



The Royal College of  
**Chiropractors**

**Evaluation of chiropractic registrants' responses to the focussed CPD questions posed and relevant CPD activities planned/undertaken for their 2022/2023 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 2022/23 CPD year

For the 2022/2023 CPD year, all GCC registrants were required to include a particular focus on consent relating to Principle E of The Code [3], which requires chiropractors to obtain informed consent for all aspects of patient care.

This focus on consent followed the publication of new guidance in July 2022 [4] that set out the basis on which patients provide consent to treatment. It underlines the requirement that registrants must be satisfied that consent has been given before undertaking any examination, investigation or treatment. Furthermore, it sets out the principles on which good clinical decisions should be based and provides a framework for good practice that covers the various situations that chiropractors may face in their work.

As part of their annual CPD return for 2022/2023, the information registrants were required to submit to the GCC, by 30 September 2023, self-reflection on their knowledge and competency concerning consent. Registrants were asked to let the GCC know how well they felt their knowledge and its application regarding consent enables them to provide a safe and effective service for their patients. If they identified any issues regarding consent, they were required to explain how they planned to address them.

The GCC included two questions on the online CPD portal to enable registrants to provide this information, as follows:

- 1) Thinking about your understanding and application of the consent process, including:

- Providing appropriate information about benefits, risk and choice
- Recording consent for examination and care
- Ongoing consent
- Capacity to give consent
- Parental consent, and
- Consent for sharing information,

(a) how well do you feel your current knowledge and practices in relation to consent address your patients' rights and best interests, and

(b) where do you think areas for your continuing professional development on this topic might be?

2) Thinking about areas for improvement in your understanding and application of the consent process,

(a) how have you/will you address these areas to enable you to improve your practice in this CPD year, and

(b) how do you intend to ensure your understanding and application of the consent process continues to develop in future years?

### 1.3 Additional focussed CPD for new registrants

For the 2022/23 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>
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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:

- familiarity with the principles of evidence-based practice.
- understanding of how an evidence-based approach impacts patient care.

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.

### **Clinical audit**

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:

- 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 current knowledge and practices in relation to consent address their patients' rights and best interests, and
- areas for continuing professional development chiropractic registrants identified in respect of consent.

### **Part II**

- The extent to which recent graduates reflected on 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.

The study also had the practical purpose of helping the GCC identify inadequate/non-compliant consent-related 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 consent questions 1 a,b and 2 a,b**

Responses to each of the consent questions were provided as an anonymised Excel data file for a random 10% sample of the register (370 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 370 registrants were read systematically by one investigator and categorised according to the themes 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 continuing professional development) were also used to characterise specific needs identified by registrants.

## 2.2 Analysis of CPD activities reported by registrants in relation to consent

All CPD activities reported by the 370 registrants were provided as an anonymised Excel data file. These reports were read by one investigator to identify consent-related activities and the nature/providers of those activities.

## **Part II**

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

CPD submissions were provided for 190 new registrants as an anonymised Excel data file.

Data recorded in the CPD subject field were read by one investigator 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][8]).

New registrant responses that were absent, or deemed inadequate for one or more reasons, were identified and notified to the GCC.

## **3. Results**

### **Part I**

#### 3.1 Analysis of registrants' responses to Question 1a: How well do you feel your current knowledge and practices in relation to consent address your patients' rights and best interests?



### 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 486 characters (range 9-1000).
- 95.7% (354/370) of responses were between 100 and 1000 characters.
- 4.3% (16/370) of responses were less than 100 characters, including very brief answers such as 'very well' or 'fine thanks'.

### 3.1.2 Registrants' statements regarding their knowledge and practices in relation to consent

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

Table 2. Themes identified and illustrative examples of responses among registrants' statements regarding their own current knowledge and practices in relation to consent.

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
<b>Concluded competence:</b> Conclusion of confidence/competence in relation to consent	<i>Having been a chiropractor for nearly 20 years I feel that my current knowledge and practice in relation to consent is excellent and addresses my patients' rights and best interests in every respect.</i>	275/370 (74.3%)
	<i>Perfectly well. Having read the GCC's Registrant Toolkit - 'Supporting Informed Consent' and the RCC's Chiropractic Practice Standard - 'Communicating with Patients', my current knowledge is up to date and my practices are consistent with the recommendations.</i>	
<b>Described practices/actions:</b> Description of consent-related practices, implying competence	<i>I reviewed the clinic consent forms with my Associates at the time in September of 2021. This addressed the requirement at the time of consent to treat a patient through a thorough explanation of the report of findings and if any issues may arise from the treatment outlined for their condition of complaint. We had already had a written consent to store the patients paper file and information on our secure system and a verbal consent to examine them.</i>	50/370 (13.5%)
	<i>I aim to cover all areas of consent for treatment with new patients at the initial consultation. I encourage patients to ask questions about what their expectations are and what they think the treatment will involve, and what knowledge or experience they have of chiropractic. Using this feedback I can gauge what the patients main concerns are and focus on these areas with relevance to the consent aspect of the consultation and hence address my patients questions.</i>	

