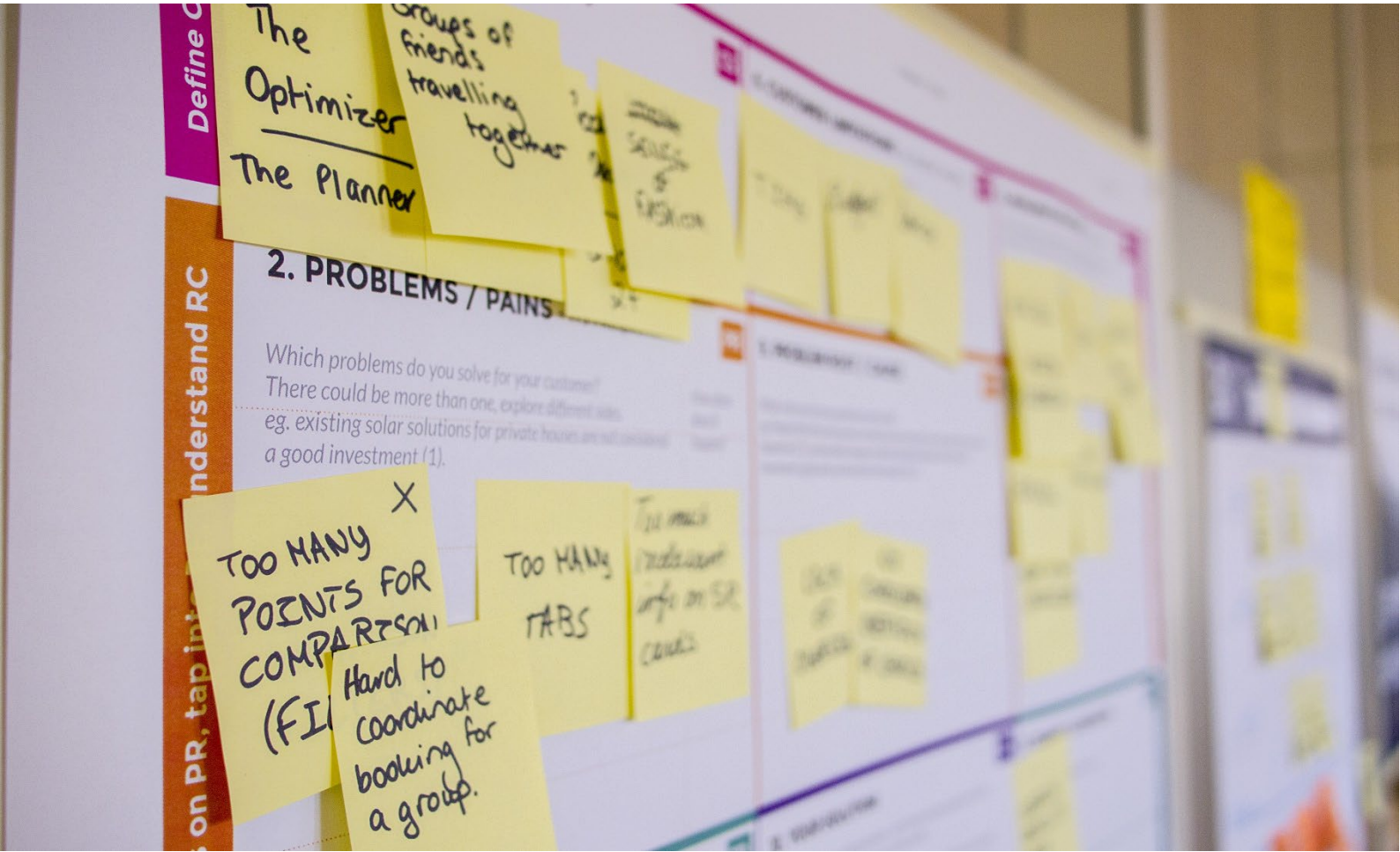
The Code Conversation

Feedback from engagement sessions

June 2024

community research

Bringing the voices of communities into the heart of organisations



Contents

1. Background

The GCC Code encompasses both a standard of proficiency and standards of conduct and practice for chiropractors. The GCC last consulted on the Code in 2015, with the Code coming into effect in 2016. Since then, the profession has evolved in response to changing patient expectations, and developments in wider healthcare. A review is, therefore, currently underway to ensure that the Code is relevant to current practice, continues to deliver effective public protection and confidence, and is understood by those who use it.

Engagement has been conducted to inform the development of revised values and principles: The Code Conversation. This has included a blog written by the GCC's Chief Executive and Registrar, Nick Jones, posing some food for thought. The blog was intentionally provocative, covering questions and concerns that are regularly raised by patients, chiropractors and other health practitioners within the GCC. The intention was to obtain a wider range of views than normally received that could inform the discussion and development of the new Code. The responses successfully delivered that; however, the unintended consequence was to unsettle some within the profession.

