



The Royal College of
Chiropractors

Chiropractic Practice Standard **Quality Improvement**

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Chiropractic Practice Standard

Quality Improvement

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All references to “The Code, GCC” refer to The Code of Professional Practice, published by the General Chiropractic Council (GCC) on 31 December 2024 and effective from 1 January 2026.

About this Chiropractic Practice Standard

The Royal College of Chiropractors' Chiropractic Practice Standards are evidence-based documents designed to help chiropractors meet their obligations in the provision of patient care and/or the governance of their services. For each area of practice, they:

- Highlight relevant elements of the General Chiropractic Council's Code of Professional Practice, and relevant legislation, as requirements
- Provide expected standards of practice informed by the evidence
- Provide additional helpful guidance, and
- Provide a benchmark for normal practice

This Chiropractic Practice Standard is concerned with quality improvement.

The desire for, and ability to effectively achieve, continual quality improvement is fundamental to the practice of safe, high quality, evidence-based healthcare. The importance of quality improvement is highlighted by Principle B of the General Chiropractic Council's Code of Professional Practice:

Assuring the quality of care provided is central to the protection of patients. This requires chiropractors to continually look for improvements to the quality of care provided to patients.

Principle I of the Code of Professional Practice also highlights the need of individual chiropractors to continually prioritise their own professional development and improvement throughout their careers:

Chiropractic practice is a lifelong journey that demands continuous growth and the upkeep of skills and knowledge to remain current with advancements in the profession. Chiropractors are expected to regularly monitor the need to adapt and update their practice, taking responsibility for remaining up to date, and for further developing and improving their professional performance.

This Chiropractic Practice Standard focuses on the principles and expected standards of quality improvement in a chiropractic care setting and aims to assist chiropractors in achieving those standards.

Introduction to Quality Improvement

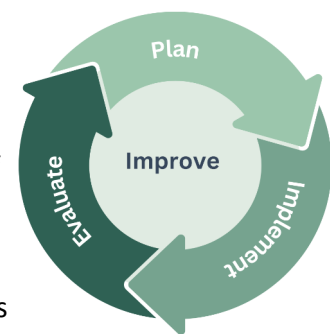
Quality in healthcare refers to the degree to which health services meet the needs and expectations of patients by providing safe, effective, and patient-centred care that is consistent with current professional knowledge. Additional factors that impact the quality of a healthcare service include whether it is timely, equitable, integrated and efficient^{1,2}.

Quality Improvement (QI) is the process of making patient care safer, more effective, and a better experience for individual patients. This is achieved by understanding how a healthcare system operates, applying a structured approach to evaluate it, and then making changes that themselves are informed by real-time feedback. This involves planning and implementing improvements, followed by further testing and refining the changes to ensure they have a meaningful impact. Effective leadership is essential for promoting, enabling and sustaining quality improvements within team environments^{3,4,5}.

Quality Improvement can apply to many aspects of professional practice, including:

- Clinical care of patients (e.g. effectiveness and safety)
- Delivery of a service to patients
- Development as an individual healthcare professional
- Development of healthcare professionals as a team

Continuous Quality Improvement is the deliberate ongoing process of seeking to enhance services through incremental improvements over time. It involves a cyclical approach of planning, implementing, and evaluating changes based on information gathered from a number of different quality improvement activities. Rather than viewing quality as a fixed goal, committing to continuous quality improvement promotes a culture of constant progress, encouraging individuals (and teams) to adapt to evolving knowledge, skills, technologies, and patient needs, ensuring that they can provide the highest standards of care throughout their career^{6,7}.



Quality Improvement Activities are essential in order to review and evaluate the quality of a service. They help to identify what works well in practice and where changes can be made. Different activities will provide different information, and numerous activities may be required to assess a particular aspect of practice^{8,9}. Although some activities can encompass the whole cycle of quality improvement, many relate to one or more particular stages, particularly evaluation¹⁰.

Quality improvement activities vary widely in scope, duration, stakeholder involvement, and the level of insight they provide. For example, a simple clinical audit might be completed by support staff within a few hours, while collecting and analysing patient feedback could take several weeks. In contrast, addressing a personal development plan may involve multiple activities spread over several months.

