

Registrant Survey 2020

Equality, Diversity and Inclusion Report



**General
Chiropractic
Council**

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Contents

1.	About the research	5
1.1	Introduction.....	5
1.2	Methodology summary	5
1.3	GCC register profile	5
1.4	Response rates	6
1.5	Respondent EDI profile.....	6
	Sex and age	6
	Disability	7
	Religion	7
	Ethnicity.....	8
	Gender identity	8
	Sexual orientation.....	8
	Maternity, paternity, adoption, and shared parental leave.....	9
	Relationship status	9
1.6	How to read the report.....	10
	Figures	10
	Sampling tolerances	10
	Subgroup analysis	10
	Statistical testing of differences.....	10
	Response scales	10
2.	Qualification and registration	11
2.1	Chiropractic degree	11
2.2	Year of qualification	13
2.3	Route to register	15
3.	Current work patterns	18
3.1	Current working status.....	18
3.2	Working location	20
3.3	Hours worked per week	23
3.4	Settings	24
3.5	Satisfaction in the profession	26
3.6	Voluntary work related to the profession.....	28
4.	Clinical chiropractic practice	31
4.1	Employment status	31
4.2	Number of clinical sites worked at.....	33
4.3	Working with other professionals	34
4.4	Practice type.....	37

4.5	Time spent with patients	38
4.6	Responsibilities.....	41
4.7	COVID-19 pandemic.....	44
4.8	Performance monitoring	49
4.9	Patient safety and concerns.....	50
4.10	NHS work.....	54
5.	Additional Qualifications.....	58
5.1	Additional qualifications	58
6.	Registrants' future plans	61
6.1	Intentions to take further qualifications.....	61
6.2	Intentions to continue practising	63
7.	Keeping up to date.....	66
7.1	Developments and challenges	66
7.2	Recommendations and advances in clinical practice	67
7.3	How registrants keep up to date	69
8.	Future of the profession.....	73
8.1	Optimism and pessimism about the future of the profession	73
9.	Acknowledgments.....	75
10.	List of figures	76

1. About the research

1.1 Introduction

This report contains analysis of results from the General Chiropractic Council's (GCC) Registrant Survey 2020 by registrants' equality, diversity, and inclusion (EDI) information and accompanies the main report. The survey was conducted by Enventure Research on behalf of the GCC in September and October 2020. The research aimed to gain valuable insights into the chiropractic profession to improve the GCC's understanding of chiropractic professionals' work and settings, qualifications, job satisfaction, responsibilities, clinical practice, future plans, the impact of the COVID-19 pandemic on practice, and optimism and pessimism about the future of the profession.

A number of EDI questions were asked in the survey relating to the following protected characteristics defined in the Equality Act 2010:

- Sex
- Age group
- Ethnicity
- Disability
- Gender identity
- Sexual orientation
- Religion
- Maternity, paternity, shared parental or adoption leave taken in the last 12 months
- Relationship status

Survey results have been analysed by respondents' answers to these EDI questions. Please note, however, that due to the small number of respondents who had a disability, this analysis has not been carried out in this report. There were also no respondents in the survey whose gender did not match their sex as registered at birth, so this analysis has also not been undertaken.

1.2 Methodology summary

The survey involved a census of chiropractors registered with the GCC. The questionnaire was co-designed by Enventure Research and the GCC, and was piloted with a small handful of registrants before fieldwork. The survey was administered online, with an invitation email was sent to every GCC registrant, followed by three reminders for those that had not responded to the survey. An open access online survey was also available for registrants to complete if they did not respond to the mailings. This was promoted using the GCC website and social media channels. The survey was live between 22 September and 27 October 2020.

For more information about the methodology, see the main report.

1.3 GCC register profile

The GCC regulates all chiropractors working in the UK. At the time of the survey there were 3,384 chiropractors on the GCC register.

The profile of chiropractors on the GCC register in terms of sex, age group and ethnicity is shown in **Figure 1**.

Figure 1 – Profile of registrants on the GCC register

Base: All registrants on the GCC register (3,384)

Characteristic	Number	Percentage
Sex		
Female	1,701	50%
Male	1,683	50%
Age group		
16-24	90	3%
25-34	864	26%
35-44	987	29%
45-54	778	23%
55-64	517	15%
65+	148	4%
Ethnicity		
White British	2,130	63%
White Other	33	1%
Mixed	42	1%
Asian or Asian British	93	3%
Black or Black British	17	1%
Chinese	27	1%
Not known	1,042	31%

1.4 Response rates

In total, 3,384 GCC registrants were eligible to take part in the survey. Between 22 September and 27 October 2020, 968 registrants completed the survey, an overall response rate of 28.6%.

Figure 2 shows the issued sample sizes, number of completed responses and the response rates overall and by sex and age.

Figure 2 – Response rates by sex and age

Item	Male	Female	16-24	25-34	35-44	45-54	55-64	65+
Issued sample size	1,683	1,701	90	864	987	778	517	148
Completed responses	409	511	24	180	257	229	199	46
Response rate	24.3%	30.0%	26.7%	20.8%	26.0%	29.4%	38.5%	31.1%

1.5 Respondent EDI profile

This section of the report details the EDI profile of the overall sample of respondents.

Sex and age

Figure 3 summarises the breakdown by sex and age group of chiropractors who took part in the survey. This was self-reported by registrants. As shown, more females took part in the survey than males. The most common age groups that took part were 35-44 years (27%) and 45-54 years (24%).

Figure 3 – Sex and age

Base: All respondents (968)

Characteristic	Number	Percentage
Sex		
Male	409	42%
Female	511	53%
Other	0	-
Prefer not to say	48	5%
Age		
16-24	24	2%
25-34	180	19%
35-44	257	27%
45-54	229	24%
55-64	199	21%
65+	46	5%
Prefer not to say	33	3%

Disability

Respondents were asked if they considered themselves to have a disability according to the definition in the Equality Act. As can be seen in **Figure 4**, only 2% of respondents said they did.

Figure 4 – Disability

Base: All respondents (968)

Characteristic	Number	Percentage
Yes	19	2%
No	914	94%
Prefer not to say	35	4%

Religion

Registrants were asked to identify their religion or belief, if any, from a list. **Figure 5** summarises the responses. Four in ten (42%) considered themselves to have no religion, which was the largest group. This was followed by over a third (37%) considering themselves to be Christian. Only small percentages identified with other religions and beliefs (<0.5% to 3%) and 13% preferred not to say.

Figure 5 – Religion/belief

Base: All respondents (968)

Religion	Number	Percentage
No religion	410	42%
Christian	360	37%
Buddhist	15	2%
Hindu	9	1%
Jewish	8	1%
Muslim	7	1%
Sikh	3	<0.5%
Other religion	29	3%
Prefer not to say	127	13%

Ethnicity

Registrants were asked to indicate their ethnicity, choosing from a list. **Figure 6** shows the responses from the question. Seven in ten identified as White British (70%) and the second largest group was White Other (14%).

Figure 6 – Ethnicity

Base: All respondents (968)

Ethnicity	Number	Percentage
White - British	679	70%
White - Irish	14	1%
White - Gypsy or Irish Traveller	0	-
White – Other White background	138	14%
Mixed - White and Black Caribbean	4	<0.5%
Mixed - White and Black African	2	<0.5%
Mixed - White and Asian	8	1%
Mixed - Other mixed background	8	1%
Asian or Asian British - Indian	18	2%
Asian or Asian British - Pakistani	3	<0.5%
Asian or Asian British - Bangladeshi	2	<0.5%
Asian or Asian British - Chinese	12	1%
Asian or Asian British - Other Asian background	4	<0.5%
Black or Black British - Black African	4	<0.5%
Black or Black British - Black Caribbean	2	<0.5%
Black or Black British - Other Black background	0	-
Arab	0	-
Other ethnic group	5	1%
Prefer not to say	65	7%

Gender identity

The survey asked registrants if their gender identity matched their sex at birth. As shown in **Figure 7**, no respondents said it did not.

Figure 7 – Gender identity

Base: All respondents (968)

Gender identity matches sex at birth	Number	Percentage
Yes	968	96%
No	0	-
Prefer not to say	42	4%

Sexual orientation

Registrants were asked to identify their sexual orientation, choosing from a list. As indicated in **Figure 8**, 86% indicated they were heterosexual or straight.

Figure 8 – Sexual orientation

Base: All respondents (968)

Sexual orientation	Number	Percentage
Heterosexual/Straight	834	86%
Gay woman/Lesbian	15	2%
Gay man	20	2%
Bisexual	5	1%
Other	4	<0.5%
Prefer not to say	90	9%

Maternity, paternity, adoption, and shared parental leave

Registrants were shown a list that included maternity leave, paternity leave, shared parental leave and adoption leave and asked if they had taken any of these types of leave in the last 12 months. The majority had not taken any (89%), as shown in **Figure 9**. Statutory maternity leave was the most common type of leave taken (3%).

Figure 9 – Leave in the last 12 months

Base: All respondents (968)

Leave in the last 12 months	Number	Percentage
Maternity leave – statutory	32	3%
Maternity leave – extended	12	1%
Paternity leave	9	1%
Shared parental leave	1	<0.5%
Adoption leave	0	-
None	858	89%
Prefer not to say	56	6%

Relationship status

Registrants were also asked to identify their relationship status, choosing from a list. As shown in **Figure 10**, over half (53%) said they were married, which was the largest group. A further 15% identified as single, never having married or entered into a civil partnership, and the same proportion (15%) said they were cohabiting.

Figure 10 – Relationship status

Base: All respondents (968)

Leave in the last 12 months	Number	Percentage
Single (never married or in a civil partnership)	144	15%
Cohabiting	144	15%
Married	514	53%
In a civil partnership	13	1%
Separated (but still legally married or in civil partnership)	11	1%
Divorced or civil partnership dissolved	49	5%
Widowed or a surviving partner from a civil partnership	8	1%
Prefer not to say	85	9%

1.6 How to read the report

Figures

This report contains tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%, apart from response rates which are shown to one decimal place
- A response of between 0% and 0.4% will be shown as <0.5%; ‘-’ is shown to signify that no respondents fell into a category.

Sampling tolerances

As the online survey was completed by a sample of registrants, all results are subject to sampling tolerances. Based on a total population of 3,384 registrants on the General Chiropractic Council (GCC) register at the time the survey was undertaken and 968 responses (total number of responses to the survey), when interpreting the results to a question which all registrant respondents answered, if 50% responded with a particular answer then there is a 95% chance that this result would not vary by more than +/- 2.7 percentage points (47.3% to 52.7%) had the result been obtained from the entire registrant population.

As the survey was sent out to all GCC registrants and only a sample responded to the survey, some subgroups may be over- or under-represented in the dataset. Weights have not been used given the effect this would have on the data accuracy in terms of the sampling variance, standard deviation, and standard error. All survey results presented within this report are based on unweighted data.

Subgroup analysis

Subgroup analysis has been undertaken to explore the survey results. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes are not large enough, subgroups have been combined to create a larger group, for example, ethnic groups. Where base sizes are less than 30 the figures in tables have been replaced by ***.

It should be noted that the percentages shown in the subgroup analysis reflect the proportion of the subgroup who answered the question and gave a particular response. In figures showing subgroup analysis, the percentages shown are calculated from the base size at the bottom of each column of a table. Please note that the base sizes for subgroups may not add up to the overall base size within a table. This is because the table may be displaying only certain subgroups for analysis or may be excluding response categories such as ‘other’ or ‘prefer not to say’.

Statistical testing of differences

Differences that are statistically significant according to the z-test at the 95% confidence level have been commented on in this report. The z-test is a commonly used statistical test used to highlight whether differences in results are ‘significant’. By this we mean that we can say with 95% confidence that we would see a difference if all registrants in a group took part in the survey.

Response scales

Some survey questions allowed respondents to answer questions using Likert scales, such as satisfaction rating scales. As differences between responses within these scales are often subjective, for example the difference between those who answered ‘very satisfied’ and ‘quite satisfied’, these response options have been combined to create net responses.

2. Qualification and registration

2.1 Chiropractic degree

Registrants were asked to identify where they achieved their chiropractic degree, selecting from a list. Four in ten (40%) identified AECC University College as the institution where they achieved their degree, which was the largest group. This was followed by McTimoney College of Chiropractic (26%) and 21% said it was the Welsh Institute of Chiropractic.

