Guidance

General Chiropractic Council

The General Chiropractic Council
Guidance for Registrants:

Diagnostic Imaging

In effect from: 01 January 2026

GCC Guidance for Registrants

The General Chiropractic Council's Guidance for Registrants is supplementary to the Code of Professional Practice and supports registrants in meeting the Principles and Standards in the Code.

Whilst there is an expectation that guidance will be followed unless there is a good reason not to do so, there may be other acceptable ways to secure the same outcome required under the Code of Professional Practice.

If a chiropractor's Fitness to Practise is questioned, both the Code of Professional Practice and the relevant supplementary guidance will be considered to assess any breach of professional standards.

Each year (as part of the process to retain registration) all chiropractors are asked to confirm that they are keeping up to date with the supplementary guidance published by the GCC.

The Purpose of this Guidance

This guidance will assist registrants to meet the expectations of the Code of Professional Practice in relation to Diagnostic Imaging.

It covers:

- The legal framework (IRMER and IRR) for X-rays and imaging
- Sources of guidance when considering referral for diagnostic imaging
- Responsibilities after diagnostic imaging

Publication History

This edition was published December 2025 and comes into effect 01 January 2026.

Changelog

Date	Change
December 2025	This edition redesigned for consistency with other guidance. References to principles and standards within the Code (2016) updated to equivalents in the Code of Professional Practice. Paragraphs 2, 14, 15 and 19 updated to replace "informed consent" with "valid consent". Paragraph 4 updated link to "background to review" documents. Paragraph 9 links to IRR and IR(ME)R in useful links. Useful links added and updated
March 2022	First edition published.

Contents

Relevant Principles, Standards and Definitions in The Code of Professional Practice

Hyperlinks to the Code of Professional Practice are marked by

Principle A

You must put the interests of patients first

Principle D

You must provide a good standard of clinical care and professional practice

As a chiropractor you must:

Standard A1:

put the patient's needs and safety at the centre of their care

Standard D4:

ensure that you have the valid consent of the patient for any diagnostic investigation (including imaging) before it is carried out. You must carry out investigation in the health interests of the patient and in a way that minimises the risks to them. You must base the investigation on clinical reasoning, following authoritative evidence-based guidelines and adhering to all regulatory standards.

The following Principles, Standards and Glossary definitions may also be relevant:

Principles:

Principle B

You must ensure safety and quality in clinical practice

Principle F

You must obtain appropriate, valid consent from patients

Standards:

A2, A3, B1, B3, C4, D12, D14, F1, F4, I2, I4, I5, I7, J2.

Glossary definitions:

Authoritative, Case History, Clinical Assessment, Culture of safety, Evidence Based Practice, Person-centred, Record (verb), Referral, Safety Standards, Valid Consent.

Introduction

1. This guidance from the General Chiropractic Council (GCC) is designed to assist chiropractors with their decision-making on the use of diagnostic imaging. It should be read together with the GCC Code of Professional Practice, which sets out the standards of conduct, performance and ethics for chiropractors. The guidance should also be read in conjunction with regulations relating to ionising radiation.

2. This guidance has been developed to help protect patients and the public, as well as promote the best use of imaging for the effective assessment and care of patients. The guidance is based on the principles of evidence-based practice and valid consent.

3. Evidence-based practice means basing clinical decisions, including those about diagnostic imaging, on the best available evidence, e.g. systematic reviews and randomised controlled trials, practitioner judgement and experience, and the preferences and circumstances of individual patients.

Background

4. This guidance was produced following a review of imaging in chiropractic in 2021. Background documents informing the review and this guidance are available on the GCC website.

5. Deciding which diagnostic tests may determine certain pathological conditions, and subsequent treatment options, can be a matter of analysing sometimes incomplete information, and weighing the probabilities of how good a particular test is at detecting a condition.

6. To understand those probabilities, a chiropractor must remain fully competent at diagnosis, keeping up to date with all developments.

7. Ultimately, clinical judgement plays the greatest part in the use of diagnostic testing, relying on sound information and knowledge, alongside the application of accepted protocols and standards.

