



The Royal College of  
**Chiropractors**

**Evaluation of chiropractic registrants' responses to the focussed CPD questions posed and relevant CPD activities planned/undertaken for their 2021/2022 Continuing Professional Development (CPD) returns**

Report of a study carried out by  
The Royal College of Chiropractors (RCC)  
on behalf of the General Chiropractic Council (GCC)



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## 1. Introduction

### 1.1 The General Chiropractic Council's Continuing Professional Development (CPD) scheme

The GCC's CPD scheme (1) provides a structure for chiropractic registrants to follow to satisfy the statutory CPD rules (2). The basic requirements of this programme are that, each year, registrants:

- identify their learning needs/interests and produce a personal plan of learning activities to address them,
- undertake and record at least 30 hours of CPD activity in accordance with their plan, of which 15 hours or more constitutes learning with others, and
- reflect on one learning activity and answer four questions so the GCC can understand what they took away and where it will lead them next.

In addition, the CPD activity registrants undertake:

- must constitute a learning experience for them, and
- must be focused on advancing their professional development as a chiropractor, i.e. improving the care they provide for their patients, and/or developing the chiropractic profession.

Learning with others can include both formal learning, such as seminars and lectures, as well as informal learning, which includes clinical audit.

As part of the GCC's commitment to continuing professional development, it introduced a focused element to the CPD programme. Focused CPD requires registrants to examine, self-reflect and evaluate their skills and abilities on a specific topic. This element of the CPD programme is subject to change each CPD year.

### 1.2 Focussed CPD for all registrants for the 2021/22 CPD year

For the 2021/22 CPD year, all registrants were required to include a particular focus on communication skills and competencies relating to Principle F of the GCC Code (3) which requires chiropractors to communicate properly and effectively with patients, colleagues and other healthcare professionals. This topic was chosen following public perceptions research (4) conducted in 2020 which highlighted that effective communication between chiropractors and patients can lead to both improved patient satisfaction and better outcomes. Furthermore, issues around communication tend to feature prominently in concerns and complaints raised about chiropractors.

Registrants were asked to describe how well they believe their communication skills enable them to provide a safe and effective service for their patients, and how they have addressed and/or plan to address any areas which they have identified in need of development/improvement; the GCC added two questions (each with two parts) to its online CPD portal to enable registrants to provide this information, as follows:

*1. Thinking about your communication skills & competencies:*

*(a) how well do you feel these enable you to provide a safe and effective service to your patients, and*

*(b) where do you think the gaps/areas for improvement might be in your communication skills and competencies?*

2. *Thinking about areas for improvement in your communication skills and competencies:*  
*(a) how have you/will you address these to enable you to improve your practice in this CPD year, and*

*(b) how do you intend to ensure your communication skills and competences continue to develop in future years?*

### 1.3 Additional focussed CPD for new registrants

For the 2021/22 CPD year, the GCC also required new registrants (those who had registered with the GCC for the first time and had qualified within the last two years) to reflect on their understanding relating to six key areas of clinical governance (standards-based care, using evidence to inform practice, clinical audit, safety incident reporting and learning, patient recorded outcomes / patient satisfaction measures and reflective practice), and address any aspects that require development, as shown in table 1 below. New registrants were provided with guidance (5) on how to record the clinical governance elements of their CPD return using section 4 of the online portal.