Some pre-engagement activities have, therefore, been conducted prior to the formal consultation phase. This has included the following:

- Discussion with Council members
- Meetings with the four Professional Associations
- Two online facilitated discussions with stakeholders at 12 noon and 7pm on the 1st May 2024 each lasting for 90 minutes
- One "in person" event with stakeholders at the GCC London offices on 15th May between 11am and 3pm

This report summarises the feedback from the online and in person events.

2. About the engagement sessions

2.1 Format and agenda

The online and in person sessions provided stakeholders with the chance to have input into GCC's Code Review, to ask questions, and for the GCC senior management team to field and answer these questions.

Both the in person event and the online sessions had an initial presentation from the GCC followed by a question and answer session.

Attendees of the online sessions could post questions which were then answered by the GCC team. These sessions were chaired by Christina Cunliffe who is Principal of the McTimoney College of Chiropractic who posed questions from attendees and from her own perspective. Some polling about specific issues was also conducted, with the results shown in the Appendix.

The format and length of the in person session meant that there was scope additionally for discussion and debate in smaller groups. These discussion sessions were moderated by facilitators from Community Research and discussions focussed on three main topics:

- The provision of patient information
- Clinical care plans and financial plans
- Working relations and professional boundaries

At all the sessions, some polling was conducted pre and post discussions about how attendees were feeling about the Code Review. Results are provided in Section 5.

2.2 Attendees

Excluding GCC staff, Community Research facilitators and the Chair, the sessions were attended by 141 attendees in total as follows:

- First online session – 46 attendees
- Second online session – 66 attendees
- In person session – 29 attendees

Attendees were a mix of individual registrants and also representatives of the various chiropractic associations. The British Chiropractic Association, the McTimoney Chiropractic Association, the Scottish Chiropractic Association and the United Chiropractic Association were all represented.

It is believed that the majority of attendees to the in-person event were from associations aligned with the Alliance of UK Chiropractors.

3. Emerging themes

The overarching themes that emerged from the three sessions are summarised below.

3.1 Querying the need for change

The Review of the Code was introduced at the sessions in the context of wider societal changes as well as changes in care since the previous review. There was some push back in relation to this in two respects:

- Firstly, it was questioned whether there has really been significant change in the past 10 years.

> Well, I can understand, say compared with 10 years ago, a slightly increased emphasis on EDI. But in every other way, I was like: 'Hmm, I don't think the world's changed that much.' The fundamental, basic things we're talking about – and most of it is already covered.
>
> In person session attendee

- Secondly, it was argued that the Code already covers key topics sufficiently well and is already 'evolutive':

> Why would you think society and the general care have changed a lot these past years or would need change? I do not agree with the reasons that just have been given. The evolution in terms of consent is already answered by the code. The Code is actually evolutive in the way it is written
>
> Online session attendee

It was mentioned that the Review could be done in a more fluid way so as to appear less daunting to registrants.

> It's correct, in my opinion, to look to continually improve how our profession manages itself. And this will always lead to changes in the guidance and code of practice. Improvement is what we wish to see in our patients. This could be looked at every ten years as on this occasion. But might a fluid ongoing way be found that might lead to gradual change and continuous change that might seem less daunting to Chiropractors?
>
> Online session attendee

There was some questioning of why poor practice that puts patients at risk of harm can't be dealt with by the complaints or fitness to practise processes rather than changes to the Code.

There was also a strong call for the GCC to reflect on what is good about the current Code and not 'throw the baby out with the bath water'. Attendees also cautioned about the need to carefully consider the possible downsides of any Code changes and

any associated unintended consequences, as well as the need for future proofing any changes.

3.2 Querying the evidence base for the Review

Concerns about the future direction of the Code coalesced around a number of related issues:

- A sense that decisions have already been made by the GCC in relation to changes to the Code
- Anger that these decisions (about Code content and/or the scope of the Review) have been made based on incomplete evidence or misapprehensions about how practice works on the ground (for example how open plan sessions work)
- Concern that the GCC is making decisions based on their own view of chiropractic care and using evidence selectively to substantiate this approach
    - An example was given at the in person session of evidence on reduced levels of sexual predation at open plan clinics not being factored into considerations about their use, when negative evidence was cited more readily

> The conflation of open plan with high volume raises concerns that the Council is not open to diverse views and practice styles. Discussions about acceptability of open plan have been ongoing for over 20 years that I know of. How does the Council plan to make itself open to diversity in the profession. P.S. I practice closed rooms.
>
> Online session attendee

> It feels like the GCC have picked ways of practice they dislike and are changing the Code to hamper these. Yet patients aren't making complaints about these styles or approaches to practice
>
> Online session attendee

There was strong feeling at the in person session that the GCC was using complaints data and information from the Pulse survey to make decisions. There was the mistaken perception that the Pulse survey only goes to a small proportion of registrants and this, combined with the negativity of the complaints, was felt to give a skewed perspective meaning that the evidence is not being balanced by feedback from patients and registrants that is more positive. There was a call for more detail on the evidence that has been used to inform decisions to date.

