Introduction

1. This guidance should be read in conjunction with the General Chiropractic Council’s (GCC) Code (the Code), which sets out the standards of conduct, performance and ethics for chiropractors, ensuring the competent and safe practice of chiropractic.

2. The GCC will review its advertising guidance and update as and when appropriate. It will apply and/or reapply the principles of the Code to any emerging or critical changes or situations. This guidance should be read alongside documents issued by the Committee of Advertising Practice (CAP) and enforced by the Advertising Standards Authority (ASA).

3. This guidance is not intended to provide you with exhaustive advice on how to ensure your advertising complies with all ASA/CAP requirements. It is intended to assist you in applying the broad principles of the Code regarding advertising, to ensure you act in the interests of your patients and protect the public at all times.

4. The ASA is the UK’s independent regulator for advertising and may take independent action against websites that break the advertising rules. CAP also provides the facility to check specific wording of non-broadcast advertising with its Copy Advice Service. In addition to the ASA/CAP guidance, you may find that your chiropractic professional body can also assist you with advertising compliance.

5. Finally, the GCC has issued separate guidance on obtaining informed consent from patients. This guidance will therefore not include any advice in relation to what information must be provided to patients during assessment, diagnosis or treatment process.
What principle and standards does the GCC set in relation to advertising?

6. Regarding advertising to the public, the following principle and standards of the GCC Code (2016) apply:

**Principle B:**

To act with honesty and integrity and maintain the highest standards of professional and personal conduct.

**Standard B3:**

You must ensure your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to their current guidance, such as the CAP Code.

What are the ‘relevant regulatory standards’ referred to in B3?

7. The ASA is the UK’s independent regulator for advertising. Its partner organisation, CAP, is responsible for the CAP Code, which requires anyone advertising services or products to ensure they are in possession of evidence that supports any claims made in the advertising\(^1\).

8. The ASA investigates complaints about advertising, taking account of consumer protection regulations. If an advertisement is found to be misleading or unfair to consumers, and the advertiser fails to comply with the ASA ruling, it may ultimately refer them to Trading Standards for legal action under the relevant consumer protection regulations.

9. When advertising your services, you must comply with the CAP Code and any other guidance issued by the ASA/CAP regarding chiropractic, in order to meet Principle B3 of the GCC Code.

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\(^1\) This applies to advertising claims that are capable of objective substantiation.
What counts as ‘advertising’?

10. Advertising can be any information or claim(s) that you present or make public about your practice. This includes, but is not limited to, information and/or claims that are:

- Printed and included on notices and/or signage
- Published on a website (including marketing or social media websites)
- Sent via email
- Broadcast on TV/radio/similar
- Included within media reports or articles that you have contributed to or that are attributed to you.

11. Any form of endorsement of others on social media, eg. ‘liking’ Facebook posts or retweets on Twitter, may be regarded as an expression of your views within your own marketing or advertising activities.

12. You are personally accountable for all information that publicises or advertises your work, including your website and social media platforms/pages owned or controlled by you, regardless of who wrote the information. If you have concerns about information published by your employer or colleague, you should raise those concerns, preferably in writing.

13. Regarding the CAP Code, its scope is more specific, ie. it excludes content that is not paid for or directly connected with the supply to chiropractic services, or which is sent to existing patients.

What does the GCC mean by ‘verifiable’?

14. B3 of the GCC Code requires that all advertising or promotion of chiropractic services must be ‘legal, decent, honest and truthful.’

15. For information contained in your advertising to be ‘verifiable’, you must be able to prove the accuracy of any claims made based on evidence in your possession at the time of advertising. This means you must be able to provide evidence supporting anything you say about yourself, your work and the results of the treatments or services offered.

16. Any information provided about the efficacy of treatments or services must be supported by evidence to the standard required by the CAP Code.
What does the ASA/CAP Code require and is that different from the GCC’s requirements?

17. The CAP Code sets several detailed rules that apply to advertising. The first rule within the CAP Code states that marketing communications should be legal, decent, honest and truthful. Furthermore, advertising or marketing communications must not ‘materially mislead’ the consumer, or be likely to do so, including leaving out or hiding important information, or including ambiguous or unclear statements. This principle is to ensure consumers, ie. patients, potential patients or the public, are not misled by the advertisement into making a decision they would not otherwise have made, eg decisions about their chiropractic care or treatment.

18. The CAP Code requires the advertiser to hold ‘documentary evidence’ to substantiate (back up) any claim being made, which a consumer might regard as being an ‘objective claim’. For example, if a chiropractor places a testimonial from a patient on their website that claims their chiropractic treatment relieved their hay fever, that would be in breach of the CAP Code unless the chiropractor was in possession of documentary evidence proving that chiropractic did relieve hay fever.