Table 1. Additional focused CPD requirement for new registrants

<p><b>Standards-based care</b></p> <p>Understanding and applying which standards and guideline components are relevant to your chiropractic practice is a vital part of ensuring that you are working in the best interests of patients and providing the highest quality of care. For this element of clinical governance CPD, the GCC expects you to reflect on your:</p> <ul style="list-style-type: none"><li>• familiarity with published clinical standards that relate to chiropractic practice, such as the RCC Chiropractic Quality Standards (6) and relevant NICE guidelines.</li><li>• understanding of how these Standards and guidelines can be applied to your practice as a key element of evidence-based practice.</li></ul> <p>You are expected to plan and undertake appropriate CPD activity that helps you identify relevant practice standards and understand how to apply them. The Standards-Based Practice module (ref 'SBP1') of the RCC PRT programme is designed to address this requirement.</p>
<p><b>Using evidence to inform practice</b></p> <p>Principle C of the GCC Code (3) requires all chiropractors to select and apply appropriate evidence-based care. This helps ensure that the most effective care available is provided to improve patient outcomes. For this element of clinical governance CPD, the GCC expects you to reflect on your:</p> <ul style="list-style-type: none"><li>• familiarity with the principles of evidence-based practice.</li><li>• understanding of how an evidence-based approach impacts patient care.</li></ul> <p>You are expected to plan and undertake appropriate CPD activity that develops your ability to apply an evidence-based approach in your patient care planning. The Using Evidence to Inform Practice module (ref 'EBP1') of the RCC PRT programme is designed to address this requirement.</p>
<p><b>Clinical audit</b></p> <p>A clinical audit evaluates existing practices against current best practice, thereby helping you to provide the highest quality of care to your patients. Undertaking a clinical audit involves:</p>

- Identifying a particular area of interest or concern, often based on a published standard or guideline,
- Collecting data to compare the current practice to the standard,
- Identifying shortcomings,
- Making the necessary changes, and
- Re-auditing after some time to close the loop and assess improvements.

For this element of clinical governance CPD, the GCC expects you to reflect on your:

- understanding of the process of clinical audit.
- experience in applying a clinical audit to improve your practice since you joined the chiropractic register.

You are expected to plan and undertake appropriate CPD activity that addresses or consolidates your understanding of a clinical audit and its application and/or outlines the outcomes of a clinical audit you have undertaken in your clinic. The Clinical Audit module (ref 'CA1') of the RCC PRT programme is designed to address this requirement.

### **Safety incident reporting and learning**

All chiropractors are encouraged to adopt incident reporting as part of a blame-free safety culture and a routine risk management tool. Sharing incidents locally helps to ensure that the practice provided in your clinic is safe and effective. Sharing safety incidents nationally and internationally using the Royal College of Chiropractors' CPiRLS system (7) allows all chiropractors to learn from the collective experience, thus contributing to improvements in safety and effectiveness across the whole profession. For this element of clinical governance CPD, the GCC expects you to reflect on your:

- understanding of the process and importance of patient safety incident reporting and learning.
- awareness of local and national systems of reporting.

You are expected to plan and undertake appropriate CPD activity that furthers your understanding of, and ability to apply, patient safety incident reporting and learning in patients' best interests. The Safety Incident Reporting and Learning module (ref 'SIRL1') of the RCC PRT programme is designed to address this requirement.

### **Patient recorded outcomes (PROMS)/patient experience measures (PREMS)**

Actively collecting feedback data from patients and directly involving them in measuring clinical outcomes are important aspects of assuring the quality of the services you provide. For this element of clinical governance CPD, the GCC expects you to reflect on your:

- understanding of the importance of collecting patient-reported outcome and experience data.
- familiarity with the commonly used, validated tools and means employed to collect and evaluate them.

You are expected to plan and undertake appropriate CPD activity that helps you identify/address any gaps in your understanding of PROMS and PREMS. You may wish to consider participation in PROM and PREM data collection to help you drive improvement in your services to patients. The PROM/PREM learning module (ref 'PRD1') of the RCC PRT programme addresses this requirement.

### **Reflective practice**

Reflecting on your sense and understanding of a topic or situation allows you to identify further learning and professional development areas. Reflective practice is all about active reflection on your experiences

and then implementing changes or improvements in your everyday practice. For this element of clinical governance CPD, the GCC expects you to reflect on your:

- understanding of the process and value of reflective practice.
- understanding and application of the tools available to facilitate routine reflective practice.

You are expected to plan and undertake appropriate CPD activity that helps you identify/address any gaps in your understanding of reflective practice and its application. The Reflective Practice learning module (ref 'RP1') of the RCC PRT programme addresses this requirement.

#### 1.4 Objectives of this study

This study was undertaken in two parts, and was designed to determine:

##### **Part I**

- the extent to which chiropractic registrants felt their communication skills and competencies enable them to provide a safe and effective service, and
- areas for improvement chiropractic registrants identified in respect of their communication skills and competencies.

##### **Part II**

- the extent to which recent graduates felt their skills and understanding in six key areas of clinical governance, and
- the CPD activities undertaken to develop their understanding and its application in these six areas.