3.3 Call for inclusion / consideration of 'wellness' or 'lifestyle' care

There was debate about the GCC's current stance on wellness care and, if and how, this is influencing what is in scope for review and the GCC's focus moving forwards. There was some concern that the GCC doesn't understand this part of the profession and is trying to circumscribe registrants' ability to practise how they choose and restrict patient choice in this area.

> I feel like historically, the GCC has only had an ear to one element of the profession, one style of practice and not really considering the full diversity and breadth that exists within the profession. And that's why there's so many people here today.
>
> In person session attendee

The focus on 'high volume' clinics, open plan clinics and long term treatment/payment plans are all seen as part of this overall issue.

> It seems that the GCC raised the topic of open planned practice without understanding how it works....the trap is that we judge different practice styles without understanding how these practice types work...is this the same for understanding what is high volume...? What one person thinks is high volume is not the same for someone else ....
>
> Online session attendee

> You keep mentioning inclusivity, but you've questioned whether open plan adjusting should be a thing. I don't think you care about inclusivity within the profession.
>
> Online session attendee

There were questions at both online sessions about the composition of the GCC Council including whether it is possible to ensure equal representation from all four chiropractic associations and if Council members have to be practising chiropractors. These stem back to concerns that the GCC does not fully appreciate how practice works on the ground or considers the diversity of the profession in its decisions.

There was a strong call for the wellness side of the profession to be reflected clearly and consistently in the Code – like it is currently in the glossary.

> So if you're going to have that written in the glossary of the Code – which I think is fantastic, by the way – it is a salutogenic model, which is the opposite, is the companion model to the pathogenic model, which it currently is based on. So those two sit alongside, next to each other, as brother and sister and as a community, we work across both of them and I think our Code throughout should reflect that we work across both of them, because it's already in the Code.
>
> In person session attendee

> I liked Andrew's distinction that the Code has come from a treatment approach and does not explicitly comment on lifestyle or asymptomatic care and thus not reflective of it. Will this be expanded on?
>
> In person session attendee

3.4 Concern about the GCC proscribing specific ways of practising

There was concern from some attendees that their autonomy would be reduced in that they will not, in future, be able to practise in the way that they currently do. For example, there was anxiety that the GCC may ban open plan treatment rooms or long-term treatment plans.

> It felt like the reassurance from Nick that [the GCC will not be] banning open plan / limiting treatment visit numbers was what most people really wanted to hear the most.
>
> In person session attendee (evaluation feedback)

> Will the Code ban wellness care when the patient is out of pain?
>
> Online session attendee

It was argued that moves to do ban specific approaches would limit patient choice and that patients would be adversely affected as they will no longer be able to benefit from the type of care that they currently receive. There was concern that the profession would no longer be able to cater to the diversity of patient needs.

> Care that makes you feel good = improves mobility, reduces muscle tension, improves relaxation. Why limit treatment options for patients for ad hoc treatment?
>
> Online session attendee

3.5 Concern about a move to greater prescription

There was evident anxiety about a shift towards more prescription in the Code rather than a more principles based approach. The idea of more signposting to other regulations/guidance rather than adding to the Code was welcomed as there were thought to be risks associated with creating potential conflict with other regulatory aspects that couldn't be foreseen.

There was an assumption that there may be an attempt within the Code to quantify how many chiropractic care sessions a patient should have – with concern that this number may be too high or too low to be effective.

> Are they implying that patients should have care during X amount of time for the care to be effective? A lot of our patients choose to come for care with us because we do not extend their visit over what needs to be done. In numerous of cases, they would choose to not come to care because they don't have enough time to dedicate to it.
>
> Online session attendee

The mention in the Blog of ensuring chiropractors write to GPs after every patient consultation was seen to be part of the move in the direction of greater prescription.

A relatively large number of the questions/comments at the online session were focussed on this, with concern about increasing levels of bureaucracy taking away from time spent on patient care.