Some of the tools and activities that may be relevant to a chiropractic setting could include:

- **Outcome Measures**
- **Patient Feedback**
- **Clinical Audits**
- **Patient Safety Initiatives**
- **Benchmarking Practice against Guidelines / Standards**
- **Collaborative Team Reviews**
- **Development of Practice Protocols and Clinical Pathways**
- **Collaboration with Patients, Carers and Staff**
- **Interprofessional Engagement / Feedback**
- **Reflective CPD (Training, Education and Research)**
- **Personal Development Plans (PDPs)**

1. Care Monitoring

1.1 Patient Reviews & Clinical Outcomes (including PROMs)

Requirements

- Continually look for improvements to the quality of care provided to patients (Principle B: The Code, GCC).
- Collect, evaluate and use feedback and data about the quality of care of patients to continuously improve your practise (B6: The Code, GCC).
- Establish planned health outcomes of the care, using recognised outcome measures. You must agree with the patient (and record) how progress towards the planned health outcomes will be measured (D2: The Code, GCC).
- Use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must record and keep under review (D5: The Code, GCC).
- Carry out formal clinical reassessments at regular intervals, using recognised outcome measures to evaluate the effectiveness of care, as previously agreed with the patient and set out in their plan of care (D9: The Code, GCC).
- Engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement (I1: The Code, GCC).

Expected Standards of Practice

- Chiropractors must review their care of patients, both on an ongoing basis, as well as with regular formal reassessments, including the use of recognised evidence-based and validated outcome measures that are applicable to the circumstances of individual patients^{7,11,12}.
- Formal reviews must assess whether treatment is having the desired effect, whether changes are required or if the patient should be referred to another healthcare professional^{11,12}.
- Chiropractors must keep their diagnosis or rationale of care under review⁷.
- Chiropractors should be familiar with evidence-based guidance and quality standards to effectively discuss care options with patients, including evaluating the need to modify a care plan or discontinue care when appropriate^{12,13}.
- Chiropractors must understand clinical risk management and be capable of identifying and appropriately addressing the care of patients with clinical risk, including making appropriate referrals and ceasing care when necessary^{11,14}.
- Chiropractors must apply principles of patient-centred care and shared decision-making, treating all patients as individuals, while also communicating effectively and adapting their communication style to suit each patient's needs^{15,16,17,18}.

Guidance

Formal patient reviews should include a targeted clinical assessment (appropriate to the condition's severity, duration, and previous clinical findings), as well as both subjective and objective measures to assess the effectiveness of the plan of care and whether the aims of care have been met. Using the same assessment tools for both the initial assessment (to establish baseline levels) and subsequent reviews helps to ensure that progress is evaluated consistently.

The frequency of formal reviews will depend on a number of factors, which may include:

- a. the severity and trajectory of the patient's presenting complaint
- b. the presence of red flag symptoms
- c. the certainty of the diagnosis
- d. the time since their first assessment

- e. the frequency of appointments
- f. the presence of new signs and symptoms
- g. the health status of the patient

Chiropractic quality standards recommend formal reviews within two weeks for new presentations of acute neck pain, four weeks for new presentations of headache, six weeks for new presentations of low back pain and sciatica, at least every six months for patients with chronic pain, and at least annually for patients with chronic conditions undergoing supportive self-management care¹².

Clinical outcome measures include assessments performed by clinicians based on objective observations or clinical tests (e.g. ranges of motion, strength testing), as well as performance-based outcome measures (e.g. grip strength, sit-to-stand test). However, recognised evidence-based Patient-Reported Outcome Measures (PROMs) capture subjective experiences and are invaluable for understanding how a patient perceives their condition and treatment outcomes, and offer a more comprehensive assessment of a patient's health and functional status.

There are numerous recognised PROMs commonly used in managing musculoskeletal (MSK) conditions which assess different characteristics, including patients' perceptions of their symptoms, functional status, psychosocial factors, and quality of life. Most of these tools are freely available, but a few require licensing or payment. Some PROMs are generalised and other related to specific clinical characteristics:

- Simple, one question tools [e.g. *Numeric Pain Rating Scale (NPRS)*¹⁹, *Patient Global Impression of Change (PGIC)*¹⁹] provides useful, but limited information
- Some recognised PROMs are designed for general MSK complaints [e.g. *Bournemouth Questionnaire (BQ)*²⁰, *Musculoskeletal Health Questionnaire (MSK-HQ)*²¹, *Short Form 36 Health Survey Questionnaire (SF-36)*¹⁹] and include questions relating to pain, function and psychosocial factors
- Some PROMs are joint or region-specific [e.g. *Oxford Hip Score*²², *Shoulder Pain and Disability Index*²³, *QuickDASH (Disabilities of the Arm, Shoulder and Hand)*²⁴]
- Some PROMs are condition-specific [e.g. *Oswestry Disability Index (ODI)*¹⁹, *Roland-Morris Disability Questionnaire (RMDQ)*¹⁹, *Neck Disability Index (NDI)*²⁵, *Headache Impact Test (HIT-6)*²⁶]
- Some PROMs relate to function [e.g. *Patient-Specific Functional Scale (PSFS)*²⁷]
- Some PROMs are pain-specific [e.g. *Visual Analogue Scale (VAS)*¹⁹, *Brief Pain Inventory (BPI)*¹⁹, *McGill Pain Questionnaire (MPQ)*²⁸]
- Some PROMs address psychological factors [e.g. *Fear-Avoidance Beliefs Questionnaire (FABQ)*²⁹, *Pain Catastrophising Scale (PCS)*¹⁹]

When deciding which outcome tool(s) to use, consideration should not only be given to the criteria being assessed, but also to the ease and practicality of use, including whether it can be used remotely or its distribution automated.