In order to address these questions, the study included the following objectives:

- Undertake a qualitative analysis of the answers submitted to the two questions relating to communication skills and competencies submitted by 10% of registrants; to include a review of areas identified for improvement, relevant CPD activities undertaken and general compliance with the CPD requirements.
- Undertake a separate qualitative analysis of all recent registrants' reflections and activities relating to the six areas of clinical governance identified by the GCC; to include a review of CPD activities planned/undertaken and general compliance with the CPD requirements.

The study also had the practical purpose of helping the GCC identify inadequate/non-compliant CPD submissions among the sample analysed and respond to the relevant registrants, with guidance, to help each of them produce an acceptable resubmission.

## **2. Methods**

### **Part I**

#### 2.1 Analysis of registrants' responses to communication skills Questions 1 a,b and 2 a,b

Responses to each of the communication skills questions were provided as an anonymised Excel data file for a random 10% sample of the register (359 registrants). In each case, answers were read at random by



one investigator to identify themes until no new themes emerged. The responses to the questions from all 359 registrants were read systematically by one investigator and categorised according to the overriding theme identified. Responses categorised into the different themes were quantified and illustrative examples selected for presentation.

Registrant responses that were deemed inadequate for one or more reasons were identified and notified to the GCC. Suggested guidance was provided to help enable these registrants produce an acceptable resubmission.

Responses to question 1b (areas for improvement) were also used to characterise specific needs identified by registrants. Responses to question 2a were used to identify the CPD activities actually undertaken by registrants.

## 2.2 Analysis of CPD activities reported by registrants in relation to communication skills and competencies

All CPD activities reported by the 359 registrants were provided as an anonymised Excel data file. These reports were read by one investigator to identify communication-related activities and the nature of that activity.

### **Part II**

## 2.3 Analysis of new registrants' CPD submissions in relation to six key areas of clinical governance

CPD submissions were provided for 48 new registrants as an anonymised Excel data file.

Data recorded in the CPD subject field were read by one researcher to identify activities relating to the six areas of clinical governance new registrants were required to address.

For each of the clinical governance-related activities identified, registrant's responses in the relevant sections of the online portal were compared to the requirements specified by the GCC (see Table 1 and associated guidance (5)).

New registrant responses that were absent, or deemed inadequate for one or more reasons, were identified and notified to the GCC. Suggested guidance was provided to help enable these registrants produce an acceptable submission/resubmission.

### 3. Results

#### Part I

#### 3.1 Analysis of registrants' responses to Question 1a: Thinking about your communication skills & competencies, how well do you feel these enable you to provide a safe and effective service to your patients?

##### 3.1.1 Registrants' engagement with question 1a

The CPD portal prompted registrants to provide enough information 'for us to be assured that you have reflected'; between 100 and 1000 characters were requested.

- The mean length of responses to Question 1a was 344 characters.
- 91% (327/359) of responses were between 100 and 1000 characters (range 5-1000)
- 9% (32/359) of responses were less than 100 characters, including very brief answers such as 'fully' or 'very well'.

##### 3.1.2 Registrants' statements regarding their own communication skills and competencies

Four main themes or types of response were identified among registrants' statements, as illustrated in Table 2. Whilst there was some apparent overlap among these themes, only the theme that was felt to dominate the given response was recorded.

Table 2. Themes identified and illustrative examples of responses among registrants' statements regarding their own communication skills and competencies

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
<b>Concluded competence:</b> Conclusion of confidence/competence following previous experience and/or training	<i>I feel my communication skills with patients after 28 years of Physiotherapy and 21 years of Chiropractic is very good. I do however continuously focus on: what to say, how to say it and when to say it.</i>	175/359 (48.7%)
	<i>Very well. I have been undergoing intense communication training for the last 2 years and so far on this journey I feel I am improving dramatically, but still a work in progress, as I'm sure we will all be for the remainder of our careers.</i>	
<b>Described abilities:</b> Description of communication knowledge/skills/abilities, implying competence	<i>Patients are reassured that their safety is of paramount importance and that every effort is made to keep them safe by thorough testing and step by step information and guidance.</i>	66/359 (18.4%)
	<i>I deliver positive and effective instruction and support to my patients. Their faith in my abilities and chiropractic care is essential to ensuring their commitment to the proposed plan.</i>	
<b>Described importance of communication skills,</b>	<i>Open and transparent communications are essential so that the patient feels informed of their condition, the</i>	64/359 (17.8%)