> Reviewing a Code does not mean changing it, especially when the world's tendency in terms of care recently reflected on its failure partly due to bureaucracy taking time away from care. Other professions are learning from this exact mistake, so is the plan now to do it in chiropractic as well?
>
> Online session attendee

There was some discussion throughout the sessions about the desirability of increased information in the toolkits[1] rather than in the Code itself. It was suggested that GCC could consider ways of sharing good practice rather than necessarily being more prescriptive in the Code.

> Many practices have solved the problems of record keeping and GP letter writing and consults for further care and elective care to a high standard. What are you doing to mine the resource that exists already in the profession?
>
> Online session attendee

Mention was also made of guidance on various topics being available from the associations and the sense that they are the right place for registrants to go for more granular detail.

3.6 Call for clarity about terminology and definitions

Throughout discussions attendees questioned the use of specific terminology and asked for a clear definition – related to concerns that the GCC may deem a certain number of patients to be high volume and care over a certain period to be extended.

Attendees at all sessions queried how the GCC is thinking about defining:

- Long-term or extended care
- High volume care

All the above terms were perceived to have negative connotations.

Linked to this, attendees called for the GCC to carefully consider the language used in the Code. For example, it was mentioned that some chiropractors do not like the use of the term 'treatment', instead preferring 'adjustments' or 'care'. Again this plays to the perception that the Code is currently written with the medical model of care in mind.

[1] It should be noted that throughout discussions there was some evident confusion about the distinction between guidance and toolkits with the terms used somewhat interchangeably

3.7 Perceived gaps in the Code

There were a number of areas that attendees felt could benefit from additional consideration or focus on in the Code Review:

- More guidance on the appropriate use of technology generally, including:
  - More advice on social media use by individual chiropractors and also in relation to advertising services[2]. Some queried what the GCC guidance was in relation to chiropractors using their personal social media for expressing non-conformist views e.g. on vaccinations.
  - How to deal with Google reviews
  - More advice on use of online consultations
- Greater focus on communication given that it is at the heart of care.
  - For example, giving patients clear information on the likely side effects of treatment.
  - Although it was also commented that more could be done in terms of effective communication in the education curriculum rather than in the Code
- Strengthening what is said in relation to complaints/concerns about other registrants i.e. advice about when it's appropriate to go directly to the registrant to discuss the issue.
- There was one attendee who thought that requirements around CPD could be tightened so that registrants have to demonstrate that they do more learning and development. This was a minority view in the group discussion, however.

[2] Social media advice is currently in the Guidance but some attendees were unaware of this detail

3.8 Other issues

At one of the online sessions there were also some questions about registrant fees – about whether they could be reduced and, particularly whether new graduates could get a discounted rate or if the rate could be calculated on a pro-rata basis if they are not working all year.

In terms of other specific points, the following were mentioned:

- One attendee asked for reassurance that asking a question wouldn't lead to negative repercussions.
- It was queried whether the Blog will be taken down from the website as there was some concern that it could be misleading in terms of what the GCC intends to do in respect of the Code Review.
- Advance notice of any future engagement was also requested.

4. Specific discussion topics

The in person session gave greater scope for discussion and debate in small groups and these focussed on three key topic areas.

4.1 Patient information

There was some debate about whether there should be a basic level of explanation about chiropractic care (and different types of treatment) to new patients and also whether this information should be formatted in a standardised way so patients can make informed comparisons.

There were mixed views about the desirability of this:

- Some saw this suggestion as a way of narrowing down what is chiropractic care (bringing up issues of diversity and inclusion).
- Others felt that it would be impossible given the sheer range of conditions and types of care (and the differences in types of practise even within those trained by the same colleges).

> Due to the variety of conditions patients present with, no document could accurately describe how the chiropractor works in each case.
>
> Online session attendee

- Some felt it could be counterproductive as it would be overwhelming for patients at a time when they want clarity.
- Some felt that it would be a helpful move (particularly during initial visits when more information is needed) as it would allow for a structured conversation which would ensure that patients are making a more informed decision about treatment choice and that they are more satisfied with their choices as a result.
  - However, it was stressed that direction around this area should not be too prescriptive and the information shouldn't include value judgements about what different types of treatment are effective for.
  - There was a call for the information to be included in toolkits rather than the Code or guidance.

> Chiropractic is a broad church of philosophies and techniques and approaches and our role – and we have a right and it's important that we have that, because we appeal to lots of different types of patients. And certainly, some patients probably prefer to see [NAME] than me; he does something slightly different and that's a good thing. But I think our responsibility is just to be very clear about what we do and to say ours is not the only option, perhaps; but there are other options.
>
> In person attendee

> If you've had it before, you might think: 'Well, that worked really well; I want to see someone who does that.' Whereas if you've never been before, you might not care, because you don't know, you've got no frame of reference. So having something that you can even signpost people to and say: 'Look, I'm not sure what you think I do, but if you look here, this can run you through what's out there.'
>
> In person session attendee

> I think having something that says that there are many techniques that can be used with efficacy and you get to choose, I don't think that's a bad thing; but I think if we start saying that this is effective for this or this is effective for that, that's where we might potentially have a bit of a stumbling block.
>
> In person session attendee

An alternative suggestion was that there could be some information that explains that there are different types of care rather than going into granular detail.