<b>Described importance of consent-related knowledge &amp; practices/actions</b> , implying understanding and competence	<i>I consider clear and honest communication and respect of patients' rights and best interests to be of huge importance in any clinical encounter. This approach positively supports the patient/practitioner relationship, which may further impact treatment outcomes.</i>	11/370 (3%)
	<i>I feel consent is extremely important. it is vital and fair that the patient should be given all benefits vs risks and have the ability to consent themselves weighing up the risk/ benefit. If all information is provided to them or their carer/ guardian/ parent and they have the capacity to consent the consent process is correct as it is informed consent.</i>	
<b>Identified training need/s:</b> Concluded/implied not competent and have a need for more training	<i>My knowledge needs updating to meet current legislation regarding my patient's rights, and how to act in their best interest.</i>	6/370 (1.6%)
	<i>I feel my current knowledge may be outdated. I have numerous consent forms but know this is a fast moving area. I am always considering my patients best interests to want to make sure I am up to date.</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 consent, and/or did not answer the question posed.	<i>I feel comfortable with consent.</i>	28/370 (7.6%)
	<i>It's fine. I've been doing it for 38 years.</i>	
	<i>I regularly address my patients with consent, spelling out all the options.</i>	
	<i>I think I am doing everything that is needed to address patients' rights and interests.</i>	

### 3.2 Analysis of registrants' responses to Question 1b: Where do you think areas for your continuing professional development on this topic (consent) might be?

#### 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 323 characters.
- 86.5% (320/370) of responses were between 100 and 1000 characters (range 7-997).
- 13.5% (50/370) of responses were less than 100 characters.

#### 3.2.2 Registrants' statements regarding areas for continuing professional development on the topic for consent.

Three main themes or types of response were identified among registrants' statements, as illustrated in Table 3, below. Whilst there was some apparent overlap among themes, only the theme that was deemed to dominate the response was recorded.

Table 3. Themes identified and illustrative examples of responses among registrants' statements regarding areas for continuing professional development on the topic of consent.

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
<b>Reflective, specific*:</b> Reflection on need, with area/s of consent clearly identified.	<i>My weakness is in in the areas of capacity and parental consent. I do have a specialist paediatric chiropractor working with me who deals with all minors, so I will particularly read around capacity as this is relevant to my practice.</i>	244/370 (65.9%)
	<i>I believe communication would be the best area for further CPD, this is because it would allow for better explanation about benefits, risk &amp; choice. This is something I could improve as I recently had a patient where I had explained the process and they went away thinking something else and I believe this was down to my communication.</i>	
<b>Reflective, non-specific:</b> Acknowledged a general need for CPD on the topic of consent, but no specific need identified.	<i>I think ensuring that I keep myself up to date and well informed via the GCC code of conduct and being aware of changes is sufficient as I genuinely feel this is something I do well.</i>	57/370 (15.4%)
	<i>Whilst there are courses available to refresh knowledge of consent, due to my role i regularly review codes of practice and guidelines related to consent and use these to update teaching resources. Therefore, my CPD for this year will be to continue reviewing relevant literature related to consent.</i>	
<b>No need:</b> No need for CPD in the area of consent.	<i>I don't feel there are any areas to improve currently on this topic, but will strive to keep it up to date with clinical best practice.</i>	15/370 (4.1%)
	<i>I'm not aware of any deficits I have with my understanding of consent and continued consent but I am always open to further learning on the subject as I do believe it is of vital importance that patients feel that they have given their full consent and continue to do so.</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 consent, and/or did not answer the question posed.	<i>An occasional email outlining best practice will suffice for me thank you.</i>	54/370 (14.6%)
	<i>I will attend a CPD course for the next year.</i>	
	<i>It is important to keep oneself up to date with latest best practice.</i>	
	<i>Continuing to review any changing requirements as indicated by the General Chiropractic Council.</i>	

\*See section 3.2.3 for areas identified

### 3.2.3 Areas for improvement specifically identified by registrants in respect of consent.

The specific areas identified for continuing professional development on the topic of consent by the 244/370 registrants are shown in Table 4, below.