Wherever possible, outcome measures should be used to highlight health inequalities, both at an individual and patient population level, so that disparities can be identified, appropriate interventions implemented, and equitable access to care promoted.

1.2 Patient Feedback and Experience (including PREMs)

Requirements

- Put the patient's needs and safety at the centre of their care (A1: The Code, GCC).
- Provide care based upon the principles of a person-centred approach (A3: The Code, GCC).
- Treat patients fairly and without discrimination, interacting in a way that respects their choices, diversity and culture (A5: The Code, GCC).

- Collect, evaluate and use feedback and data about the quality of care of patients to continuously improve your practise (B6: The Code, GCC).
- Provide good quality care that is patient-centred, safe and effective (Principle D: The Code, GCC).
- The safety of patients, the quality of their care and the provision of patient-centred care require chiropractors to communicate well with patients, their advocates, carers and family, colleagues, and other healthcare professionals (Principle G: The Code, GCC).
- Engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement (I1: The Code, GCC).

Expected Standards of Practice

- Chiropractors must prioritise patient safety and wellbeing, treating them fairly and with respect⁷.
- Chiropractors must engage effectively with patients to explain the results of assessments, understand their goals, and develop a personalised care plan, while ensuring valid consent throughout^{18,30,31,32}.
- Chiropractors should consider different methods of collecting patient information that allows them to fully express their views and opinions¹⁸.
- Chiropractors should reflect on feedback received before acting on this to drive meaningful improvements in service quality and care delivery, ensuring that changes align with patient needs and enhance overall treatment outcomes and experience³³.

Guidance

Feedback from patients provides information about their experiences which can be gathered through formal or informal methods, such as surveys, patient forums, interviews, or patient complaints. Cultural competency and accessibility should be key considerations when selecting appropriate tools to ensure they are inclusive and effective for diverse patient populations. Patient-Reported Experience Measures (PREMs) are specific tools designed to capture patients' perceptions of their care, focusing on areas such as communication, accessibility, and the patient-chiropractor relationship.

A number of PREMs are available that chiropractors can use. *The Friends and Family Test (FFT)* asks patients how likely they are to recommend the service to others, providing a quick and simple snapshot of patient experience³⁴. *The Patient Satisfaction Questionnaire (PSQ-18)* provides questions for patients to rate their satisfaction on various aspects of care, such as communication, technical skills, and overall satisfaction³⁵. The Royal College of Chiropractors (RCC) has developed the *Chiropractic Practice Assessment Questionnaire (CPAQ)*, an online survey tool to collect chiropractic patient satisfaction data, which was adapted from the validated General Practice Assessment Questionnaire (GPAQ)^{36,37}.

Patient feedback provides valuable insights into aspects of care that are working well and areas that need attention, such as timeliness of care, respect for privacy, or satisfaction with treatment outcomes. Systematically collecting this data can identify trends and prioritise quality improvement initiatives addressing any issues or concerns raised by patients and making changes where necessary. Involving patients in changes to services (co-production) can improve patient experience and outcomes³⁸.

The regular use of PREMs gives patients a voice in shaping their care, fostering a meaningful partnership between patients and chiropractors³⁹. When acted upon to implement meaningful change, these tools can play a significant role in improving the quality of care, while enhancing patient trust, engagement, and satisfaction³³. Additionally, PREMs enable the tracking of patient experiences across diverse demographics, such as age, ethnicity, gender, and socioeconomic status. Utilising this feedback can help chiropractors to identify and address disparities,

promoting more equitable care and better health outcomes for all patient groups.

1.3 Clinical Audit

Requirements

- Collect, evaluate and use feedback and data about the quality of care of patients to continuously improve your practise (B6: The Code, GCC).
- Engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement (I1: The Code, GCC).
- Regularly consider how to adapt or improve your practice considering new developments, technologies and evidence from research (I2: The Code, GCC).
- Maintain and develop your competence and performance, taking part in relevant and regular learning and professional development activities (I4: The Code, GCC).