> And from a guidance point of view, you could take it to that stage, like: 'It is our duty to explain to patients how we're going to do that and how that care … and there are many different types of care. This, I'm an expert, trained in; this, I have no knowledge of.' …
>
> In person session attendee

These mixed views were also reflected in the polling at the second online session, with 15 attendees agreeing with the statement '*Should the Code contain a standard requiring all chiropractors to make available a written "how I work" document?*'; 24 disagreeing and 12 unsure.

There was some discussion about things that registrants were already doing in this respect, such as patient leaflets or prequalification phone calls to prospective patients which give a chance to ask questions and an explanation of their style of practice.

One attendee mentioned that they would find a standardised template for consent a useful addition to the toolkits.

4.2 Care plans and payment plans

Care plans

There was a general feeling that issues relating to care plans are adequately covered by the Code already – for example in relation to informed consent, patient choice, good communication.

Concerns came to the fore about the GCC being overly prescriptive in terms of defining what constitutes a long-term or extended plan (as well as the language used). There was discussion about the fact that treatment over a longer period of time was not

inherently wrong, with mention of the importance of treating the core issues rather than symptoms and of scientific evidence showing the efficacy of maintenance plans. There was also some feeling that patients these days are a 'savvy bunch' who are well able to make informed decisions.

There was concern that changes to the Code were being considered because of a lack of understanding about the benefits of treatment over a period of time. The associated point was made that there are also risks involved in under-treating and this is something that isn't covered in the Code currently.

> There's this six visits that's talked about a lot. The people that have only seen people for six visits have not seen someone for 66 visits, so everyone will have seen someone for six visits and they've got that understanding, coming from university. Has anyone actually done the long-term care or wellness care? And seen the differences that you can make.
>
> In person session attendee

> If you're running a clinic, the more re-exams you're doing, the more re-assessments, the more you start to present patients with how they're improving, the more you give them more…they're building on their health decisions and their behaviour patterns, the more you end up with a longer care plan, because they start to see the benefits they're getting. And their patient goals start to move.
>
> In person attendee

Instead of being more prescriptive in this area, it was suggested that more use could be made of specific evidence in pinpointing possible patient harm i.e. reviewing care patterns with red flags if the same care plan is being drawn up for every patient.

> That diversity is our greatest strength, but it will also be our downfall, because if you've got people doing really massive, high volume stuff and they're standardising it across the board for everybody, I think that's questionable.
>
> In person session attendee

There was broad consensus that reviewing ongoing care is crucially important.

> There's a change that I've made in the last year and actually, when I start care and continue, re-seeking and making sure they're understanding, it's beneficial. It provokes you to have a conversation about why you're continuing.
>
> In person session attendee

However, there was some difference of opinion about whether the topic of reviews is sufficiently covered in the current Code. The majority thought it was given the focus on Consent and felt strongly that the GCC shouldn't be looking to go further prescribe

specific conversations between registrants and patients about ongoing care. A minority felt that the Code could maybe be strengthened in relation to the content (both objective and subjective evaluation) and the quality of that review.

Payment plans

Whilst there was some understanding about the possibility of some chiropractors taking financial advantage of patients, the payment plans were not seen as being inherently wrong:

- Plans help patients afford the recommended care who may not be able to do so otherwise.
  - There tends to be more intense care at the start so a plan helps patients spread the cost across the whole period of their care.
- There are safeguards involved in having regular care reviews.
- There are also safeguards in place in that patients need to be offered PAYG options and easy access to refunds if they decide not to continue.
  - It was mentioned that the professional associations already have clear guidance on this, although some felt that this could perhaps this could be more clearly signposted.

> And you can either choose to, by law, offer a pay-as-you-go, because our Code says you must, or we can voluntarily, as an autonomous practice owner, offer you a means of paying for that in an up-front fashion with a discount. Now, that does not tie you to care. You could pay a sum of money to me today, because you make a decision today to say yes, everything you said sounded fantastic and I'd love to get going. And then tomorrow, you come back and go: 'I've changed my mind,' and you'll have all your money back. And that is already in the Code.
>
> In person session attendee

> And I think that is such an important distinction that has to be made, really from chiropractors, is: if you sell plans of any description, that money doesn't belong to you until you have actually provided the service.
>
> In person session attendee

- Similarly, payment plans that are longer than care plans were not felt to be inherently wrong if refunds are available and there is transparency with the patient.
- Comparisons were made with the dental profession where payment plans have been in existence for some time. There was a call for GCC to consider what GDC does in respect of their standards in this area. There was some feeling that chiropractors are being held to a higher standard than some other health professionals in this area.