Figure 11 summarises differences of where chiropractic degrees were achieved by sex and age group. As shown, males were more likely to have achieved their degree at AECC University College (45% compared with 35%), whereas for females the McTimoney College of Chiropractic was more likely (32% compared with 18%). By age group, the likelihood of having a chiropractic degree from AECC University College increased by age, from 39% of 16-34 year olds to 46% of those aged 55 and above. This was also the trend seen with chiropractic degrees from the McTimoney College of Chiropractic, from 13% of 16-34 year olds to 34% of those aged 55 and above. However, the opposite trend was seen with the Welsh Institute of Chiropractic, with 42% of those aged 16-34 saying they had achieved their degree there, compared with 4% of those aged 55 and above.

Figure 11 – Institution where chiropractic degree was achieved by sex and age

Base: All respondents (968)

Institution	Overall	Male	Female	16-34	35-54	55+
AECC University College	40%	45%	35%	39%	36%	46%
McTimoney College of Chiropractic	26%	18%	32%	13%	26%	34%
Welsh Institute of Chiropractic	21%	21%	23%	42%	22%	4%
Other	13%	16%	11%	5%	15%	16%
Base	968	409	511	204	486	245

Figure 12 summarises the differences in institution by ethnicity. As shown, in each ethnic group the largest proportion attended AECC University College (34% to 41%). However, those from a White British background were more likely than the other groups to have achieved their degree at the McTimoney College of Chiropractic (30% compared with 11% and 13%), whereas those from a BAME background were more likely to have a degree from the Welsh Institute of Chiropractic (33%) than those from White British and White Other backgrounds (22% and 14% respectively).

Figure 12 – Institution where chiropractic degree was achieved by ethnicity

Base: All respondents (968)

Institution	Overall	White British	White Other	BAME
AECC University College	40%	41%	34%	39%
McTimoney College of Chiropractic	26%	30%	11%	13%
Welsh Institute of Chiropractic	21%	22%	14%	33%
Other	13%	6%	41%	15%
Base	968	679	152	67

Figure 13 shows where registrants achieved their degree by sexual orientation. There were no significant differences seen, although respondents who were gay, lesbian or bisexual were just as likely to have achieved their degree at the McTimoney College of Chiropractic as AECC University College of Chiropractic (both 35%), whereas those who were straight or heterosexual were more likely to have achieved it at AECC University College (40%) than the McTimoney College of Chiropractic (25%).

Figure 13 – Institution where chiropractic degree was achieved by sexual orientation

Base: All respondents (968)

Institution	Overall	Hetero- sexual/ straight	Gay woman/ les bian/ gay man/ bisexual
AECC University College	40%	40%	35%
McTimoney College of Chiropractic	26%	25%	35%
Welsh Institute of Chiropractic	21%	22%	20%
Other	13%	13%	10%
Base	968	834	40

Figure 14 summarises the differences in institution where degrees were achieved by religion and belief. There was little difference by religion and belief, but those who did not identify with a religion or belief were more likely to have achieved their degree from the Welsh Institute of Chiropractic (27%) than Christians (18%) and those who identified with other religions and beliefs (20%).

Figure 14 – Institution where chiropractic degree was achieved by religion/belief

Base: All respondents (968)

Institution	Overall	None	Christian	Other
AECC University College	40%	36%	43%	38%
McTimoney College of Chiropractic	26%	26%	24%	27%
Welsh Institute of Chiropractic	21%	27%	18%	20%
Other	13%	11%	15%	15%
Base	968	410	360	71

As shown in **Figure 15**, by relationship status the largest group for each achieved their degree at AECC University College (37% to 44%). However, those who were single were more likely to have achieved their degree at the Welsh Institute of Chiropractic (31%) than those who were cohabiting, married or in a civil partnership (21%) and those who were separated, divorced or widowed (10%).

Figure 15 – Institution where chiropractic degree was achieved by relationship status

Base: All respondents (968)

Institution	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
AECC University College	40%	37%	40%	44%
McTimoney College of Chiropractic	26%	24%	25%	28%
Welsh Institute of Chiropractic	21%	31%	21%	10%
Other	13%	8%	14%	18%
Base	968	144	671	68

For both those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not, the largest group of each had achieved their chiropractic degree from AECC University College (46% and 39% respectively), as shown in **Figure 16**. However, those who had taken maternity, paternity, shared or adoption leave in the last 12 months were more likely to have a degree from the Welsh Institute of Chiropractic (33%) than those who had not taken leave (21%), whereas those who had taken leave were less likely to have a degree from the McTimoney College of Chiropractic (11% compared with 27%).

Figure 16 – Institution where chiropractic degree was achieved by leave in last 12 months
 Base: All respondents (968)

Institution	Overall	Yes	No
AECC University College	40%	46%	39%
McTimoney College of Chiropractic	26%	11%	27%
Welsh Institute of Chiropractic	21%	33%	21%
Other	13%	9%	14%
Base	968	54	858

2.2 Year of qualification

Registrants were asked to identify the year they qualified as a chiropractor. Almost two thirds (64%) had qualified since 2001, with three in ten (29%) having qualified since 2011. **Figure 17** summarises differences in the year of qualification by sex and age. As shown, there was little difference by sex, but females were more likely than males to have qualified between 2005 and 2010 (22% compared with 13%). The overwhelming majority of those aged 16-34 had qualified in 2011 or after (87%), whilst the majority of those aged 55 and above qualified either between 1981 and 1990 (35%) or between 1991 and 2000 (37%).

Figure 17 – Year of qualification by sex and age
 Base: All respondents (968)

Year	Overall	Male	Female	16-34	35-54	55+
Before 1970	<0.5%	<0.5%	-	-	-	1%
1971-1980	2%	3%	<0.5%	-	-	6%
1981-1990	11%	13%	9%	-	4%	35%
1991-2000	22%	24%	19%	-	23%	37%
2001-2005	18%	16%	20%	-	29%	11%
2005-2010	17%	13%	22%	13%	25%	7%
2011 or after	29%	29%	30%	87%	19%	3%
Base	968	409	511	204	486	245

As shown in **Figure 18**, 30% of those from a White Other background qualified between 1991 and 2000, which was higher than those from a White British background (20%) and those from a BAME background (15%). Half (49%) of those from a BAME background had qualified in 2011 or after, which was higher than those from a White British background (28%) and those from a White Other background (29%).

Figure 18 – Year of qualification by ethnicity
 Base: All respondents (968)

Year	Overall	White British	White Other	BAME
Before 1970	<0.5%	<0.5%	1%	-
1971-1980	2%	1%	3%	-
1981-1990	11%	11%	13%	4%
1991-2000	22%	20%	30%	15%
2001-2005	18%	19%	16%	16%
2005-2010	17%	20%	8%	15%
2011 or after	29%	28%	29%	49%
Base	968	679	152	67

By sexual orientation, the largest proportions in both groups qualified in 2011 or after, with 50% of those who were gay, lesbian, or bisexual registering since then, compared with 28% of those who were heterosexual or straight. These differences are shown in **Figure 19**.

Figure 19 – Year of qualification by sexual orientation

Base: All respondents (968)

Year	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Before 1970	<0.5%	<0.5%	-
1971-1980	2%	2%	-
1981-1990	11%	12%	-
1991-2000	22%	22%	18%
2001-2005	18%	19%	13%
2005-2010	17%	18%	20%
2011 or after	29%	28%	50%
<i>Base</i>	968	834	40

Figure 20 summarises the differences in year of qualification by religion or belief. Respondents who identified with other religions or beliefs were most likely to have qualified between 2001 and 2005 (28%) and more likely to have qualified then than those who were Christian (18%) and those who did not identify with a religion or belief (17%). Those who did not identify with a religion or belief were more likely to have qualified in 2011 or after (36%) than Christians (23%) and those who identified with other religions and beliefs (20%).

Figure 20 – Year of qualification by religion/belief

Base: All respondents (968)

Year	Overall	None	Christian	Other
Before 1970	<0.5%	-	1%	-
1971-1980	2%	1%	3%	1%
1981-1990	11%	8%	16%	13%
1991-2000	22%	19%	24%	23%
2001-2005	18%	17%	18%	28%
2005-2010	17%	20%	16%	15%
2011 or after	29%	36%	23%	20%
<i>Base</i>	968	410	360	71

Figure 21 summarises the differences in year of qualification by relationship status. As shown, those who were divorced, separated, or widowed were most likely to have qualification between 1991 and 2000 (40%) and this was higher than those who were single (10%) and cohabiting, married or in a civil partnership (22%). Six in ten (59%) of those who were single qualified in 2011 or after, which was higher than those who were cohabiting, married or in a civil partnership (25%) and those who were divorced, separated, or widowed (18%).

Figure 21 – Year of qualification by relationship status*Base: All respondents (968)*

Year	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Before 1970	<0.5%	-	<0.5%	-
1971-1980	2%	1%	2%	1%
1981-1990	11%	3%	13%	16%
1991-2000	22%	10%	22%	40%
2001-2005	18%	11%	20%	19%
2005-2010	17%	17%	20%	6%
2011 or after	29%	59%	25%	18%
<i>Base</i>	<i>968</i>	<i>144</i>	<i>671</i>	<i>68</i>

As shown in **Figure 22**, those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months were more likely to have qualified between 2005 and 2010 (44%) than those who had not taken it (16%).

Figure 22 – Year of qualification by leave in last 12 months*Base: All respondents (968)*

Year	Overall	Yes	No
Before 1970	<0.5%	-	<0.5%
1971-1980	2%	-	2%
1981-1990	11%	-	12%
1991-2000	22%	2%	22%
2001-2005	18%	19%	19%
2005-2010	17%	44%	16%
2011 or after	29%	35%	29%
<i>Base</i>	<i>968</i>	<i>54</i>	<i>858</i>

2.3 Route to register

Registrants were asked to identify their route to registration with the GCC, which included qualifying in the UK, in the European Union (EU) and overseas/international outside of the EU. Nine in ten (90%) registered via the UK, whereas 10% registered via the EU, overseas or internationally.

As shown in **Figure 23**, females were more likely to have registered via the UK than males (93% compared with 86%), whereas males were more likely to have registered via the EU, overseas or internationally (14% compared with 7%). By age group, those aged 16-34 were more likely to have registered via the UK route (95%) than those from the older age groups (88% and 89%).

Figure 23 – Route to register by sex and age*Base: All respondents (968)*

Route	Overall	Male	Female	16-34	35-54	55+
UK	90%	86%	93%	95%	88%	89%
EU/overseas/international	10%	14%	7%	5%	12%	11%
<i>Base</i>	<i>968</i>	<i>409</i>	<i>511</i>	<i>204</i>	<i>486</i>	<i>245</i>

Figure 24 summarises the differences in the route to register amongst respondents by ethnicity. As shown, those from a White British background were more likely to have registered via the UK (97%) than those from a White Other background (61%) and from a BAME background (90%). Those from a White Other background were more commonly registered via the EU/overseas or international routes (39%), than those from White British and BAME backgrounds (3% and 10% respectively).

Figure 24 – Route to register by ethnicity

Base: All respondents (968)

Route	Overall	White British	White Other	BAME
UK	90%	97%	61%	90%
EU/overseas/international	10%	3%	39%	10%
<i>Base</i>	<i>968</i>	<i>679</i>	<i>152</i>	<i>67</i>

As shown in **Figure 25**, there was no difference in the route to register between those who identified as straight or heterosexual and those who identified as gay, lesbian or bisexual, with 90% of both groups registering through the UK route.

Figure 25 – Route to register by sexual orientation

Base: All respondents (968)

Route	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
UK	90%	90%	90%
EU/overseas/international	10%	10%	10%
<i>Base</i>	<i>968</i>	<i>834</i>	<i>40</i>

There were no significant differences seen in the route to register by religion and belief, with the majority in each group registering through the UK route (89% to 92%). **Figure 26** shows the breakdown.

Figure 26 – Route to register by religion/belief

Base: All respondents (968)

Route	Overall	None	Christian	Other
UK	90%	91%	89%	92%
EU/overseas/international	10%	9%	11%	8%
<i>Base</i>	<i>968</i>	<i>410</i>	<i>360</i>	<i>71</i>

There was also little difference in the route to register by relationship status, as shown in **Figure 27**, with the majority in each group registering via the UK (88% to 92%).