Expected Standards of Practice

- Chiropractors should have a thorough knowledge and understanding of clinical audit^{11,31}.
- Chiropractors should have the skills to plan, conduct and act upon the findings of clinical audit, including an awareness of the patient sample sizes necessary to generate meaningful and reliable results⁴⁰.
- Chiropractors should be able to identify relevant clinical standards and effectively use clinical audit to align their practice with professional, ethical, and regulatory expectations¹¹.
- Chiropractors should be able to interpret the findings of clinical audit to identifying opportunities for quality improvement and implement necessary changes to enhance patient outcomes and the quality of the service they provide³¹.
- Chiropractors should be able to use an ongoing clinical audit process to evaluate the effectiveness of changes made to their practice, ensuring continuous improvement while monitoring and maintaining the delivery of high-quality patient care that is aligned with established standards^{31,40}.

Guidance

As an instrument for evaluating practice and identifying areas for improvement, clinical audit is an effective tool to stimulate and support quality improvement interventions and, through re-audit, to assess the impact of such interventions⁴¹.

Although clinical audits can be used to evaluate practice against any set of standards, their effectiveness depends significantly on the quality and relevance of the standards being applied. High-quality standards include regulatory requirements (e.g. Code of Professional Practice⁷, GCC Guidance⁴²), evidence-based guidelines and quality standards (e.g. RCC¹², NICE⁴³), and other recognised quality benchmarks. For example, the RCC provides audit tools aligned with its published chiropractic quality standards, enabling practitioners to systematically measure and improve their performance in line with best practices⁴⁴.

The number of patient files to review for a clinical audit depends on several factors, including the audit's scope, the size of the patient population, and the desired confidence level. For routine audits a smaller sample size may be appropriate, whereas large numbers would be required for a more focused audit, especially if attempting to identify rare occurrences rather than establishing common practice.

In team-based settings, including when working with other healthcare professionals, clinical audit outcomes should be shared with colleagues to foster collaborative discussions and reach a consensus on recommended changes. Following the implementation of these changes, a subsequent audit should be conducted to evaluate their impact. Routine audits can then be

scheduled periodically to monitor performance and ensure sustained quality improvements⁴¹.

1.4 Additional Quality Improvement Activities

Requirements

- Continually look for improvements to the quality of care provided to patients (Principle B: The Code, GCC).
- Demonstrate effective team working and professional interpersonal relationships as required by your role. This includes contributing to the design, delivery, and improvement of healthcare services (H3: The Code, GCC).
- Regularly monitor the need to adapt and update your practice, taking responsibility for remaining up to date, and for further developing and improving your professional performance (Principle I: The Code, GCC).
- Engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement (I1: The Code, GCC).
- Maintain and develop your competence and performance, taking part in relevant and regular learning and professional development activities (I4: The Code, GCC).

Expected Standards of Practice

- Chiropractors must actively engage in ongoing professional development by regularly reviewing valid, reliable academic and professional resources to remain current with the latest research and evidence-based practice^{7,11,31}.
- Chiropractors must understand and be competent to critically appraise scientific and clinical evidence to inform clinical practice¹¹.
- Chiropractors should engage constructively with colleagues to build mutually beneficial professional relationships, fostering shared learning and collaboration to enhance patient care^{11,31}.
- Chiropractors should continually monitor and reflect on their practice, maintain a critical mindset, and actively pursue opportunities to enhance the quality of care they deliver to patients^{7,11}.
- Chiropractors should consistently evaluate their practice and, when appropriate, integrate new guidance and research findings to ensure that the care they provide remains evidence-based and aligned with best practices^{7,11,31}.

Guidance

In addition to using outcome measures, patient feedback, and clinical audit, standards of care can be monitored and improved through self-reflection, case analysis, peer reviews, and adherence to practice policies and procedures, guidelines and other evidence-based resources. Together, these approaches provide a comprehensive evaluation of patient care.

As well as staying informed about the latest research and evidence-based practices, chiropractors should also critically review their own practice and reflect on clinical cases. Self-reflection encourages chiropractors to critically evaluate their own decision-making and identify areas for improvement^{7,45}.

Actively seeking feedback from colleagues, including other health professionals that you may work with, and engaging in peer reviews, fosters a culture of constructive criticism. This collaborative approach, along with pooling knowledge and learning from each other's experiences, helps identify potential weaknesses that may be overlooked in individual practice^{7,10}.

Case-based discussions (CBDs) further support quality improvement by promoting reflective practice, facilitating peer feedback, and uncovering learning opportunities.

The development and re-examination of practice policies and care pathways, particularly when carried out as a practice team, or interprofessional group, is a constructive process of reviewing best practice, monitoring compliance and raising standards as new understanding and evidence emerges¹⁰.

