General Chiropractic Council

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Education Standards

Response to consultation on proposed new Education Standards

December 2022

Background and consultation submissions

Background

In 2021, the General Chiropractic Council (GCC) reviewed its existing Education Standards 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 with key stakeholders, including patients, were held with feedback sought on the Standards and their expectations of what a newly qualified chiropractor should be able to do.

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

- accounted for developments within the profession, including an increased focus on multi-disciplinary learning and different professions working more closely together; all 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.

Consultation submissions

In July 2022, the GCC published its proposed draft Education Standards alongside its accompanying consultation documents.

The online consultation, consisting of six quantitative and seven qualitative questions ran from 27 July to 16 September and was promoted to registrants and the profession through various direct and indirect communications. Public awareness and engagement were also encouraged via social media, primarily Twitter.

By its close, the consultation elicited **147 online** and **22 email** submissions alongside input from **five** focus groups, all of which generated over **600** comments from the set questions and open discussions. Social media polling of **10,826** members of the public on the subjects of Equality, Diversity and Inclusion and the involvement of patients resulted in **1,127** public poll submissions. The results from this polling are included at the end of this report.

This report summarises the consultation findings. Its purpose is to provide readers with an overview of responses and trends. Comments by respondents are placed throughout this report. Detailed comments from the submissions including detailed changes to specific standards were reviewed by the Education Standards Steering Group.

Overview of Education Standards consultation

Respondents

The GCC is grateful to registrants, employers, patients, education providers, education visitors, organisations and professional associations for their time and effort in reviewing the draft Education Standards. The contributions help ensure that graduates of chiropractic degree programmes meet exacting standards of proficiency and the requirements set out in **The Code** for the competent and safe practice of chiropractic.

Of all individual online submissions, **119** were from registrants, which accounts for **3.4%** of the registrant base.

It was noted that **c18%** of all individual online responses used standardised or scripted comments throughout the consultation and these same responses were used multiple times in response to each question.

The consultation also included five focus groups, allowing for more in-depth qualitative views to be heard.

Feedback in relation to the proposed draft Education Standards was generally supportive, particularly among patients. We emphasise that Education Standards are for the protection and safety of patients.

"I feel reassured as a patient (of the new Standards). A lot of work seems to have gone into it, well done."

"As a patient, I never appreciated the required levels of learning and skills needed by chiropractors to practise."

"I feel reassured that the Education Standards would produce new chiropractors who can meet the needs of patients"

"I like the shift to clinical experiential learning"

"Clinical audit requirements are captured very well."

"From an education provider perspective, it is easy to map against the Standards so students can understand why they are learning things"

"As a current student, I look forward to these being implemented"

The majority of the draft Education Standards and Expectations were seen positively with only minor and other helpful comments received, with a view to improving the final version**.**

A number of responses highlighted concerns regarding layout, terminology, introductory text and academic content, all of which have been taken into account and where appropriate, accepted by the Education Committee. The response to comments made can be found below:

General comments and GCC response on the draft Education Standards

Length of the Education Standards

The GCC has taken on board comments regarding the length of the new Education Standards and the introduction has been reviewed and considerably shortened. Additional information can now be found in a separate document '*How the Education Standards are Used*'.

"The structure and language of the Standards are consistent with contemporary education."

We will now publish two versions of the Education Standards, with a full version comprising the Standards and Expectations and another comprising the Standards only to ensure they are accessible to the wider public.

Clarification about what has changed in the Education Standards

Following requests to highlight changes in the new Education Standards, a 'new to old' mapping document will be produced documenting all changes, including new additions, features and expectations. Examples include the new domain on the care of patients and the greater focus on rehabilitation.

Glossary of terms

Following comments received from online responses and focus groups, a glossary of terms has been produced and attached to the Education Standards document.

Specific Standards

Standard 12.5 (diagnostic imaging)

Responses were received regarding the perceived removal of the requirement to take and interpret radiograph images. It is important to emphasise such a requirement has never been in place. The new Standard 12.5, relating to diagnostic imaging, has only minor changes to the existing Standard 2.6, with an additional emphasis on the role of IR(ME)R referrals.

However, Education providers have the flexibility to design their own curricula and may choose to include the taking and interpreting of radiograph images as an additional aspect.

History and philosophy as a Standard

A section of online responses commented on the removal of the requirement to teach the history and philosophy of chiropractic.

"The new Standards describe contemporary chiropractic practice."

The teaching of the history and underlying theories and principles of chiropractic is no longer a learning outcome in the proposed Education Standards.

Some online respondents felt that what is proposed undermines the historical and philosophical concepts of the profession. The history of the profession is important and respected, however, the regulator's role is to protect patients and the public. The focus of the new Education Standards is therefore for programmes to produce competent healthcare professionals who can serve the needs of patients in a contemporary primary contact setting. 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. The removal of this Standard, recognising changes in understanding over time, is in line with other UK health and social care regulators.

