throughout the Standards.

The second theme promotes principles of Equality, Diversity and Inclusion. The services provided to patients must be fair and accessible to everyone. Patients must receive the best care, irrespective of any protected characteristics or backgrounds, including age, sex, race, disability, religion, marriage or civil partnership status, pregnancy, gender reassignment or sexual orientation. We want to see an environment which recognises, respects and celebrates differences, empowers a culture of creativity and innovation, and one where everyone feels welcomed and valued.

The third theme emphasises the integration of critically appraised evidence into practice, ensuring that new chiropractors have the proper knowledge and skills to independently appraise and use evidence to support their professional practice.

Patients must experience care provided by a professional that places their care at the centre of their practice and is respectful of their differences while delivering high-quality, evidence-based modern care.

## **Expectations section in the Education Standards**

We have created expectations to accompany each Standard. These signal what the GCC believes should be included for each Standard to be met. The expectations indicate to providers how they may demonstrate that they have met each Standard. We use 'Should' when explaining how the overriding duty will be met. '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.

Evidence provided will be evaluated during recognition and quality assurance processes and does not automatically confer compliance with a Standard.

In Section One, the expectations are articulated as the content of learning that should be included within the programme in relation to each Standard. We do not expect providers to specify a programme's learning outcomes to this level of detail. Still, they should be able to either demonstrate that the programme includes this content of learning or set out why it varies.

In Section Two, the expectations are articulated as an explanation of the purpose and focus of the Standards and the required characteristics of the provider, the programme and how it is delivered.

## **Education Standards and The Code**

Learning outcomes reflect the [GCC's Code](#)<sup>1</sup>, 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.

## **3. Recognition and Quality Assurance**

By law, the GCC must ensure that graduates from a recognised chiropractic degree programme are fit to practise and can register as chiropractors.

Recognition of a programme shows that the requirements of the Education Standards are met. Once approved, the GCC carries out quality assurance checks of the providers delivering chiropractic degree programmes to ensure a programme is, and remains, fit to deliver the qualification awarded at the end of the degree.

Details on the quality assurance arrangements and recognition process are provided in the GCC Quality Assurance Handbook.

### **The basis of GCC programme approval**

While the scope of chiropractic is not set out in legislation, the World Federation of Chiropractic defines chiropractic as '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 function of the nervous system and

general health. There is an emphasis on manual treatments including, spinal adjustment and other joint and soft-tissue manipulation<sup>2</sup>.

For many years there have been calls for greater clarity about what chiropractic is, what chiropractors do and how they contribute to the health and wellbeing of patients and how they interact with other healthcare professionals.

The typical chiropractic patient seeks care for a musculoskeletal problem, most commonly low back pain and neck pain<sup>3,4</sup>. Although there is some variation in practice styles, most people seeking care from chiropractors will receive spinal manipulation and/or soft-tissue therapy as well as receiving advice on lifestyle and exercise.

The *Outcomes for Chiropractic Graduates (2022)*<sup>5</sup> published by the Royal College of Chiropractors on behalf of the Deans (of institutions providing GCC recognised chiropractic programmes) define the knowledge, skills and competencies expected of newly qualified chiropractors in the UK. These outcomes include manual therapies and the different manipulative, mobilisation and soft tissue techniques widely taught and practised and, importantly and extensively, also include competencies in clinical practice; patient-centred care; working within the health and care system; critically appraising scientific and clinical evidence to inform their practice, underpinned by communication tailored to the patient's individual needs.

The GCC aims to develop and regulate the chiropractic profession and protect the health and safety of the public by, among other things, setting standards. These Education Standards are those we expect providers of undergraduate programmes to meet. Provision is made for some flexibility and a plurality of means of delivery, as appropriate. An overly prescriptive set of requirements established by the regulator incentivising uniformity will serve neither the patients, prospective students, the institutions, nor the profession.

The Education Standards provide clarity on what the GCC expects of graduates practising in the UK and equips chiropractic students, at the point of graduation, for the demands of independent practice or employment in various roles or settings. We expect students to be taught evidence-based practice: integrating individual clinical expertise, the best available evidence from current and credible clinical research, and the values and preferences of patients. Chiropractors are important members of a patient's healthcare team, and interprofessional approaches best facilitate optimum outcomes.

We expect programmes that meet these Standards to teach ethical, professional care and produce competent healthcare professionals who can serve the needs of patients in a primary contact setting and, importantly, interact and co-operate with other healthcare professionals as a member of the wider health and social care community.

We recognise that chiropractic is practised and taught across the world and that there will be variations in chiropractic education as well as regulations regarding

chiropractic practice. However, we are clear that practices that do not meet the GCC Code, relevant clinical guidelines, and are outside the rigour of scientific evidence, are unsuitable and unacceptable.

In the same way, programmes promoting and teaching unorthodox explanatory frameworks, such as *life force*, *innate intelligence*, *vitalism* and a belief that manipulating the spine to remove restrictions or '*chiropractic subluxations*' can restore health more broadly, will not meet these Education Standards.

## **4. The Education Standards, programme content and delivery**

The Education Standards set out a framework for a curriculum. A provider designs the curriculum and must decide how their chiropractic degree programme meets the required learning outcomes set out in Section One. They must also determine how they will assess the performance of students.

In doing so, providers must ensure that a student achieves every learning outcome. They must also decide how they will meet the Standards in Section Two. The requirement here is a programme structure with a curriculum that gives students an effective learning experience within a supportive learning environment and culture.

The number of Standards in each domain varies; some have fewer than others. The number of Standards and their order within a domain or 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 quantity or detail of explanation reflects areas mapped to specific reference sources or Guidance where the requirements for a Standard are substantively changed to provide a more detailed indication of the expectation.

The GCC does not decide on core aspects of chiropractic clinical practice, for example, chiropractic manual techniques. Relevant Standards have greater breadth, with less specification of detail set out in the expectations. This acknowledges the expertise within the profession to determine what is taught and enables the provider scope for choice, allowing them to determine how their curriculum is distinctive.

It is recognised that programmes may contain optional aspects and extra outcomes of learning. However, these options and additional outcomes must not compromise the achievement of the core chiropractic learning outcomes specified by the GCC.

## 5. How the Education Standards relate to other professional standards and frameworks

The Education Standards set out principles that a programme must meet to develop the ability of new chiropractors to address regulatory requirements. There is alignment with *Outcomes for Chiropractic Graduates*<sup>5</sup>, which define the knowledge, skills and competencies that are expected of newly qualified chiropractors. The focus of *Outcomes for Chiropractic Graduates* is on the newly qualified chiropractor; the requirements of the Education Standards are of the programme and the provider.

The Education Standards map to relevant contemporary education standards of other healthcare regulators. These Education Standards are updated in line with developments in regulation and in healthcare. They ensure the comparability of education, and its outcomes for chiropractors, with those of other regulated healthcare professionals, that a chiropractor may be working alongside.

Several other professional frameworks also inform these Standards. These include alignment with the *Musculoskeletal Core Capabilities Framework for first point of contact practitioners*<sup>6</sup>, developed by Health Education England and NHS England, that includes requisite capabilities for practitioners managing musculoskeletal (MSK) conditions in primary care; the *IFOMPT Education Standards*<sup>7</sup> for programmes in Neuro-Musculoskeletal Manual Therapy management and the *World Federation of Chiropractic Rehabilitation Competency Framework*<sup>8</sup>.

Where Standards and the expectations refer to other frameworks, this will relate to the cited reference, or any subsequently updated, published version of this.

## 6. 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. Standards are followed by expectation boxes, as necessary.

# 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. Professionalism
- C. Safety and quality
- 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 approaches**<sup>9</sup> 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

*1.1. Expectation* - Recognise factors that suggest vulnerability of patients; identify signs or symptoms of abuse or neglect and be able to safeguard children, young people, adults and older people, taking appropriate action; consider vulnerability in clinical care, assess needs, support and plan care and referrals appropriately; understand the legal and ethical principles relating to vulnerable people, including those with dementia.

##### 1.2. Apply the principles of equality, diversity and inclusion to the care of patients, recognising the impact of unconscious bias on patient outcomes and the need to reduce health inequalities

*1.2. Expectation* - Understand the principles of equality, diversity and inclusion (EDI), and the relevant legislation; recognise unconscious bias; understand the concept of health inequalities, contributory factors and methods to reduce these; recognise health inequalities in chiropractic practice.