19. When applying the CAP Code, the ASA’s approach is that advertising must not:

- Offer absolute guarantees of cure
- Claim that chiropractic treatment is free of risk or safer than other healthcare treatments, eg. because it is ‘natural’
- Present anecdotal evidence as being proven or scientific
- Discourage an individual from seeking medical treatment from a general medical practitioner if appropriate
- Claim that chiropractic care can treat any condition, unless that claim is substantiated in compliance with the CAP Code (see next section)

20. The CAP Code contains detailed requirements about the quality of the evidence required to substantiate any claim. This may vary according to the type of claim.

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2 CAP Code rule 1.1
3 CAP Code rules 3.1 and 3.3
4 CAP Code rule 3.7
5 A complaint about this type of claim was upheld by the ASA in 2015 – see https://www.asa.org.uk/rulings/chiropractic-life-a15-293323.html
6 CAP Code rule 12.2
21. As B3 of the [GCC Code](#) requires advertising to conform to the Advertising Standards Authority current guidance, any breach of the [CAP Code](#) or other ASA/CAP requirements will amount to a breach of the GCC Code. It is, therefore, essential you are familiar with the CAP Code, and satisfy yourself that your advertising complies with the rules contained in sections 1, 3 and 12.

**Advertising treatment of conditions that CAP accepts chiropractic can treat**

22. CAP has issued guidance on which conditions chiropractors may claim to treat: ‘Health: Chiropractic advice online’ alongside the ASA ‘Chiropractic: ASA review and guidance for marketing claims’ (both published 3 November 2017). CAP has issued online advice on conditions that chiropractors can claim to treat. These conditions are:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankle Sprain</td>
<td>(short term management)</td>
</tr>
<tr>
<td>Cramp</td>
<td></td>
</tr>
<tr>
<td>Elbow Pain and Tennis Elbow</td>
<td>(Lateral Epicondylitis) arising from associated Musculoskeletal conditions of the Back and Neck, but not isolated occurrences.</td>
</tr>
<tr>
<td>Headache arising from the Neck</td>
<td>(Cervicogenic)</td>
</tr>
<tr>
<td>Inability to relax</td>
<td></td>
</tr>
<tr>
<td>Joint Pains</td>
<td></td>
</tr>
<tr>
<td>Joint Pains</td>
<td>(including Hip and Knee pain from Osteoarthritis as an adjunct to core Osteoarthritis treatments and exercise)</td>
</tr>
<tr>
<td>General, Acute and Chronic Backache, Back Pain</td>
<td>(not arising from injury or accident)</td>
</tr>
<tr>
<td>Generalised aches and pains</td>
<td></td>
</tr>
<tr>
<td>Lumbago</td>
<td></td>
</tr>
<tr>
<td>Mechanical Neck Pain</td>
<td>(as opposed to neck pain following injury ie, Whiplash)</td>
</tr>
<tr>
<td>Migraine prevention</td>
<td></td>
</tr>
<tr>
<td>Minor Sports injuries and tensions</td>
<td></td>
</tr>
<tr>
<td>Muscle Spasms</td>
<td></td>
</tr>
<tr>
<td>Plantar Fasciitis</td>
<td>(Short term management)</td>
</tr>
<tr>
<td>Rotator Cuff injuries, disease or disorders?</td>
<td></td>
</tr>
<tr>
<td>Sciatica</td>
<td></td>
</tr>
<tr>
<td>Shoulder complaints</td>
<td>(Dysfunction, disorders and pain)</td>
</tr>
<tr>
<td>Soft Tissue disorders of the Shoulder</td>
<td></td>
</tr>
</tbody>
</table>

23. The CAP advice regarding these conditions does not mean all advertising on treating these conditions will be acceptable by the ASA/CAP. Advertising of any treatment of these conditions must still comply with the CAP Code.
The CAP Code and guidance regarding ‘substantiation’

24. Chiropractors who follow CAP guidance regarding which conditions chiropractic can claim to treat (see Pt 22), are less likely to be the subject of complaints or an investigation by the ASA and/or the GCC.

25. Rule 12.1 of the CAP Code indicates that that all ‘objective claims’ must be ‘substantiated’ by evidence and, if relevant, consist of trials conducted on people. The decision as to whether the advertiser can ‘substantiate’ their claim will be based on the available scientific knowledge. A distinction is drawn between objective claims that are uncontroversial, and objective claims about ‘new’ or ‘breakthrough’ areas of treatment.

26. CAP has published guidance that relates to substantiation of health, beauty and slimming claims. It outlines the different quality of evidence that will be required to substantiate any ‘objective claims’ in these areas, ie. any claims to be able to treat conditions where there is no published guidelines or authoritative reports to back those claims up. For example, the guidance sets out that:

- “…sound data, relevant to the claim made, should be collated to form a body of evidence”, which may include “conducting a systematic review of all available scientific evidence and evaluating it for its relevance”
- “a body of evidence” can include evidence from various categories, including single or double-blind clinical trials and observational human studies. The “body of evidence” should normally include at least one adequately controlled experimental human study but an adequately controlled observational study may be adequate in some circumstances” (only if the ASA/CAP experts accept that the data is “sound” and an experimental study would be futile/impractical).
- Specific requirements must be met in terms of the methodology, size, duration and nature of the study group used. Confounding factors/variables must be considered, and the results must be statistically significant.
- An objective review of the data will be required if the study has not been published in a reputable peer-reviewed journal.