Figure 27 – Year of registration by relationship status

Base: All respondents (968)

Route	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
UK	90%	92%	90%	88%
EU/overseas/international	10%	8%	10%	12%
<i>Base</i>	<i>968</i>	<i>144</i>	<i>671</i>	<i>68</i>

There was little difference in route to register between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not, as shown in **Figure 28**.

Figure 28 - Route to register by leave in last 12 months

Base: All respondents (968)

Route	Overall	Yes	No
UK	90%	93%	90%
EU/overseas/international	10%	7%	10%
<i>Base</i>	<i>968</i>	<i>54</i>	<i>858</i>

3. Current work patterns

3.1 Current working status

Registrants were asked to identify their current working status and were able to select all that applied from a list of options. Overall, 91% said that they were working in a paid chiropractic role in the UK, which was by far the most common response. Only small proportions were working in a non-chiropractic role (2%), temporarily away from work (2%), in full-time education (<0.5%), not employed (1%), retired (<0.5%) or working abroad/outside the UK (3%).

As shown in **Figure 29**, there was little difference in current working status by sex, although females were more likely than males to be temporarily away from work (3% compared with <0.5%). By age group, those aged 16-34 year olds and 35-54 were more likely to be working in a non-chiropractic role (both 3%) than those aged 55 and above (<0.5%).

Figure 29 – Current working status by sex and age

Base: All respondents (968)

Working status	Overall	Male	Female	16-34	35-54	55+
In paid chiropractic role in UK	91%	93%	90%	91%	91%	92%
In non-chiropractic related role	2%	2%	3%	3%	3%	<0.5%
Temporarily away from work ¹	2%	<0.5%	3%	2%	2%	<0.5%
In full-time education	<0.5%	<0.5%	-	-	-	<0.5%
Not employed	1%	<0.5%	1%	1%	<0.5%	1%
Working abroad/outside the UK	3%	5%	3%	3%	4%	3%
Retired	<0.5%	-	<0.5%	-	-	1%
Other	2%	1%	2%	1%	1%	2%
Base	968	409	511	204	486	245

A higher percentage of those from a White British background were in a paid chiropractic role (94%) than those from White Other and BAME backgrounds (85% and 79% respectively). Those from White Other and BAME backgrounds were more likely to be working abroad/outside of the UK (9% and 10% respectively) than those from a White British background (1%). This is shown in **Figure 30**.

Figure 30 – Current working status by ethnicity

Base: All respondents (968)

Working status	Overall	White British	White Other	BAME
In paid chiropractic role in UK	91%	94%	85%	79%
In non-chiropractic related role	2%	2%	3%	6%
Temporarily away from work ²	2%	1%	3%	3%
In full-time education	<0.5%	-	1%	-
Not employed	1%	1%	1%	-
Working abroad/outside the UK	3%	1%	9%	10%
Retired	<0.5%	<0.5%	-	-

¹ Included examples such as maternity or paternity leave, sick leave or other approved leave.

² Included examples such as maternity or paternity leave, sick leave or other approved leave.

Working status	Overall	White British	White Other	BAME
Other	2%	1%	1%	6%
Base	968	679	152	67

There was little difference in registrants’ working status by sexual orientation, with the overwhelming majority in both groups saying they were in paid chiropractic roles in the UK (91% and 95%), as shown in **Figure 31**.

Figure 31 – Current working status by sexual orientation

Base: All respondents (968)

Working status	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
In paid chiropractic role in UK	91%	91%	95%
In non-chiropractic related role	2%	3%	-
Temporarily away from work ³	2%	2%	3%
In full-time education	<0.5%	<0.5%	-
Not employed	1%	1%	-
Working abroad/outside the UK	3%	4%	-
Retired	<0.5%	<0.5%	-
Other	2%	2%	3%
Base	968	834	40

Working status amongst registrants was broadly similar by religion and belief, however, those who identified with other religions and beliefs were less likely to be working in a paid chiropractic role (87%) than those who did not identify with any religion or belief (93%) and Christians (91%), although this difference was not significant. This is summarised in **Figure 32**.

Figure 32 – Current working status by religion/belief

Base: All respondents (968)

Working status	Overall	None	Christian	Other
In paid chiropractic role in UK	91%	93%	91%	87%
In non-chiropractic related role	2%	2%	3%	1%
Temporarily away from work ⁴	2%	1%	2%	-
In full-time education	<0.5%	-	-	1%
Not employed	1%	2%	-	-
Working abroad/outside the UK	3%	2%	5%	6%
Retired	<0.5%	-	<0.5%	-
Other	2%	1%	1%	6%
Base	968	410	360	71

³ Included examples such as maternity or paternity leave, sick leave or other approved leave.

⁴ Included examples such as maternity or paternity leave, sick leave or other approved leave.

Figure 33 summarises working status by relationship status. Again, the overwhelming majority in each group said they were in paid chiropractic roles in the UK. There were no significant differences seen.

Figure 33 – Current working status by relationship status

Base: All respondents (968)

Working status	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
In paid chiropractic role in UK	91%	91%	91%	94%
In non-chiropractic related role	2%	2%	3%	1%
Temporarily away from work ⁵	2%	1%	2%	1%
In full-time education	<0.5%	-	<0.5%	-
Not employed	1%	1%	1%	-
Working abroad/outside the UK	3%	5%	3%	1%
Retired	<0.5%	-	<0.5%	-
Other	2%	2%	2%	1%
Base	968	144	671	68

Registrants who had taken maternity, paternity, adoption or shared parental leave in the last 12 months were more likely to be temporarily away from work (19%) than those who had not taken leave (1%), whereas those who had not taken leave were more likely to be working in a paid chiropractic role (92% compared with 74%). This is summarised in **Figure 34**.

Figure 34 – Current working status by leave in last 12 months

Base: All respondents (968)

Working status	Overall	Yes	No
In paid chiropractic role in UK	91%	74%	92%
In non-chiropractic related role	2%	2%	3%
Temporarily away from work ⁶	2%	19%	1%
In full-time education	<0.5%	-	<0.5%
Not employed	1%	2%	1%
Working abroad/outside the UK	3%	2%	3%
Retired	<0.5%	-	<0.5%
Other	2%	2%	2%
Base	968	54	858

3.2 Working location

Registrants who were working or were temporarily away from work were asked to identify where they currently worked by choosing all that applied from a list of devolved nations of the UK. The overwhelming majority worked in England (87%). A further 6% worked in Scotland and the same proportion (6%) worked in Wales. Only a handful of respondents were working in Northern Ireland (1%), another location (1%) or no fixed place (<0.5%).

Figure 35 summarises workplace locations by sex and age group. As shown, the majority in each group worked in England and there were no significant differences seen by sex and age group.

⁵ Included examples such as maternity or paternity leave, sick leave or other approved leave.

⁶ Included examples such as maternity or paternity leave, sick leave or other approved leave.

Figure 35 – Work location by sex and age

Base: Those in work or temporarily away from work (913)

Location	Overall	Male	Female	16-34	35-54	55+
England	87%	85%	88%	87%	87%	88%
Scotland	6%	7%	6%	5%	8%	5%
Wales	6%	7%	6%	6%	6%	7%
Northern Ireland	1%	2%	<0.5%	1%	1%	1%
Other	1%	<0.5%	<0.5%	1%	<0.5%	-
No fixed place	<0.5%	-	<0.5%	-	<0.5%	-
<i>Base</i>	913	385	483	194	461	226

As shown in **Figure 36**, registrants from a White British background were more likely to work in England (89%) than those from White Other and BAME backgrounds (80% and 86% respectively). One in ten (10%) of those from a White Other background worked in Scotland, which was higher than the proportions of White British and BAME registrants working in Scotland (both 5%).

Figure 36 – Work location by ethnicity

Base: Those in work or temporarily away from work (913)

Location	Overall	White British	White Other	BAME
England	87%	89%	80%	86%
Scotland	6%	5%	10%	5%
Wales	6%	6%	6%	12%
Northern Ireland	1%	<0.5%	4%	-
Other	1%	<0.5%	1%	-
No fixed place	<0.5%	<0.5%	-	-
<i>Base</i>	913	655	135	58

Figure 37 shows workplace location by sexual orientation. There were no significant differences seen by sexual orientation, with the vast majority in each group working in England (87% and 92%).

Figure 37 – Work location by sexual orientation

Base: Those in work or temporarily away from work (913)

Location	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
England	87%	87%	92%
Scotland	6%	6%	5%
Wales	6%	6%	5%
Northern Ireland	1%	1%	-
Other	1%	<0.5%	-
No fixed place	<0.5%	<0.5%	-
<i>Base</i>	913	783	39

As shown in **Figure 38**, the largest proportion for each group by religion or belief was in England (86% to 89%). The only significant difference seen was that those who did not identify with a religion or belief were more likely to work in Wales (8%) than Christians (3%).

Figure 38 – Work location by religion/belief

Base: Those in work or temporarily away from work (913)

Location	Overall	None	Christian	Other
England	87%	86%	89%	86%
Scotland	6%	6%	6%	6%
Wales	6%	8%	3%	6%
Northern Ireland	1%	1%	2%	-
Other	1%	-	<0.5%	-
No fixed place	<0.5%	-	<0.5%	2%
<i>Base</i>	<i>913</i>	<i>391</i>	<i>339</i>	<i>63</i>

Figure 39 summarises workplace location by relationship status. There were no significant differences seen.

Figure 39 – Work location by relationship status

Base: Those in work or temporarily away from work (913)

Location	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
England	87%	86%	88%	83%
Scotland	6%	8%	5%	6%
Wales	6%	6%	6%	9%
Northern Ireland	1%	2%	1%	2%
Other	1%	1%	<0.5%	-
No fixed place	<0.5%	-	<0.5%	-
<i>Base</i>	<i>913</i>	<i>133</i>	<i>633</i>	<i>66</i>

There were also no significant differences seen in workplace location between registrants who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not. The breakdown is shown in **Figure 40**.

Figure 40 – Work location by leave in last 12 months

Base: Those in work or temporarily away from work (913)

Location	Overall	Yes	No
England	87%	86%	87%
Scotland	6%	4%	6%
Wales	6%	8%	6%
Northern Ireland	1%	-	1%
Other	1%	-	<0.5%
No fixed place	<0.5%	2%	<0.5%
<i>Base</i>	<i>913</i>	<i>51</i>	<i>810</i>

3.3 Hours worked per week

Registrants working in paid chiropractic related roles in the UK were asked how many hours they worked in a typical week in their role or roles. From their responses, registrants were classified as working full-time if they worked 30 hours or more and as part-time if they worked fewer than 30 hours.

Overall, six in ten (59%) worked full-time, whilst 41% worked part-time. **Figure 41** summarises the differences in full-time and part-time working by sex and age group. As can be seen, males were more likely to work full-time than females (70% compared with 50%), whilst females were more likely to work part-time (50% compared with 30%). By age group, the likelihood of working full-time decreased by age, with those aged 16-34 years most likely to work full-time (67% compared with 59% of 35-54 year olds and 54% of those aged 55 and above). Those aged 55 and above were more likely to work part-time (46%) than the other age groups (33% and 41%).

Figure 41 – Full-time/part-time working by sex and age

Base: Those currently working in paid chiropractic roles in the UK (901)

Full-time/part-time working	Overall	Male	Female	16-34	35-54	55+
Full-time	59%	70%	50%	67%	59%	54%
Part-time	41%	30%	50%	33%	41%	46%
Base	901	382	474	190	453	226

By ethnicity, registrants from a White Other background more commonly worked full-time (69%) than those from White British and BAME backgrounds (57% and 53% respectively). This is shown in **Figure 42**.

Figure 42 – Full-time/part-time working by ethnicity

Base: Those currently working in paid chiropractic roles in the UK (901)

Full-time/part-time working	Overall	White British	White Other	BAME
Full-time	59%	57%	69%	53%
Part-time	41%	43%	31%	47%
Base	901	647	134	55

As shown in **Figure 43**, there was no difference in full-time and part-time working by sexual orientation, with 59% in both groups working full-time.

Figure 43 – Full-time/part-time working by sexual orientation

Base: Those currently working in paid chiropractic roles in the UK (901)

Full-time/part-time working	Overall	Heterosexual/straight	Gay woman/lesbian/gay man/bisexual
Full-time	59%	59%	59%
Part-time	41%	41%	41%
Base	901	772	39

Figure 44 shows full-time and part-time working by religion or belief. There were no significant differences seen, with the largest proportion in each group working full-time (56% to 61%).

