

Code of Professional Practice: The Glossary

Proposal Published for Consultation by
the General Chiropractic Council

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Introduction

The Glossary forms part of the Code of Professional Practice by acting as guidance as to the meaning of many of the terms within the Code.

The terms are presented alphabetically, and are linked to below:

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A

Acceptable quality of evidence

For evidence to be of acceptable quality 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. Where there are relevant systematic reviews, meta-analyses or clinical guidelines, their conclusions or recommendations comprise the acceptable quality of evidence.

Accessible healthcare

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

See also: [Barriers to healthcare](#) 

Advocate

Any person who supports a vulnerable or disadvantaged person to ensure that their rights are being upheld in a healthcare context

B

Barriers to healthcare

Access to healthcare is a key factor in health outcomes for people. The barriers that patients face to accessing healthcare can extend beyond physical and societal barriers and can include:

- people's ability to obtain and understand health-related information;
- beliefs about health and healthcare that discourage seeking care, for example cultural or societal factors, or people's prior experiences;
- ability to identify suitable healthcare options and providers;
- difficulty getting in touch to obtain information, register or make appointments;
- the availability of suitable providers or appointments, for example accommodating people's work or school commitments;
- lack of suitable choice of providers/services in a region;
- transport difficulties;
- suitability of the practice environment;
- approach of the clinician.

Best available evidence

The findings of the highest quality of evidence in existence at the time.

See also: Quality of evidence 

Boundaries

Boundaries are established to set limits to the professional relationship between the chiropractor and the patient, or the chiropractor and another person. Chiropractors are expected to follow guidance set out by the GCC about maintaining professional boundaries, including, but not limited to, sexual boundaries.

C

Capacity

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

Care

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

Carer

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

Case history

Detailed account of a person's history which results from the acquisition of information through interview, questionnaires and assessment of medical information.

Chaperone

Person who is present during a professional encounter between a chiropractor and a patient, e.g. relatives, carers, representative or another member of the healthcare team.

Child

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

Clinical assessment

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

Collaborative healthcare

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

Competence

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

Conflict of interest

See: *Interest* 

Consent

Permission given by a patient and or their carer to accept a proposed action, after having been informed, as far as reasonably can be expected, of all relevant factors. This includes, for example, proposed care plans, care approaches, investigations, referral to another healthcare provider, participation in research or education, or sharing of their personal information for any reason. For consent to be informed, it should be given voluntarily, be based on accurate information including: risks, benefits, what the care involves, reasonable alternatives and what will happen if the care does not go ahead. Where a person does not have capacity to consent to the care, support or treatment a decision should be made in accordance with the Mental Capacity Act.

Continuing Professional Development (CPD)

Continuing Professional Development (CPD) is the means by which members of the profession maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives.

Critical appraisal

Critical appraisal is the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.

Cultural competence

Cultural competence is the ability to interact with people from different cultures and respond to their health needs.¹

¹ Health Education England. Developing cultural competence. [cited 2024 25th January]; Available from: PowerPoint Presentation (hee.nhs.uk).

D

Data sharing

Making data available to others. This includes open sharing that make data freely available to the public, as well as more controlled forms of sharing where data is only accessible to certain individuals or organisations.

See also: Social Media 

Digital technologies

Digital or computerised devices, systems and resources. Artificial intelligence is a form of digital technology.

Dignity

Central to person-centred care, the concept of dignity is about recognising, acknowledging and honouring the patient as a human being instead of an object. It is particularly relevant in situations when the patient is not personally present.

Disability

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

Duty of candour

The professional responsibility of openness and honesty required of chiropractors with patients when something goes wrong with their care which causes, or has the potential to cause, harm or distress.

E

Effectiveness of care

The extent to which it achieves its intended effect on the health status of the patient, in the usual clinical setting

Evidence

Scientific research information

Evidence-based

Within the Code, this is used to indicate where it is required that a care approach should be in accordance with the best available evidence from scientific research.