implying understanding and competence	<i>possible outcomes of treatment and the other options open to them. This is to the benefit of both patient safety and that of the chiropractor. Informed consent can't be reached otherwise.</i>	
	<i>Good communication is key to understanding a patient's needs and concerns as well as being understood. Good communication skills help to develop good working relationships, provide clear information about the care and support you are providing and carry out an assessment of an individual's care needs.</i>	
<b>Identified training need/s:</b> Concluded/implied need for more training	<i>I thought it was pretty good, but having done lots of CPD this year to improve my communication, realise I had gaps.</i>	11/359 (3.1%)
	<i>I am generally very happy with my communication skills, however working with many neuro diverse patients I want to improve my sign language and skills with autistic patients.</i>	
<b>Inadequate*:</b> Response did not provide sufficient information to demonstrate a reflective and diligent approach to identifying current skills and competencies, and/or was not specifically focused on communication skills and competencies, and/or focused on the clinic team as a whole rather than the registrant, and/or did not answer the question posed.	<i>I think I am good at it.</i>	43/359 (12%)
	<i>Being able to speak fluent Thai is essential.</i>	
	<i>I regard myself as a superb communicator, reinforced by the fact that a pastime of mine is creative writing.</i>	
	<i>Overall I thought these courses were very well presented and thoroughly researched giving my further insights in helping me with my practice.</i>	
	<i>I think cpd is a good way to keep the professional up to date on their skills and knowledge. Also, enabling the chiropractor to maintain a high standard of safe clinical care.</i>	

\* These cases were notified to the GCC with the recommendation that the relevant registrants be required to submit an adequate response.

### 3.2 Analysis of registrants' responses to Question 1b: Thinking about your communication skills & competencies, where do you think the gaps/areas for improvement might be in your communication skills and competencies?

#### 3.2.1 Registrants' engagement with question 1b

The CPD portal prompted registrants to provide enough information 'for us to be assured that you have reflected'; between 100 and 1000 characters were requested.

- The mean length of responses to Question 1b was 259 characters.
- 86.9% (312/359) of responses were between 100 and 1000 characters (range 19-1000)
- 13.1% (47/359) of responses were less than 100 characters.

### 3.2.2 Registrants' statements regarding areas for improvement in their own communication skills and competencies

Two main themes or types of response were identified among registrants' statements, as illustrated in Table 3, below.

**Table 3. Themes identified and illustrative examples of responses among registrants' statements regarding areas for improvement in their own communication skills and competencies**

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
<b>Reflective, non-specific:</b> Reflection on need, but no specific area of communication clearly identified.	<i>Although pretty confident in my communication abilities, I feel I can always benefit from hearing about current thinking and trends and formalised ideas about this broad subject.</i>	211/359 (58.8%)
	<i>Areas for improvement will be continually observing my colleagues and attending webinars on communication, I feel no specific area for improvement, more just better efficiency and efficacy.</i>	
<b>Reflective, specific*:</b> Reflection on need, with area/s of communication clearly identified.	<i>1. Probably too much talk, I need to get to the 50/50 level. More listening. 2. Better question asking (open questions). 3. Consent- more discussion at every stage/or change. It's not a one-off event.</i>	98/359 (27.2%)
	<i>My gaps are probably more about not seeking permission or consent to give advice and information. Sometimes advice is unwelcome and too much information can overwhelm a patient. This is something I am aware of and am working on.</i>	
<b>Inadequate**:</b> Response did not provide sufficient information to demonstrate a reflective and diligent approach to identifying current skills and competencies, and/or was not specifically focused on communication skills and competencies, and/or focused on the clinic team as a whole rather than the registrant, and/or did not answer the question posed.	<i>Articulating well enough when tired after working a lot</i>	50/359 (14%)
	<i>On reflection I would benefit from more current evidence based protocols when considering the impact hormones have in relation to musculoskeletal health in females.</i>	
	<i>Increasing awareness in value of spinal hygiene, as opposed to symptom based care</i>	
	<i>I felt that it would be useful to undertake a revision/new approach to cervical spine disorder. I am still interested in the hypnotherapy approach to pain management even though the course that I did, did not give me the confidence to pursue this direction at the end of it.</i>	

\*See section 3.2.3 for areas identified

\*\*These cases were notified to the GCC with the recommendation that the relevant registrants be required to submit an adequate response.