Education providers have the flexibility to design their own curricula and may choose to include content on the history and philosophy of chiropractic as an optional aspect/introduction to the course. However, traditional explanatory frameworks such as life force, vitalism and a belief that manipulating the spine to remove restrictions or "chiropractic subluxations'' can restore health more broadly, cannot be taught except as concepts which historically shaped the profession. This is because these frameworks no longer meet the standards of evidence-based practice and may not be used in clinical practice.

Equality, Diversity and Inclusion (EDI)

There was an overall positive response to embedding EDI throughout the Standards, both online and from focus group meetings.

"We do not believe the proposed Standards unfairly disadvantage particular students, stakeholders with disabilities, or any other protected characteristics."

EDI is one of three embedded themes throughout the new Education Standards. The Standards endeavour to ensure that services provided to everyone are fair and accessible and that patients receive the best care regardless of any protected characteristics, as identified in the Equality Act 2010.

A small minority of online responses commented that the standards appear to discriminate against people with different philosophical beliefs.

As stated above, education providers have the flexibility within their curriculum to include content on the history, development and traditional philosophical underpinnings of the chiropractic profession within an historical context.

Introduction to Standards

Many comments received concerned a section in the draft Education Standards introduction, referring to practices that do not meet the GCC Code or relevant clinical guidelines and are outside the rigour of scientific evidence.

The Education Standards have patients and their safety at their heart. These Standards must be consistent with what is expected of a UK-regulated healthcare profession in delivering care to patients that is consistent, safe and effective. Practices perceived as 'alternative' or 'complementary' harm the acceptance of chiropractic as a legitimate healthcare profession and risk its continued legitimacy as a regulated profession in the UK.

"Overall, the Standards equip students for contemporary and integrated healthcare."

Students are expected 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. Graduates must deliver high-quality, evidence-based contemporary care that places patients at the centre of their practice.

As previously stated, education providers have flexibility within their curriculum to include content on the evolution of chiropractic, albeit within a historical and philosophical context and as long as it does not detract from and/or contradict current evidence-based healthcare practices (that is, supported by the current best available quality of evidence).

We also received strong support both online and in focus group meetings for the statement and in being explicit about what does, and does not, meet these Education Standards. Promoting contemporary education and the progression of a modern, safe, and effectively regulated healthcare profession was viewed as a vital role of the regulator.

Placing equal emphasis referring to chiropractic, chiropractic adjustments and hands-on care, rather than healthcare and rehab in general.

In total, 24 identical responses were received regarding this concern**.** While the Education Standards represent minimum expectations for a student to graduate from a chiropractic course, manual approaches are required to be at a proficient level and must include spinal manipulative techniques that are recognised as chiropractic techniques. Other clinical approaches are not required to be at a proficient level.

Although manual care is only captured in one standard, this does not reflect the likely curriculum time needed to meet the standard (as explained in the introduction to the Education Standards).

In order to achieve proficiency, hands-on care is expected to be taught in all years of a course across multiple modules. Other clinical approaches may be taught in single

modules or parts of a module.

The views of patients were sought prior to the development of these standards. While patients expect proficiency in manual techniques, they also expect new chiropractors to provide additional approaches to their care. Such approaches (including a focus on rehabilitation and wider determinants of health) are included and are entirely consistent with the skills and knowledge required of other regulated healthcare professionals. Feedback from the patient stakeholder group is that they are 'reassured' by the new standards.

"We recognise these as high-quality, considered and effective Standards for Education which align with the GMC's regulatory approach"

Terminology

Chiropractic lexicon

Twelve responses, with half identical, were received regarding the removal of the 'chiropractic lexicon'. This term refers to the terminology of traditional and historical theories of chiropractic (Young, 2020) that acts to unhelpfully differentiate chiropractic from other healthcare professions.

The common language between healthcare professions is important in ensuring effective and safer provision for patients.

This perspective is supported by the findings of wider healthcare research (Barker, Reid et al 2009) indicating that, firstly, the use of a common language is important to reduce the difficulty for patients in interpreting healthcare literature.

Secondly, misunderstandings among health professionals can reduce the likelihood of referrals that may be in the patient's best interest. Thirdly, a lack of standard definitions can make a comparison of research studies challenging, potentially reducing research output that may be of benefit to patients.

"We welcome the focus on multidisciplinary working and collaborative healthcare that runs through these standards, this reflects the direction of travel for the healthcare system"

An explicit aim of the new Education Standards is to promote collaborative healthcare, and the response of the General Medical Council to the consultation notes the achievement of this. The General Medical Council also comments that it recognises these as high-quality standards that align with its own regulatory approach. This illustrates the clarity that the use of common language has provided in the Standards

Use of MSK and NMSK terminology within the Education Standards

Several responses received suggested the Education Standards should refer to NeuroMSK rather than MSK as this would be a more accurate representation of the scope of a chiropractor.