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

*1.3. Expectation* - Understand the principles of capacity, the rights of patients, Gillick competence and parental responsibility; understand key legislation relating to mental capacity; understand methods for assessing capacity and implement this with patients; understand the protocols regarding consent to treatment or care for people who may lack mental capacity (including individuals with dementia); understand the principles of lasting power of attorney.

#### 1.4. Maintain confidentiality and respect the dignity and privacy of patients

*1.4. Expectation* - Understand key legislation relating to confidentiality and data protection; understand and fulfil their responsibilities as a healthcare provider with respect to maintaining confidentiality in relation to, the dignity and privacy of patients (including understanding of when confidentiality may be broken); understand the role of chaperones and advocates in healthcare.

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

*1.5. Expectation* - Understand their legal and ethical obligations; be aware of relevant case law; understand when the consent of patients is needed and what forms this should take; understand the evidence relating to the quality of informed consent (including the use of aids), and its impact on the care of patients; critically implement effective procedures to gain good quality informed consent from patients; record the consent given by patients appropriately.

#### 1.6. Compose clear and attributable patient records

*1.6. Expectation* - Understand the role and importance of clinical record keeping; follow recognised good practice to document all interactions with patients accurately, fully and clearly; ensure that records pertaining to patients are attributable.

### **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

*2.1. Expectation* - Demonstrate the underpinning skills of communication, including verbal and non-verbal methods; understand how the consequences and characteristics of these can be affected by patient factors (eg. age, sex, culture, ethnicity, socioeconomic status and spiritual or religious beliefs); demonstrate the ability to listen effectively; demonstrate the ability to select from and move between different communication methods.

- 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

*2.2. Expectation* - Use non-technical language, avoiding jargon, when communicating with patients about their health and care; communicate clearly, sensitively and effectively in situations that may be challenging for the patient (which may include when breaking bad news); evaluate the communication ability of patients; provide explanation, advice and support that matches patients' level of understanding and needs, making reasonable adjustments to facilitate patients' understanding if necessary; recognise the role of interpreters, advocates, carers or family and know how to involve these to support communication, if necessary; know how to meet the needs of people who lack the capacity to reach or communicate a decision on their care.

- 2.3. Use communication as an approach to enhance the care of patients

*2.3. Expectation* - Demonstrate understanding of the effect of language on outcomes for patients; select language that enhances care; recognise the need to provide patients, or people acting on their behalf, with the information necessary to enable them to make shared decisions; support the use of accessible information eg. signposting; use telecommunications/digital methods to convey information, engaging with these appropriately (including carrying out remote consultations).

### **3. Provide care based upon the principles of person-centred approaches**

- 3.1. Engage effectively with patients through individualised conversations and interactions

*3.1. Expectation* - Understand the importance and concept of a safe, supportive environment for interactions with patients; demonstrate empathy and compassion; sensitively introduce subjects that the person might find challenging; identify and understand the biopsychosocial impact of persistent pain and disability on individuals; identify what is important to the patient; engage in conversations about fitness for work with patients, including assessing the biopsychosocial factors supporting their functional capacity.

- 3.2. Enable and support patients in their care, health and wellbeing

*3.2. Expectation* - Assess and promote the health literacy and activation level of patients (their knowledge, skills and confidence around their health, care and wellbeing); understand the chronic care model; understand the concept of, and implement individualised co-production in the care of patients; understand the role of supportive self-management; understand and implement shared decision-making; implement evidence-based practice, taking into account the needs, preferences and choice of patients.

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

3.3. *Expectation* - Be aware of the evidence for the impact of comorbidities, and psychological and social factors on the ability of patients to engage with care and on outcomes for musculoskeletal conditions; recognise biopsychosocial complexity and identify contributory factors; individually co-produce, with patients, appropriate care plans that take these factors into account and that minimise the burden of care; collaborate appropriately with other healthcare professionals, as well as with patients, carers and families; adapt practice to meet the needs of patients with disabilities or impairments, including those with learning disabilities, dementia and other cognitive impairments.

#### **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

#### **Further information**

For further details on core communication and relationship building skills, see Person-Centred Approaches (Skills for Health and Health Education England 2017)<sup>9</sup>

For further details on recommended basic dementia training standards for healthcare professionals who may encounter individuals with dementia, see tier 2 of Dementia Training Standards Framework (Skills for Health, Health Education England and Skills for Care 2018)<sup>10</sup>

For guidance on compliance with the General Data Protection Regulation, see Guide to the General Data Protection Regulation (GDPR) (Information Commissioner's Office 2018)<sup>11</sup>

For clinical guideline recommendations around shared decision-making, see Shared Decision Making (National Institute for Health and Care Excellence 2021)<sup>12</sup>

## Domain B: 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

#### **4. 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**

*4. Expectation* - Understand the UK-wide regulation of the profession as one of a number of statutorily regulated healthcare professions; understand the impact of healthcare regulation on the protection of patients and the public; recognise the impact of statutory regulation on the profession of chiropractic, compared to those countries where there is no voluntary or state registration and understand the effect of UK legislation on the profession; understand the structure of the chiropractic profession in the UK and the purpose of representative bodies (including professional associations, colleges, societies and patients' associations); be aware of the interaction between UK and international chiropractic organisations.

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

*5. Explanation* - Recognise, understand and describe current legislation relevant to the practice of chiropractic (the GCC describes this legislation with links on its website); understand and describe the principles of The Code, duties imposed by law and the importance of legal compliance for professionals; understand the general role of guidance; understand and describe current regulatory/joint-regulatory guidance published by the GCC ([www.gcc-uk.org/guidance](http://www.gcc-uk.org/guidance)); recognise and understand other authoritative sources of guidance for healthcare professionals.

## 6. Demonstrate professional accountability, insight and behaviour

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

*6.1. Expectation* - Understand the concept of professionalism; discuss ethical decision-making; critically evaluate and recommend solutions to ethical dilemmas relevant to chiropractic; maintain high ethical standards of professional behaviour overall as well as carrying out high standards of chiropractic practice; understand the importance of referrals to other healthcare professionals; recognise the importance of honest and factual accuracy in the advertising of chiropractic services; fulfil the duty of candour; understand the importance of taking appropriate action if believing it to be unsafe to practise due to one's own physical and mental health and wellbeing.

### 6.2. Demonstrate professional insight into their own behaviour and performance

*6.2. Expectation* - Recognise the potential impact of their attitudes, values, beliefs, perceptions and personal biases (which may be unconscious) on individuals and groups, identifying strategies to address this; recognise the limits of one's own knowledge, skills and experience and the importance of working within this; recognise when a condition exceeds one's capacity to deal with it safely and effectively.

### 6.3. Maintain appropriate professional relationships

*6.3. Expectation* - Recognise and understand the nature of professional boundaries; take into consideration vulnerable people; maintain professional behaviour in challenging situations, including in situations of personal incompatibility; recognise situations that may lead to dissatisfaction or complaint; manage complaints appropriately.

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

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

*7.1. Expectation* - Describe the epistemology and ontology of research in healthcare; describe the basic scientific method; describe research methods (including audit, quantitative and qualitative studies) that inform understanding of the mechanisms of effect of interventions, clinical efficacy and effectiveness, condition prevalence and epidemiology, diagnosis, selection of patient outcome measures, prognostic factors, quantification of risks of care and establishing associations between interventions and adverse events, patient and/or carer perspectives and experiences and evaluation of the quality of care; describe methods of secondary research including systematic reviews, meta-analyses and clinical guideline development; recognise the inherent strengths and limitations of each research method.

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

*7.2. Expectation* - Evaluate the risk of bias and limitations in individual studies, using validated tools to appraise these; apply systematic approaches to finding, and evaluating quality across, a body of evidence; describe the process of clinical guideline development; identify factors that limit the interpretation of findings and their application to practice (including the impact of sample size and the concepts of effect size, minimal important difference and the generalisability of findings).

## 7.3. Integrate critically appraised evidence into professional practice

*7.3. Expectation* - Demonstrate the use of tools and systems to search for and access evidence; use critically appraised evidence to address problems and issues arising in practice; implement established methods for ensuring that practice is consistent with the current best quality clinical evidence and guidance; maintain ethical standards in the application of research findings to practice (including accurate representation of evidence supporting claims made for care approaches); explain the role of evidence simply and clearly to patients; explain clearly to patients where evidence is limited or does not exist and the implications of this for their care; communicate the relevance of research findings and best practice to peers; understand the role of communication of research findings to peers and organisations to enhance outcomes for, and the experience of patients.