Separation of care plans and payment plans

There were mixed views about the desirability of separating out care plans and payment plans in the Code. At the online sessions, half of attendees voted yes to this suggestion at the first session and two-fifths at the second session.

Some felt that they naturally separated out discussions, with any conversation about payment coming after discussion of the care plan.

> So when I make my recommendations, I will go through them and I'll explain to them what it is I think that they need and I say: 'You've got three ways of paying. You can pay as you go, you can split it into three, or you can pay up front. The up front saves you the most money; the choice is yours. Your finances are none of my business. How you want to pay is how you want to pay.'
>
> In person session attendee

> A patients' care should be clinically led, outcomes directed and supported by payment options.... not directed by a payment plan that can seem to determine the amount of care...The principle of the patients care needs come first ....
>
> Online session attendee

Others felt that care plans and payment plans are naturally aligned:

> Would it not make more sense to have them aligned as you are creating an agreement of care (which can change, but refunds are an option). This would make more sense to the patient in my opinion. We have to offer PAYG as standard.
>
> Online session attendee

A point was made that issues arose when discounts are linked to how much care someone receives:

> So for example, someone might sell, if you will, from a business head, 6 visits, 12 visits, 20 visits, however many; but that isn't saying: 'You are now tied to twice a week for a month to cover those 20 visits.'
>
> In person session attendee

A hypothetical scenario was given of a patient being offered an appointment immediately if they signed up to a payment plan but having to wait if they opted for pay as you go. All the attendees were surprised by this practice and all felt that this was wrong. However, some did mention perks of being a member of a plan i.e. staying on old fee structure; receiving newsletters etc.

As with other topics, there was resistance to the idea of more detail being included in the Code in this respect but some would like to see information in the form of guidance/toolkits.

> In terms of code, we say transparency and boundaried practice, be that care, clinical, financial, that's boundaried practice and it's clear communication and transparent. And then, in the guidelines, perhaps elaborate on guidance for the financial plans and the care plan review time, perhaps.
>
> In person session attendee

4.3 Working relationships

The issue of if and how registrants, who are working in difficult working environments, are protected was raised spontaneously at the in person session. It was generally felt that the Code should not duplicate rules/guidelines provided by other regulators or in law and that it should, instead, clearly signpost to appropriate information. If it is in the Code, there is the danger of it not evolving or changing when necessary.

> Anything that is covered under any national rules, laws, whatever, should be signposted from the Code and the Code should be kept as simple as possible, with the guidance being more explicit, with more examples and things like that. So the guidance should be much bigger than the Code.
>
> In person session attendee

At the second online session attendees were asked the following polling question '*Should the Code define the obligations on registrants when they are delegating responsibilities to unregistered colleagues?*'. Around half of attendees (24 of 49) agreed, a further 16 disagreed and 9 were unsure.

One breakout group specifically discussed this topic at the in person session. To highlight some of the issues, attendees were given a hypothetical scenario in relation to an error by a chiropractic assistant working under the direction of a chiropractor and questions were asked around who had responsibility for the actions of the assistant.

Most agreed that, in this instance, responsibility lay with chiropractor as the assistant was clearly working under their direction. Attendees went on to debate where responsibility would lie if an error had been made while a patient was being seen by a different recognised professional working within the same clinic, with specific reference made to a Soft Tissue Therapist. Here it became very apparent that there was a need to distinguish between whether the patient had been referred to this professional by the chiropractor or was working under the direction of the chiropractor. With attendees recognising that this should be documented and highlighting that, if it was clear that a referral had been made (or indeed that the patient has self-referred),

the professional being referred to was bound by their own professional standards and covered by their own insurance.

> And again, it comes out to documentation that you have made a referral to this person for assessment and care, according to their regulations and body, or are you describing what you want them to do and being very clear in your notes and keep a treatment plan or care plan for your patient, what you're doing?
>
> In person session attendee

> We took legal advice on this and it actually does depend on whether they are actually doing a direction or not. So if you've told the massage therapist: 'Go and sort that lady's quads,' you've told them to do that, so if that goes wrong, then that patient, then, has got comeback on you. But if they're acting independently, so they are in your clinic, but they are practising as an independent practitioner, then it's on their insurance, not yours.
>
> In person meeting attendee

Some attendees felt that the guidance/toolkits (as opposed to the Code) could support registrants in making and recording this distinction by suggesting appropriate wording to include in the patient notes.