The discipline of musculoskeletal healthcare addresses conditions and problems of the locomotor system (bones, joints, muscles and adjacent connective tissues) (World Health Organisation). Some of these conditions, for example, disc or peripheral nerve entrapment disorders, may secondarily generate symptoms of nerve involvement (eg. sciatica, carpal tunnel syndrome etc).

"Language is now more in keeping with current thinking in other professions and HE"

These nerve problems are generally considered as lying within the discipline of musculoskeletal healthcare, rather than the discipline of neurology. The term neuromusculoskeletal healthcare is not a recognised discipline. The new Education Standards, therefore, include consideration of such nerve problems within its definition of musculoskeletal health care. To clarify this, a glossary of terms will be published within the Education Standards.

Use of 'Evidence Based' and 'Evidence Informed' Within the Education Standards

Some consultation responses suggested a preference for 'evidence informed' rather than 'evidenced-based' throughout.

There is a much literature debating the terms evidence-based medicine/practice versus evidence-informed practice, with little overall consensus across healthcare disciplines. For example, evidence-based practice is predominantly used within medicine, and physiotherapy, while evidence-informed practice has been increasingly adopted within nursing. Reviews of the evolution and use of these terms note they are often used interchangeably, even within a single research article.

The GCC uses 'evidence-based practice' in the Education Standards where learners implement the integration of the best available evidence, with clinical expertise and patient values, into the care of patients. This is in accordance with the amended model of evidence-based medicine used by Sackett et al (2000). This does not mean that individual practitioners can only engage in activity for which there is an established evidence base; rather, it demands an approach to practice of engaging with and critically appraising the available evidence (informed by their professional judgement, knowledge and skills), with a readiness to modify activity in order to uphold patient interests and preferences.

The Education Standards have been further reviewed for consistency, and the glossary accompanying the final published Education Standards will specify the key definitions.

Losing the distinctiveness of chiropractors

Some commented that the proposed Education Standards equate chiropractors with other professionals such as physiotherapists and as a consequence the distinctiveness of chiropractic is lost. This seems to be based upon the inclusion in the Education Standards of a range of care approaches (including exercise/rehabilitation) in addition to manual treatments.

Contributions from patients responding to the proposals were clear that they valued a diversity of approaches including the use of exercise alongside manual care and they expected a new chiropractor to be trained to do so.

Furthermore, important clinical guidelines for some conditions that chiropractors commonly treat, including NICE Guidelines for low back pain, sciatica and osteoarthritis recommend that manual therapy approaches should not be used in isolation, but may be used alongside exercise and other advice. Therefore, chiropractors, who see many patients presenting with these conditions, will only be able to deliver care in accordance with these guidelines if they possess a wide range of exercise and rehabilitation skills.

"I am very impressed that what was said at the last patient group has been taken on board"

There is evidence that care adhering to the recommendations in clinical guidelines results in better outcomes for patients with low back pain than care that does not follow guidelines. We see only benefit to patients and the public of chiropractors educated to such a standard.

The inclusion of several new Education Standards formalises and defines the requirement and is a demonstration of the breadth of knowledge, skills and clinical approaches that a chiropractor can deliver.

Consultation results

Consultation questions

The Education Standards consultation was hosted on the GCC website from 27 July to 16 September 2022. Responses to the consultation questions were submitted via the GCC website, email, and five focus groups. **Six** quantitative and **seven** qualitative questions were asked. There was a length restriction of 500 words for each qualitative response. Edits have been applied to some selected comments to amend spelling and grammar inaccuracies or add context (in parenthesis).

Consultation responses

Origin of submissions

182 individual responses to the consultation (online, email and focus group) were received from:

- **13** academic staff
- **119** chiropractors
- **6** employers (of chiropractors)
- **1** healthcare professional
- **4** others
- **10** patients
- **2** public
- **27** students

Responses were also received from the following professional associations or healthcare organisations:

- British Chiropractic Association (BCA)
- Council on Chiropractic Education International (CCEI)
- General Medical Council (GMC)
- International Chiropractic Association (ICA)
- McTimoney Chiropractic Association (MCA)
- Royal College of Chiropractors (RCC)
- Scottish Chiropractic Association (SCA)
- United Chiropractic Association (UCA)

Five focus groups were conducted in August and September and included:

- The Royal College of Chiropractors
- All education providers of recognised programmes
- Education visitors
- Employers of recent graduates
- Patients

1. Do the new draft Education Standards set out the knowledge and skills required by graduates to support their work as chiropractors?