### 3.2.3 Areas for improvement specifically identified by registrants in respect of their communication skills & competencies

A range of specific gaps/areas for improvement were identified by 101/359 (30%) of registrants, as shown in Table 4, below.

**Table 4. Specific areas for improvement identified by registrants in respect of their communication skills**

<b>Area for improvement</b>	<b>Proportion of registrants*</b>
Listening skills	25/359 (7%)
Delivering Report of Findings	20/359 (5.6%)
Gaining consent/communicating risk	16/359 (4.4%)
Improving foreign language skills	11/359 (3.1%)
Communication technical concepts	11/359 (3.1%)
Demonstrating empathy	5/359 (1.3%)
Interprofessional communication	4/359 (1.1%)
A need to be more concise	3/359 (0.8%)
Communicating with LGBTQ+ community	3/359 (0.8%)

\*211/359 (58.8%) registrants did not clearly identify a specific area for improvement (see table 3).

### 3.2.4 CPD activities reported by registrants on the topic of communication skills & competencies

The 359 registrants included in this study reported a total of 2874 CPD activities for the year. 140 (39%) of these registrants undertook a total of 359 CPD activities (12.5% of the total activities reported) that appeared to relate to communication. Table 5, below, identifies the most frequently reported CPD activities among the 359 communication-related activities. The remaining communication-related activities reported were non-specific in nature.

**Table 5. CPD activities reported by registrants on the topic of communication skills & competencies.**

<b>CPD activity</b>	<b>Proportion of activities reported*</b>
RCC Webinars: Communication with Patients in Pain	38/359 (10.6%)
RCC Webinar: Motivational Interviewing	32/359 (8.9%)
RCC Lecture: A Matter of Consent / Other consent material	31/359 (8.6%)
RCC Document: Chiropractic Practice Standard – Communication with Patients	28/359 (7.8%)
GCC/RCC Webinar: Strife & Stresses of Communication	23/359 (6.4%)
BCA Webinar: Learning to Speak your Patient’s Language	16/359 (4.5%)
SCA Webinar: Communication for Patient Care	8/359 (2.3%)
Other activities (miscellaneous/non-specific)	184/359 (51%)

3.3 Analysis of registrants’ responses to Question 2a: Thinking about areas for improvement in your communication skills and competencies, how have you/will you address these to enable you to improve your practice in this CPD year?

3.3.1 Registrants’ engagement with question 2a

The CPD portal prompted registrants to provide enough information ‘for us to be assured that you have reflected’; between 100 and 1000 characters were requested.

- The mean length of responses to Question 2a was 246 characters.
- 83.3% (299/357) of responses were between 100 and 1000 characters (range 14-995)
- 16.7% (60/357) of responses were less than 100 characters.

3.3.2 Registrants’ statements regarding areas for improvement in their own communication skills and competencies

Four main themes or types of response were identified, as illustrated in Table 6. Whilst there was some apparent overlap among themes, only the theme that was felt to dominate the response was recorded.

Table 6. Themes identified and illustrative examples of responses among registrants’ statements regarding how they addressed/plan to address communication skills/competencies learning needs.

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
<b>CPD reported to have been undertaken</b> - to address gaps/areas for improvement.	<i>I have attended a series of live webinars with the GCC and Royal College of Chiropractors on various aspects around the topic of communication. I have also engaged in reading around the subject of good listening and how to improve my listening skills.</i>	123/357* (34.4%)
	<i>I didn’t realise there were different types of communication until I attended the CPD seminar on “communication skills”. I feel I naturally adapt what I’m saying to patients from different backgrounds and cultures without realising I’m doing it. Having attended the course I now see that there are specific ways to explain, talk and act in different situations.</i>	
<b>CPD planned</b> - to address gaps/areas for improvement.	<i>As previously stated, this process is ongoing on a patient by patient basis and requires identification of any weaknesses in communication skills and knowledge and acting upon these by performing research to improve any areas of weakness. This may involve self-study, reviewing cases with colleagues and/or attending courses/seminars on the subject matter.</i>	60/357* (16.8%)
	<i>I intend to join a few online seminars and read around the subject of different personality types and how they differ in decision making and conversational style. I need to realise that not everyone finds things as clear cut as I do</i>	