> So just some guidance around … And this could include examples … What does that look like, that: 'Oh, yes, as long as I'm using this wording, it's really clear.'? Because in leaving the wording open to any aspect of it, it also leaves it open to interpretation…. And that, to me, comes under guidance, too.
>
> In person meeting attendee

Attendees also questioned whether the assistant chiropractor in the scenario was working under the supervision of the practice owner or under the supervision of an associate chiropractor. They pointed out that the assistant chiropractor could have been trained by a chiropractor who was the practice owner but be working under the direction of an associate chiropractor. In this instance, they queried if the practice owner who had provided the training also had some responsibility for the error (assuming it may not have been adequate).

> But it was probably the clinic owner that trained them to do the setup. Does that make sense? So in that instance, is it the responsibility of the associate to have checked they know how to do it, or the responsibility of the practice owner? Because the practice owner might not want their tech CAs being checked by their associates.
>
> In person meeting attendee

This led to further debate, that ultimately highlighted that associate chiropractors should be responsible for their own practice. There was some evident concern that revisions to the Code might somehow place more responsibilities on the practice owner.

> But essentially, what's the point in being a professional, going through everything, if you're not held to account in your own licence?
>
> In person meeting attendee

> If they're registered, then we shouldn't have to worry. Our due diligence should be: are you GCC registered, do you have insurance? Because actually, they wouldn't have got registration, they wouldn't have got to that point if they weren't fit to practise.
>
> In person meeting attendee

Discussions also touched upon an example of a chiropractor who is recently qualified and has been in their first job for six months having some concerns about the clinic in which they are working. They raised them with the practice owner (a registered chiropractor) who is unwilling to address the concerns and threatened the newly qualified chiropractor that they would owe the practice money, if they chose to leave.

Attendees were quite clear that it was incumbent upon the newly qualified chiropractor to leave the practice, if they had these concerns. It was also highlighted that professional associations could give advice in such cases.

> When do you stop becoming a professional? I get that's a tough spot, but ultimately, if you don't like it, it's your license, you've got to leave …
>
> In person meeting attendee

Furthermore, they felt that it was important for those signing contracts to make themselves fully aware of the terms and conditions and that training institutions may have a role to play in ensuring that new qualified chiropractors know what to look for in a contract. That said, it was mentioned that GCC guidance could stress that practice owners need to ensure that any contract is legally sound and signpost applicable employment laws.

> But if you were going to put something in the guidance, it should be something along the lines of practice owners should actually be ensuring that any contracts they issue to staff or associates are actually legally sound, because, I mean, we do see them, trust me: we see some quite shocking contracts that our members come to us and say: 'Can you look at this contract?' and we say, 'Well, don't sign it.' It's as simple as that, you know.
>
> In person meeting attendee

5. Impact of engagement on perceptions

Participants were asked how they were feeling at the start and end of the sessions, choosing from one of a number of different given emotions.

It should be noted that not all participants voted at the sessions and that it was not necessarily the same individuals voting in the pre and post polling at each event i.e. some might have chosen to participate in the initial vote but abstained from or were absent at the second vote. However, there was a generally positive change over the course of the sessions, with levels of apprehension, confusion and anger falling and optimism rising. This suggests that the sessions went some way towards reassuring participants and allaying some concerns about the future direction of the Code Review.

	1st online session		2nd online session		In person session	
	Pre	**Post**	**Pre**	**Post**	**Pre**	**Post**
Apprehensive	16	14	25	21	12	13
Optimistic	1	7	5	16	2	7
Curious	8	6	8	10	6	2
Confused	3	2	3	2	4	0
Angry	2	1	6	2	4	0
Total	**30**	**30**	**47**	**51**	**28**	**22**

6. Considerations for future engagement

In terms of the online sessions there was a call for the following:

- More interaction where possible, including having video on so that they can get a sense of who else is on the call.
- Sight of all the questions that are being asked rather than just the ones selected by the Chair and questions not being paraphrased when read out.
- Clarity when wording polling questions.

An evaluation form was sent out online to those who attended the in person session. In total, seven attendees responded. The responses were broadly positive (as was the more informal feedback on the day of the session). Details are provided in the Appendix.

The independent facilitation was welcomed; as were the smaller discussion sessions which allowed less vocal attendees to have their say. There was some questioning of whether the right balance between plenary Q&A and discussion was achieved but it was noted that this was difficult to achieve given the strength of feeling in the room and the need to allow people to have a voice initially.

The face to face approach was welcomed and there was a call for the GCC to build in regular engagement sessions with registrants:

> Like we have an appraisal with our team member; we should have appraisals with our chiropractors. As a GCC we should have regular opportunities for our chiropractors to come together and have this sort of open communication. Communication is king.
>
> In person attendee

It was also noted that the in person session was helpful in bringing together some chiropractors from different schools of thought and allowing them to focus on similarities rather than differences.