Evidence-based medicine

Evidence-based medicine/practice is the integration of best research evidence, with clinical expertise and patient values, in accordance with the amended model of evidence-based medicine used by Sackett et al.²

F

Financial payment plan

A financial payment plan includes any arrangement where the patient enters into a financial contract in advance of care that will entitle them to more than one care visit, product or service. It includes pre-payment, membership models and credit agreements.

Fitness to practice

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

G

Goals of care

Goals of care are the aims of care for the patient, that are informed by their underlying values and priorities

H

Health

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

Health inequalities

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

Underlying factors may include, but are not limited to, race, ethnicity, gender, age, socioeconomic status, and other social determinants of health.

Health literacy

The personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.

² Sackett, D.L., et al., Evidence-Based Medicine: How to Practice and Teach EBM. 2nd ed. 2000: Churchill Livingstone.

Health promotion

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

Healthcare service

An entity that provides medical treatment and care to the public or to a particular group.

|

Informed consent

See: *Consent* 

Integrated care

Care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care

Interest

An interest brings advantages to or affects someone or something.

Conflicts of interest can arise in situations where someone's judgement may be influenced, or perceived to be influenced, by a personal, financial or other interest. Chiropractors are expected to follow guidance for avoiding, declaring and managing actual or potential conflicts of interest, set out in the Conflicts of Interest joint regulatory statement³

Intimate procedures

Intimate procedures will include examinations of breasts, genitalia and rectum, but could also include any procedure where it is necessary to touch or examine intimate parts of the patient's body digitally, or even be close to the patient.

Some patients may have particular concerns about undressing or exposing parts of their body but feel hesitant to speak up.

³ Conflicts of interest guidance. Joint statement from the Chief Executives of statutory regulators of health and care professionals. 2017.

L

Leadership

Within healthcare, leadership is a personal attribute, that includes managing yourself. Leadership may also involve working with, or managing others, including patients and their care, staff or a healthcare service. It also includes controlling and improving finance, equipment systems and services.

Leadership qualities are set out for all health and care staff, including clinicians, irrespective of their role in The Leadership Framework.⁴

M

Manual techniques

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

Media sharing

A social media application or site that enables users to create, store, and share multimedia files.

See also: Social Media 

Must

Unless referenced using the word “should”, all duties as set out in the standards are compulsory.

O

Outcome measure

A tool used to assess a patient’s current status. Outcome measures may provide a score, an interpretation of results, or a risk categorisation of the patient. Prior to an intervention an outcome measure provides baseline data. The same tool may be used in serial assessments to determine whether the patient has demonstrated change. outcome measures provide credible and reliable justification for treatment on an individual patient level. They should be selected for use taking account of their demonstrated reliability and validity and include patient-reported outcome measures and physical function measures.

⁴ Academy, N.L., The leadership framework. 2011.

P

Patient

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

Patient confidentiality

Right of an individual to have information about them kept private.

Patient reported outcome/experience measure (PROMs/PREMs)

These measure health gain with/satisfaction or experience of care directly reported by the patient who experienced it. PROMs/PREMs should be selected for use taking account of their demonstrated reliability and validity as outcome measures.

Personal bias

See: *Unconscious Bias* 

Personal information (personal data)

Information relating to a person who can be identified or who are identifiable, directly from the information in question; or who can be indirectly identified from that information in combination with other information.

Person-centred

Focussing on the needs of an individual. Ensuring that people's preferences, needs and values guide decisions, and being respectful of and responsive to them. Person-centred approaches in healthcare are specified.⁵

Physical examination

The process of evaluating objective anatomic and physiologic function findings through observation, palpation, percussion, auscultation and the application of special tests, including neurological and orthopaedic examinations.⁶

Plan of care

Treatment protocol designed to deliver therapeutic benefit to patients following clinical assessment.

Planned health outcome

Is used in the Code to refer to an identified objective of care in terms of the change in the health status of patient, expected to result from the care.

⁵ Skills for Health, Health Education England and Skills for Care. Person-centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support. 2017.