	<i>and just because they ask questions doesn't mean they are being negative.</i>	
<b>Practice changed</b> following reflection on areas for improvement.	<i>I have been experimenting by asking different questions to patients and seeing how they respond and see how much they understand about what is going on. I've also tried to be more conscious of speaking slower.</i>	82/357* (23%)
	<i>I have implemented the Rehab my Patient portal as a more effective way of communicating the exercise programme required, and always make a point of demonstrating and having the patient practice these exercises in the gym on site, as learning by doing I feel transfers this skill to the patient better.</i>	
<b>Inadequate**</b> : Response did not provide sufficient information to demonstrate a reflective and diligent approach to identifying current skills and competencies, and/or was not specifically focused on communication skills and competencies, and/or focused on the clinic team as a whole rather than the registrant, and/or did not answer the question posed	<i>I will attend CPD courses on extremity adjusting for both humans and horses.</i>	92/357* (25.8%)
	<i>I will endeavour to make some follow-up calls.</i>	
	<i>Watching YouTube treatments of older patients, practice my adjusting with less force for older more fragile patients.</i>	
	<i>I adjust patients spines and skeletal systems but some patients struggle to maintain correct patterns of movement and posture despite my usual rehabilitative exercise programs. A lack of response in some patients who don't fit my diagnostic procedures frustrates me, knowing there must be a complex reason for their lack of response.</i>	

\* Two registrants among the sample of 359 involved in this study were excused from undertaking CPD activities.

### 3.4 Analysis of registrants' responses to Question 2b: Thinking about areas for improvement in your communication skills and competencies, how do you intend to ensure your communication skills and competences continue to develop in future years?

#### 3.4.1 Registrants' engagement with question 2b

The CPD portal prompted registrants to provide enough information 'for us to be assured that you have reflected'; between 100 and 1000 characters were requested.

- The mean length of responses to Question 2b was 217 characters.
- 77.6% (277/357) of responses were between 100 and 1000 characters (range 11-926).
- 22.4% (80/357) of responses were less than 100 characters.

#### 3.4.2 Registrants' statements regarding intentions to ensure their communication skills and competences continue to develop in future years

Four main themes or types of response were identified, as illustrated in Table 7. Whilst there was some apparent overlap among themes, only the theme that was felt to dominate the response was recorded.

**Table 7. Themes identified and illustrative examples of responses among registrants' statements regarding intentions to ensure their communication skills and competences continue to develop in future years.**

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
<b>Intention to undertake further CPD activity</b>	<i>My plan is to attend seminars and discussions that talk about patient communications. By doing so I feel I will learn more about developing and improving my communication skills and competencies.</i>	165/357* (46.2%)
	<i>I will attend courses that focus on communication. I will hold regular discussions with colleagues as to how we can improve communication. Once a year I will re-evaluate all my written and on-line communication.</i>	
<b>Practice plan / practice what has been learned through past CPD activity</b>	<i>To continue to provide a relaxed confidential environment to allow for full disclosure of current &amp; past medical information. Provide more thorough clinical notes when referring to allied medical professionals.</i>	72/357* (20.2%)
	<i>I will continue to allow that extra time for my patients, I will continue to explain my thought processes and my treatment plans so my patient understand how I can help them and also how they can help themselves in everyday life.</i>	
<b>Self-reflect on performance</b>	<i>Ongoing reflection for each individual patient where possible communication breakdown has been identified to be brought up in a weekly meeting with clinic principle to address relevant learning needs.</i>	39/357* (10.9%)
	<i>Due to their impact on patients and practice life I have focused and refined this topic over the last 20 years and will not stop reflecting on patient interactions and how I could enhance each individual patients experience at the clinic.</i>	
<b>Seek patient views on performance</b>	<i>I propose to use patient feedback and diarise quarterly slots to look at clinic development and patient experience.</i>	18/357* (5%)
	<i>Continue to ask patients during treatment sessions whether they understand and that the information communicated is clear.</i>	
<b>Inadequate**</b> : Response did not provide sufficient information to demonstrate a reflective and diligent approach, and/or was not specifically focused on communication skills and competencies, and/or focused on the clinic team as a whole rather than the registrant, and/or did not answer the question posed	<i>Language is the most important asset.</i>	63/357* (17.6%)
	<i>Continued peer reviews and learning with others.</i>	
	<i>Taking up my point about self care, I plan to attend meditation classes as soon as they resume (I have a date now). I plan to attend a yoga retreat to reboot and rediscover the art of good self care after the restrictions of the pandemic.</i>	
	<i>We always review these procedures in our group meetings.</i>	