> You sit in a room and have a conversation and you realise: 'Oh, actually, we're doing the same thing; we're just doing it in slightly different ways.'
>
> In person attendee

7. Appendix

7.1 Polling results

Results from the polling at the online sessions are shown below. More polling questions were asked at the second session than the first session.

1st online session	Yes	No	Not sure	Total
Do you agree or disagree with the Code defining more separation between Care Plans and Finance Plans	14	9	5	28

2nd online session	Yes	No	Not sure	Total
Do you agree or disagree with the Code defining more separation between Care Plans and Finance Plans	20	20	10	50
Should the Code contain a standard requiring all chiropractors to make available a written "how I work" document?	15	24	12	51
Should the Code explicitly reference the potential for a power imbalance between patient and practitioner?	20	21	10	51
Should the Code define the obligations on registrants when they are delegating responsibilities to unregistered colleagues?	24	16	9	49

7.2 Evaluation feedback

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
Q1.1. Everyone was given a fair chance to have their say	4	2	1	-	-	7
Q1.2. I believe I meaningfully contributed to the session	1	5	1	-	-	7
Q1.3. I enjoyed taking part in the session	3	4	-	-	-	7
Q1.4. The event was well organised and structured	2	4	1	-	-	7

Q2. What, if anything, was good about the session and why?	Q3. What, if anything, could have been better about the session and why?	Q4. Do you have any other suggestions or comments relating to the session?
It was very well organised and made a big difference as most people had travelled a long way. The food was perfect, nice people, very helpful.	Can't think of anything.	-
It was a golden opportunity to bring together some extremely passionate and principled chiropractors and the GCC in the same room for a really open and frank discussion. Break out groups were effective in that they allowed for discussion, but tended to go off topic (still valuable discussion though)	Due to the general feeling of anxiety among the chiropractors, there was a tendency for the more vocal people to repeat their views which slowed the progress of the discussion. More time, or earlier breakout groups (which was the original plan) might have helped, but in a way I feel that with the strength of feeling in the meeting this was inevitable.	I think it was opportunity to build relationships and for both parties to have a better understanding of what they are trying to achieve and would be worth repeating in the not too distant future. Nick stated that the GCC were there to protect the patients, and actually we are all in it for the patients too!
The CEO and Communications Officer engaged more and were more open with their responses than I had expected. They were also willing to adapt the timetable as the day unfolded which was good.	Perhaps more could have been achieved if we had started an hour earlier or finished an hour later.	Not really, as long as the GCC stick to what they said it was a very positive experience.
Having the opportunity hear from the 'horse's mouth' so to speak on what is and importantly isn't changing within the COP. Also for those in practice within the styles of practice questioned by the March blog to speak firsthand about their experiences and how these might differ from preconceived ideas or those ideas from those with little to no practical experience of the practice styles being questioned.	Since this was clearly going to be a discussion driven collaboration, since its inception was based upon the response to the March blog, the agenda left very limited scope for actual discussion. Although the discussions that had time to take place were productive, so much was forced left unsaid by the agenda which was disappointing.	I personally feel that these sessions should become a regular occurrence throughout the year to lessen the divide between registrants and the GCC itself. The more we both understand about the breadth of practice style, and GCC function and structure, the better placed we all can be to work together rather than the constant feel of dread the mention of the GCC has in a registrants soul!
The independent group leaders	-	Need more of these

Face to face encounters such as these feel like they have a greater benefit over video meetings. Participation feels more apparent and the focus of the group seems more on point with the agenda. It was good to observe how the GCC representatives were reacting to information being shared and to hear what they had to say.	The participants were clearly passionate and wanted to share and discuss a lot about a broad spectrum of topics. Time did not cater for this which shows we perhaps need more opportunities to meet and discuss.	
Genuinely felt like the GCC was there to listen and learn, and that registrants were able to share their views openly without concern for "sticking their heads above the parapet"	It felt like the reassurance from Nick that banning open plan / limiting treatment visit numbers was what most people really wanted to hear the most. I'm glad he did this as it seemed to really calm down the more hot-headed registrants, however if this had happened at the start it might have made the event go more smoothly, and also allowed more time for productive discussion. The initial Q&A ended up taking up more time that in retrospect would have been better spend in the small group discussions. Perhaps in future it might be useful to anonymously canvas attendees about their biggest concerns? That way if clear themes like this emerge, things could be clarified at the very start, and we'd all have more time to get on with the actual work	Really enjoyed the opportunity to engage in productive dialogue both with the GCC, but also colleagues from other associations and with different styles of practice.