Figure 44 – Full-time/part-time working by religion/belief*Base: Those currently working in paid chiropractic roles in the UK (901)*

Full-time/part-time working	Overall	None	Christian	Other
Full-time	59%	61%	58%	56%
Part-time	41%	39%	42%	44%
Base	901	386	334	62

By relationship status, two thirds (68%) of those who were separated, divorced or widowed worked full-time, higher than those who were single (61%) and those who were married, cohabiting or in a civil partnership (58%), although this difference was not significant. This is shown in **Figure 45**.

Figure 45 – Full-time/part-time working by relationship status*Base: Those currently working in paid chiropractic roles in the UK (901)*

Full-time/part-time working	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Full-time	59%	61%	58%	68%
Part-time	41%	39%	42%	32%
Base	901	132	624	65

Registrants who had taken maternity, paternity, adoption or shared parental leave in the last 12 months were more likely to work part-time (70%) than full-time (30%), whilst this was the other way round amongst those who had not taken leave (39% part-time and 61% full-time), as shown in **Figure 46**.

Figure 46 – Full-time/part-time working by leave in last 12 months*Base: Those currently working in paid chiropractic roles in the UK (901)*

Full-time / part-time working	Overall	Yes	No
Full-time	59%	30%	61%
Part-time	41%	70%	39%
Base	901	50	799

3.4 Settings

Registrants who said they worked in a paid chiropractic role in the UK were asked to identify the settings in which they worked, choosing from a list, and they were able to choose more than one setting if applicable. The overwhelming majority (96%) worked in clinical chiropractic practice, with much smaller proportions working in chiropractic education (6%) and chiropractic research (2%).

Figure 47 summarises the differences in settings by sex and age group. For each group, the most common setting was clinical chiropractic practice and there were no significant differences by sex and age group.

Figure 47 – Work settings by sex and age*Base: Those currently working in paid chiropractic roles in the UK (901)*

Setting	Overall	Male	Female	16-34	35-54	55+
Clinical chiropractic practice	96%	96%	97%	97%	98%	95%
Chiropractic education	6%	5%	6%	3%	6%	7%
Chiropractic research	2%	2%	1%	1%	2%	2%

Setting	Overall	Male	Female	16-34	35-54	55+
None of the above	3%	3%	2%	3%	1%	4%
Prefer not to say	1%	1%	<0.5%	-	1%	<0.5%
Base	901	382	474	190	453	226

Figure 48 summarises the settings worked in by ethnicity. As can be seen, the most common setting for each group was again clinical chiropractic practice (96% to 98%), with no significant differences seen.

Figure 48 – Work settings by ethnicity

Base: Those currently working in paid chiropractic roles in the UK (901)

Setting	Overall	White British	White Other	BAME
Clinical chiropractic practice	96%	97%	96%	98%
Chiropractic education	6%	3%	7%	2%
Chiropractic research	2%	1%	2%	2%
None of the above	3%	3%	1%	2%
Prefer not to say	1%	-	1%	-
Base	901	647	134	55

The overwhelming majority of those who were straight or heterosexual and those who were gay, lesbian or bisexual worked in clinical chiropractic practice (both 97%), as shown in **Figure 49**. There were no significant differences seen.

Figure 49 – Work settings by sexual orientation

Base: Those currently working in paid chiropractic roles in the UK (901)

Setting	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Clinical chiropractic practice	96%	97%	97%
Chiropractic education	6%	5%	10%
Chiropractic research	2%	2%	-
None of the above	3%	2%	3%
Prefer not to say	1%	1%	-
Base	901	772	39

Figure 50 summarises settings by religion or belief. As shown, the most common setting for each group was clinical chiropractic practice (97% for each). There were no significant differences.

Figure 50 – Work settings by religion/belief

Base: Those currently working in paid chiropractic roles in the UK (901)

Setting	Overall	None	Christian	Other
Clinical chiropractic practice	96%	97%	97%	97%
Chiropractic education	6%	7%	5%	2%
Chiropractic research	2%	2%	1%	3%
None of the above	3%	3%	2%	3%
Prefer not to say	1%	-	1%	-
Base	901	386	334	62

By relationship status there was again little difference in settings, with 97% to 98% from each group working in clinical chiropractic practice, as shown in **Figure 51**.

Figure 51 – Work settings by relationship status

Base: Those currently working in paid chiropractic roles in the UK (901)

Setting	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Clinical chiropractic practice	96%	97%	97%	98%
Chiropractic education	6%	2%	6%	8%
Chiropractic research	2%	1%	2%	2%
None of the above	3%	2%	3%	2%
Prefer not to say	1%	1%	<0.5%	-
<i>Base</i>	901	132	624	65

As shown in **Figure 52**, 96% of those who had taken maternity, paternity, adoption or shared parental leave in the last 12 months and 97% of those who had not worked in clinical chiropractic practice. There were no significant differences seen.

Figure 52 – Work settings by leave in last 12 months

Base: Those currently working in paid chiropractic roles in the UK (901)

Setting	Overall	Yes	No
Clinical chiropractic practice	96%	96%	97%
Chiropractic education	6%	2%	6%
Chiropractic research	2%	2%	2%
None of the above	3%	4%	2%
Prefer not to say	1%	-	1%
<i>Base</i>	901	50	799

3.5 Satisfaction in the profession

Registrants who were working in paid chiropractic roles were asked how satisfied or dissatisfied they were working in the profession and were able to choose from a scale of ‘very satisfied’ to ‘very dissatisfied’. Overall, registrants reported high levels of satisfaction, with 82% saying they were satisfied working in the profession (combining ‘very satisfied’ and ‘satisfied’). One in ten (9%) reported they were dissatisfied and a further 9% felt neither satisfied nor dissatisfied.

Figure 53 summarises the differences in satisfaction amongst registrants by sex and age. As can be seen, a high level of females and males were satisfied working in the profession (81% and 83% respectively) and there was little difference between them. By age group, the overall pattern was that satisfaction increased by age. Nine in ten (89%) of those aged 55 and above reported they were satisfied, and only 6% were dissatisfied, whereas 79% of 16-34 year olds and 80% of 35-54 year olds reported satisfaction, with 12% reporting dissatisfaction in the youngest age category.

Figure 53 – Satisfaction working in the profession by sex and age

Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	Male	Female	16-34	35-54	55+
Satisfied	82%	81%	83%	79%	80%	89%
Neither satisfied nor dissatisfied	9%	10%	8%	9%	11%	5%

Satisfaction	Overall	Male	Female	16-34	35-54	55+
Dissatisfied	9%	8%	9%	12%	8%	6%
Base	901	382	474	190	453	226

As shown in **Figure 54**, registrants from BAME backgrounds were less likely to be satisfied working in the profession (71%) than those from White British and White Other backgrounds (83% and 87% respectively). The proportion of those from a BAME background who said they were neither satisfied nor dissatisfied was larger (16%) than that reporting the same from the other two groups (9% and 5%), as was the proportion saying they were dissatisfied (13% compared with 8% and 7%), although this latter difference was not significant.

Figure 54 – Satisfaction working in the profession by ethnicity

Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	White British	White Other	BAME
Satisfied	82%	83%	87%	71%
Neither satisfied nor dissatisfied	9%	9%	5%	16%
Dissatisfied	9%	8%	7%	13%
Base	901	647	134	55

As shown in **Figure 55**, registrants who were gay, lesbian or bisexual were more likely to be satisfied working in the profession (92%) than those who were heterosexual/straight (83%).

Figure 55 – Satisfaction working in the profession by sexual orientation

Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Satisfied	82%	83%	92%
Neither satisfied nor dissatisfied	9%	9%	-
Dissatisfied	9%	8%	8%
Base	901	772	39

By religion or belief, Christian registrants were more likely to be satisfied working in the profession (87%) than those who did not identify with a religion or belief (79%), whilst 82% of those who identified with other religions or beliefs were satisfied. This is summarised in **Figure 56**.

Figure 56 – Satisfaction working in the profession by religion/belief

Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	None	Christian	Other
Satisfied	82%	79%	87%	82%
Neither satisfied nor dissatisfied	9%	11%	6%	10%
Dissatisfied	9%	10%	6%	8%
Base	901	386	334	62

Registrants who were cohabiting, married or in civil partnerships and those who were separated, divorced, or widowed reported higher levels of satisfaction (83% and 88%) than those who were single (79%), although the difference was not significant. This is summarised in **Figure 57**.

Figure 57 – Satisfaction working in the profession by relationship status

Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Satisfied	82%	79%	83%	88%
Neither satisfied nor dissatisfied	9%	10%	9%	5%
Dissatisfied	9%	11%	7%	8%
<i>Base</i>	<i>901</i>	<i>132</i>	<i>624</i>	<i>65</i>

As shown in **Figure 58**, a larger proportion of registrants who had taken maternity, paternity, shared parental or adoption leave in the last 12 months reported being satisfied (86%) than those who had not taken leave (82%), but this difference was not significant.

Figure 58 – Satisfaction working in the profession by leave in last 12 months

Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	Yes	No
Satisfied	82%	86%	82%
Neither satisfied nor dissatisfied	9%	8%	9%
Dissatisfied	9%	6%	9%
<i>Base</i>	<i>901</i>	<i>50</i>	<i>799</i>

3.6 Voluntary work related to the profession

All survey respondents were asked whether they did any voluntary work related to the profession. One in five said they did do voluntary work (19%).

Figure 59 summarises voluntary work by sex and between age groups. Males were more likely than females to undertake voluntary work related to the profession (24% compared with 16%) and the likelihood of carrying out voluntary work increased by age, with a quarter (25%) of those aged 55 and above doing voluntary work compared with 14% of those aged 16-34 years and 18% of those aged 35-54 years.

Figure 59 – Voluntary work related to the profession by sex and age

Base: All respondents (968)

Voluntary work	Overall	Male	Female	16-34	35-54	55+
Yes	19%	24%	16%	14%	18%	25%
No	78%	74%	81%	83%	79%	72%
Prefer not to say	3%	2%	3%	3%	3%	3%
<i>Base</i>	<i>968</i>	<i>409</i>	<i>511</i>	<i>204</i>	<i>486</i>	<i>245</i>

As shown in **Figure 60**, larger proportions of those from BAME and White Other backgrounds (27% and 23%) carried out voluntary work than those from a White British background (18%), although this difference was not significant.

Figure 60 – Voluntary work related to the profession by ethnicity

Base: All respondents (968)

Voluntary work	Overall	White British	White Other	BAME
Yes	19%	18%	23%	27%
No	78%	80%	72%	72%
Prefer not to say	3%	2%	5%	1%
Base	968	679	152	67

There were no significant differences between registrants who were straight or heterosexual and those who were gay, lesbian or bisexual, with the majority of both groups not undertaking any voluntary work related to the profession (79% and 75% respectively), as shown in **Figure 61**.

Figure 61 – Voluntary work related to the profession by sexual orientation

Base: All respondents (968)

Voluntary work	Overall	Heterosexual/straight	Gay woman/lesbian/gay man/bisexual
Yes	19%	19%	20%
No	78%	79%	75%
Prefer not to say	3%	2%	5%
Base	968	834	40

Registrants who identified as Christian and with other religions and beliefs were more likely to undertake voluntary work related to the profession (23% and 25% respectively) than those who did not identify with any religion or belief (15%), as shown in **Figure 62**.

Figure 62 – Voluntary work related to the profession by religion/belief

Base: All respondents (968)

Voluntary work	Overall	None	Christian	Other
Yes	19%	15%	23%	25%
No	78%	83%	74%	73%
Prefer not to say	3%	2%	3%	1%
Base	968	410	360	71

There was no difference in voluntary work by relationship status, with the largest proportion in each group saying that they did not do any voluntary work (78% to 82%). This is summarised in **Figure 63**.

Figure 63 – Voluntary work related to the profession by relationship status

Base: All respondents (968)

Voluntary work	Overall	Single	Cohabiting/married/civil partnership	Separated/divorced/widowed
Yes	19%	16%	20%	19%
No	78%	82%	78%	78%
Prefer not to say	3%	2%	3%	3%
Base	968	144	671	68

Registrants who had taken maternity, paternity, shared parental or adoption leave in the last 12 months were less likely to do any voluntary work related to the profession (9%) than those who had not (19%), as shown in **Figure 64**.