From **150** responses to this question:

YES (33%)	
Academic staff	2
Chiropractors	33
Healthcare Prof.	1
Employers	0
Other	1
Patients	3
Professional Ass.	3
Public	0
Students	7
Total	**50**

NO (67%)	
Academic staff	3
Chiropractors	73
Healthcare Prof.	0
Employers	1
Other	3
Patients	2
Professional Ass.	1
Public	2
Students	15
Total	**100**

67% of online respondents did not agree with the proposition at Question 1. However, of those who did, three organisations/professional associations agreed that the new Education Standards did set out the knowledge and skills required by graduates to support their work as chiropractors.

In addition to the online responses, in depth discussion and feedback from the focus groups produced positive responses relating to Question 1 and contributed towards minor amendments being made to either the Standards or associated expectations to aid clarity.

1A. If NO to Question 1, please outline what additional knowledge and skills are required.

For those who answered NO, three themes accounted for **68%** of responses (in descending order):

1) The requirement to teach the history and philosophy of chiropractic.
2) Students (chiropractors) must be able to interpret radiographs/x-rays, including **six identical** submissions.
3) The need to include (or object to the removal of) innate intelligence, vitalism and subluxation in the standards.

Additional themes from the remaining **32%** include (in descending order):

- Losing the distinctiveness of chiropractors, making them more akin to physiotherapists and needing to ensure chiropractic is distinctive.
- Use of MSK and NMSK

- The chiropractic lexicon, ie. removing chiropractic terms that define the profession and turning chiropractors into musculoskeletal practitioners.

Sample of online respondent submissions to Q1A	
1.	A full appreciation of all aspects of Chiropractic History and the context in which the profession was built. Subluxations and vitalism are integral principles on which our profession was built.
2.	The guidelines fail to discuss the history, development and current variability in how chiropractic works.
3.	You have omitted that chiropractors must be able to interpret radiographs taken at their own clinics. You indicate that they must be able to interpret reports, but not images. This is not safe for the patients.
4.	Section 12.5 talks about diagnostic imaging but fails to specify that the interpretation of images should be taught at chiropractic schools. It only states that chiropractors should interpret reports!
5.	Being able to read and understand MRI and x-ray etc is paramount to our training.
6.	The removal of terms such as innate intelligence, vitalism, and subluxation is part of what makes chiropractic what it is.
7.	There is not enough emphasis on the teaching of and discussion of the combined art of Chiropractic Care, the philosophical construct of the subluxation and the adjustment. History teaches us a great deal and liberal discussion around the broad spectrum of beliefs should be actively encouraged and not abandoned.
8.	It seeks to water down and destroy the profession.
9.	The standard removes all non-mechanical techniques and skills reducing chiropractors to masseurs.
10.	Removing history, talk of neuroMSK, and vitalism do not allow students to have a choice. Being able to read and understand MRI and x-rays etc is paramount to our training.
11.	By taking out chiropractic terminology, we can no longer call it Chiropractic. Our lexicon is what makes chiropractic what it is. Therefore, it's impossible to say that this new draft supports chiropractic graduates in their education in chiropractic.

Sample of focus group comments to Q1A	
1.	Clinical audit requirements are captured very well.
2.	Overall, the standards equip the students for contemporary and integrated healthcare.
3.	The new Standards and the RCC document complement each other greatly, the combination of these two set the future for chiropractic education.
4.	I like the shift to clinical experiential learning.
5.	I feel reassured that the ES would produce new chiropractors who can meet the needs of patients.

2. Are the draft Education Standards clear, accessible and easy to understand?

From **156** responses to this question:

YES (63%)	
Academic staff	5
Chiropractors	71
Healthcare Prof.	1
Employers	1
Other	2
Patients	3
Professional Ass.	3
Public	0
Students	13
Total	**99**

NO (37%)	
Academic staff	3
Chiropractors	35
Healthcare Prof.	0
Employers	2
Other	2
Patients	2
Professional Ass.	2
Public	2
Students	9
Total	**57**

63% of online respondents to Question 2, including three organisations/professional associations, agreed that the draft Education Standards were clear, accessible and easy to understand.

Answers received from the focus groups were broadly in line with the online responses.

2A. If NO to Question 2, please outline how the draft Education Standards could be made clearer, more accessible and easier to understand.

Of those responding NO**,** 52% of individual comments believed the Education Standards were confusing to read, repetitive, 'wordy', and lacking accessibility. Indeed, some submissions thought the text to be 'deliberately confusing'.

Suggestions to improve clarity and access included:

- Simplifying and standardising the language ie. 'recognise the importance' and 'recognise the need' – what are the GCC's meanings to these?
- Creating a shorter document or set of documents.
- Weighting the expectations.
- Bullet point summaries to be included.
- To show the changes made from the existing Education Standards to the new draft Standards.

16% of submissions were focused on the issues of chiropractic history and philosophy that should be included within education programmes. However, these submissions did not fully fit the purpose of this question. (See GCC response to question 1A, point one)

13% of responses focussed on the use of evidence-based and evidence-informed.