**Table 4. Specific areas identified by registrants for continuing professional development on the topic of consent**

<b>Area for improvement</b>	<b>Proportion of registrants*</b>
Communication consideration	44/244 (18%)
Ongoing consent	37/244 (15.2%)
Capacity to give consent	36/244 (14.8%)
Communicating risk	34/244 (13.9%)
Gillick competency	18/244 (7.4%)
Documentation	17/244 (7%)
Parental consent	14/244 (5.7%)
Legislation around consent	12/244 (4.9%)
Consent for data sharing	10/244 (4.1%)
Vulnerable people	9/244 (3.7%)
Cultural considerations	5/244 (2%)
Language barriers	5/244 (2%)
Other	6/244 (2.5%)

\*126/370 (34%) registrants did not clearly identify a specific area of consent for continuing professional development (see table 3).

### 3.3 Analysis of registrants’ responses to Question 2a: Thinking about areas for improvement in your understanding and application of the consent process, how have you/will you address these areas 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 336 characters.
- 86.5% (320/370) of responses were between 100 and 1000 characters (range 38-998).
- 13.5% (50/370) of responses were less than 100 characters.

#### 3.3.2 Registrants’ statements regarding areas for improvement in their understanding and application of the consent process.

Four main themes or types of response were identified, as illustrated in Table 5. Whilst there was some apparent overlap among themes, only the theme that was felt to dominate the response was recorded.

Table 5. Themes identified and illustrative examples of responses among registrants’ statements regarding how they will address the topic of consent to enable them to improve their practice in this CPD year.

<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 updated my consent procedures by checking in with my patients if they consent to being adjusted, especially before cervical adjustments of course, and making sure I record this verbal consent as well as the written consent documents.</i>	108/370 (29.2%)
	<i>Having reviewed the consent process, I have revised my paperwork with regard to evidencing all aspects of consent in a clear and consistent manner. I have also revised the clinic referral processes between practitioners, to ensure the consent element is clear to all parties and patient alike.</i>	
<b>CPD planned</b> - to address gaps/areas for improvement.	<i>The RCC and BCA have offered seminars on these matters and I intend to review these resources and update our systems accordingly. I will then make this a fundamental part of our quarterly clinic team meeting so all clinicians and admin staff are brought up to date.</i>	101/370 (27.3%)
	<i>I endeavour to broaden my knowledge of the multiple factors that inform the consent process by committing to studying the process of consent. This year I will be watching the online video session provided by the BCA entitled 'Talking about consent' with Dr Richard Brown.</i>	
<b>Practice changed</b> following reflection on areas for improvement.	<i>I will continue to use the verbal agreements that I have always used and I will be much better at recording that consent has been obtained. I will also be less optimistic about the patients outcome so as not to raise expectations and I shall also point out the potential risks of my treatment and the risks of other treatment options as well as potential serious symptoms to look out for that may need urgent medical intervention if necessary.</i>	104/370 (28.1%)
	<i>I have improved my patients notes to show that consent has been gotten with every contact. That patients have understood what's been done and why. To ask and document that the patient has been able to ask questions, and they have fully understood my answers if they then have need for further help that there is always a way to ask further advice.</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 consent, and/or did not answer the question posed	<i>Keep teaching the students about its importance.</i>	57/370 (15.4%)
	<i>To ensure that communication and learning with associates and hearing their experiences is part of the continual process.</i>	
	<i>I will re assess their maintained program on a 4 - 6 month basis.</i>	
	<i>I've been addressing consent for 38 years without any issues.</i>	

### 3.3.3 CPD activities reported by registrants on the topic of consent

The 370 registrants included in this study reported a total of 2750 CPD activities for the year. 140 (39%) of these registrants undertook a total of 206 CPD activities (7.5% of the total activities reported) that appeared to relate to consent. Table 5, below, identifies the most frequently reported CPD activities among the 206 consent-related activities. The remaining consent-related activities reported were non-specific in nature.

Table 6. CPD activities reported by registrants on the topic of consent

<b>CPD activity</b>	<b>Proportion of activities reported</b>
BCA Webinar: Talking about consent (Richard Brown)	28/206 (13.6%)
MCA Webinar: Consent - A practical guide	28/206 (13.6%)
UCA Webinar: Consent – What you need to know	13/206 (6.3%)
SCA Webinar: Communications and consent	3/206 (1.5%)
Miscellaneous events/activities	134/206 (65%)

### 3.4 Analysis of registrants’ responses to Question 2b: How do you intend to ensure your understanding and application of the consent process continues 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 276 characters.
- 86.2% (319/370) of responses were between 100 and 1000 characters (range 21-984).
- 13.8% (51/370) of responses were less than 100 characters.