Figure 64 – Voluntary work related to the profession by leave in last 12 months

Base: All respondents (968)

Voluntary work	Overall	Yes	No
Yes	19%	9%	19%
No	78%	87%	78%
Prefer not to say	3%	4%	3%
<i>Base</i>	<i>968</i>	<i>54</i>	<i>858</i>

4. Clinical chiropractic practice

4.1 Employment status

Registrants who worked in clinical chiropractic practice were asked to identify their employment status. Registrants working in clinical chiropractic practice most commonly said they were a chiropractic clinic director or owner (46%), followed by sole trader (39%). A fifth (18%) identified themselves as contractors and 5% as employed associates.

As shown in **Figure 65**, males were more likely to say they were chiropractic clinic directors or owners (52%) than females (42%), whereas females were more likely to be sole traders (46% compared with 30%). Similar proportions of males and females said they were contractors (18% and 19%) and employed associates (6% and 4%). Those aged 16-34 were less commonly chiropractic clinic directors or owners (24%) in comparison to the other age groups and were more likely to be contractors (36%) and employed associates (14%). Older age groups, in contrast, were more likely to be chiropractic clinic directors or owners (53% of 35-54 year olds and 50% of those aged 55 and above) and 43% of those aged 55 and above were sole traders.

Figure 65 – Employment status by sex and age
Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	Male	Female	16-34	35-54	55+
Chiropractic clinic director/owner	46%	52%	42%	24%	53%	50%
Sole trader	39%	30%	46%	38%	38%	43%
Contractor	18%	18%	19%	36%	17%	7%
Employed associate	5%	6%	4%	14%	3%	1%
Other	1%	1%	1%	1%	<0.5%	1%
Base	867	367	462	184	442	214

Registrants who were from a White Other background were more likely to be chiropractic clinic directors or owners (56%) than those from White British and BAME backgrounds (44% and 35% respectively). Registrants from a White British background were more commonly sole traders (42%) than those from White Other and BAME groups (29% and 30%) and those from BAME backgrounds were more likely to be contractors (35%) and employed associates (15%). This is summarised in **Figure 66**.

Figure 66 – Employment status by ethnicity
Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	White British	White Other	BAME
Chiropractic clinic director/owner	46%	44%	56%	35%
Sole trader	39%	42%	29%	30%
Contractor	18%	17%	21%	35%
Employed associate	5%	3%	6%	15%
Other	1%	1%	-	-
Base	867	626	129	54

By sexual orientation, the only significant difference seen was in relation to the proportions who were employed associates, with a larger proportion of gay, lesbian, or bisexual saying they were (16%) than those who were heterosexual or straight (4%). **Figure 67** summarises the differences in employment status by sexual orientation.

Figure 67 – Employment status by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Chiropractic clinic director/owner	46%	46%	47%
Sole trader	39%	39%	45%
Contractor	18%	19%	16%
Employed associate	5%	4%	16%
Other	1%	1%	-
<i>Base</i>	867	749	38

Figure 68 summarises employment status by religion or belief. The largest proportion in each group were chiropractic clinic directors or owners (44% to 50%) and there were no significant differences seen.

Figure 68 – Employment status by religion/belief

Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	None	Christian	Other
Chiropractic clinic director/owner	46%	44%	46%	50%
Sole trader	39%	39%	40%	42%
Contractor	18%	19%	19%	18%
Employed associate	5%	6%	3%	5%
Other	1%	1%	1%	-
<i>Base</i>	867	374	324	60

As shown in **Figure 69**, registrants who were cohabiting, married or in a civil partnership and those who were divorced, separated or widowed were more likely to be chiropractic clinic directors or owners (50% and 44% respectively) than those who were single (27%). In contrast, those who were single were more commonly contractors (33%) than those in the other groups (13% and 17%).

Figure 69 – Employment status by relationship status

Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Chiropractic clinic director/owner	46%	27%	50%	44%
Sole trader	39%	41%	38%	48%
Contractor	18%	33%	17%	13%
Employed associate	5%	11%	3%	5%
Other	1%	2%	<0.5%	-
<i>Base</i>	867	128	604	64

Registrants who had taken maternity, paternity, adoption, or shared parental leave in the last 12 months were less likely to be sole traders (29%) than those who had not (40%), but this difference was not significant. **Figure 70** summarises employment status by leave in the last 12 months.

Figure 70 – Employment status by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	Yes	No
Chiropractic clinic director/owner	46%	46%	46%
Sole trader	39%	29%	40%
Contractor	18%	25%	18%
Employed associate	5%	2%	5%
Other	1%	-	1%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.2 Number of clinical sites worked at

Registrants working in clinical chiropractic practice were asked how many clinical sites they worked at in all of their jobs or roles. Seven in ten (69%) worked at only one site, whilst 31% worked at two or more. **Figure 71** shows the number of sites worked at by sex and age. The largest proportion in each group worked at only one site and there were no significant differences seen by sex and age.

Figure 71 – Number of clinical sites worked at by sex and age

Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	Male	Female	16-34	35-54	55+
One	69%	70%	70%	68%	71%	67%
Two or more	31%	30%	30%	32%	29%	33%
<i>Base</i>	<i>867</i>	<i>367</i>	<i>462</i>	<i>184</i>	<i>442</i>	<i>214</i>

Figure 72 summarises the differences in the number of clinical sites worked at by ethnicity. As shown, the largest proportion in each group worked at one site only (67% to 72%), with no significant differences seen by ethnicity.

Figure 72 – Number of clinical sites worked at by ethnicity

Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	White British	White Other	BAME
One	69%	70%	72%	67%
Two or more	31%	30%	28%	33%
<i>Base</i>	<i>867</i>	<i>626</i>	<i>129</i>	<i>54</i>

As shown in **Figure 73**, 70% of those who were heterosexual or straight and 68% of those who were gay, lesbian or bisexual worked at one clinical site only and there was no significant difference.

Figure 73 – Number of clinical sites worked at by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
One	69%	70%	68%
Two or more	31%	30%	32%
<i>Base</i>	<i>867</i>	<i>749</i>	<i>38</i>

Larger proportions of registrants who identified as Christian or with other religions and beliefs worked at two or more sites (32% and 37% respectively) than those who did not identify with any religion or belief (27%), but this difference was not significant. **Figure 74** summarises the number of clinical sites worked at by religion or belief.

Figure 74 – Number of clinical sites worked at by religion/belief

Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	None	Christian	Other
One	69%	73%	68%	63%
Two or more	31%	27%	32%	37%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

As shown in **Figure 75**, by relationship status, the largest proportion in each group worked at only one clinical site (63% to 72%) and there were no significant differences seen.

Figure 75 – Number of clinical sites worked at by relationship status

Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
One	69%	63%	71%	72%
Two or more	31%	38%	29%	28%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

As shown in **Figure 76**, registrants who had taken maternity, paternity, shared parental or adoption leave in the last 12 months were more likely to work at only one clinical site (90%) than those who had not taken leave (69%).

Figure 76 – Number of clinical sites worked at by leave in the last 12 months

Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	Yes	No
One	69%	90%	69%
Two or more	31%	10%	31%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.3 Working with other professionals

Registrants who worked in clinical practice were asked to indicate who they worked with, if anyone, in any of their jobs or roles. In total, 45% said they worked by themselves in at least one job and 58% said they worked with other chiropractors. A third (33%) worked with other regulated health professionals and 23% with non-regulated healthcare professionals.

As shown in **Figure 77**, females were more likely than males to work by themselves in at least one job or role (48% compared with 41%). The likelihood of registrants working by themselves in a job increased by age, from 34% of 16-34 year olds to 47% of 35-54 year olds and 50% of those aged 55 and above. In contrast, the likelihood of working with other chiropractors decreased by age from 77% of those aged 16-34 to 56% of those aged 35-54 and 46% of those aged 55 and above. Registrants aged 35-54 were more likely to work with non-regulated healthcare professionals (28%) than the other two age groups (18% to 19%).

Figure 77 – Working with other professionals by sex and age

Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Male	Female	16-34	35-54	55+
By yourself	45%	41%	48%	34%	47%	50%
With other chiropractors	58%	60%	57%	77%	56%	46%
With other regulated health professionals	33%	35%	32%	38%	33%	29%
With non-regulated healthcare professionals	23%	23%	24%	18%	28%	19%
Other	1%	1%	1%	1%	1%	<0.5%
Base	867	367	462	184	442	214

By ethnicity, registrants from a White Other background were less likely to work by themselves (36%) than those from a White British background (46%) and a BAME background (48%), as shown in **Figure 78**.

Figure 78 – Working with other professionals by ethnicity

Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	White British	White Other	BAME
By yourself	45%	46%	36%	48%
With other chiropractors	58%	58%	62%	57%
With other regulated health professionals	33%	33%	33%	41%
With non-regulated healthcare professionals	23%	24%	23%	24%
Other	1%	1%	1%	-
Base	867	626	129	54

By sexual orientation, the largest proportions in each group worked with other chiropractors (58% and 66%), as shown in **Figure 79**. There were no significant differences between those who identified as heterosexual or straight and those who were gay, lesbian, or bisexual.

Figure 79 – Working with other professionals by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
By yourself	45%	45%	50%
With other chiropractors	58%	58%	66%
With other regulated health professionals	33%	34%	21%
With non-regulated healthcare professionals	23%	23%	24%
Other	1%	1%	3%
Base	867	749	38

Figure 80 summarises working with other health professionals by religion or belief. Registrants who did not identify with a religion or belief were more likely to work by themselves in at least one job (48%) than those who were Christian (40%) and this was also high amongst those who identified with other religions (52%), although the difference was not significant.

Figure 80 – Working with other professionals by religion/belief

Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	None	Christian	Other
By yourself	45%	48%	40%	52%
With other chiropractors	58%	58%	60%	50%
With other regulated health professionals	33%	32%	35%	35%
With non-regulated healthcare professionals	23%	25%	22%	23%
Other	1%	1%	1%	2%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

Figure 81 summarises the differences in working with others by relationship status. Those who were single and those who were married, cohabiting or in a civil partnership were more likely to work with other chiropractors (70% and 58% respectively) than those who were separated, divorced, or widowed (44%).

Figure 81 – Working with other professionals by relationship status

Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
By yourself	45%	45%	44%	48%
With other chiropractors	58%	70%	58%	44%
With other regulated health professionals	33%	34%	34%	22%
With non-regulated healthcare professionals	23%	23%	24%	22%
Other	1%	1%	1%	-
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

As shown in **Figure 82**, a larger proportion of those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months worked with other chiropractors in at least one of their jobs (69%) than those who had not taken leave (58%), but this difference was not significant.

Figure 82 – Working with other professionals by leave in the last 12 months

Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Yes	No
By yourself	45%	38%	45%
With other chiropractors	58%	69%	58%
With other regulated health professionals	33%	33%	33%
With non-regulated healthcare professionals	23%	25%	23%
Other	1%	2%	1%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.4 Practice type

Registrants working in clinical practice were asked whether the practice or practices in which they worked in any of their jobs were a part of a group of chiropractic clinics or were part of a group of health clinics. Eight in ten (80%) said the practice or practices they worked in were neither, whilst 16% said they were part of a group of chiropractic clinics and 6% part of a group of health clinics.

As shown in **Figure 83**, males were more likely than females to work in a part of a group of chiropractic clinics (21% compared with 12%), whilst females were more likely to say their practice or practices were neither (85% compared with 74%). By age, those aged 16-34 were more likely to work in part of a group of chiropractic clinics (27%) than those aged 35-54 (12%) and 55 and above (15%). The older age groups, in contrast, were more likely to say their practice or practices were neither part of a group of chiropractic clinics or health clinics (83% and 82% compared with 68%).

Figure 83 – Practice type by sex and age

Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	Male	Female	16-34	35-54	55+
Part of a group of chiropractic clinics	16%	21%	12%	27%	12%	15%
Part of a group of health clinics	6%	7%	4%	7%	5%	5%
Neither	80%	74%	85%	68%	83%	82%
Base	867	367	462	184	442	214

As shown in **Figure 84**, registrants from White Other and BAME backgrounds were more likely to work in a clinic that was part of a group of chiropractic clinics (both 22%) than those from a White British background (14%). Those from a White British background were more commonly working in practices that were not in groups of chiropractic clinics or health clinics (83% compared with 74% and 67%).