## 7.4. Engages appropriately with research

*7.4. Expectation* - Understand the principles of ethical approval for research involving human participants; describe ethical and governance issues in conducting research or recruiting patients as research participants (for example, engaging with practice-based research and data collection networks); understand issues surrounding the dissemination of research findings (concept of authorship and intellectual property, processes for peer review publication); have awareness of research career pathways and be able to identify their own knowledge and skills needs, as appropriate; demonstrate awareness of research networking and collaboration.

## **8. 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**

*8. Expectation* - Engage in reflective practice on their knowledge, skills and behaviours to inform identification and prioritisation of learning needs; demonstrate ability to plan, organise, record and evaluate their own continuing learning and professional development; recognise the importance of this to fulfilment of professional, regulatory and employment requirements; recognise the importance of continually updating knowledge and skills, incorporating emergent evidence and best practice, throughout their professional life.

## **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

### **Further information**

For further information on the current legislation relevant to the practice of chiropractic, see the GCC website <https://www.gcc-uk.org/about-us/what-we-do/legislation>

For further information about regulatory and joint regulatory guidance, see the GCC website <https://www.gcc-uk.org/i-am-a-chiropractor/guidance/toolkits-and-guidance>

For further details on recommended entry level ('awareness' level) research competencies, to support evidence-informed practice, see the Council for Allied Health Professions in Research (CAHPR) Research Practitioner Framework (Harris et al, 2019)<sup>13</sup>.

For further explanation about the definition and principles of Evidence-based medicine, including the critical appraisal of evidence, see Evidence-based Medicine: How to Practice and Teach EBM (Sackett et al, 2000)<sup>14</sup>



## Domain C: Safety and Quality

The GCC requires professionals to put patients' health interests first and provide a good standard of clinical care and practice<sup>1</sup>. These Standards ensure that new chiropractors understand and implement the following principles, which underpin the management of safety and quality.

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 protects patients. New chiropractors must be able to implement methods for continuous improvement in their care of patients including when working in a team setting.

### STANDARDS

#### 9. Recognise the importance of promoting accessible healthcare for all

*9. Expectation* - Understand the concept of health inequality and the importance of acting to reduce this; identify inequalities in musculoskeletal health and care and measures that may reduce these; understand considerations of equality, diversity and inclusion in healthcare provision; understand the impact of aspects of the physical environment of healthcare facilities, including accessibility, experience for users and role in therapeutic outcomes (eg. dementia-friendly principles).

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

##### 10.1. Maintain safe healthcare environments

*10.1. Expectation* - Understand their duty as a healthcare professional to take appropriate action to ensure the safety of patients; demonstrate understanding of the evidence base that underpins the safety of patients in healthcare; understand and apply the principles of risk assessment and risk management; address identified health and safety concerns, raising or escalating concerns to colleagues, where appropriate, including when providing treatment and advice remotely; apply appropriate infection control measures.

## 10.2. Engage with systems and procedures to promote the safety of patients

*10.2. Expectation* - Describe and proactively engage with clinical governance and monitoring systems to assure safety; engage with relevant safety incident reporting systems, reviewing data and safety issues identified within these; be aware of the role of healthcare practitioners in contributing to the development and improvement of safety systems, to enhance the future protection of patients.

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

*10.3. Expectation* - Take appropriate action in an emergency, including the provision of appropriate first aid, clinical leadership and referral or signposting of patients to ensure their safe and timely care; recognise and effectively manage adverse situations, including adverse events reported following care, other forms of safety incident occurring, or having the potential to have occurred in practice, and safety-related complaints raised by patients, colleagues or workforce; recognise, share and report errors, fulfilling the Duty of Candour and raising or escalating concerns if there is reason to believe that patients or the public are at risk; learn from their own and others' errors to prevent future harms.

# 11. Promote and maintain quality in practice and service delivery

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

*11.1. Expectation* - Understand the concept of quality of care and its component parts; understand the value of involving patients in the evaluation and improvement of their own practice; understand and use appropriate clinical governance methods to enhance practice; implement metrics of quality of their own practice, including systematically gathering and analysing relevant data, conducting clinical audit and practice evaluation; make use of standardised measures, including reliable and valid PROMs and PREMs, to evaluate quality; identify areas for improvement, implement quality enhancement measures and re-evaluate.

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

*11.2. Expectation* - Demonstrate awareness of the principles and importance of person-centred design and co-production of healthcare services (including in chiropractic or multi-professional settings) and of patient and/or carer input to quality improvement initiatives; understand the need to critique/evaluate practice, in order to identify areas for improvement, and the role of research (including audit) in this process; describe and engage with relevant clinical governance and monitoring systems to assure the quality of wider team practice, reviewing data and/or quality issues identified within these and implementing quality enhancement measures; understand the need to contribute to development and improvement of systems, to enhance future delivery and quality of care, and address health inequalities.

## **The Standards and The Code**

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

### **Further information**

For further information on education in proactive patient safety, see the National Patient Safety Syllabus 2.0 of the Academy of Medical Royal Colleges (2021)

For details and access to the Chiropractic Patient Incident Reporting and Learning System (CPiRLs), see [CPiRLS | The Royal College of Chiropractors \(rcc-uk.org\)](https://www.rcc-uk.org/cpirls)<sup>15</sup>

## 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 care in different ways 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 conditions that present to chiropractors and the nature and impact of physical, psychological and social determinants of health

*12.1. Expectation* - Understand the relevance of characteristics of patients (for example, age, sex, ethnicity, occupation, lifestyle factors, health perceptions and public health perceptions) and the nature of their complaints (for example, incidence, prevalence, chronicity, severity) to their health and health status, the natural history of the condition and their prognosis; describe the aetiology, pathology, symptomatology, natural history and prognosis of neuromusculoskeletal conditions, pain syndromes and other potential co-morbidities; recognise biopsychosocial determinants of health – these may be directly associated with the above elements or present in their own right; understand the concept of disability and of the principles of rehabilitation.

- 12.2. Distinguish between normal and abnormal structure and functioning of the human body

*12.2. Expectation* - Demonstrate understanding of the basic human sciences: anatomy, physiology, biomechanics, biochemistry, neurology and pathology.

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

*12.3. Expectation* - Listen sensitively to the patient's accounts of their symptoms and health history; elicit and assess information; gather information about the patient's reason(s) for seeking care that captures their individual experience of this and its impact upon them (including, for example, impairment of function, limitation of activities, psychological effects and effects on social function and life participation, including work); ask questions, informed by the evidence-base, that purposefully explore the patient's perceptions or beliefs about their condition, as well as other biopsychosocial factors that may impact upon their prognosis for recovery; identify with patients what outcomes of care are important to them; ask questions, informed by the evidence-base, that purposefully screen patients for indicators of serious underlying pathology, for non-MSK conditions masquerading as MSK conditions and for factors that may indicate raised risk for adverse events following any form of intervention under consideration; ask questions, informed by the evidence base, that purposefully explore biopsychosocial determinants of health, to enable evaluation of their health status, their burden of disease, any modifiable risk factors for poor health and to provide understanding of other health or care professionals that may be involved in their care; accurately record the information gathered.

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

*12.4. Expectation* - Assess vital signs of patients; critically select and apply appropriate outcome measures (including generic and condition-specific PROMs) and risk stratification tools; conduct observational and functional assessments relevant to the patient's presenting condition; critically select and effectively apply a range of appropriate neuromusculoskeletal physical assessment techniques (informed, for example, by understanding of their established validity, reliability, specificity and sensitivity and limitations in these); identify and synthesise significant findings within an assessment, including making use of appropriate clinical prediction rules; accurately record the information gathered through assessments.

### 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

*12.5. Expectation* - Understand the principles of, indicators for, and evidence supporting the use of investigations such as radiographic imaging, CT scans, MRI scans, diagnostic ultrasound, and other laboratory investigations; ensure that diagnostic investigations accord with relevant clinical and/or other authoritative national guidelines; when making referrals for, or recommending diagnostic investigations, communicate clearly the rationale and justification for these; understand the legislative duties of a referrer, specified by IRMER, with respect to ionising radiation; interpret reports of the results of investigations conducted or requested; maintain accurate records relating to diagnostic investigations.