2. Clinical Risk Management

2.1 Identifying, Assessing & Mitigating Risk

Requirements

- Put the patient's needs and safety at the centre of their care (A1: The Code, GCC).
- Safeguard children and vulnerable adults by: considering their safety and welfare; assessing their vulnerability; actively looking for signs of abuse (A6: The Code, GCC).
- Protect patients by promoting and maintaining a culture of safety, seeking to prevent harm before it occurs (B1: The Code, GCC).
- Practise in a safe, hygienic environment where you actively identify and control risks. You must ensure all equipment you use is safe and meets relevant safety standards. You must plan for first aid and other emergencies (B3: The Code, GCC).
- Carry out any diagnostic investigation (including imaging) in the health interests of the patient and in a way that minimises the risks to them (D4: The Code, GCC).
- Use evidence-based practice to select and implement safe, appropriate, care that meets the needs and preferences of the patient (D11: The Code, GCC).
- Understand the risks and benefits to the patient before using any new technology and ensure that clinical care is safe and effective (D14: The Code, GCC).
- Delegate tasks or duties only if safe and appropriate to do so. You must ensure that the person you delegate to is qualified, competent, and supervised and supported as necessary (H2: The Code, GCC).

Expected Standards of Practice

- Chiropractors must possess up-to-date knowledge and skills to identify potential hazards, assess associated risks, and implement strategies to reduce the likelihood and severity of potential adverse events^{7,40}.
- Chiropractors must be proficient in conducting thorough risk assessments, recognising potential hazards, and applying suitable risk management measures to safeguard patients^{11,46}.
- Chiropractors must be able to use the patient assessment findings to risk assess patients and recognise indicators of more serious pathology for which urgent or emergency referral is indicated^{11,12}.
- Chiropractors must be able to recognise when psychological factors (yellow flags) are influencing the patient presentation and when modifying the plan of care or appropriate referrals are required^{11,47}.
- Chiropractors must be able to use the patient assessment findings to risk assess patients and identify those for which chiropractic care, or certain management approaches, are contraindicated¹¹.
- Chiropractors must be able to appropriately select, and interpret, screening assessments for a variety of different conditions and risks^{11,40}.
- Chiropractors must recognise when there is diagnostic uncertainty, potential for serious pathology or increased risk of side-effects, and provide appropriate safety netting advice⁴⁸.
- Chiropractors must be competent in first aid and undergo regular, up-to-date training to effectively manage clinical emergencies⁴⁹.
- Chiropractors should ensure that any practice equipment (including imaging equipment) is regularly serviced and used in accordance with the manufacturer's instructions, and that they, or anyone delegated to use the equipment, have received the necessary training to operate it safely and effectively^{7,50}.

- Chiropractors should be aware of the potential risks associated with using Artificial Intelligence (AI), including diagnostic aids, decision-support systems and documentation tools, and take appropriate steps to protect patient safety, privacy and confidentiality⁵¹.
- Chiropractors should have well-defined policies and procedures for managing clinical risks and emergency situations, and ensure that risk assessments are thoroughly documented and regularly reviewed³¹.

Guidance

Identifying, assessing, and mitigating clinical risk is a fundamental process in healthcare to ensure patient safety. There are an infinite number of potential clinical risks in any clinical setting. The list below is not exhaustive, but provides some guidance to the sort of areas that should be considered when conducting a risk assessment:

- a. Clinical risks associated with patient's health status. This may include:
 - i. neurological compromise (e.g. including cauda equina, cervical stenosis)
 - ii. concerns over bone integrity (e.g. osteoporosis)
 - iii. vascular fragility (e.g. vascular disease, use of anticoagulants)
 - iv. inflammatory and connective tissue vulnerability (e.g. axial spondyloarthritis, hypermobility, connective tissue diseases)
 - v. adverse psychosocial factors
 - vi. mobility issues and risk of falls
 - vii. medications, supplements, and medication interactions
 - viii. co-morbidities or recent surgery
 - ix. concerns about capacity
 - x. age-related factors (e.g. frailty, cognitive decline, sarcopenia)
 - xi. pregnancy
- b. Risks associated with a patient's family history (e.g. cancer, osteoporosis)
- c. Risks associated with cultural or other intrinsic diversity (e.g. genetic conditions, health beliefs, language barriers)
- d. Risks associated with a patient's lifestyle (e.g. occupation, leisure activities, smoking, alcohol, recreational drugs)
- e. Risks associated with the use of certain equipment or techniques (e.g. manual therapies, acupuncture, shockwave, laser therapy)
- f. Risks associated with certain investigations (e.g. ionising radiation)
- g. Clinical errors (e.g. misdiagnosis, failure to identify red flags, adverse treatment selection)
- h. Adverse effects of treatment (e.g. post-treatment soreness, soft tissue injuries, fractures)
- i. Medical emergencies (e.g. cerebrovascular accidents, myocardial infarctions)
- j. Local factors (e.g. slips and trips, infection control)

Formal risk assessments should be carried out relating to individual risks and include their identification, an evaluation of its potential severity, its probability, and any existing controls in place. Risk management strategies should be considered, including preventative measures, mitigation strategies, and contingency planning. Risk assessments should be documented, shared with colleagues, and regularly reviewed³¹.