Figure 84 – Practice type by ethnicity

Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	White British	White Other	BAME
Part of a group of chiropractic clinics	16%	14%	22%	22%
Part of a group of health clinics	6%	5%	6%	11%
Neither	80%	83%	74%	67%
Base	867	626	129	54

As shown in **Figure 85**, there was little difference by sexual orientation, with the majority in both groups not working in a clinic that was part of a group of chiropractic clinics (76% and 81%).

Figure 85 – Practice type by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Part of a group of chiropractic clinics	16%	15%	18%
Part of a group of health clinics	6%	5%	5%
Neither	80%	81%	76%
Base	867	749	38

As shown in **Figure 86**, by religion or belief, the largest proportion in each group did not work in a clinic that was part of a group of chiropractic clinics or health clinics (79% to 82%), with no significant differences seen.

Figure 86 – Practice type by religion/belief

Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	None	Christian	Other
Part of a group of chiropractic clinics	16%	15%	17%	13%
Part of a group of health clinics	6%	5%	6%	5%
Neither	80%	82%	79%	82%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

Figure 87 summarises practice type worked in by relationship status. As shown, the largest proportion in each group did not work in a clinic that was part of a group of chiropractic clinics or health clinics (76% to 88%), but there were no significant differences.

Figure 87 – Practice type by relationship status

Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Part of a group of chiropractic clinics	16%	20%	16%	9%
Part of a group of health clinics	6%	7%	5%	5%
Neither	80%	76%	80%	88%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

Almost nine in ten (88%) of those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months did not work in a clinic that was part of a group of chiropractic clinics or health clinics, which was higher than those who had not taken leave (80%), but this difference was not significant. This is summarised in **Figure 88**.

Figure 88 – Practice type by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	Yes	No
Part of a group of chiropractic clinics	16%	8%	16%
Part of a group of health clinics	6%	6%	5%
Neither	80%	88%	80%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.5 Time spent with patients

Registrants who worked in clinical practice were asked what percentage of their time they spent with patients across all their jobs and practices. Two thirds (66%) said they spent 81% or more of their time with patients and a further 20% said it was between 61% and 80%.

Figure 89 summarises time spent with patients by sex and age. The majority in each group spent 81% or more of their time with patients and there was little difference, except that a larger proportion of those aged 55 and above spent less than 40% of their time with patients (7%) than those in other age groups (2% and 4%).

Figure 89 – Time spent with patients by sex and age

Base: Those working in clinical chiropractic practice (867)

Percentage of time	Overall	Male	Female	16-34	35-54	55+
0-40%	4%	4%	4%	2%	4%	7%
41-60%	7%	8%	6%	3%	9%	7%
61-80%	20%	21%	19%	21%	20%	20%
81%+	66%	66%	68%	71%	66%	64%
Don't know	2%	1%	3%	3%	2%	2%
Base	867	367	462	184	442	214

As shown in **Figure 90**, the largest proportion in each group spent 81% or more of their time with patients (62% to 69%), with little difference by ethnicity.

Figure 90 – Time spent with patients by ethnicity

Base: Those working in clinical chiropractic practice (867)

Percentage of time	Overall	White British	White Other	BAME
0-40%	4%	4%	2%	2%
41-60%	7%	9%	8%	11%
61-80%	20%	19%	26%	17%
81%+	66%	69%	62%	67%
Don't know	2%	2%	2%	4%
Base	867	626	129	54

No significant differences were seen in time spent with patients by sexual orientation, with the majority in both groups spending 81% or more of their time with patients (55% and 68%), as shown in **Figure 91**.

Figure 91 – Time spent with patients by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Percentage of time	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
0-40%	4%	4%	3%
41-60%	7%	7%	11%
61-80%	20%	20%	29%
81%+	66%	68%	55%
Don't know	2%	2%	3%
Base	867	749	38

By religion or belief, 65% or more of each group spent 81% or more of their time with patients, with no significant differences seen. **Figure 92** summarises time spent with patients by religion or belief.

Figure 92 – Time spent with patients by religion/belief

Base: Those working in clinical chiropractic practice (867)

Percentage of time	Overall	None	Christian	Other
0-40%	4%	2%	5%	5%
41-60%	7%	7%	8%	5%
61-80%	20%	21%	19%	13%
81%+	66%	68%	65%	75%
Don't know	2%	1%	2%	2%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

Registrants who were cohabiting, married or in a civil partnership were more likely to spend 81% or more of their time with patients (69%) than those who were single (59%), whilst those who were single were more likely to spend between 61% and 80% of their time with patients (27%). This is shown in **Figure 93**.

Figure 93 – Time spent with patients by relationship status

Base: Those working in clinical chiropractic practice (867)

Percentage of time	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
0-40%	4%	2%	4%	5%
41-60%	7%	6%	8%	5%
61-80%	20%	27%	18%	23%
81%+	66%	59%	69%	66%
Don't know	2%	5%	1%	2%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

There was little difference in time spent with patients between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not, with the largest proportions in both groups spending 81% or more of their time with patients (69% and 66% respectively), as shown in **Figure 94**.

Figure 94 – Time spent with patients by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Percentage of time	Overall	Yes	No
0-40%	4%	4%	3%
41-60%	7%	4%	8%
61-80%	20%	21%	20%
81%+	66%	69%	66%
Don't know	2%	2%	2%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.6 Responsibilities

Registrants working in clinical practice were asked what responsibilities they had across all their jobs and practices and were able to choose all that applied from a list. Overall, the most commonly mentioned responsibility was patient consultations (96%), followed by business ownership or directorship (66%), health and safety at work (63%), accounting or finance (62%) and risk management (62%). The full list is shown in the figures in this section.

Differences in responsibilities by sex and age are shown in **Figure 95**. For both males and females, the majority listed patient consultations as a responsibility (both 96%). Females were more likely than males to say health and safety at work was a responsibility (66% compared with 60%) and accounting or finance (66% compared with 56%). Males, on the other hand, were more likely to list supervising or managing the work of other (non-chiropractor) employees (40% compared with 29%).

Quite a few differences were seen between the youngest age group (16-24) and the two older age groups. For example, those aged 16-24 were less likely to list the following responsibilities than the other age groups: business ownership or directorship (35%), health and safety at work (35%), accounting or finance (33%), risk management (36%), education, training, mentoring and tutoring (27%), research, innovation, audit and quality improvement (23%), and supervising or managing the work of other (non-chiropractor) employees (24%) or other chiropractors (15%). The 16-24 age group were more likely to list any other clinical work (68%) than the other two age groups (61% and 47%).

Figure 95 – Responsibilities by sex and age

Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	Male	Female	16-34	35-54	55+
Patient consultations	96%	96%	96%	97%	96%	96%
Business ownership/directorship	66%	66%	65%	35%	73%	77%
Health and safety at work	63%	60%	66%	35%	72%	69%
Accounting/finance	62%	56%	66%	33%	71%	68%
Risk management	62%	60%	63%	36%	69%	68%
Any other clinical work	59%	60%	58%	68%	61%	47%
Education, training, mentoring, and tutoring	43%	44%	42%	27%	49%	47%
Research, innovation, audit, and quality improvement	37%	38%	36%	23%	42%	39%
Supervising or managing the work of other (non-chiropractor) employees	33%	40%	29%	24%	39%	32%
Supervising or managing the work of other chiropractors	23%	26%	21%	15%	27%	23%
Other	6%	5%	7%	5%	7%	5%
Base	867	367	462	184	442	214

As shown in **Figure 96**, by ethnicity, patient consultations was again the most commonly listed responsibility (95% to 96%). A few differences by ethnicity were seen. For example, those who were White British were more likely to say business ownership or directorship was a responsibility than those from a BAME background (67% compared with 52%) and risk management (64% compared with 41%). Registrants who were from a White Other background were more likely to list any other clinical work as a responsibility than those from a White British background (67% compared with 57%).

Figure 96 – Responsibilities by ethnicity*Base: Those working in clinical chiropractic practice (867)*

Responsibility	Overall	White British	White Other	BAME
Patient consultations	96%	96%	95%	96%
Business ownership/directorship	66%	67%	64%	52%
Health and safety at work	63%	64%	60%	52%
Accounting/finance	62%	63%	55%	57%
Risk management	62%	64%	55%	41%
Any other clinical work	59%	57%	67%	54%
Education, training, mentoring, and tutoring	43%	43%	45%	33%
Research, innovation, audit, and quality improvement	37%	37%	33%	37%
Supervising or managing the work of other (non-chiropractor) employees	33%	32%	40%	31%
Supervising or managing the work of other chiropractors	23%	24%	22%	19%
Other	6%	5%	9%	6%
<i>Base</i>	<i>867</i>	<i>626</i>	<i>129</i>	<i>54</i>

Figure 97 summarises responsibilities by sexual orientation. For both groups, again patient consultations was the most common responsibility (96% and 97%), but there were no significant differences seen.

Figure 97 – Responsibilities by sexual orientation*Base: Those working in clinical chiropractic practice (867)*

Responsibility	Overall	Heterosexual/straight	Gay woman/lesbian/gay man/bisexual
Patient consultations	96%	96%	97%
Business ownership/directorship	66%	66%	61%
Health and safety at work	63%	63%	63%
Accounting/finance	62%	61%	66%
Risk management	62%	62%	68%
Any other clinical work	59%	58%	71%
Education, training, mentoring, and tutoring	43%	43%	45%
Research, innovation, audit, and quality improvement	37%	36%	47%
Supervising or managing the work of other (non-chiropractor) employees	33%	34%	32%
Supervising or managing the work of other chiropractors	23%	23%	24%
Other	6%	5%	11%
<i>Base</i>	<i>867</i>	<i>749</i>	<i>38</i>

By religion or belief, patient consultations was again the most commonly responsibility for each group (96% to 97%), as shown in **Figure 98**. A larger proportion of those who did not identify with a religion or belief listed any other clinical work as a responsibility (65%) than those who were Christian (55%) and those who identified with other religions or beliefs (50%). Those who identified as Christian were more likely to mention research, innovation, audit, and quality improvement as a responsibility (40%) than those who identified with other religions (25%).

Figure 98 – Responsibilities by religion/belief
Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	None	Christian	Other
Patient consultations	96%	96%	96%	97%
Business ownership/directorship	66%	65%	66%	72%
Health and safety at work	63%	61%	66%	62%
Accounting/finance	62%	60%	63%	72%
Risk management	62%	61%	64%	62%
Any other clinical work	59%	65%	55%	50%
Education, training, mentoring, and tutoring	43%	40%	47%	38%
Research, innovation, audit, and quality improvement	37%	36%	40%	25%
Supervising or managing the work of other (non-chiropractor) employees	33%	32%	35%	32%
Supervising or managing the work of other chiropractors	23%	22%	26%	18%
Other	6%	5%	6%	12%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

Figure 99 shows the differences in responsibilities by relationship status, with patient consultations the most common responsibility for each group (96% to 97%). There were marked differences between those who were single, and those who were cohabiting, married or in civil partnerships and those who were divorced, separated, or widowed. For example, those who were single were less likely to list the following as responsibilities than the other two groups: business ownership/directorship (48%), health and safety at work (51%), accounting/finance (48%), risk management (50%), education, training, mentoring and tutoring (30%), research, innovation, audit and quality improvement (27%), and supervising or managing the work of other non-chiropractic employees (21%) or other chiropractors (9%).

Figure 99 – Responsibilities by relationship status
Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Patient consultations	96%	97%	96%	97%
Business ownership/directorship	66%	48%	68%	69%
Health and safety at work	63%	51%	64%	70%
Accounting/finance	62%	48%	64%	67%
Risk management	62%	50%	63%	67%
Any other clinical work	59%	61%	58%	59%
Education, training, mentoring, and tutoring	43%	30%	46%	38%
Research, innovation, audit, and quality improvement	37%	27%	38%	38%
Supervising or managing the work of other (non-chiropractor) employees	33%	21%	36%	33%
Supervising or managing the work of other chiropractors	23%	9%	26%	23%
Other	6%	5%	7%	3%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

As shown in **Figure 100**, the overwhelming majority in both groups listed patient consultations as a responsibility (92% and 96%), but there were no significant differences seen in responsibilities.