### **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

*13.1. Expectation* - Describe models of reflection; understand the importance of habitually reflecting on good and poor practice in order to develop responsible and ethical decision-making and action.

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

*13.2. Expectation* - Understand the principles of reasoning and decision-making; recognise problems and apply a logical and systematic approach to problem-solving, incorporate critically appraised evidence into decisions; apply the principles of ethical decision-making.

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

*13.3. Expectation* - Understand the principles of the evidence-based practice model to answer a specific clinical question; identify and construct an answerable clinical question; find and identify the best available evidence to answer the question; recognise and incorporate relevant factors that are specific to the patient and the clinician to reach an individualised clinical decision.

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

*13.4. Expectation* - Understand the nature of the complexity of patients' health needs and its impact on clinical reasoning and care decisions; recognise that uncertainty may exist in clinical decisions (including relating to diagnosis and prognosis and likely effects of care); reflect upon and identify strategies to approach these situations (including collaboration with patients and other healthcare professionals, communication of uncertainty and flexible, adaptive care proposals).

- 13.5. Identify, analyse and interpret potentially significant information obtained during a clinical encounter, to reach an appropriate working diagnosis for a patient's condition and formulate an individualised care plan

*13.5. Expectation* - Recognise the presence of relevant factors or needs of individual patients, and of relevant condition-specific factors; critically assess the importance and meaning of presenting features from the case history, assessment and any diagnostic interventions; synthesise information from different sources, which may be complex, ambiguous or incomplete; apply the knowledge and skills of clinical reasoning to formulate a working diagnosis and develop a care plan, in partnership with the patient.

## **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

*14.1. Expectation* - Demonstrate underpinning knowledge of clinical sciences; identify signs and symptoms of serious musculoskeletal and non-musculoskeletal pathological conditions; demonstrate understanding of the likely course and timeline of progression of serious pathological conditions; demonstrate understanding of recommendations for the pathway and timeline for further investigations, including relevant clinical guidelines, and of their significance to the outcomes for patients.

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

*14.2. Expectation* - Understand the underpinning principles of the behavioural sciences, behaviour change theory and activation of patients; demonstrate critical understanding of the evidence base for self-management, active (versus passive) involvement in care, behaviour change approaches, barriers to engaging effectively with these and the relationships between musculoskeletal conditions and work and participation; discuss and evaluate a patient's capacity to self-manage and identify barriers, supporting and encouraging them to get the most from conversations and enabling them to make choices; apply a range of behaviour change approaches; be aware of and appropriately use digital and mobile technologies that can support self-management, taking into consideration associated health inequalities; support and encourage patients to manage their symptoms and to optimise their physical activity, mobility, fulfilment of personal health goals and independence; identify psychosocial risk factors for the persistence and impact of musculoskeletal conditions and, conversely, help patients manage the psychosocial implications of their condition; advise on, signpost and refer patients appropriately for psychological therapies, counselling or social support services; advise on the links between prolonged musculoskeletal symptoms and reduced mental wellbeing and refer individuals to sources of mental health support, when in their best interests.

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

*14.3. Expectation* - Critically understand the evidence base for the likely mechanisms of effect and the clinical effectiveness of different manual therapy approaches to condition management; demonstrate the appropriate psychomotor skills to proficiently deliver a wide variety of manual therapy approaches. This should include a range of manipulation techniques (including chiropractic spinal manipulation and extremity manipulative techniques), mobilisation and soft-tissue approaches; develop an evidence-based rationale for the use, selection and intended outcomes of manual approaches to care for individual patients. Implement safe, effective and appropriate manual approaches to condition management.

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

*14.4. Expectation* - Explain the underpinning principles of disability; critically understand the role and evidence base for effectiveness of exercise and other common rehabilitative interventions for musculoskeletal conditions; provide advice on restoring function; prescribe personal rehabilitation programmes to help patients enhance, restore and maintain their mobility, function and independence; utilise appropriate methods to promote adherence, as necessary; recognise the need for, and provide, additional support to patients as needed (for example, those living with disability, mental health issues, multimorbidity or frailty), recognising that their rate of recovery or increased independence may be slower than for others; work in partnership with patients and/or their carers to explore suitability of rehabilitation interventions, including social prescribing where appropriate; refer patients to specialist rehabilitation practitioners (eg. occupational therapists) where this is appropriate; engage appropriately with the provision of occupational health advice, including making recommendations to employers regarding patients' fitness to work.



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

*14.5. Expectation* - Demonstrate understanding of underpinning pain science; understand the role of and evidence for the effectiveness of pain education, pain management and other advice in the management of musculoskeletal and other pain conditions; deliver appropriate pain education approaches; advise on pharmacological and non-pharmacological aspects of acute and chronic pain management, as well as other relevant management advice; signpost or refer patients to supporting resources (including digital and mobile tools), for pharmacological prescribing or specialist pain management services, as needed, and taking into consideration scope of practice, local service availability and associated health inequalities.

- 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

*14.6. Expectation* - Demonstrate understanding of the underpinning principles of pharmacology; demonstrate awareness of commonly prescribed medications; understand the role of common medications used in managing musculoskeletal conditions and in the management of people with persistent pain, informed by the evidence-base and relevant clinical guidelines; recognise side effects of medications for musculoskeletal and non-musculoskeletal conditions that are relevant to chiropractic practice (including where these may masquerade as musculoskeletal symptoms, or that may raise the risk for adverse events following interventions); understand the role of injection therapy, informed by the evidence base and relevant clinical guidelines, in musculoskeletal and pain management practice; understand the role of common surgical interventions, informed by the evidence base and relevant clinical guidelines, used in musculoskeletal and pain management practice; impartially address individuals' beliefs and concerns regarding pharmacotherapy, injection therapy and surgical interventions for musculoskeletal conditions, providing information and signposting or referring patients as necessary.

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

*14.7. Expectation* - Ensure that all relevant options for care are explained, including the option of doing nothing; advise on and agree a plan of care with the patient that takes account of their needs, goals and wishes; instigate a care plan for common presenting conditions, and their symptoms, that is in accordance with relevant evidence or guidelines and that addresses outcomes that are important to the patient (instigating the care plan may be through referral to others with specific relevant capabilities and should take into account the local availability of pathways and services); understand the role of, and implement appropriate outcome measures to monitor patients' response to care (including generic, condition-specific, pain, function/disability outcome measures); review care regularly to ensure that the needs, goals and wishes of patients continue to be met; demonstrate flexibility in planning and reviewing care, adapting to the complex needs of patients.

14.8. Identify circumstances when it is appropriate to cease care, implementing appropriately

*14.8. Expectation* - Critically review and recognise when it is appropriate to cease care; identify when care has been successful and discharge the patient with appropriate advice; understand the concept of reasonable length of care; recognise situations where, upon review, it is in the patient's best interests to cease care or refer to another healthcare professional (including where care has ceased to be effective or where patients are able to effectively self-manage their condition); recognise that the stopping of care may be requested by the patient; implement care refusal, cessation, discharge, referral and provide information or advice to support the patient appropriately.

**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

*15.1. Expectation* – Demonstrate understanding of the impact of social, economic, environmental and modifiable lifestyle factors on outcomes for individuals in managing musculoskeletal conditions and on their support network; critically appraise these factors during clinical encounters; use clinical encounters to promote the importance relevant modifiable lifestyle factors (for example, physical activity, work participation, diet, nutrition and obesity, social networks and communities, smoking and alcohol consumption habits) for individuals with musculoskeletal conditions and their support network; advise, signpost or refer individuals appropriately for support in relation to these factors, taking into account scope of practice, relevant digital and mobile resources and the availability of local services.

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

*15.2. Expectation* - Demonstrate understanding of the impact of social, economic, environmental and modifiable lifestyle factors on preventable disease and the health and wellbeing of individuals, communities and populations; critically appraise these factors during clinical encounters; use clinical encounters to promote the importance of physical activity, work participation, diet, nutrition and obesity, social networks and communities, smoking and alcohol consumption habits for the prevention of disease and optimisation of health and wellbeing; advise, signpost or refer individuals appropriately for support in relation to these factors, taking into account their preferences, scope of practice, digital and mobile resources (including wearables, mobile phones and apps or platforms) and the availability of local services.