The remaining comments were on issues such as awareness of the entire consultation, and the use of x-rays and MSK and NMSK.

Sample of online respondent submissions to Q2A	
1.	They centre around the use of "must" and "should". There is an explanation of the terms early in the document, but I feel the use of the terms is not always consistent, ie. Equality, Diversity and Inclusion appear several times, sometimes as "must" and others as "should". I am not sure how that distinction is made.
2.	(The Education standards are) substantial and repetitive. A summary at the start with bullet points pertaining to the sections may provide a context for greater understanding.
3.	Are the 'expectations' guidance or requirements? If requirements, some of these are quite prescriptive and are of concern.
4.	The guidelines are confusing and contradictory. Evidence-based and evidence-informed are not interchangeable and should be rectified throughout the document.
5.	(The Education Standards) should have been sent out much earlier and a bigger effort to make chiropractors aware of this. I've heard of a lot of

	chiropractors who did not know about this or found out late, if you want a true reflection on the profession then this could be better.
6.	There should be additional standards/expectations with regard to the history and development of the profession.
7.	We would like to see stronger recognition and support for *Outcomes for Chiropractic Graduates* that goes beyond the current phrase: 'There is alignment with'.
8.	In terms of the information, I clearly understand the wording, nevertheless, still not getting why or what is the purpose of eliminating from our curriculum the essence of chiropractic. This confuses me, especially because I expect the GCC to be an institution that seeks to strengthen the profession instead of denying part of what Chiropractic is.
9.	We would expect the use of inclusive language appreciating the broad spectrum of Chiropractic whilst quite reasonably making clear that the code is what UK registrants will be measured against once graduated. Evolving and reviewing standards is always a worthy task nevertheless proactively targeting 'problems perceived' rather than 'problems that are evidenced' may create unnecessary and unintended consequences.
10.	Domain D describes 'neuromusculoskeletal conditions' but elsewhere in the document it refers to 'musculoskeletal conditions'. Consistency in this terminology, 'neuromusculoskeletal' throughout the document, would be preferable.

Sample of focus group comments to Q2A	
1.	This is a very good document and reads well.
2.	A glossary of terms would be very helpful to define specific terminology.
3.	This is a very long document for patients and a shorter version could be produced without the expectations.
4.	A 'what's changed' document would be very helpful.

3. Are there any additional standards or associated expectations needed within the draft Education Standards?

From **168** responses to this question:

YES (76%)	
Academic staff	6
Chiropractors	86
Healthcare Prof.	1
Employers	2
Other	3
Patients	4
Professional Ass.	3
Public	1
Students	22
Total	**128**

NO (24%)	
Academic staff	2
Chiropractors	25
Healthcare Prof.	0
Employers	1
Other	1
Patients	5
Professional Ass.	1
Public	0
Students	5
Total	**40**

76% of online respondents believed that additional standards or associated expectations were necessary. Three organisations/professional associations felt that additional standards or associated expectations were needed while one did not believe any additional standards or expectations were required.

The focus groups did not recommend any additional Standards be added.

3A. If YES to Question 3, please outline what additional standards or associated expectations are needed within the draft Education Standards.

84% of individual online responses focussed on the need for the history and philosophy of chiropractic to be included within the Standards with **24 identical** and **11 similar** submissions to this question, stating:

"There should be additional standards/expectations with regard to the history and development of the profession."

5% of responses, including two from professional associations, were on the chiropractic lexicon and philosophy with **five almost identical** statements stating:

"Chiropractic Lexicon and Philosophy. This will lead to a lack of confusion within the profession and from the public. The confusion is present because you keep wanting to change what Chiropractic is. Leave it alone and no one will get confused, even yourselves."

5% of responses focussed on the need for chiropractors to be able to take and interpret x-rays.

Of the remainder, responses included:

- Students lacked the adjusting skills with more emphasis placed on this part of the curriculum which then requires employers to undertake this training.
- Chiropractors to provide lifestyle advice on general public healthcare programs, including more information on nutrition, smoking cessation etc.
- The Education Standards were politically motivated and non-representative

Note: Specific points on individual standards etc have been passed to the GCC Education Steering Group for review. This report is intended to highlight top-line feedback trends.