8. Chiropractors, osteopaths, physiotherapists and medical practitioners all utilise diagnostic imaging in the care of patients. iRefer: ‘Making the best use of clinical radiology’, published by the Royal College of Radiologists, is a synthesis of evidence-based guidelines from UK and international sources, and provides recommendations on the best use of clinical imaging services. Referral guidelines, such as iRefer, should inform decision-making by the chiropractor. NICE guidance relating to musculoskeletal conditions is also an important reference point. (See useful links for iRefer and clinical guidelines).

9. Chiropractors, like other registered healthcare professionals, must comply with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 [in Northern Ireland, 2018], and the Ionising Radiation Regulations 2017 – as employer, referrer, practitioner or operator. This guidance must be read alongside IR(ME)R and information relating to those requirements (see useful links for IR(ME)R and IRR).

10. Chiropractors must consider all cultural, equality and diversity matters related to diagnostic imaging. The specific objectives for imaging and the characteristics of the individual must be considered prior to exposure. This includes, but is not limited to, considering the needs and information requirements for trans people, pregnant women and a patient's religious or personal beliefs, e.g. undressing. (See useful links clinical guidelines)

Prior to referring a patient for images

11. Chiropractors have a duty to protect the welfare and best interests of their patients (in partnership with the patient), often exercising their clinical judgement in challenging circumstances.

12. Prior to the use of diagnostic imaging, the chiropractor must obtain a patient's detailed case history, and undertake a safe and appropriate physical examination. Only after this assessment can the chiropractor determine whether diagnostic imaging will either benefit the clinical decision-making process or change the management of a condition. Diagnostic imaging may be the best and necessary course of action.

13. If diagnostic imaging is required, the chiropractor must decide which form of imaging (including ultrasound, X-ray, MRI, CT) is the most appropriate. It is expected that following the assessment, the chiropractor will formulate a list of differential diagnoses. The purpose of diagnostic imaging is to assist the chiropractor in determining which of these differentials is the correct diagnosis, excluding contraindications or factors that may modify the proposed management of the patient.

14. Questions that a chiropractor should ask, when determining the clinical indications for diagnostic imaging, include:

Determining clinical indications for diagnostic imaging:

- Has the assessment elicited any “red flags,” i.e. signs or symptoms suggesting the potential for serious underlying pathology, such as malignancy, fracture or inflammatory arthropathies, which require immediate action, including medical referral?
- Has the patient already received imaging or other diagnostic tests that may provide the necessary diagnostic information without the need for new imaging?
- Is diagnostic imaging the most appropriate form of investigation for distinguishing between potential differential diagnoses, or may other forms of investigation be appropriate?
- Having weighed the risks and benefits, are there other clinical indications in addition to “red flags” that the chiropractor must consider, using the best available evidence?
- Once the need for diagnostic imaging has been identified, which type of imaging will provide the required diagnostic information for the clinical circumstances?
- Is the information obtained through diagnostic imaging likely to impact the management of the patient in any significant way, i.e. determining the most appropriate care options, including onward referral to another healthcare professional?
- Has the patient been fully informed about why diagnostic imaging is required, its risks, e.g. exposure to ionising radiation, and if any alternative forms of imaging are available; to enable them to provide valid consent?

15. Determining the requirements for diagnostic imaging is a clinical judgement that the chiropractor must be able to justify, with the involvement of a fully informed patient providing valid consent. Chiropractors may refer a patient to their General Practitioner, a third-party imaging service, or have an in-house facility. In all circumstances, chiropractors must have in place and available their referral guidelines as the evidence base for making a referral.

16. The referrer has a duty to supply sufficient medical data to enable the diagnostic imaging practitioner to decide whether there is a sufficient net benefit for the exposure. If the referral is to a radiology service, the justification and authorisation process will be undertaken by either a radiologist or a radiographer.

17. Sufficient net benefit for X-ray imaging must be evident, i.e. the diagnostic or therapeutic value of the imaging weighed against the risk of exposure to ionising radiation, with principles on the dosage of ionising radiation applied (as low as reasonably practicable). This will include determining which projections may best demonstrate the relevant anatomical structures, and the minimum number of exposures to adequately visualise them. Composite imaging may be appropriate, however may affect quality and adequate visualisation. This is a matter for clinical judgement.

After receiving images

Evaluation

18. It is a statutory requirement for all X-ray exposures to be evaluated. They may be evaluated by a chiropractor or a medical professional with expertise in interpreting X-rays and writing X-ray reports.