When treating patients with risk factors for potentially serious conditions or side effects, or where there is diagnostic uncertainty (e.g. cauda equina syndrome), clear safety netting advice should be provided. This should include information on signs to watch for, when and how to seek further help, and what to expect. Any advice given should be documented. Safety netting helps support patients to make decisions about their own care, while promoting early detection of complications⁴⁸.

2.2 Transparency about Clinical Risk

Requirements

- Inform the patient of the risks and benefits to the proposed plan of care. You must inform them of alternatives to the proposed plan of care including evidence-based options that may be provided by other healthcare professionals, and the expected natural history (prognosis without any care) (D7: The Code, GCC).
- For consent to be valid, it must be voluntary, informed (based on accurate information including risks and benefits) and the individual giving consent must have the capacity to make the decision (Principle F: The Code, GCC).
- When explaining risks, you must provide the patient with clear, accurate and up-to-date evidence-based information about the risks of the proposed treatment, and the risks of any reasonable alternative options. Risks may include adverse events that occur often, those that are serious, and those that a patient is likely to think are important. (Consent Guidance, GCC).

Expected Standards of Practice

- Chiropractors must inform patients about clinical risks in a clear and transparent manner, using language that is understandable to the patient^{7,14,18}.
- To gain valid consent, chiropractors must provide patients with all the information necessary for them to be able to make a genuinely informed decision about their care^{18,32}.
- Chiropractors must involve the patient in decisions about their care, provide the opportunity for them to ask questions, and respect their choices, diversity and culture⁷.
- Chiropractors must be honest and open about uncertainties or potential adverse outcomes, and avoid withholding information that could influence patients' decision-making process^{18,32}.

Guidance

To ensure that patients receive accurate, up-to-date information about potential risks, treatment outcomes, and evidence-based alternatives offered by other healthcare professionals, chiropractors must maintain their knowledge base by engaging in appropriate professional development activities¹⁸.

Good communication skills are essential for effectively addressing patients' needs, particularly when discussing sensitive topics such as clinical risks. Clear, empathetic, and patient-centred communication ensures patients feel informed, supported, and empowered to make informed decisions¹⁸.

If a patient is hesitant about making a decision regarding their care, encourage them to ask questions and express their concerns (e.g. NHS 'Ask 3 Questions'⁵⁵), but also consider allowing them additional time to reflect and process the information provided⁵³.

2.3 Monitoring, Reporting & Learning from Adverse Events

Requirements

- Put the patient's needs and safety at the centre of their care (A1: The Code, GCC).
- Recognise safety incidents that risk the safety of a patient or another person, or have the potential to do so ("near miss"). You must understand the importance of reporting incidents through a suitable safety system, so that you, and the wider profession, can learn from them (B4: The Code, GCC).
- Fulfil the duty of candour by being open and honest with the patient. Inform them if something goes wrong with their care which causes, or could cause, harm or distress. You must offer an apology, a suitable remedy or support, and an explanation of resulting actions (C11: The Code, GCC).

Expected Standards of Practice

- Chiropractors should remain vigilant for signs of adverse events during and after patient care, recognising potential risks related to treatments or procedures.
- Chiropractors should have a robust in-house incident reporting system, and make accurate and detailed notes relating to any potential or adverse event to help in identifying trends or potential ongoing issues^{7,31}.
- Chiropractors should inform and support patients affected by adverse events in a clear and empathetic manner, including details about what occurred, how it is being addressed, and any implications for their care⁵⁴.
- Chiropractors should report patient safety incidents to an established safety incident reporting system so that they, and others in the profession, can learn from incidents and profession-wide trends be identified⁷.
- Chiropractors should maintain an up-to-date emergency first aid qualification, with additional knowledge and understanding relating to potential emergencies relevant to a chiropractic setting⁴⁹.

Guidance

Chiropractors are encouraged to commit to a supportive, open and learning culture that encourages the reporting of patient safety incidents as part of a blame-free culture of safety, with the aim of learning from experience and improving practice accordingly⁷.

The UK chiropractic profession has open access to CPIRLS (Chiropractic Patient Incident Reporting and Learning System), which is an online reporting and learning forum that enables chiropractors to share patient safety incidents⁵⁵.

As part of continuous professional development, reviewing reported patient safety incidents on systems like CPIRLS is a valuable learning activity. It helps chiropractors stay informed about common and emerging safety concerns, encourages reflection on practice, and supports the proactive review and improvement of clinical risk management policies.

Having well-defined procedures in place for clinical emergencies ensures that patients receive prompt and appropriate care. The RCC Emergency Referral Form⁵⁶ has been specifically developed to facilitate efficient triage in Accident and Emergency Departments, helping to streamline the referral process and prioritise patient safety.