#### 3.4.2 Registrants’ statements regarding intentions to ensure their understanding and application of the consent process continues 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 understanding and application of the consent process continues to develop in future years.

<b>Theme</b>	<b>Illustrative registrant statements</b>	<b>Proportion of responses</b>
Intention to undertake further <b>CPD activity</b>	<i>I intend to keep up with all new research articles and court cases relating to chiropractic manipulation in order to be aware of the current evidence on associated risks, or lack thereof. I will follow podcasts and speakers who focus on analysing evidence-based research.</i>	221/370 (59.7%)
	<i>In the coming years, my understanding and application of the consent process will develop through a continual review of</i>	

	<i>The Code and Guidance provided by the GCC and also through various learning opportunities and seminars offered by the Royal College and/or my association as they become available.</i>	
<b>Action / practice what has been learned</b> through past CPD activity	<i>I will continue to explain what the treatment in tails, what I am going to do at each stage of an adjustment, get consent before each session and continue to make sure any questions that my patient may have is answered.</i>	101/370 (27.3%)
	<i>I will make sure I gain consent as much as possible, both written and verbal, from all patients in different situations. In desperate situation, such as patients with severe acute pain, I will need to remind myself even more in terms of communicating better and gaining consent.</i>	
<b>Self-reflect</b> on performance	<i>By reflective practice and by continuing to check whether there are any gaps or areas that need particular attention.</i>	12/370 (3.2%)
	<i>I intend to continue reflecting on my consent discussions with individual patients as they occur and look to improve my skills in gaining patient consent as an ongoing process.</i>	
<b>Seek patient views</b> on performance	<i>To receive feedback from patients to know that they feel protected and fully informed about their experience with myself.</i>	3/370 (<1%)
	<i>I will keep on asking if each patient has actually understood what I have been explaining and I shall continue to reflect on the learning needs if any problems occur. I shall keep asking for the feedback from each patient so as I know that they have informed consent.</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>I will make a note in their file that consent was given.</i>	33/370 (8.9%)
	<i>Review on an annual basis.</i>	
	<i>I don't see that there's any need for further development in this area.</i>	
	<i>I will attend a lecture or review with an online lecture.</i>	

## Part II

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

Of the 190 new registrants for which data was provided:

- 43/190 (22.1%) recent registrants reported they had completed all 6 of the RCC's PRT Clinical Governance modules, thus covering all 6 of the required Clinical Governance topics.
- 8/190 (4.2%) recent registrants reported they had completed between 1 and 4 of the RCC's PRT Clinical Governance modules, thus covering a proportion of the required Clinical Governance topics.

- 9/190 (4.7%) recent registrants reported relevant activities in relation to all 6 clinical governance topics but it was unclear how the topics had been covered.
- 3/190 (1.6%) recent registrants reported relevant activities in relation to between 2 and 5 of the clinical governance topics but it was unclear how the topics had been covered.
- 127/190 (66.8%) 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. Note that 32 of these 127 appeared to be taking part in other PRT activities.

#### **4. Discussion, recommendations and conclusion**

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

The consent-focussed questions aimed to elicit reflective responses by posing suitably 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 understanding and application of the consent process, how well do you feel your current knowledge and practices in relation to consent address your patients' rights and best interests?), over 95% of responses were of the requested length (Section 3.1.1). This proportion was up from 91% for the 2021/22 CPD year [9]. At 486 characters, the mean length of responses was also up from 344 characters for the 2021/22 CPD year. The proportion of responses that were very brief and indicative of a lack of engagement in the process was 4.3%, down from 9% for the 2021/22 CPD year. These findings indicate an improvement in registrants' engagement with the process of reflecting on their professional development needs.

A large majority of registrants (91%) indicated in their responses that they were competent in relation to consent either by making statements about their competence, implying competence through their actions/practices or by identifying the importance of consent-related practices. Only 6/370 (1.6%) registrants indicated they lacked competence (section 3.1.2).

The proportion of responses deemed inadequate on the basis that they did not provide sufficient information to demonstrate a reflective and diligent approach, and/or were not specifically focused on consent, and/or did not answer the question posed was 7.6%, down from 12% for the 2021/22 CPD year [9].