27. The guidance also explains which types of evidence are likely to be considered unacceptable to substantiate such claims.
Advertising treatment of other conditions

28. Advertising treatments of any condition must comply with the CAP Code’s provisions regarding evidence to substantiate any claim made (CAP Code rule 12.1).

29. Care should be taken when advertising treatment of a condition that falls outside those conditions that CAP advice recognises as capable of being treated by chiropractors.

30. CAP Code requirements are technical and detailed. If you are intending to include claims about treating a condition other than those conditions the CAP guidance recognises chiropractors can claim to treat, it is recommended that you review the CAP Code and guidance documents in detail, and potentially seek further advice from the ASA/CAP Copy Advice Service, before proceeding.

Referring to your professional status or qualifications in advertising

31. If you are suspended or removed from the GCC register, it is a criminal offence to say, imply or advertise that you are a chiropractor. In these circumstances, you must ensure that all information in the public domain that refers to you as being a ‘chiropractor’ is immediately withdrawn, until your suspension is lifted, or your name is restored to the register. This includes information published by employers or colleagues.

32. If you have not paid the practising fee for that registration year, any description of you or the services you offer must not refer to you as being a ‘chiropractor’ or imply that you can provide chiropractic care. If you move from practising to non-practising status, you must ensure any information in the public domain is withdrawn.

33. If you use the courtesy title ‘Doctor’ or ‘Dr’ you must make clear within all public domain text that you are not a registered medical practitioner, but a ‘Doctor of Chiropractic’. Failure to do so may lead to you being the subject of complaints or an investigation by the ASA and/or the GCC. The ASA will act in relation to advertisements implying that chiropractors are medical practitioners.
What action can the GCC take regarding a breach of B3?

34. Any allegation regarding a breach of Principle B3 of the GCC Code will be investigated by the GCC. When the GCC Investigation Team have gathered all the relevant information about the complaint, it will be considered in private by the GCC Investigating Committee. The Investigating Committee Decision Making guidance is for the Investigating Committee to take into account when considering the outcome of a complaint. Pages 25 and 26 of the guidance states that where there is concurrent jurisdiction (advertising cases), complaints will be considered in one of the following three categories:

- **Category 1** – progression for consideration by the GCC Investigating Committee directly.
- **Category 2** – referral to the ASA in the first instance, before the complaint is then considered by the GCC Investigating Committee.
- **Category 3** – Closure without further action (closure being possible only in very limited circumstances, such as where a complaint is made against an individual who is not under the jurisdiction of the GCC).

If the Investigating Committee determine that there is a case for the registrant to answer, the complaint will be referred for a formal hearing to the Professional Conduct Committee. (See Useful Links on page 10 for the link to the GCC investigation process)
## Useful links

<table>
<thead>
<tr>
<th>GCC website</th>
<th><a href="http://www.gcc-uk.org">www.gcc-uk.org</a></th>
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<td>GCC Code: Standards of conduct, performance and ethics for chiropractors</td>
<td><a href="http://www.gcc-uk.org/the-code">www.gcc-uk.org/the-code</a></td>
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<tr>
<td>GCC Investigating Committee Decision Making Guidance</td>
<td><a href="http://www.gcc-uk.org/guidance-ic-dm">www.gcc-uk.org/guidance-ic-dm</a></td>
</tr>
<tr>
<td>CAP advice on non-broadcast advertising: Chiropractic</td>
<td><a href="http://www.asa.org.uk/advice-online/health-chiropractic.html">www.asa.org.uk/advice-online/health-chiropractic.html</a></td>
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</tr>
<tr>
<td>ASA categories of evidence</td>
<td><a href="http://www.asa.org.uk/advice-online/substantiation-for-health-beauty-and-slimming-claims.html">www.asa.org.uk/advice-online/substantiation-for-health-beauty-and-slimming-claims.html</a></td>
</tr>
<tr>
<td>ASA advice on the use of the title ‘Dr’</td>
<td><a href="http://www.asa.org.uk/advice-online/use-of-the-term-dr-chiropractors.html">www.asa.org.uk/advice-online/use-of-the-term-dr-chiropractors.html</a></td>
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## History of revisions to the Guidance on Advertising

This guidance was revised in April 2021. Previously, the guidance was revised in December 2017 to reflect the guidance on the use of chiropractic in relation to babies and children issued by the ASA/CAP on 9 November 2017. It was first published on 8 January 2018.

## Previous editions

Guidance on Advertising, April 2016
Advertising Guidance for Chiropractors, March 2010