3. Education & Training

3.1 Evidence-Based Practice (EBP)

Requirements

- Routinely seek and critically appraise emerging evidence. You must integrate findings of the best quality of evidence that is available at the time into your practice, to enhance the care of patients (I3: The Code, GCC).
- Ensure health information you share publicly is consistent with the best quality of evidence that is available at the time, and is credible and accessible to the intended audience (C6: The Code, GCC).
- Carry out an appropriate physical examination, prioritising methods supported by the best quality of evidence that is available at the time (D3: The Code, GCC).
- You must base diagnostic investigations on clinical reasoning, following authoritative evidence-based guidelines and adhering to all regulatory standards (D4: The Code, GCC).
- Use the findings of the clinical assessment and the best quality of evidence that is available at the time, to propose a plan of care for the patient (D6: The Code, GCC).
- Inform the patient of alternatives to the proposed plan of care including evidence-based options that may be provided by other healthcare professionals (D7: The Code, GCC).
- Apply evidence-based practice to develop, implement and record a personalised plan of care, in partnership with the patient (D8: The Code, GCC).
- Use evidence-based practice to select and implement safe, appropriate, care that meets the needs and preferences of the patient (D11: The Code, GCC).
- Engage in evidence-based interventions that support prevention and health promotion, considering health inequalities, for the benefit of the patient and population health (D13: The Code, GCC).

Expected Standards of Practice

- Chiropractors must understand and be competent to critically appraise scientific and clinical evidence to inform clinical practice, and be able to¹¹:
 - apply scientific principles
 - critically evaluate historical hypotheses
 - access current clinical evidence and guidance
 - understand the hierarchy of evidence
 - critically evaluate the strength of evidence and the weight that should be attached to it
 - use research evidence to investigate clinical questions
 - recognise the importance of ensuring that practice is consistent with the best current evidence
- Chiropractors should aim to minimise the lag time between the publication of research evidence and its clinical adoption to ensure that patients benefit from the latest treatments, interventions, and understanding as promptly as possible⁵⁷.
- Chiropractors should regularly review the RCC evidence-based chiropractic quality standards, and other respected evidence-based guidelines, and seek to implement them into their clinical practice^{12,57}.
- Chiropractors should recognise the value of providing culturally sensitive care in improving health outcomes, and regularly reflect on their knowledge, skills and attitudes to ensure they are effectively meeting the diverse needs of their patients^{7,58}.

Guidance

Evidence-based practice is an approach to making a clinical decision, by integrating the best

quality of research evidence that is available at the time, the clinical expertise of the chiropractor, and the values of the patient^{7,59}. However, the three primary components do not necessarily carry equal weight in every situation. Their relative importance depends on the context and the specific clinical circumstances.

Requirements to use evidence-based practice, the best quality of evidence available, and evidence-based guidelines are embedded in the GCC Code of Professional Practice at all stages of the assessment and care of patients, as well as when promoting your practice and engaging in public health interventions⁷.

The GCC Code of Professional Practice defines the ‘best quality of evidence’ as being the evidence that is of the highest quality that is in existence at the time. The quality level (from very low to high quality) is judged across the available body of evidence addressing a research question. It provides a measure indicating the extent to which one can be confident that conclusions drawn on the basis of the research evidence are correct and not potentially misleading. Quality will be affected by the design of included studies (hierarchy of evidence), but also by the methodological quality within individual studies, and by the extent to which the findings between different studies agree⁷.

The GCC Code of Professional Practice also states that for evidence to be of ‘accepted quality’ (for example, when explaining proposals for possible care options to patients), there must exist at least one published, peer-reviewed, adequately controlled, experimental human study that favours the care approach proposed, and that is relevant to the patient presentation. They also note that the best quality of evidence that is available at the time, while being sufficient to support evidence-based practice, may not reach the required quality threshold for Standard D6 that specifies that you must tell the patient where your proposals are not supported by evidence of accepted quality⁷.

3.2 Continued Professional Development (CPD)

Requirements

- Chiropractic practice is a lifelong journey that demands continuous growth and the upkeep of skills and knowledge to remain current with advancements in the profession. (Principle I: The Code, GCC).
- Take responsibility, as an autonomous healthcare professional, for keeping up to date with, and following relevant legislation, regulations, codes of practice and GCC guidance (C4: The Code, GCC).
- Engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement (I1: The Code, GCC).
- Regularly consider how to adapt or improve your practice considering new developments, technologies and evidence from research (I2: The Code, GCC)
- Routinely seek and critically appraise emerging evidence. You must integrate findings of the best quality of evidence that is available at the time into your practice, to enhance the care of patients (I3: The Code, GCC).
- Maintain and develop your competence and performance, taking part in relevant and regular learning and professional development activities. You must be competent in all aspects of your professional work, including in any formal leadership, management, research or teaching role (I4: The Code, GCC).