Sample of online respondent submissions to Q3A	
1.	We are very disturbed that this section makes no mention of the history and philosophy which underpins the profession. Our history and philosophy (which by the way precedes science and remains a relevant branch of science today) shape our work and are very important to us.
2.	We are disappointed that the GCC has chosen to move from its clear regulatory path into politically charged statements on the chiropractic profession which is not its statutory function. We urge the GCC to draw back from this statement.
3.	There should be additional standards for learning about the history and development of the profession.
4.	It lacks any mention of the history and philosophy of chiropractic. These are foundations of the profession and although they may not hold the profession like they once did in past times, they still need to have their place in the profession and the future of the profession.
5.	The chiropractic lexicon and chiropractic philosophy. This will lead to a lack of confusion in the profession and from the public. The confusion is there because you keep trying to change what chiropractic is. Leave chiropractic as chiropractic and you no longer have any confusion from graduates, the public, and yourselves.
6.	The Standard of care is for Chiropractors to be expected to interpret imaging. Image interpretation supports learning of general medical conditions and pathology and gives a better understanding of the whole patient/condition and management. Chiropractors are expected to follow IRMER regulations which include proper radiographic positioning and x-ray technique when taking x-rays. This is also the standard of care.

4. Are there any standards or associated expectations which should be amended or removed from the draft Education Standards?

From **171** responses to this question:

YES (86%)	
Academic staff	10
Chiropractors	101
Healthcare Prof.	1
Employers	3
Other	2
Patients	3
Professional Ass.	3
Public	2
Students	22
Total	**147**

NO (14%)	
Academic staff	0
Chiropractors	14
Healthcare Prof.	0
Employers	0
Other	2
Patients	2
Professional Ass.	1
Public	0
Students	5
Total	**24**

Although 86% of online respondents thought specific standards or associated expectations should be amended, 88% of these responses were actually focussed on a single paragraph on page 6 of the introduction.

Answers received from the focus groups highlighted certain detailed aspects of a range of the Standards or associated expectations which could be clarified or amended, and these have been further considered by the GCC Education Steering Group.

4A. If YES to Question 4, please outline which standards or associated expectations should be amended or removed from the draft Education Standards. Please identify which standard number you are commenting on.

88% of responses, including three Professional Associations, had issues with a statement on page six in the introduction:

"… 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."

With almost unanimity, most feedback stated that the statement should be removed. A common and repeated response (**35 identical submissions**) to this was:

"The statements made on page 6 (prescribing what should not be taught) should be removed as they are not a standard but are political and have no relevance to the safety of the public or in the GCC's remit."

One other notable inclusion should be the ability for chiropractors to either take and/or interpret x-ray images, instead of simply being able to interpret the results from an x-ray report.

	Sample of online respondent submissions to Q4A
1.	Our comments on this paragraph (page 6) are that it is the clear role of the GCC to set out standards in a clear way, but we feel it is not your role to focus on explanatory frameworks that chiropractors may choose to use, or not. Science cannot and does not answer all questions, and this could be viewed as the GCC demonstrating a conscious bias.
2.	Removal of the last paragraph from this section (*page 6)* would be less divisive within the profession as this is a well-known area of contention and realistically providing the programme is teaching students and graduates to have high critical appraisal skills and modern health care competencies the choice of an educational institution to explore this area robustly is all part of higher educational intellectual discourse and debate, which offers a prime opportunity to develop transferable skills, other areas of the course may not be able to accommodate.
3.	The GCC should establish and clarify how, and which types of the concepts of life force, innate intelligence, and vitalism pose a danger to the health and safety of the public or interfere with the development of the profession and therefore should be censored.
4.	Programmes promoting life force, innate intelligence and vitalism must be included in the education standards. The document fails completely in arguing why vitalistic concepts are against the goals of producing safe, competent and effective healthcare practitioners.
5.	UK chiropractors are regulated in their use of using X-rays by current imaging guidelines. Current evidence supports the use of spinal X-rays only in the diagnosis of trauma and spondyloarthropathy, and in the assessment of progressive spinal structural deformities such as adolescent idiopathic scoliosis. All of which are seen in chiropractic practice. The use of spinal X-rays should not be routinely performed in chiropractic practice and should be guided by clinical guidelines and clinician judgement, but this is a fundamental skillset in chiropractic and the option for chiropractors to choose to continue to provide this useful diagnostic tool, within guideline use and with the significant amount of work and policy which governs their use, is something the profession wishes to see continue.

We welcome the clarity provided by the document on the promotion and teaching of unorthodox frameworks being incongruent with the Education standards.

6. It is important to note and define what is meant by the terms listed as not meeting educational standards such as innate intelligence, vitalism, and chiropractic subluxations. Guidance exists regarding "Vertebral Subluxation Complex' but not the other terms.

Sample of focus group comments to Q4A
1. Add a sentence on 'screening of patients' to the expectation at 12.4 for consistency
2. Add 'rationale for care' to Standard 13.5 in line with The Code
3. We favour the use of 'red flags' and 'yellow flags' in the expectations at 14.1 and 14.2 as they are widely used in clinical practice
4. Standards include the detail that rightly maps to other frameworks but shouldn't become a unit specification.

5. In your view, are there implications for groups with identified protected characteristics resulting from the implementation of these Education Standards?