For question 1b (Where do you think areas for your continuing professional development on this topic might be?), the mean length of responses, 323 (section 3.2.1) was up from 259 for the 2021/22 CPD year [9].

Almost two thirds of registrants identified specific professional development needs with regard to consent, up from 58.8% for the 2021/22 CPD year [9]. A further 15.4% acknowledged a general, non-specific need for further development. A small minority (4.1%) felt they had no need for further professional development in the area of consent. 14.6% of responses were deemed inadequate (section 3.2.2); the equivalent figure was 14% for the 2021/22 CPD year [9].

A range of specific areas for professional development were identified by registrants with general communication considerations, ongoing consent, capacity to give consent and communicating risk being the most frequently cited (section 3.2.3).



For question 2a (Thinking about areas for improvement in your understanding and application of the consent process, how have you/will you address these areas to enable you to improve your practice in this CPD year?), the mean length of responses, 336 (section 3.2.2) was up from 246 for the 2021/22 CPD year [9].

29.2% of registrants reported they had undertaken CPD to address areas for improvement in relation to consent (Table 6) whereas 39% actually recorded CPD in this topic area (section 3.2.4). Discounting those who had provided responses deemed inadequate (15.4% - compared to 25.8% for the 2021/22 CPD year [9]), *all* registrants reported they had either undertaken consent-related CPD, planned to undertake consent-related CPD or had changed their practice following reflection on areas for improvement (section 3.3.2).

A broad range of CPD activities were reportedly undertaken by 39% of the registrants with webinars provided by the professional associations making up a significant proportion of these (Table 5).

For question 2b (How do you intend to ensure your understanding and application of the consent process continues to develop in future years?), it was apparent from their responses that some registrants found it difficult to express distinct development activities and plans for the longer term compared to immediate plans. The majority of registrants (87%) expressed an intention to undertake further CPD activity or to practice appropriately in the future. Small proportions referred to reflective practice or seeking patient feedback to guide their development. 8.9% of responses were deemed inadequate (section 3.4.2) compared with 17.6% for the 2021/22 CPD year [9].

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

CPD submission data was available for 190 new GCC registrants who were recent graduates. Of these, 52/190 (27.4%) claimed to have covered all 6 of the required clinical governance topics; this compares with 17/48 (35.4%) for 2021/22 [9]. Of these, 42 had completed the RCC's clinical governance PRT learning modules.

A further 20/190 (10.5%) new registrants reported they had covered at least some of the clinical governance material.

A large majority of recent graduates (127/190 (66.8%)) did not report any clinical governance CPD activity. However, 32 of these registrants reported other PRT activity suggesting that they would either (a) undertake the relevant clinical governance modules in due course, or (b) had just failed to report their clinical governance CPD activities.

#### 4.3 Conclusions

The GCC's requirement for all registrants to reflect on their knowledge and application of consent processes in the 2022/2023 CPD return resulted in a notable focus on consent in registrants' CPD considerations and activities.

This study noted an increase in the average length, i.e. comprehensiveness, of responses to all of the focussed CPD questions for 2022/23 compared to the 2021/22 CPD year. Moreover, there was a clear decrease in the proportion of responses deemed inadequate for three of the four questions.

The majority of new registrants failed to register any of the required CPD covering the six defined areas of Clinical Governance. Whilst measures have been taken by the GCC to improve awareness amongst new registrants of the Clinical Governance CPD requirement in the form of familiarisation webinars, it would appear that these measures are not adequate. Since compliance with the GCC's CPD requirements is an essential element of assuring safe and competent practice, ensuring new registrants understand and meet their CPD obligations at the start of their professional careers is a priority.

The report of chiropractic registrants' responses to the focussed CPD questions for their 2021/2022 CPD returns [7] recommended the provision of guidance to highlight the intended *scope* of focussed CPD, and it was noted that this was included in the reporting portal for 2022/23 within question 1a. Another recommendation to include specific reference to the CPD process, including the reflective responses expected in registrants' CPD returns, has also been implemented with the publication of a GCC Toolkit on Reflective Practice [10].

#### 4.4 Recommendations

Recommendation 1: Review all communications with new graduates, including guidance documents, in relation to the clinical governance CPD requirement. Consider requiring new registrants to sign a declaration that they have received the necessary information and understand their CPD obligations.

Recommendation 2: Develop a strategy involving all relevant stakeholders aimed at ensuring all final year students are fully aware of their CPD obligations following graduation and registration.

Recommendation 3: 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. Alternatively, provide a separate online form (via SurveyMonkey for example) for new registrants to submit their clinical governance CPD return.

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