### 15.3. Engage appropriately with population health initiatives to enhance health and wellbeing

*15.3. Expectation* - Demonstrate understanding of the underpinning principles of population health, health inequality and sustainable healthcare; demonstrate awareness of their wider role, as a healthcare professional in supporting population health and wellbeing; demonstrate awareness and appropriate understanding of relevant population health initiatives; engage in balanced conversations and support health literacy regarding population health issues by providing or signposting individuals to authoritative sources of information, taking into consideration scope of practice.

#### **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.

#### **Further information**

For details of legislative duties as a referrer, see the Ionising Radiation (Medical Exposure) Regulations (2017)<sup>16</sup>

For further information about the clinical competencies required of a new chiropractor, see Outcomes for chiropractic graduates (2022)<sup>5</sup>, developed by the Forum of Chiropractic Deans, with the Royal College of Chiropractors, and the Musculoskeletal core capabilities framework (2018)<sup>6</sup>

Definitions and explanation of the concepts of functioning, disability and rehabilitation, and of means of measuring functioning, are available from the World Health Organization (WHO)<sup>17-19</sup>

For further details of required musculoskeletal rehabilitation competencies for chiropractors, see the World Federation of Chiropractic's Global chiropractic rehabilitation competency framework (2019)<sup>8</sup> and the Musculoskeletal core capabilities framework (2018)<sup>6</sup>

For further information about behaviour change and prevention and health promotion interventions for healthcare professionals, see Health Education England's Making every contact count<sup>20</sup>

## 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

*16.1. Expectation* – Demonstrate understanding of the role and impact of collaboration between healthcare professionals in optimising the care of patients; demonstrate respect for and understanding of the shared competencies and the unique skills, attributes and expertise of other healthcare professionals; demonstrate understanding of care pathways for common musculoskeletal and pain conditions and that these may vary locally; critically appraise indicators that collaborative care is in the patient's best interest, including the need to make referrals for investigations or specialist care and in the co-management of complex cases, including multimorbidity and when safeguarding patients.

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

*16.2. Expectation* - Demonstrate understanding of the need to build and maintain professional relationships; communicate with colleagues in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate individuals' care; use appropriate terminology, content of information and format to make effective referrals of patients and follow-up communications to other healthcare professionals; use appropriate terminology, content of information and format to produce effective written reports as may be required by private medical insurers or for medicolegal purposes.

## **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

*17.1. Expectation* - Demonstrate understanding of the underpinning theories of team working, including different roles, team dynamics and the principles of learning and development within teams; demonstrate ability to work effectively in teams, to develop and maintain appropriate interpersonal relationships and to identify the impact of their behaviour on others.

### 17.2. Understand the concept of leadership and its application to practice

*17.2. Expectation* - Demonstrate understanding of the underpinning theoretical models of leadership and management that may be applied to practice; understand the role of leadership within healthcare practice; demonstrate ability to accept and support leadership by others.

## **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

*18.1. Expectation* - Recognise the need to respect and draw on colleagues' knowledge and expertise within a multi-professional team, to serve patients' best interests; demonstrate the ability to articulate and promote their own professional practice, when working within a multi-professional team; demonstrate awareness of the underpinning principles of multi-professional service delivery (including the prioritisation of care, resourcing, accessibility to patients and/or their carers, the role of triage and of quality assurance); recognise the importance of integration of care within multi-professional services and be aware of methods for implementing and assuring this; recognise the importance of meeting the responsibilities of delivering care within multi-professional teams (including the collection of monitoring data such as patient feedback, adhering to quality assurance processes, and engaging with review of own performance).

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

*18.2. Expectation* - Recognise the importance of involving patients in the design, monitoring, evaluation and enhancement of a healthcare service; understand that within a multi-professional service, the integration of care is an important consideration for design, monitoring, evaluation and enhancement; recognise the importance of participating as a healthcare professional in review and evaluation, for the purpose of identifying areas for improvement; demonstrates awareness of the roles of audit and research in the design, evaluation and enhancement of a service.

**The Standards and The Code**

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

# The Education Standards: Section 2

Standards in Section 2 specify requirements for the way in which a programme is designed, delivered, assessed and monitored, in order for the programme to be recognised. These Standards ensure that students on chiropractic degree programmes receive a high-quality education to enable their development towards becoming safe, competent and effective primary healthcare practitioners. The Standards are organised into five domains that address:

- F. The programme
- G. Resources
- H. Teaching, learning and assessment
- I. Patients
- J. Learners

The provider must demonstrate to the GCC how they meet all of the following Standards.



## 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**

*19. Expectation* - This Standard is about programme-wide promotion and application of the principles of EDI. This should be evidenced in relation to patients, the public, staff, educators and learners. Demonstration of this may include strategy or policy documentation, programme design, monitoring, evaluation and enhancement documentation or activities undertaken to positively promote and to assure the application of the principles of EDI among relevant stakeholders.

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

*20. Expectation* - This Standard is about programme-wide promotion of the value of evidence and research and assuring its use to underpin teaching, learning and the care of patients. This should include an appreciation of the value of critical appraisal to identify the best quality, current and credible evidence that may relate to education and healthcare. Demonstration of this may include strategy or policy documentation, programme design, monitoring, evaluation and enhancement documentation or demonstration of activities undertaken to positively promote understanding of the value of evidence and research among staff/educators and learners and to enhance the integration of this throughout 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**

*21. Expectation* - This Standard is about linking appropriate theory and practice, ensuring that learners can apply knowledge as a basic part of being prepared and competent to enter chiropractic practice upon graduation. Learners should have the opportunity to learn theory and understand why it is important, but also to reflect on and learn how to apply theoretical frameworks in practice. The provider should ensure that this integration is relevant, meaningful to learners and takes place at appropriate times during the programme. The provider should demonstrate how this criterion has been considered in the design of the programme and how programme evaluations reflect this. The provider should also demonstrate that the knowledge and skills covered by the programme are internally consistent with, and specific to, preparing graduates for current 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

*22.1. Expectation* - This Standard places the focus on the outcomes of clinical experiential learning, rather than the inputs in terms of numbers of patients or hours. The provider should show how the clinical experiential learning throughout the programme enables learners to achieve the relevant learning outcomes. The provider should demonstrate that learners have gained sufficient experience to prepare them for safe and competent chiropractic practice, upon graduation and how it has determined this. Learners should gain experience of providing care for a diverse range of patients, including those with protected characteristics and with varied socioeconomic backgrounds.

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

*22.2. Expectation* - This Standard recognises that the variety of possible clinical experiential learning settings raises challenges for the assurance of the safety of individuals working within or attending these. The provider should demonstrate that adequate policies and procedures are in place, are implemented, actively monitored and reviewed, in order to assure safety in clinical experiential learning settings. These will include, but are not limited to, risk assessments; risk reduction measures; learner and educator training; systems to ensure that learners do not undertake with patients (including other learners acting as patients) any procedures in which they have not been assessed as competent to perform at the particular level of supervision; systems to record and report safety incidents; and procedures for patients, learners or educators to raise concerns about safety, without recourse, including whistleblowing.

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

*23. Expectation* - This Standard reflects the importance of preparing chiropractic graduates to work with other relevant healthcare professionals for the benefit of patients, while recognising the challenges that this raises for providers. The provider should demonstrate how the programme design, and its delivery, have been planned to enable learners to achieve the relevant learning outcomes (domain 8 of the Education Standards). The provider should explain how it has made sure that its interprofessional approach is relevant and provides the most benefit possible for learners entering chiropractic practice upon graduation. The interprofessional approach should enable learners to develop their understanding of the value and roles of other healthcare professions, providing opportunities for learners to compare and contrast these with chiropractic, and develop their ability to interact professionally with others in the collaborative care of patients. This should include meaningful learning in non-chiropractic or multi-professional healthcare settings and/or the involvement of educators from other healthcare professions in the delivery of relevant programme content and/or meaningful work between students across different professions.