\* Two registrants among the sample of 359 involved in this study were excused from undertaking CPD activities.



## Part II

### 3.5 CPD activity reported by new registrants in the six key areas of Clinical Governance

Of the 48 new registrants for which data was provided:

- 17/48 (35.4%) registrants responded appropriately with regard to all six topics. All of these registrants reported they had undertaken the RCC's six PRT Clinical Governance modules.
- 1/48 (2%) registrants responded appropriately with regard to five of the six topics (Reflective Practice was missed). This registrant reported that they had undertaken five of the RCC's six PRT Clinical Governance modules.
- 1/48 (2%) registrants addressed only one of the key areas (Patient recorded outcomes (PROMS)/patient experience measures (PREMS)). This registrant reported that they had undertaken the RCC's PRT Clinical Governance PROMS/PREMS module.
- 24/48 (50%) registrants did not address the clinical governance requirement at all, i.e. did not report CPD activity relating to any of the six key areas of clinical governance.
- 5/48 (10.4%) registrants reported relevant activities but provided inadequate/inappropriate information in relation to these activities (Table 8).

Table 8. Clinical Governance-related CPD activities reported by new registrants who did not meet the GCC's requirements with regard to clinical governance CPD.

<b>Candidate</b>	<b>CPD activity reported</b>	<b>Responses to reflective questions</b>
#1	6 x RCC PRT Clinical Governance modules	Did not respond as prompted by requirements/guidance
#2	6 x RCC PRT Clinical Governance modules	Did not respond as prompted by requirements/guidance
#3	Coaching/undertaking clinical audit	Largely unrelated to the clinical governance topics
#4	Single entry that reported completion of the RCC PRT modules	Did not respond as prompted by requirements/guidance
#5	Single entry that reported completion of the RCC PRT modules	Did not respond as prompted by requirements/guidance

## 4. Discussion, recommendations and conclusion

### 4.1 Registrants' responses to the communication-focussed questions

The communication-focussed questions were intended to elicit reflective responses by posing open, structured queries and requesting between 100 and 1000 characters for each of the four responses (1a, 1b, 2a and 2b).

For question 1a (Thinking about your communication skills & competencies: how well do you feel these enable you to provide a safe and effective service to your patients?) 91% of responses were of a length deemed likely to elicit sufficient reflective detail, with 88% of responses demonstrated an attempt to answer the question diligently and reflectively by concluding competence, describing abilities, demonstrating recognition of the importance of good communication or identifying a need for training. The responses of a small proportion of registrants (12%) demonstrated an apparent lack of willingness to engage fully with the question and/or consider the broader aspects of communication (table 2).

A large majority of responses (86.9%) to question 1b (Thinking about your communication skills & competencies: where do you think the gaps/areas for improvement might be in your communication skills and competencies?), were of a length deemed likely to elicit sufficient reflective detail. Upon analysis of the responses, 86% were found to demonstrate a reflective and focussed approach to the question, recognising a need for improvement, although only 27.2% identified *specific* needs/shortcomings (table 3).

A small number of responses suggested some registrants interpreted 'communication skills & competencies' to mean communication skills and *clinical* competencies, perhaps highlighting a need to define and distinguish between these terms if used in relation to focussed CPD requirements in future.

A range of specific areas for improvement were identified by registrants (table 4) with listening skills, delivering a report of findings and gaining consent/communicating risk being the most frequently cited (table 4).