Expected Standards of Practice

- Chiropractors must remain dedicated to advancing their practice by consistently improving the care provided to their patients and/or contributing to the development of the chiropractic profession^{7,11}.

- Chiropractors must comply with statutory CPD rules which require the completion and recording of at least 30 hours of CPD activity, of which at least 15 hours constitutes 'learning with others', and evaluate the effectiveness of their learning⁶⁰.
- CPD activities undertaken by chiropractors must be a genuine learning experience and not simply undertaking normal working activities⁶¹.
- Chiropractors are also required to reflect annually on a specific topic designated by the regulator. This topic is different each year, and is identified and communicated to all chiropractors in advance⁶¹.
- Chiropractors must understand the importance of self-awareness and be able to describe, evaluate and analyse learning activities to develop as effective reflective practitioners^{11,45}.

Guidance

There are various types of CPD activities, broadly categorised into formal (e.g. seminars, conferences, educational programs) and informal (e.g. peer discussions, case reviews, self-study). Both types are valuable and contribute to professional development^{61,62}.

CPD can be conducted either face-to-face or remotely, and while both formats are equally valid, remote learning may have limitations when it comes to developing practical skills. Combining different CPD approaches can ensure a more comprehensive and balanced learning experience. Interprofessional learning can have a positive effect on patient outcomes particularly when working in interprofessional team environments.

To maximise the impact of CPD activities on patient care, newly acquired knowledge and skills must be effectively incorporated into clinical practice. Reflection on CPD activities allows chiropractors to critically assess their learning, identify areas where integration into practice is most beneficial, and determine where additional CPD may be necessary^{45,61}.

3.3 Personal Development Planning (PDP)

Requirements

- Take responsibility, as an autonomous healthcare professional, for keeping up to date with, and following relevant legislation, regulations, codes of practice and GCC guidance (C4: The Code, GCC).
- Engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement (I1: The Code, GCC).
- Regularly consider how to adapt or improve your practice considering new developments, technologies and evidence from research (I2: The Code, GCC).
- Routinely seek and critically appraise emerging evidence. You must integrate findings of the best quality of evidence that is available at the time into your practice, to enhance the care of patients (I3: The Code, GCC).
- Maintain and develop your competence and performance, taking part in relevant and regular learning and professional development activities. You must be competent in all aspects of your professional work, including in any formal leadership, management, research or teaching role (I4: The Code, GCC).
- Recognise and work within the limits of your own knowledge, skills and competence. You must be clear with the patient about your limit (I5: The Code, GCC).

Expected Standards of Practice

- Chiropractors must identify their learning needs and interests within the context of their professional practice and produce a personal development plan of learning activities to address them⁶⁰.

- Chiropractors must understand the importance of lifelong learning, the requirement to engage in continuing professional development (CPD), and be able to¹¹:
 - recognise their own limitations and be able to use different methods to identify learning needs
 - plan appropriate activities to address their learning needs
 - reflect on and evaluate the value, quality, relevance and effectiveness of any CPD undertaken
- Chiropractors must use reflective practice as a tool for personal development, taking responsibility for their own learning needs in the interests of enhancing the care and safety of patients⁴⁰.
- Chiropractors should construct and regularly review a Personal Development Plan (PDP) to help guide individual learning⁶⁰.

Guidance

The creation and maintenance of a personal development plan (PDP) is a structured process that can assist chiropractors in identifying, planning and addressing their own individual development needs⁶³.

There are requirements to keep up to date with relevant legislation, regulations, codes of practice and GCC guidance. There is also an obligation to update your knowledge and skills based in new research, guidelines, quality standards and technological advances⁷.

There are numerous ways to identify other personal learning needs, such as:

- self-reflection on clinical practice
- feedback from patients and colleagues
- clinical audits and outcome measures
- team meetings, including professional and interprofessional networks
- case based discussions
- seminars and conferences
- reviewing guidelines and quality standards

The RCC Outcomes for Chiropractic Graduates defines the knowledge, skills and competencies that are expected of newly qualified chiropractors and can serve as a valuable benchmark for all chiropractors, enabling them to review and assess their learning needs effectively¹¹.

In addition to clinical practice, a personal development plan should extend to other areas of your professional work, whether that involves leadership positions, management, research or teaching roles⁶².

It is easy to engage in CPD activities that are externally organised and readily available, regardless of whether they meet your individual personal development needs. A well-structured personal development plan (PDP) can help to focus attention on your identified learning needs and chiropractors should strive to address their training requirements using the most effective and relevant methods available⁶³.

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