From **149** responses to this question:

YES (34%)	
Academic staff	4
Chiropractors	30
Healthcare Prof.	1
Employers	0
Other	0
Patients	2
Professional Ass.	3
Public	0
Students	10
Total	**50**

NO (66%)	
Academic staff	6
Chiropractors	69
Healthcare Prof.	0
Employers	2
Other	4
Patients	4
Professional Ass.	3
Public	0
Students	11
Total	**99**

Of those who answered NO to Question 5, three organisations/professional associations did not believe there to be implications for any groups with protected characteristics resulting from the implementation of the draft Education Standards, with two believing otherwise. One regulator, who did state YES to Question 5, believed that the draft Education Standards would have positive implications for those with protected characteristics.

There were no implications for groups with protected characteristics identified from the focus groups.

5A. If YES to Question 5, please provide additional comments.

There were a limited number of responses to this question. Of those who answered YES, **46%** cited the GCC as being too 'political' and that courses should teach chiropractic history. There is little apparent relevance of these submissions to question five.

In several submissions, it was suggested that by not accepting the vitalism philosophy, the GCC discriminated against some registrants' religions or beliefs, as laid out in the Equalities Act 2010 (Protected Characteristics).

Overall, apart from the noted 46% of respondents regarding the need for chiropractic history to be taught, there were no other notable trends within submissions. Most comments were positive and offered some justification for threading EDI throughout the draft Education Standards (see sample submissions below)

Sample of online respondent submissions to Q5A	
1.	Yes, we have to be sensitive to their needs and use our communication skills appropriately.
2.	Nothing negative. More (equality) if anything.
3.	Only positive implications. Chiropractic Colleges seem to be 20 years behind a societal view and are seemingly exempt from the Equalities Act, both in implementation and faculty attitudes.
4.	In general, care should improve for these patients unless they are made to feel they are being treated differently or that they provide problems for the student.
5.	The implication that people in minority groups should be treated differently, ie. with more care than other groups are unreasonable.
6.	We do not believe the proposed standards unfairly disadvantage particular students, stakeholders with disabilities, or any other protected characteristics.
7.	The term “unconscious bias” is very much in favour at the moment, but a clear definition is hard to find, may give rise to confusion and it may be wise not to use it in what will be a longstanding document. We suggest the word

	'discrimination', as this is widely understood and, in our opinion, conveys the necessary meaning.
8.	There is a proactive commitment in the standards to promote equality, diversity and inclusion throughout education and training, and so it follows that there should be positive implications for people with protected characteristics.
9.	Chiropractic students with disabilities should be enabled to have fulfilling and rewarding learning experiences. It is essential that disabled students are provided with a level playing field and are fully integrated into the profession. This can only be achieved by providing an inclusive environment that actively encourages and enables disabled students to study chiropractic, and disabled chiropractors to practise.

6. Are there any other equality, diversity or inclusion aspects which may be unfair or discriminate against people with protected characteristics?

From **145** responses to this question:

YES (28%)	
Academic staff	0
Chiropractors	16
Healthcare Prof.	0
Employers	2
Other	2
Patients	2
Professional Ass.	0
Public	1
Students	9
Total	**32**

NO (72%)	
Academic staff	6
Chiropractors	83
Healthcare Prof.	1
Employers	2
Other	2
Patients	3
Professional Ass.	4
Public	0
Students	12
Total	**113**

All four organisations/professional associations who answered Question 6 did not believe any aspects of the draft Education Standards would be unfair or discriminate against people with protected characteristics.

No other equality, diversity or inclusion aspects were identified in the focus groups.

6A. If YES to Question 6, please provide additional comments.

19 responses cited discrimination against vitalistic chiropractors. However, vitalistic chiropractors are not considered a protected characteristic under the Equality Act 2010.

Three identical responses stated:

"If chiropractors aren't equipped to take and read x-rays for specific patient cases, this could be seen as a negative effect on equality for patients on wait times for referral of further investigation from an already overburdened GPs for muscle skeletal complaints that are often coming to us due to dissatisfaction with NHS wait times or timeframes. If we also have to refer out it will be the patients that suffer as a result." (Please refer to the GCC response to Q1A on page 6)

The remaining relevant responses are listed below:

Sample of online Respondent submissions to Q6A	
1.	I answered yes only as you did this part really well.
2.	Inclusion is needed of all views and practices of chiropractic in line with what is found in the public.
3.	Not enough is being taught on how to treat, speak to and care for Non-Binary or Trans people.

7. Do you have any further comments or feedback regarding the draft Education Standards?

Of the online responses submitted and/or discussed, **30 identical responses** were made to this question:

"Within the standards, there ought to be equal emphasis referring to Chiropractic, Chiropractic adjustments and hands-on care, rather than healthcare and rehab in general."

This statement also occurred throughout the consultation, although most prevalent in question seven.