## **24. Promote the involvement of patients and/or their carers in the design, delivery, evaluation and development of the programme**

*24. Expectation* - This Standard is about how patients and/or their carers contribute to the overall quality and effectiveness of a programme. It makes sure that learners completing an approved programme are fit to practise and able to meet their needs. Involving patients and/or their carers could include involving individuals. It could also include working with existing groups and networks of patients and/or carers, such as working with voluntary organisations. Patients and/or their carers must be able to contribute to the programme in some way. They could be involved and able to contribute in some or all of the following: admissions and selection, developing teaching approaches and materials, planning and developing the programme, teaching and learning activities, feedback and assessment, quality assurance, monitoring and evaluation. The provider should promote the principles of equality, diversity and inclusion in its involvement of patients and/or their carers. They should make sure that there is support available for patients and/or their carers, including payment where appropriate, so that they are able to be involved. There should be demonstrable processes in place to plan, monitor and evaluate the involvement of patients and/or their carers. Both the provider and patients should be able to explain where and how involvement takes place, how this is appropriate to the programme and how it has, or will, contribute to governing and continuously improving the programme. The involvement of patients and/or their carers must be used in a meaningful way for the design, delivery, evaluation and development of the programme. Providers should make sure that patients and carers are made aware of any actions that are taken as a result of their involvement.

## **25. Promote the involvement of external stakeholders in the design, delivery, evaluation and development of the programme**

*25. Expectation* - This Standard is about how external stakeholders are involved and contribute to the overall quality and effectiveness of the programme. The provider should demonstrate how they have considered and identified their relevant external stakeholders. This should be informed by their local setting and may include employers, health service providers and/or commissioners and any other service users (in addition to patients and/or their carers), for example groups, organisations, or clients. Identified external stakeholders must be able to contribute to the programme in some way. They could be involved and able to contribute in some or all of the following: admissions and selection, developing teaching approaches and materials, planning and developing the programme, teaching and learning activities, feedback and assessment, quality assurance, monitoring and evaluation. The provider should promote the principles of equality, diversity and inclusion in its involvement of external stakeholders. They should make sure that there is support available for them, including payment where appropriate, so that they are able to be involved. There should be demonstrable processes in place to plan, monitor and evaluate the involvement of external stakeholders. Both the provider and external stakeholders should be able to explain where and how involvement takes place, how this is appropriate to the programme and how it has, or will, contribute to governing and continuously improving the programme. The involvement of external stakeholders must be used in a meaningful way for the design, delivery, evaluation and development of the programme. Providers should make sure that external stakeholders are made aware of any actions that are taken as a result of their involvement.

## **26. Involve learners in the design, evaluation and development of the programme**

*26. Expectation* - This Standard is about how the experience of learners is central to the quality and effectiveness of the programme. Involving learners could include involving each individual, or it could include working with groups of learners or representatives. It could be focused on modules, programmes, groups of programmes or themes. Learners could be involved in some or all of the following: design, delivery and review. This could be done through various activities that include feedback through surveys, providing data that should be systematically evaluated; partnership working between learners and educators; staff and learner liaison committees and learners being represented on committees and working groups. The provider should promote the principles of equality, diversity and inclusion in its involvement of learners. There should be processes in place to ask for, allow and encourage learners to be involved. Learners should be asked regularly for their input, not only when issues arise. There should be demonstrable processes in place to plan, monitor and rigorously evaluate learner involvement. Providers should be able to show how involving learners has contributed to the quality, effectiveness and continuous improvement of the programme. The involvement of learners should be used in a meaningful way for the design, evaluation and development of the programme. Providers should make sure that learners are aware of any actions taken as a result of their involvement.

## **27. Involve educators in the design, monitoring, evaluation and development of the programme**

*27. Expectation* - This Standard is about how educators are involved and contribute to the overall quality and effectiveness of the programme. Providers should demonstrate how they have involved educators in the design, monitoring, evaluation and development of the programme and how their involvement has contributed. The provider should promote the principles of equality, diversity and inclusion in its involvement educators. The involvement of educators should be sought regularly, not just when issues arise. There should be demonstrable processes in place to plan, monitor and evaluate the involvement of educators. Providers should make sure that educators are aware of any actions taken as a result of their involvement.

## **28. Ensure the provider has a management structure and up-to-date policies and procedures**

*28. Expectation* - This Standard is about ensuring that the provider has a robust governance framework for the programme. The provider should show that there are clear lines of accountability and responsibility within its management structure and that effective mechanisms are in place that encourage and promote the involvement of staff and students. In addition to policies and procedures relevant to the care of patients, the care of learners and student fitness to practise; policies and procedures in relation to legal compliance must also be comprehensive and effective, including in relation to data protection; safeguarding vulnerable adults and children, and health and safety. Working practices must demonstrate compliance with the principles of equality, diversity and inclusion.

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

*29. Expectation* - This Standard is about the processes for collecting and analysing metrics of how the programme is performing, conducting a review of the programme, and identifying areas for enhancement. The provider should show that the programme is appropriately actively monitored (including performance against all of the education standards relating to the programme), evaluated and reviewed. The promotion of equality, diversity and inclusion must be central to the monitoring and evaluation of the programme. The review should be undertaken holistically, so as to ensure that all staff understand how the degree programme is designed to work as an integrated whole.

## **30. Embrace innovation and advances in education, healthcare practice and science**

*30. Expectation* - The Standard addresses how the programme takes account of and predicts developments in current healthcare education and practice, so that it remains relevant and effective in preparing graduates to enter practice. The provider should be able to show how it makes sure the curriculum stays relevant and is updated in line with developments. These may include advances in education, the profession's research base or in practice; changes in the needs and expectations of patients and/or their carers, or of other relevant stakeholders; changes in workforce development and lifelong learning; developments in professional and regulatory practice, including research and guidance; advances in technology and changes in the law.

### **31. Provide effective measures for quality-assuring the programme, demonstrating accountability for this**

*31. Expectation* - This Standard is about how the provider continuously assures the quality and outcomes of its programme, with respect to performance against the Education Standards. It also addresses the accountability of the provider for its own quality assurance and for engagement with the GCC quality assurance processes. There must be effective mechanisms in place to identify risks to the quality of the delivery of the programme and the assessment of its learning outcomes. The provider should demonstrate how it measures performance against the Education Standards, responding where risks to quality are identified, and how it continuously improves quality. The provider should also demonstrate accountability for the assurance of quality against the standards. It should engage appropriately, and as required with the GCC, when it identifies risks to the quality of its performance. The provider should also engage effectively with the GCC processes for quality assuring its recognition of programmes, providing full and accurate information in a timely manner, when required to do so. There should be a suitably qualified, identified person with overall responsibility for quality assurance and for engagement with the GCC relating to quality assurance and recognition.

#### **Further information**

For further information about equality, diversity and inclusion and about the GCCs focus on this, see the Equality Act (2010)<sup>21</sup> and the GCC's website ([www.gcc-uk.org/EDI](http://www.gcc-uk.org/EDI))



## 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.

### STANDARDS

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

*32. Expectation* - This Standard is about ensuring that the provider has the necessary finances to be able to deliver the programme in accordance with the Education Standards. The provider should show that the programme is financially viable. 'Financially viable' means that the GCC judges that there is no reason to suppose the provider is at material risk of insolvency within a period of five years from the date on which the judgement is made. The provider should show that the programme is financially sustainable and that it has the necessary financial resources to provide and fully deliver the approved programme. 'Financially sustainable' means the GCC judges that the provider's plans and protections show that it has sufficient financial resources to provide and fully deliver the programme, for a period of five years from the date on which the judgement is made. It should demonstrate that it is able to continue to comply with all of the Education Standards and conditions of approval, and that it is likely to be able to operate in accordance with these plans and projections over this period. The provider should evidence its financial viability and sustainability on the basis of demonstrable and verifiable financial sources.

#### **33. Provide effective, appropriate and accessible resources at a level that is sufficient and adequate**

*33. Expectation* – The following Standards are about ensuring that resources are available to adequately support delivery of the approved programme. Resources must be effective, appropriate and accessible to both learners and educators and take account of diverse needs. Sufficiency requires a level of resource that avoids bottlenecks and ensures that all learners have opportunities to access and use the resource. Adequacy implies a currency of resource that would be seen in chiropractic education and practice.



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

*33.1. Expectation* - This Standard addresses the academic and pre-clinical delivery of the approved programme, to ensure that Standards can be met. This includes teaching, study and practice space; equipment; IT systems and equipment; library facilities; and resources to support the development of research skills and the integration of evidence into teaching, learning and clinical practice (for example, bibliographic databases, publications, statistical software).

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

*33.2. Expectation* - This Standard addresses resourcing of the clinical learning aspects of the approved programme, to ensure that Standards can be met. The needs of learners, educators and patients must all be met. This includes the provision of practice placements, internships and simulated clinical learning, as necessary to meet the requirements of the programme. Interprofessional placements or other learning opportunities should be promoted. Contractual agreements must be in place with practice placement providers to ensure that education and training meet the standards. Clinical learning settings must meet the needs of patients, learners and educators in terms of facilities, accessibility and user experience.