Communication

19. Chiropractors have a duty to report to their patients, in a language that they will understand, the outcomes of their clinical assessments, including those from X-ray investigations. This will enable a plan of care to be developed and applied with the full agreement from the patient; an important component of obtaining valid consent. Chiropractors may also use external sources of information, such as the NHS or organisations established to inform and support patients with particular conditions.

20. When chiropractors are reporting the outcomes of X-ray and/or other examinations, it is important they recognise the impact that their words may have on the patient. Current best-practice evidence suggests that emphasis should not be placed on age-related degenerative changes or mild postural deviations from normal, as their clinical relevance has not been established in scientific literature. Indeed, evidence suggests[1] that exaggeration of the clinical relevance of such findings and the routine use of diagnostic imaging, can negatively impact clinical outcomes.[2][3][4][5]

21. It is important that chiropractors manage patient expectations in relation to diagnostic imaging. Diagnostic imaging may not definitively confirm the source of a patient's presenting symptoms. For example, the presence of common X-ray findings relative to a patient's age must not be used to over-emphasise the gravity of a patient's health status, nor be used to justify protracted programmes of care.

22. Where it is clinically appropriate, chiropractors should reassure patients that findings are normal or within normal limits. It can be helpful to explain the diagnostic pathway and how imaging has helped to confirm or rule out a clinical suspicion. Where the results from imaging, discussion of the results, or the management of the patient lies outside their expertise, chiropractors must make a referral to an appropriate healthcare professional.

Further imaging

23. The background to this guidance notes some chiropractic technique systems that recommend and promote protocols for the use of plain film radiography, and advocate more routine and repeat X-ray examinations at prescribed intervals.

24. Routine, that is pre-determined or scheduled, repeat imaging during or after a course of the care for musculoskeletal disorders is likely to be considered rarely appropriate, may breach statutory UK regulations on the use of ionising radiation and contravene the Code of Professional Practice.

25. Where follow-up imaging is undertaken, it is generally limited to serious conditions such as fractures, malignancy, scoliosis and some arthropathies where there is potential for progression over time. Repeat X-ray examinations must be justified on clear clinical indications accepted across the range of musculoskeletal health professions.

Documentation

26. Chiropractors must fully record all interactions with their patient, including documenting a full record of the clinical history, justification criteria for diagnostic imaging, consent of the patient, and a record of the evaluation from the images obtained.

27. Good records are essential in guiding decisions about clinical management, by both chiropractors and other healthcare professionals with whom they work or refer. They also provide useful information if a patient should question the quality of their care, either directly or through a complaint to the GCC.

28. Chiropractors should regularly review the effectiveness of their approaches to assessment and care, to ensure that they continue to provide evidence-based, effective management of patients. This applies to procedures relating to their use of diagnostic imaging. A clinical audit is a useful tool, which improves the quality and safety of patient care, and can be part of a chiropractor's continuing professional development.

References

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5. **Low back pain: a call for action.** - Buchbinder R, van Tulder M, Öberg B, Costa LM, Woolf A, Schoene M, et al. The Lancet (British edition). 2018;391(10137):2384-8. Published June 2018. *(Accessed December 2025)*
   https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30488-4/abstract

Useful Links

iRefer

- **iRefer guidelines** – Royal College of Radiologists *(Accessed December 2025)*: https://www.irefer.org.uk/
  also available through Royal College of Chiropractors (RCC): https://rcc-uk.org/resources/irefer/

IRR17

- **The Ionising Radiation (Medical Exposure) Regulations 2017** (IRR17) *(Accessed December 2025)*: https://www.legislation.gov.uk/uksi/2017/1322/contents

- **Working with ionising radiation. Ionising Radiations Regulations 2017. Approved Code of Practice and guidance** - Health and Safety Executive, (2018), *(Accessed December 2025)*: https://www.hse.gov.uk/pubns/books/l121.htm

- **Notify, registration or consent for work with ionising radiation** - Health and Safety Executive *(Accessed December 2025)*: https://www.hse.gov.uk/radiation/ionising/notifiy-register-consent.htm