⁶ Outcomes for Chiropractic Graduates, Royal College of Chiropractors. 2022

Population health

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

Prevention

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

Psychologically informed approaches

Where the theories and techniques of psychology are integrated into health care. Examples include educating patients about pain, motivational interviewing to effect behaviour-change, and graded exposure to exercise and activity in order to reduce fear-avoidance and disability

Q**Quality indicators**

Standardized, evidence-based measures used to assess and track the quality of healthcare

Quality management

Quality management in healthcare involves the establishment of standardized protocols and best practices to ensure consistency and reliability in care delivery. It focuses on systematic efforts to monitor and enhance the quality and safety of healthcare services.

Quality of care

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

Quality of evidence

The level (from very low to high quality) judged across the available body of research evidence addressing a 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 agree.

R

Rationale for care

Reasons why chiropractors are providing treatment for a patient.

Record

(verb) The process of creating a record. In most cases the record should be contemporaneously created with the event that is being recorded.

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

Referral

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

Reflective practice

The process of gaining insight into one's professional practise by thinking analytically about any element of it. The insights developed, and lessons learned, are then applied to maintain good practice and can also lead to developments and improvements

Regulated healthcare professional

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

See also: UK Health Regulator 

Rehabilitation/rehabilitative techniques

A set of interventions designed to optimize functioning and reduce disability in individuals with health conditions, in interaction with their environment

Remote consultation

A consultation between a patient and healthcare professional where they are not physically located together. It may also not be in real time. Examples may include consultation via telephone, video, text-based messaging service or app.

S**Safeguarding**

Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care

Safety incident

Any type of deviation from normal clinical care that may occur and that has the potential to cause patient harm, including, for example, delays in diagnosis or referral, patient accidents while in the clinic setting and documentation errors, as well as adverse events (negative outcomes associated treatment).⁷

Self-management support

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

Service

Any organised system that can contribute to improved health or the diagnosis, treatment, and rehabilitation of sick people. Health services are often formally organised as a system of established institutions and organisations to supply services to respond to the needs and demands of the population

⁷ Thomas, M., G. Swait, and R. Finch, Ten years of online incident reporting and learning using CPiRLS: implications for improved patient safety. *Chiropr Man Therap*, 2023. 31(1): p. 9.

Shared decision-making

The joint process in which a chiropractor works together with a patient and/or carer to reach a decision about care. It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing, supporting them to make choices based both on evidence and on their individual preferences, beliefs and values.

Signpost

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

Social media

Includes the use of private messaging, websites and applications that enable users to create and share content, or to participate in social networking

Social networking

The activity of sharing information and communicating with groups of people using the internet, especially through online platforms that are specially designed for this purpose. This includes workplace, professional or personal groups.

See also: Social Media 

U

UK health regulator

Any profession to which section 60(2) of the Health Act 1999 applies

Unconscious bias

A tendency to favour towards, or prejudice against, individuals based on their membership in a particular minority or social group; or their possession of certain characteristics, that one is not aware of, but that influences one's own actions or perceptions.

V

Valid authority

Somebody who is legally able to make decisions or give consent on behalf of a patient. In adults, consent may only be provided by the patient, someone authorised to do so under a Lasting Power of Attorney, or someone who has the authority to make treatment decisions, such as a court appointed deputy in England and Wales, or a guardian with welfare powers in Scotland. No one else can make a decision on behalf of an adult who has capacity.

In children, in general, medical treatment can be given with consent of the child (if they are competent). Only someone with parental responsibility, or authorisation from a parent – can consent to treatment in children who lack capacity, except in an emergency.

Vulnerable adult

A person over the age of 18 who is unable to take care of themselves or protect themselves from harm or exploitation

W

Wellbeing

An individual's experience of their life, and a comparison of life circumstances with social norms and values

Working diagnosis

A working decision kept under review.

The Glossary – Consultation Edition

This edition of The Glossary has been produced for the purpose of the 2024 Consultation into the Code of Professional Practice.

It is not the final document and will be subject to change following the conclusion of the consultation period.

Your Feedback is Vital – Act Now!
Share your insights on the Code of Professional Practice



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

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