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

*33.3 Expectation* - This Standard is about ensuring the adequate availability of appropriate digital and technological resources. This may include the provision of virtual/simulated clinical learning materials, software or systems used in clinical practice such as clinical records/management, patient outcomes data collection, virtual consultations and communication platforms to meet the needs of patients, relevant apps to support and promote health (eg. risk-screening, diet, exercise, and patient activation tools).

**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. Expectation* – The following Standards overall are about ensuring that numbers and the expertise of staff supports all aspects of the design and delivery of the recognised programme, in accordance with the Education Standards. Priority must also be given to ensuring that staffing provision considers and assures the safety of patients in the education setting.

### 34.1. Provide appropriately qualified and registered chiropractors in teaching and management roles

*34.1. Expectation* - This Standard is about making sure that the management and delivery of the recognised programme is sufficiently supported by chiropractors, who possess a sound understanding of the requirements of chiropractors within the regulatory context of the UK. The provider should evidence that chiropractors who are teaching and in management roles are qualified and registered. There should be a coherent rationale for the proportion of chiropractors relative to the total number of teaching staff. The institution must have on staff at least one GCC registered chiropractor in a position of academic and/or managerial authority.

### 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 competence in enabling students to learn effectively and in assessing student achievement

*34.2. Expectation* - This Standard is about making sure that the delivery of the recognised programme is sufficiently supported by educators who are qualified, gaining knowledge of and/or have recent experience (within the last five years) in education. It also addresses the requirement to ensure that educators who are involved in the summative assessment of learning outcomes demonstrate competence in assessment. This is essential since the achievement by learners of summatively assessed programme learning outcomes at an appropriate level, is requisite to the assumption that they are fit to practise, against Section 1 of the Education Standards, upon graduation. It is recognised that educators in practice placement settings may not have this level of qualification or experience, but the provider should demonstrate a sound level of oversight and assurance of the quality of education, where this is the case.

### 34.3. Apply appropriate selection criteria and induction procedures when appointing staff

*34.3. Expectation* - This Standard is about ensuring that staff are appropriately selected and inducted in a manner that supports the design and delivery of the recognised programme in accordance with the Education Standards. Selection criteria must be appropriate to the role. Selection and induction procedures should promote the best practice principles of equality, diversity and inclusion and widening participation. Induction should include training in equality, diversity and inclusion, as well as in understanding of bias and in supporting non-biased assessment. The provider should be able to demonstrate that they have these policies and procedures in place.

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

*34.4. Expectation* - This Standard is about the provider having good processes for monitoring, evaluating and enhancing the quality of the performance of staff whose roles support the design and delivery of the recognised programme. It also requires that staff be supported in their development by the provider. Staff should receive feedback through appraisals. They should have time to keep up to date with advances in knowledge and practice at a level consistent with accepted time management practice within HE institutions and should be given development opportunities (for example, being able to present at, and attend, relevant conferences and seminars; serving on journal editorial boards; involvement in professional societies). Opportunities should support both individual educator development and enhancement of education and training more widely across the institution.

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

*34.5. Expectation* - This Standard is about ensuring that the approach of educators supports the acquisition by learners of up-to-date knowledge and appreciation of the value of evidence, so that this becomes integrated throughout the clinical care of patients. It also addresses the responsibility of providers to actively monitor and to support educators in this, as required. Educators should be skilled in critically selecting the best quality, current and credible evidence and supported to integrate this into all aspects of teaching and clinical practice (including clinic supervisors and practice-based educators). This should be monitored, included in educator appraisals and actively further developed where needed. The provider should encourage and provide educators with opportunities for collaborative research.

## 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 encourage and support students to self-direct their learning**

*35. Expectation* - This Standard is about ensuring that education delivery methods are suitable to enable learners to acquire skills and competencies and to develop the experience needed to meet the learning outcomes specified in Section 1 of the Education Standards. This ensures that they are fit to practise as autonomous clinicians and are prepared for professional practice upon graduation. The ability to self-direct learning is a requirement for this. Teaching and assessment methods should be appropriate to each learning outcome, including consideration of the level of learning to be assessed. Providers should have teaching and assessment strategy that clearly takes account of these factors and should be able to articulate its rationale and detail their underpinning pedagogical framework.

### **36. Embed critical thinking and the appreciation of the value of evidence into teaching, learning and assessment**

*36. Expectation* - This Standard is about ensuring that the approach taken to teaching supports the development of learners' wider skills of critical thinking, as well as their ability to consider the quality and credibility of evidence, and to integrate this throughout the clinical care of patients. The Standard also addresses the need to ensure that this requirement is reflected in assessments. All educators should draw upon relevant, best available quality research in their discipline, to support teaching and learning. Learners should be supported to develop awareness and appreciation of the value of evidence. They should also be supported to develop their ability to evaluate the quality of evidence critically and systematically, identify the best current and credible evidence and integrate this into evidence-based practice. Evidence includes research, audit and evaluation of practice or patient feedback. Development of knowledge and skills should be introduced early, progressively developed (in line with increasing levels of learning) and should be applied in both clinical and non-clinical subject learning. This might include a range of teaching, learning and assessment methods (including independent learning and learner-led research, where appropriate).

### **37. The provider must assure the quality of assessment and progression**

*37. Expectation* - This Standard is about ensuring that assessment and progression are determined in a manner that is impartial, fair and supportive, including towards learners with disabilities that may affect assessment and progression. It also requires that where learners have passed assessments and progressed through a recognised programme, this does assure their fitness to practise upon graduation. This should include a demonstration of robust policies and procedures to assure the quality of assessment and progression, with no compensation (while promoting the principles of equality, diversity and inclusion); assessment and learner progression should be actively monitored and evaluated; quality assurance should also include training and assessment of assessors' competence.

### **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. Expectation* – The following Standards are about ensuring that the clinical experiential learning included in the programme adequately prepares graduates for clinical practice, wherein the interests of patients and the public is the priority.

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

*38.1. Expectation* - This Standard is about how the design and delivery of clinical aspects of the programme develops clinical and professional competencies. Clinical skills and experience acquisition should be introduced early, progressively developed and integrated effectively with non-clinical learning. Appropriate teaching, learning and assessment methods should be used, according to the level of learning. Clinical experiential learning may include technology enhanced or simulated, as well as actual interactions with patients. Learners must gain quality experience of a sufficient breadth of clinical practice (diversity of patients and conditions), as well of the provision of continuity of care. Clinical experiential learning should enable learners to develop and demonstrate competence in all aspects of core chiropractic clinical practice and may also introduce them to more specialised areas for further post-graduate study.

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

*38.2. Expectation* - This Standard is about ensuring that the clinical experiential learning opportunities provided are of good quality, recognising that the range of possible settings for these raises a variety of risks and challenges. It also addresses the need for robust quality assurance of assessments that may take place in various clinical settings. There should be systems in place to establish the suitability and quality of clinical experiential learning settings. There should be systems and processes to actively monitor the quality of teaching, support for learners and learning opportunities in clinical learning settings, and for identifying and responding to issues identified. Measures should be in place to ensure that learners' interactions with patients are appropriate to their level of competence. There should be clear identification of prerequisite learning outcomes having been achieved, ensuring that educators are aware of each learner's level and that learners do not engage in any procedure with patients that they have not been assessed as competent to perform. Appropriately graded levels of supervision should be provided. Any learning outcomes that are to be summatively assessed in a clinical experiential learning setting must be clearly identified within the assessment strategy and such assessments must only be performed by appropriately qualified and experienced educators.

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

*38.3. Expectation* - This Standard is about developing graduates who are competent and confident to routinely integrate best evidence into the care of patients and service provision. Clinical practice educators must use research-informed teaching and learning methods that draw upon and use research in the discipline. Learners must integrate relevant critically appraised evidence into their practice (including relating to risks of care, diagnosis, prognosis, intervention selection, care planning, monitoring of own practice quality and outcomes and service provision). The ability to integrate evidence into practice must be assessed using appropriate methods.