Figure 100 – Responsibilities by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	Yes	No
Patient consultations	96%	92%	96%
Business ownership/directorship	66%	63%	65%
Health and safety at work	63%	65%	63%
Accounting/finance	62%	63%	62%
Risk management	62%	56%	62%
Any other clinical work	59%	52%	59%
Education, training, mentoring, and tutoring	43%	44%	43%
Research, innovation, audit, and quality improvement	37%	31%	37%
Supervising or managing the work of other (non-chiropractor) employees	33%	35%	33%
Supervising or managing the work of other chiropractors	23%	29%	22%
Other	6%	6%	6%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.7 COVID-19 pandemic

Registrants were asked whether the COVID-19 pandemic had changed the nature of their work. Nine in ten (92%) said it had changed the nature of their work and 8% said it had not. As shown in **Figure 101**, by sex and age the overwhelming majority in each group said the pandemic had changed the nature of their work, and there were no significant differences.

Figure 101 – COVID-19 pandemic changed nature of practice by sex and age

Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	Male	Female	16-34	35-54	55+
Yes	92%	92%	93%	90%	92%	94%
No	8%	8%	7%	10%	8%	6%
<i>Base</i>	<i>867</i>	<i>367</i>	<i>462</i>	<i>184</i>	<i>442</i>	<i>214</i>

By ethnicity, those who from a White Other background were more likely to say the pandemic had changed the nature of their work (96%) than those from a White British background (91%), but this difference was not significant. This is summarised in **Figure 102**.

Figure 102 – COVID-19 pandemic changed nature of practice by ethnicity

Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	White British	White Other	BAME
Yes	92%	91%	96%	94%
No	8%	9%	4%	6%
<i>Base</i>	<i>867</i>	<i>626</i>	<i>129</i>	<i>54</i>

Figure 103 shows whether the pandemic has changed the nature of work by sexual orientation. As can be seen, those who were heterosexual or straight were more likely to say the nature of their work

had changed due to the pandemic (93%) than those who were gay, lesbian or bisexual (84%), although this difference was not significant.

Figure 103 – COVID-19 pandemic changed nature of practice by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Yes	92%	93%	84%
No	8%	7%	16%
<i>Base</i>	<i>867</i>	<i>749</i>	<i>38</i>

By religion or belief, the majority in each group said the pandemic had changed the nature of their work (91% to 95%) and there were no significant differences. This is shown in **Figure 104**.

Figure 104 – COVID-19 pandemic changed nature of practice by religion/belief

Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	None	Christian	Other
Yes	92%	91%	94%	95%
No	8%	9%	6%	5%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

A larger proportion of those who were widowed, divorced, or separated said the nature of their practice had changed (97%), than those in the other two groups (91% and 92%) but this difference was not significant. **Figure 105** summarises whether the pandemic has changed the nature of work by relationship status.

Figure 105 – COVID-19 pandemic changed nature of practice by relationship status

Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Yes	92%	91%	92%	97%
No	8%	9%	8%	3%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

As shown in **Figure 106**, 92% of those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months, and the same proportion of those who had not, said that the pandemic had changed the nature of their practice.

Figure 106 – COVID-19 pandemic changed nature of practice by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	Yes	No
Yes	92%	92%	92%
No	8%	8%	8%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

Registrants who said that the pandemic had changed the nature of their work were asked how it had changed and were able to select as many as applied from a list. The most common response was that the pandemic had meant they were unable to practise (including furlough) but that they were now practising again (80%). This was followed by 77% reporting that they were seeing fewer patients as a result of the pandemic. A quarter (23%) said they were conducting more telehealth consultations or appointments.

Figure 107 summarises the differences by sex and age. As can be seen, females were more likely to say they were conducting more telehealth consultations or appointments than males (26% compared with 19%). Registrants aged 16-34 and 35-54 were more likely to say the pandemic had meant they had been unable to practise but they were practising again (87% and 81%) than those aged 55 and above (73%), whilst those aged 35-54 and 55+ were more likely to say they were seeing fewer patients (80% and 83%) than those in the youngest age group (62%). Registrants aged 55 and above were less likely to say they had been employed as an NHS COVID-19 Test and Trace system teleworker (3%) than those in the other two groups (both 9%).

Figure 107 – How COVID-19 pandemic has changed practice by sex and age

Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	Male	Female	16-34	35-54	55+
It meant I was unable to practise (including furlough), but I am practising again now	80%	81%	79%	87%	81%	73%
Seeing fewer patients	77%	74%	79%	62%	80%	83%
More telehealth consultations/ appointments	23%	19%	26%	18%	25%	24%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	6%	10%	9%	9%	3%
I was unable to practise (including furlough) and am still unable to practise	3%	1%	3%	2%	2%	3%
Other	12%	12%	11%	10%	13%	11%
<i>Base</i>	<i>798</i>	<i>336</i>	<i>429</i>	<i>165</i>	<i>407</i>	<i>202</i>

By ethnicity, the most common ways the nature of practice had changed for each group were being unable to practise but practising again now (76% to 81%) and seeing fewer patients (77% to 78%), and there were no significant differences seen. This is summarised in **Figure 108**.

Figure 108 – How COVID-19 pandemic has changed practice by ethnicity

Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	White British	White Other	BAME
It meant I was unable to practise (including furlough), but I am practising again now	80%	81%	76%	78%
Seeing fewer patients	77%	77%	77%	78%
More telehealth consultations/ appointments	23%	24%	21%	20%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	8%	7%	6%

How practice has changed	Overall	White British	White Other	BAME
I was unable to practise (including furlough) and am still unable to practise	3%	2%	3%	2%
Other	12%	11%	15%	6%
<i>Base</i>	798	571	124	51

Figure 109 summarises how practice has changed by sexual orientation. No significant differences were seen.

Figure 109 – How COVID-19 pandemic has changed practice by sexual orientation

Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
It meant I was unable to practise (including furlough), but I am practising again now	80%	81%	78%
Seeing fewer patients	77%	77%	75%
More telehealth consultations/appointments	23%	23%	31%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	8%	6%
I was unable to practise (including furlough) and am still unable to practise	3%	13%	2%
Other	12%	11%	25%
<i>Base</i>	798	694	32

By religion or belief, those who did not identify with any religion or belief and those who were Christian were more likely to say that they had been unable to practice because of the pandemic but were able to now (84% and 80%) than those who identified with other religions or beliefs (68%). This is shown in **Figure 110**.

Figure 110 – How COVID-19 pandemic has changed practice by religion/belief

Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	None	Christian	Other
It meant I was unable to practise (including furlough), but I am practising again now	80%	84%	80%	68%
Seeing fewer patients	77%	75%	80%	77%
More telehealth consultations/appointments	23%	25%	23%	19%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	8%	9%	5%
I was unable to practise (including furlough) and am still unable to practise	3%	1%	3%	2%
Other	12%	13%	8%	19%
<i>Base</i>	798	340	303	57

By relationship status, 89% of those who were separated, divorced or widowed said the pandemic had meant they were unable to practise but were able to now, which was higher than the other groups (78% and 80%), although the difference was not significant. No significant differences were seen by relationship status. **Figure 111** summarises how practice has changed as a result of the pandemic by relationship status.

Figure 111 – How COVID-19 pandemic has changed practice by relationship status
Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
It meant I was unable to practise (including furlough), but I am practising again now	80%	78%	80%	89%
Seeing fewer patients	77%	73%	78%	82%
More telehealth consultations/ appointments	23%	18%	24%	26%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	8%	8%	8%
I was unable to practise (including furlough) and am still unable to practise	3%	1%	3%	-
Other	12%	14%	11%	13%
<i>Base</i>	<i>798</i>	<i>116</i>	<i>556</i>	<i>62</i>

As shown in **Figure 112**, a larger proportion of registrants who had taken maternity, paternity, shared parental or adoption leave in the last 12 months said the pandemic had meant they had been unable to practise but they were now able to (86%) than those who had not taken leave (79%), but this difference was not significant. Those who had not taken leave were more likely to say that they were seeing fewer patients (78% compared with 68%), but again this difference was not significant.

Figure 112 – How COVID-19 pandemic has changed practice by leave in last 12 months
Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	Yes	No
It meant I was unable to practise (including furlough), but I am practising again now	80%	86%	79%
Seeing fewer patients	77%	68%	78%
More telehealth consultations/ appointments	23%	11%	24%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	9%	8%
I was unable to practise (including furlough) and am still unable to practise	3%	7%	2%
Other	12%	9%	12%
<i>Base</i>	<i>798</i>	<i>44</i>	<i>714</i>

4.8 Performance monitoring

Registrants who worked in clinical practice were asked if performance was monitored at any of the clinical practices they worked at. Just over half (55%) said that it was and a third (33%) said it was not. A further 6% said they did not know and 6% preferred not to say. **Figure 113** summarises the differences by sex and age group. Males were more likely to say that performance was monitored in at least one clinic they work in (62%) than females (50%). Those who were in the 16-34 age group were more likely to say performance was monitored (63%) than those who were aged 35-54 (52%) and 55 and above (54%).

Figure 113 – Performance monitored at clinic by sex and age

Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Male	Female	16-34	35-54	55+
Yes	55%	62%	50%	63%	52%	54%
No	33%	29%	36%	20%	36%	37%
Don't know	6%	4%	8%	14%	6%	2%
Prefer not to say	6%	5%	6%	3%	6%	7%
Base	867	367	462	184	442	214

By ethnicity, those from a White British background were more likely to say that performance was not monitored (36%) than those from White Other and BAME backgrounds (22% and 30% respectively), as shown in **Figure 114**.

Figure 114 – Performance monitored at clinic by ethnicity

Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	White British	White Other	BAME
Yes	55%	54%	62%	54%
No	33%	36%	22%	30%
Don't know	6%	6%	7%	13%
Prefer not to say	6%	5%	9%	4%
Base	867	626	129	54

As shown in **Figure 115**, just over half of those who were heterosexual or straight and those who were gay, lesbian or bisexual (55% and 53% respectively) said performance was monitored in at least one of their clinics and there was no significant difference.

Figure 115 – Performance monitored at clinic by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Yes	55%	55%	53%
No	33%	34%	26%
Don't know	6%	6%	8%
Prefer not to say	6%	5%	13%
Base	867	749	38

Six in ten (59%) of those who identified as Christian said that performance was monitored, which was higher than those who did not identify with any religion or belief (51%). This is shown in **Figure 116**.

Figure 116 – Performance monitored at clinic by religion/belief

Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	None	Christian	Other
Yes	55%	51%	59%	53%
No	33%	39%	30%	38%
Don't know	6%	8%	4%	7%
Prefer not to say	6%	3%	7%	2%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

By relationship status no significant differences were seen in performance monitoring, but a larger proportion of those who were single said they did not know (12%) than the other two groups (5% and 6%), as shown in **Figure 117**.

Figure 117 – Performance monitored at clinic by relationship status

Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Yes	55%	56%	55%	58%
No	33%	26%	35%	31%
Don't know	6%	12%	5%	6%
Prefer not to say	6%	6%	5%	5%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

As shown in **Figure 118**, just over half of both those who had taken maternity, paternity, shared parental or adoption leave and those who had not said that performance was monitored in at least one clinic in which they worked (52% and 55% respectively).

Figure 118 – Performance monitored at clinic by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Yes	No
Yes	55%	52%	55%
No	33%	27%	34%
Don't know	6%	19%	5%
Prefer not to say	6%	2%	6%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

4.9 Patient safety and concerns

Registrants working in clinical practice were asked if any of their workplaces used a patient safety incident reporting system. Just under six in ten (58%) said at least one of them did, whilst 23% said none of their workplaces did. A further 12% did not know and 7% preferred not to say.

Figure 119 summarises the findings by sex and age group. No significant differences were seen between males and females, but, by age, those aged 35-54 and 55+ were more likely to say that one of their workplaces used a patient safety incident reporting system (60% and 66% respectively) than

those aged 16-34 (46%). Those in the youngest age group were more likely to not know (29%) than the other two groups (10% and 3%).

Figure 119 – Patient safety incident reporting system by sex and age

Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	Male	Female	16-34	35-54	55+
Yes	58%	60%	56%	46%	60%	66%
No	23%	23%	23%	19%	25%	23%
Don't know	12%	12%	13%	29%	10%	3%
Prefer not to say	7%	5%	7%	6%	5%	8%
Base	867	367	462	184	442	214

By ethnicity there was little difference, with similar proportions in each group reporting that at least one of their workplaces used a patient safety incident reporting system (57% to 59%), as shown in **Figure 120**.