140 of the 359 registrants included in this study (39%) recorded CPD activity relevant to communication in their 2021/2022 CPD returns. This activity accounted for 12.5% of all the CPD activity recorded by the 359 registrants. The most popular CPD activities focussed on communication with patients in pain, motivational interviewing and consent (table 5).

83.3 of the responses to question 2a (Thinking about areas for improvement in your communication skills and competencies: how have you/will you address these to enable you to improve your practice in this CPD year?) were of a length deemed likely to elicit sufficient reflective detail. Of these, 34.4% reported they had addressed areas for improvement in terms of communication skills/competencies (table 6); a slightly lower proportion than had actually recorded relevant CPD activity in their CPD returns (table 5). Approximately 40% of the registrants either recorded *plans*, or upon further reflection had changed their practice, in order to address areas for improvement. More than a quarter of the registrants (25.8%) failed to engage appropriately with the question (table 6).

Question 2b (Thinking about areas for improvement in your communication skills and competencies: how do you intend to ensure your communication skills and competences continue to develop in future years?) elicited the briefest responses among the four questions and only 77.6% of these were of a length deemed likely to elicit sufficient reflective detail. The approach to ensuring communication skills and competencies continue to develop in future years varied. A large proportion of the registrants (46.2%) reported an intention to undertake further relevant CPD activity. 20.2% had changed their practice as a result of CPD activity undertaken, although it was generally unclear how this would ensure future *development*. 10.9% indicated an intention to reflect on their practice to ensure ongoing learning needs are met, which is encouraging in the context of

promoting reflective practice, and a small proportion (5%) indicated an intention to use patient feedback to guide future development (table 7).

#### 4.2 CPD activity reported by new registrants in the six key areas of Clinical Governance

CPD submission data was available for only 48 of the total number of new GCC registrants who were recent graduates. Of these, only 17 (35.4%) submitted adequate information to satisfy the requirement relating to all six of the key clinical governance topics identified by the GCC, although a further 7 new registrants (14.6%) indicated they had undertaken some relevant CPD activity.

All but one of the new registrants who undertook at least some relevant CPD activity reported they had undertaken the Royal College of Chiropractors (RCC) online learning modules that form part of the PRT programme and were highlighted to new registrants in GCC guidance (8).

24 of the 48 new GCC registrants (50%) failed to address any aspect of the GCC requirements of new registrants with regard to Clinical Governance CPD.

#### 4.3 Conclusions

The GCC's requirement for all registrants to reflect on their communication skills and competencies in the 2021/2022 CPD return resulted in a notable focus on communication in registrants' CPD considerations and activities, and led to educators providing relevant CPD opportunities. However, only 39% of the registrants included in this study reported communication-related CPD activity during the 2021/2022 CPD year.

Some registrants misunderstood the focussed CPD requirement, and referred to CPD activity unrelated to the intended topic in their answers to the communication questions.

Half of new registrants, for whom data were available, were apparently unaware of the requirement to undertake/reflect on CPD activity relating to the six key areas of clinical governance identified by the GCC. All the CPD activity reported in relation to these topics was provided by the RCC's online PRT modules, with only one exception.

#### 4.4 Recommendations

Recommendation 1: Consider producing guidance to highlight the intended *scope* of the focussed CPD required of all registrants when the topic is announced each year, i.e. the range of areas that a given focussed CPD topic might cover (for example, in relation to communication with patients, this could have included eliciting a case history, report of findings and care planning, informed consent, patient information/education, personal behaviours, shared decision-making, confidentiality, advertising, complaints, duty of candour, professional boundaries etc.)

Recommendation 2: Include specific reference to the CPD process, including the reflective responses expected in registrants' CPD returns, in new GCC guidance on Reflective Practice.

Recommendation 3: Review all communications with new graduates, including guidance documents, in relation to the clinical governance CPD requirement.

Recommendation 4: Develop a strategy involving all relevant stakeholders aimed at ensuring final year students are fully aware of their CPD obligations following graduation and registration.

Recommendation 5: Consider further investment in the CPD portal such that: (a) the requirement to report and reflect on clinical governance CPD activities is specifically prompted, and (b) a checklist is included in the submission page that registrants must complete before their return can be submitted.

## 5. References

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