- **Targeted External Inspections of Chiropractors using Ionising Radiation, Evaluation of inspections January to March 2019** – Health and Safety Executive (July 2019) *(Accessed December 2025):* https://www.gcc-uk.org/assets/downloads/External_Evaluation_of_IRRI_Inspections_Q4_2018_19.pdf

IR(ME)R

- **The Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R)** *(Accessed December 2025)*: https://www.legislation.gov.uk/uksi/2017/1322/contents

- **The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018** *(Accessed December 2025)*: https://www.legislation.gov.uk/nisr/2018/17/contents/made

- **The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2024** *(Accessed December 2025)*: https://www.legislation.gov.uk/uksi/2024/896/made

- **Guidance to the Ionising Radiation (Medical Exposure) Regulations 2017 –** Department of Health and Social Care, (2024). *(Accessed December 2025)*: https://www.gov.uk/government/publications/ionising-radiation-medical-exposure-regulations-2017-guidance/guidance-to-the-ionising-radiation-medical-exposure-regulations-2017

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- **IR(ME)R annual report 2021 to 2022,Snapshot of Chiropractic Inspections** – Care Quality Commission, (2022, last updated 2025). *(Accessed December 2025).* https://www.cqc.org.uk/publications/irmer-annual-report/2021-2022/themed-inspection-programmes/chiropractic-inspections

Clinical Guidelines and Quality Standards

Lower back pain and sciatica

- **NICE Clinical Guideline 59: Low back pain and sciatica in over 16s: assessment and management, recommendations on imaging for diagnosis** – National Institute for Health and Care Excellence (2016, last updated 2020)
(Accessed December 2025):
https://www.nice.org.uk/guidance/ng59/chapter/Recommendations#imaging

- **NICE Quality Standard 155: Low back pain and sciatica in over 16s, Quality Statement 2: Referral for Imaging** – National Institute for Health and Care Excellence (2017) *(Accessed December 2025)*:
https://www.nice.org.uk/guidance/qs155/chapter/quality-statement-2-referrals-for-imaging

- **Chiropractic Quality Standard - Low Back Pain and Sciatica, quality statement 4: Diagnostic Imaging** – Royal College of Chiropractors (2025) *(Accessed December 2025)*:
https://rcc-uk.org/wp-content/uploads/LBPSciatica_Quality-Standard-web.pdf#page=17

Headache

- **NICE Guideline 150: Headaches in over 12s: diagnosis and management, recommendations on imaging for reassurance** – National Institute for Health and Care Excellence (2012, last updated 2025) *(Accessed December 2025):* https://www.nice.org.uk/guidance/cg150/chapter/Recommendations#management

- **NICE Quality Standard 42: Headaches in over 12s, Quality Statement 3: Imaging** – National Institute for Health and Care Excellence (2013) *(Accessed December 2025):* https://www.nice.org.uk/guidance/qs42/chapter/Quality-statement-3-Imaging

- **Chiropractic Quality Standard – Headache, quality statement 5: Diagnostic Imaging** – Royal College of Chiropractors (2020) *(Accessed December 2025)*: https://rcc-uk.org/wp-content/uploads/Headache-Quality-Standard-Web.pdf#page=20

Other Guidance

- **NICE Clinical Guideline 41: Spinal injury: assessment and initial management, recommendations on imaging for diagnosis** – National Institute for Health and Care Excellence (2016) *(Accessed December 2025)*: https://www.nice.org.uk/guidance/ng41/chapter/Recommendations#diagnostic-imaging

- **NICE Clinical Guideline 226: Osteoarthritis in over 16s: diagnosis and management, recommendations on imaging for diagnosis** – National Institute for Health and Care Excellence (2022) *(Accessed December 2025)*: https://www.nice.org.uk/guidance/ng226/chapter/Recommendations#diagnosis

- **Protection of Pregnant Patients during Diagnostic Medical Exposures to Ionising radiation** -The Health Protection Agency, The Royal College of Radiologists and the College of Radiographers (2009) *(Accessed December 2025):* https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/protection-of-pregnant-patients-during-diagnostic

- **Trans Equality; guidance for the radiography workforce (imaging and radiotherapy)** – The Society of Radiographers (2016) *(Accessed December 2025):*https://www.sor.org/learning-advice/professional-body-guidance-and-publications/documents-and-publications/policy-guidance-document-library/trans-equality;-guidance-for-the-radiography-workf

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