16 responses raised concerns that the proposals discriminate against vitalistic chiropractors (similar to those submitted in question 6A). However, vitalistic chiropractors are not considered a protected characteristic under the Equality Act 2010.

A wide range of responses to this question from the focus groups were received and a sample are documented below.

Sample of online respondent submissions to Q7	
1.	We welcome the focus on multidisciplinary working and collaborative healthcare that runs through these standards, this reflects the direction of travel for the healthcare system. We also welcome the promotion of outcome-based learning and share the view that '*An overly prescriptive set of requirements established by the regulator incentivising uniformity will serve neither the patients, prospective students, the institutions, nor the profession.'.* We recognise these as high quality, considered and effective standards for Education which align with our own regulatory approach.

2.	These would appear to be a sound and comprehensive set of standards with the recognition that programme design should have input from students.
3.	Please do not give in to the vocal few to the detriment of the rest of us. There will be a small amount of very vocal chiropractors who try to fight against this, they are not the majority. The majority will stay silent in the knowledge that this is the right way for the profession to grow into the modern, safe and effective healthcare profession we all want it to be.
4.	As a current student Chiropractor, I look forward to these being implemented
5.	There will be a final push by the hardcore vitalistic faction of the profession to remove the subluxation and innate intelligence comments on page 6, yet this is by far the most important part of the document for chiropractic to have any hope of collaboration with other professions and credibility as a profession it should not be removed. Evidence-informed education can no longer tolerate this nonsense, please do not waiver to this final push
6.	Within the standards, there ought to be equal emphasis referring to Chiropractic, Chiropractic adjustments and hands-on care, rather than healthcare and rehab in general. (**Submitted 24 times in Q7**)
7.	I am concerned by the 'expectations' under each standard being very prescriptive and removing the ability for freedom of work and/or clinical reasoning. It is concerning that the standards document is largely sufficient but makes an effort to restrict a body of knowledge that is relevant in terms of developing clinical behaviours and practice philosophy and I am concerned by the rationale used with regard to its education standards.
8.	These standards appear to have a political agenda against the history and philosophy of Chiropractic. By implication, they are attacking the education standards of McTimoney chiropractors and McTimoney College.
9.	An overly prescriptive set of requirements established by the regulator incentivising uniformity, involving themselves in politically motivated ideals beyond the remit of the code and failing to embrace history and philosophy as part of the ongoing development of the profession alongside research and experience will serve neither the patients, prospective students nor the profession!
10.	There are far too many Chiropractors that are doing 10–15-minute treatments, tying patients into unnecessarily protracted courses of treatment, x-raying when it isn't clinically necessary to know if it is safe to treat and failing to provide helpful preventative advice to reduce the need for MSK care for the future. This for me is the greatest fault within Chiropractic education that needs to be addressed within education.

Sample of focus group comments to Q7	
1.	I feel reassured as a patient (to the new standards). A lot of work seems to have gone into it, well done.
2.	I am very impressed that what was said at the last group has been taken on board.
3.	The structure is helpful and facilitates the role of the Education Visitors.
4.	The Standards should enhance existing courses and protect patients.
5.	The introduction has a contemporary modern emphasis.
6.	From an education provider's perspective, it is easy to map against the Standards so students can understand why they are learning things.

GCC Public polling

Although publicly available, the draft Education Standards are primarily designed for academic providers. As such, public interest in this consultation would always have been low.

The GCC conducted online promotion of the consultation, including designing and publishing the Education Standards review process.

In an attempt to raise additional public awareness, the GCC conducted some online polling. Recognising that most of the public would have little opinion or valid commentary on the draft standards, it was decided to ask a question on the value of Equality, Diversity and Inclusion within healthcare. (EDI having been threaded throughout the Education Standards).

Poll One

In an online poll, via Twitter, the public was asked:

"Should healthcare professionals embrace the values of Equality, Diversity and Inclusion (EDI) in their roles?"

Results

In total **6,733** people read the poll with **703** submitting an answer:

- **YES 52.2%**
- **NO 47.8%**

Commentary

Many of the comments that accompanied this polling were disturbing, often commenting on 'foreigners', taking up healthcare resources, or EDI being 'woke'.

Within the profession, regulators and professional associations etc., EDI is often discussed within a context of knowledge. However, outside of these environments, EDI is less well-known and understood. This may also be demonstrated in some of the consultation responses to questions five and six.

Although some comments demonstrated that some did understand and appreciate EDI values, it may be wise to consider deconstructing EDI if polling the public in the future.

Poll Two

In an online poll, via Twitter, the public was asked:

"Do you believe healthcare professionals should consider a patient's views and expectations before and throughout their treatment?"

Results

In total **4,093** people read the poll with **424** submitting an answer:

- **YES (95.5%)**
- **NO (4.5%)**

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