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

*38.4. Expectation* - This Standard is about developing graduates who are competent and confident to work with other healthcare professionals in the care of patients. Clinical practice educators must use teaching and learning methods that encourage learners to appreciate the roles of other healthcare professionals, to identify situations for referral, or co-management and that support them in effectively implementing interprofessional collaborative care of patients. Providers should enable opportunities for interprofessional clinical learning experiences, where possible. The ability to work collaboratively with other professionals should be assessed using appropriate methods.

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

*38.5. Expectation* - This Standard is about developing graduates who are competent and confident to utilise digital and/or mobile technology appropriately and for the enhancement of the care of patients. This may include digital or mobile platforms, systems or apps that are used to manage clinical practice, communicate with patients (including telehealth), collect data on patient outcomes or care quality, monitor or report safety incidents and to support the health and wellbeing of patients.



## 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**

39. Expectation - This Standard is about making sure that, in the education setting, the interests of patients are prioritised above all else. This should consider the involvement of patients in teaching or any other aspects of programme design or delivery, their participation in research, the presence of learning outcome measures that may influence care decisions (eg. requirements for numbers or particular demographics of patients to be encountered or for the delivery of particular investigations or interventions to be practised) and financial projections that rely upon patient fee income. The provider should have policies and procedures in place to address this, should actively monitor the consideration of patients' needs in the education setting and should act where concerns are raised.

#### **40. Assure the safety and quality of care of patients in the education setting**

40. *Expectation* - This Standard is about ensuring that, in the education setting, robust systems are in place to protect patients, ensure safe, high-quality care, and promote the principles of equality, diversity and inclusion. Clinical governance should be integrated with educational governance. Providers should involve patients in the design and review of clinical services in the education setting. There should be policies and procedures in place to support the provision of continuity of care and also to manage the handover of care of patients between learners, in the best interests of the patient. The provider should proactively monitor risks to patients and care quality (including risk assessments, evaluation of patient outcomes, experiences and other quality measures). The provider should have visible and transparent systems for raising concerns about the care of patients (including whistleblowing policies) and should actively monitor and respond to these. The provider should engage with wider safety incident reporting and learning systems, in the interests of enhancing safety in chiropractic practice. Learners and educators should be involved in safety and quality assurance monitoring and review.



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

*41. Expectation* - This Standard is about ensuring that, within the education setting, the care needs of patients are met. Access to the full range of chiropractic clinical approaches should be available in the education setting. This includes manual approaches, rehabilitative approaches, pain education approaches, advice and support to self-manage, psychological support, health promotion, prevention and behaviour change approaches, and collaborative care with other professionals. The principles of equality, diversity and inclusion should be promoted in the provision of care. The provider should actively monitor and review the care provided and its outcomes (for example, through audit or systematic data collection: conversations that take place with patients about their preferences, concordance with relevant clinical guidelines, numbers of visits, interventions used, interprofessional referral/collaborations in care, timeliness of reviews of patient care and appropriate levels of discharge of patients from care). Patients, learners and educators should be involved in reviews of care provision.

## Domain J: Learners

The provider's **entry requirements and admissions process** protect patients and/or their carers coming into contact with learners; and ensure 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**

*42. Expectation* - This Standard is about ensuring that entry criteria and admissions processes are appropriate to the programme, making sure that patients and/or their carers and others (including other learners) are not put at risk through their interaction with learners. The Standard also addresses how the provider assesses applicants' potential to succeed in the programme. This, in turn, makes sure that learners are able to meet the standards for registration upon completion of the programme, including in relation to health and character. The Standard also recognises the benefits to patients and the public of diversity in the healthcare workforce and addresses the need to improve equality of opportunity for underrepresented groups to access, succeed in chiropractic education and to enter the profession. The provider is expected to carry out appropriate criminal record checks at 'enhanced' (or equivalent) level. When making an admissions decision about someone who has a criminal record, the provider's processes must consider their suitability to work with patients, whether this may affect their ability to meet the standards for registration once qualified, and whether this may affect the public's confidence in the profession. The admissions process should clearly set out any health requirements and ensure that applicants are aware of and comply with these. Health requirements may include applicants' physical and/or mental health. These may include things that applicants must do before starting a programme, or aspects of the programme which may affect applicants with certain health conditions or disabilities in a different way. The provider should have an access and participation policy and processes that ensure that the student has the capacity to successfully progress through the course. The processes should also make sure that reasonable adjustments are made to allow disabled applicants to demonstrate their suitability. The provider should have appropriate processes in place to assess applicants' potential to succeed in the programme: a sufficient command of English, adequate academic capability and recognition of prior learning or experience. Although the Standard requires that applicants demonstrate minimum levels of competence, this does not preclude the institution from applying flexible admission processes, particularly in relation to students who do not have traditional educational qualifications or who are otherwise disadvantaged. In these situations, the provider should demonstrate that adequate provision has been made to strengthen any gaps in the skills of students and provide additional support for their learning needs. The provider should ensure that applicants are provided with information about the requirements, policies and procedures in relation to admissions, including those relating to character and health, and the implications of these for meeting regulatory requirements for registration.

#### **43. Provide clear information on the main aspects of the programme**

*43. Expectation* - This Standard is about providing learners with comprehensive, relevant and accurate information at the appropriate time. This should include anticipated costs (for example, tuition and accommodation fees, equipment purchase and costs of travel to clinical practice placements); learning aims and intended broad outcomes; the nature and role of assessment; details on the provision of academic guidance, pastoral care and support; procedures for raising a concern, complaint or appeal, including the right to challenge without recourse; information that enables their development as learners and professionals, on career progression and preparation for the workplace; policies regarding equality, diversity, inclusion and access/participation; learners rights and responsibilities while on the programme; fitness-to-practise processes and academic disciplinary procedures; the relevant professional organisations available to students; and mechanisms by which students can provide feedback to the institution.

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

*44. Expectation* - This Standard is about establishing optimal conditions for learning to occur, whereby all learners feel recognised, valued and able to engage openly in critical reflection. The optimal conditions include actively promoting and enabling equality of opportunity for learning. Consideration should be given to how this is ensured within the different learning settings and methods utilised in the programme. There should be policies and procedures in place, mechanisms to raise concerns and for responding to these.

#### **45. Provide learners with academic guidance, pastoral care and other support services**

*45. Expectation* - This Standard is about ensuring that there are effective procedures and services in place to support learners' needs and that these can be readily accessed when required. These should include guidance on academic matters, pastoral care, support for physical and mental health issues as well as practical support and advice services, including for students with protected characteristics. Support services should be planned and established in advance of need.

#### **46. Involve learners in all aspects of their learning experience and encourage an active learner voice**

*46. Expectation* - This Standard is about the consideration and inclusion of individual and collective perspectives and experiences of learners, for the purpose of enhancement, but also to include the identification and management of concerns (including relating to patient care and safety) or complaints (for example, in relation to the quality of teaching and learning opportunities; the appropriateness or fairness of programme policies and procedures or how they have been put into practice; and allegations of harassment or discrimination). Providers should actively and routinely seek engagement through a variety of methods. There should be systems in place for concerns to be raised and mechanisms to ensure that these are considered outside of routine engagement. Meaningful learner voice must be inclusive, it should target substantive issues and eventually it must lead to constructive action. Learner involvement and actions taken as a result of this should be monitored. There should be mechanisms for informing learners of actions taken as a result of their inputs.

#### **47. Provide appropriate student fitness-to-practise policies and procedures to protect patients, as well as to help students whose behaviour or health poses a risk to the safety of patients or colleagues**

*47. Expectation* - This Standard is about ensuring the ongoing suitability of learners' conduct, character and health. This is for the purpose of protecting patients and/or their carers and others who interact with learners, as well as preparing students for the responsibilities of professional practice. The Standard addresses the responsibility of the provider to act where there are indicators that raise concerns about a learner's potential current and/or future fitness-to-practise. The provider should have thorough and effective processes in place to continuously assess learners' suitability, to identify and act upon any concerns. Processes should be fair and supportive, enabling an appropriate range of outcomes, which should be determined proportionately to the level of risk posed. This may include providing additional support to a learner in relation to their conduct, character or health. However, if a learner is found to be in breach of a matter that raises serious concerns about their future fitness to practise, the provider's responsibility may be to determine that they are not suitable to continue on the programme (unless for an alternative award that does not provide eligibility to apply to the GCC Register). The provider is expected to supply student fitness-to-practise overview data to the GCC upon request but should also notify the GCC of the nature and outcome of any serious student fitness-to-practise case, as this should arise.

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