Figure 120 – Patient safety incident reporting system by ethnicity

Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	White British	White Other	BAME
Yes	58%	58%	59%	57%
No	23%	24%	20%	26%
Don't know	12%	12%	14%	15%
Prefer not to say	7%	6%	7%	2%
Base	867	626	129	54

Six in ten (59%) of those who were heterosexual or straight and 55% of those who were gay, lesbian or bisexual said one of their workplaces used a patient safety incident reporting system, as shown in **Figure 121**. There were no significant differences.

Figure 121 – Patient safety incident reporting system by sexual orientation

Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	Heterosexual/straight	Gay woman/lesbian/gay man/bisexual
Yes	58%	59%	55%
No	23%	24%	21%
Don't know	12%	12%	16%
Prefer not to say	7%	5%	8%
Base	867	749	38

Little difference was seen in relation to religion or belief, although a larger proportion of those who did not identify with a religion did not know if there were any patient safety incident reporting systems at any of their workplaces (15%) than those who were Christian (9%), as shown in **Figure 122**.

Figure 122 – Patient safety incident reporting system by religion/belief

Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	None	Christian	Other
Yes	58%	55%	62%	60%
No	23%	26%	22%	25%
Don't know	12%	15%	9%	12%
Prefer not to say	7%	4%	7%	3%
<i>Base</i>	<i>867</i>	<i>374</i>	<i>324</i>	<i>60</i>

Registrants who were married, cohabiting or in a civil partnership and those who were divorced, separated or widowed were more likely to say there was a patient safety incident reporting system in at least one of their workplaces (60% and 66% respectively) than those who were single (46%). This is summarised in **Figure 123**.

Figure 123 – Patient safety incident reporting system by relationship status

Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Yes	58%	46%	60%	66%
No	23%	21%	24%	23%
Don't know	12%	25%	11%	5%
Prefer not to say	7%	8%	5%	6%
<i>Base</i>	<i>867</i>	<i>128</i>	<i>604</i>	<i>64</i>

As shown in **Figure 124**, a larger proportion of those who had not taken maternity, paternity, shared parental or adoption leave in the last 12 months said there was a patient safety incident reporting system in at least one workplace (59%) than those who had taken leave (44%), but this difference was not significant. Those who had taken leave were more likely to not know (27% compared with 11%).

Figure 124 – Patient safety incident reporting system by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	Yes	No
Yes	58%	44%	59%
No	23%	23%	24%
Don't know	12%	27%	11%
Prefer not to say	7%	6%	6%
<i>Base</i>	<i>867</i>	<i>48</i>	<i>774</i>

Registrants working in clinical practice were asked how comfortable they would feel with raising a patient safety concern with their employer(s). Of those who said the question was applicable to them, 96% would feel comfortable with raising a concern.

Figure 125 shows comfort with raising concerns by sex and age. There were no significant differences seen.

Figure 125 – Comfort with raising a patient concern with employer(s) by sex and age

Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	Male	Female	16-34	35-54	55+
Comfortable	96%	97%	95%	94%	97%	96%
Not comfortable	4%	3%	5%	6%	3%	4%
Base	597	274	302	157	301	126

Figure 126 shows feelings of comfort with raising concerns by ethnicity. As can be seen, a larger proportion of those from a BAME background would not feel comfortable (11%) than those from a White British background (4%) and White Other (2%).

Figure 126 – Comfort with raising a patient concern with employer(s) by ethnicity

Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	White British	White Other	BAME
Comfortable	96%	96%	98%	89%
Not comfortable	4%	4%	2%	11%
Base	597	422	97	45

Figure 127 shows feelings or comfort with raising concerns by sexual orientation. The base size of those who were gay, lesbian or bisexual was too small for comparison.

Figure 127 – Comfort with raising a patient concern with employer(s) by sexual orientation

Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	Heterosexual/straight	Gay woman/lesbian/gay man/bisexual
Comfortable	96%	96%	***
Not comfortable	4%	4%	***
Base	597	525	26

Figure 128 shows feelings of comfort with raising concerns by religion or belief and there were no significant differences seen.

Figure 128 – Comfort with raising a patient concern with employer(s) by religion/belief

Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	None	Christian	Other
Comfortable	96%	96%	96%	98%
Not comfortable	4%	4%	4%	2%
Base	597	266	221	43

Registrants who were separated, divorced or widowed more commonly said they would not feel comfortable with raising a concern (12%) than those who were cohabiting, married or in a civil partnership (3%) and those who were single (5%), This is summarised in **Figure 129**.

Figure 129 – Comfort with raising a patient concern with employer(s) by relationship status
Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Comfortable	96%	95%	97%	88%
Not comfortable	4%	5%	3%	12%
<i>Base</i>	<i>597</i>	<i>102</i>	<i>413</i>	<i>42</i>

As shown in **Figure 130**, the base size of those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months is too small to compare.

Figure 130 – Comfort with raising a patient concern with employer(s) by leave in last 12 months
Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	Yes	No
Comfortable	96%	***	97%
Not comfortable	4%	***	3%
<i>Base</i>	<i>597</i>	<i>28</i>	<i>544</i>

4.10 NHS work

Registrants working in clinical practice were asked if they received fee income from the NHS or from patients funded by the NHS. The overwhelming majority said they did not (98%). **Figure 131** summarises NHS work by sex and age. There were no significant differences seen, with the large majority in each group saying they did not do any NHS work.

Figure 131 – NHS work by sex and age
Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	Male	Female	16-34	35-54	55+
Yes	2%	2%	2%	1%	1%	3%
No	98%	98%	98%	98%	98%	96%
Prefer not to say	1%	1%	1%	2%	<0.5%	<0.5%
<i>Base</i>	<i>867</i>	<i>367</i>	<i>462</i>	<i>184</i>	<i>442</i>	<i>214</i>

As shown in **Figure 132**, by ethnicity there was little difference, with 98% in each group saying they did not receive any fee from the NHS or from NHS funded patients.

Figure 132 – NHS work by ethnicity
Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	White British	White Other	BAME
Yes	2%	1%	2%	-
No	98%	98%	98%	98%
Prefer not to say	1%	1%	-	2%
<i>Base</i>	<i>867</i>	<i>626</i>	<i>129</i>	<i>54</i>

No registrants who were gay, lesbian or bisexual received fee income from the NHS or NHS funded patients and only 2% of those who were heterosexual or straight did, as shown in **Figure 133**. There were no significant differences.

Figure 133 – NHS work by sexual orientation

Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Yes	2%	2%	-
No	98%	98%	97%
Prefer not to say	1%	1%	3%
Base	867	749	38

Registrants who identified with other religions or beliefs were more likely to receive fee income from the NHS or NHS funded patients (7%) than those who did not identify with any religion and those who were Christian (both 1%), as shown in **Figure 134**.

Figure 134 – NHS work by religion/belief

Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	None	Christian	Other
Yes	2%	1%	1%	7%
No	98%	98%	99%	92%
Prefer not to say	1%	1%	-	2%
Base	867	374	324	60

As shown in **Figure 135**, those who were married, cohabiting or in a civil partnership were more likely to not receive any fee income from the NHS or NHS funded patients (99%) than those who were single (95%) or those who were separated, divorced or widowed (94%).

Figure 135 – NHS work by relationship status

Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Yes	2%	2%	1%	3%
No	98%	95%	99%	94%
Prefer not to say	1%	2%	<0.5%	3%
Base	867	128	604	64

There was little difference between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not, with 98% in both groups not receiving any fee income from the NHS or from patients funded by the NHS. This is shown in **Figure 136**.

Figure 136 – NHS work by leave in last 12 months

Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	Yes	No
Yes	2%	-	2%
No	98%	98%	98%
Prefer not to say	1%	2%	1%
Base	867	48	774

Registrants who said they did not do any work for the NHS were asked whether they would be interested in working for the NHS given suitable opportunities or training. Just over half (54%) said they would be interested and four in ten (39%) were not.

Figure 137 summarises the differences in interest by sex and age. There was little difference between males and females, but interest in working for the NHS decreased by age from 63% of 16-34 year olds to 58% of 35 -54 year olds and 41% of those aged 55 and above. Over half (56%) of those in the oldest age group said they were not interested.

Figure 137 – Interest in working for the NHS by sex and age

Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	Male	Female	16-34	35-54	55+
Interested	54%	53%	56%	63%	58%	41%
Not interested	39%	41%	38%	31%	35%	56%
Don't know	6%	6%	6%	6%	7%	3%
Base	846	359	451	180	434	206

As shown in **Figure 138**, registrants from a BAME background were more likely to be interested in working for the NHS (70%) than those from White British or White Other backgrounds (54% and 53% respectively).

Figure 138 – Interest in working for the NHS by ethnicity

Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	White British	White Other	BAME
Interested	54%	54%	53%	70%
Not interested	39%	40%	40%	26%
Don't know	6%	7%	6%	4%
Base	846	612	126	53

There were no significant differences seen in interest working for the NHS by sexual orientation. **Figure 139** summarises interest working in the NHS by sexual orientation.

Figure 139 – Interest in working for the NHS by sexual orientation

Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Interested	54%	55%	49%
Not interested	39%	39%	43%

Interest in working for NHS	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Don't know	6%	6%	8%
Base	846	732	37

Figure 140 summarises interest in working for the NHS by religion or belief. Over half in each group said they were interested (51% to 58%). There were no significant differences seen.

Figure 140 – Interest in working for the NHS by religion/belief

Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	None	Christian	Other
Interested	54%	58%	53%	51%
Not interested	39%	35%	42%	38%
Don't know	6%	7%	5%	11%
Base	846	365	321	55

There were no significant differences in interest in working for the NHS by relationship status or by leave in the last 12 months. **Figure 141** and **Figure 142** show this interest by these breakdowns.

Figure 141 – Interest in working for the NHS by relationship status

Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Interested	54%	61%	53%	58%
Not interested	39%	33%	40%	42%
Don't know	6%	6%	7%	-
Base	846	122	596	60

Figure 142 – Interest in working for the NHS by leave in last 12 months

Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	Yes	No
Interested	54%	60%	54%
Not interested	39%	30%	40%
Don't know	6%	11%	6%
Base	846	47	756

5. Additional Qualifications

5.1 Additional qualifications

Registrants were asked if they had acquired any qualifications in addition to their chiropractic degree. They were presented with a list and asked to select all that applied. The most commonly acquired qualifications were graduate level (32%), followed by postgraduate level (23%). A further 13% had membership of a Specialist Faculty and 8% a qualification in education. Four in ten (39%) said they did not have any additional qualifications.

Figure 143 shows additional qualifications by sex and age group. As shown, females more commonly had a postgraduate level qualification (27%) than males (19%). Those aged 35-54 and 55+ were more likely to have graduate level qualifications (38% and 33%) and postgraduate level (24% and 29%) than those aged 16-34 (17% and 15% respectively). Registrants aged 55 and above were more likely to have membership of a Specialist Faculty (22%) and a qualification in education (11%) than those from the other age groups. Registrants who were aged 16-34 were more likely to say they did not have any additional qualifications (58%) than those aged 35-54 (36%) and those aged 55 and above (27%).

Figure 143 – Additional qualifications by sex and age

Base: All respondents (968)

Additional qualifications	Overall	Male	Female	16-34	35-54	55+
Graduate level	32%	33%	32%	17%	38%	33%
Postgraduate level	23%	19%	27%	15%	24%	29%
Membership of a Specialist Faculty	13%	11%	15%	11%	10%	22%
Qualification in education	8%	8%	8%	5%	7%	11%
Doctoral	2%	2%	2%	-	2%	5%
Other chiropractic related qualification	15%	18%	14%	11%	15%	22%
None of the above	39%	39%	37%	58%	36%	27%
Base	968	409	511	204	486	245

As shown in **Figure 144**, larger proportions of those from a BAME background had additional qualifications at graduate level (37%) and postgraduate level (27%) than those from White British and White Other backgrounds, although these differences were not significant.

Figure 144 – Additional qualifications by ethnicity

Base: All respondents (968)

Additional qualifications	Overall	White British	White Other	BAME
Graduate level	32%	32%	30%	37%
Postgraduate level	23%	23%	24%	27%
Membership of a Specialist Faculty	13%	14%	12%	10%
Qualification in education	8%	8%	8%	6%
Doctoral	2%	2%	3%	3%
Other chiropractic related qualification	15%	16%	13%	19%
None of the above	39%	38%	39%	30%
Base	968	679	152	67

Figure 145 summarises additional qualifications held by registrants by sexual orientation. There were no significant differences seen.

Figure 145 – Additional qualifications by sexual orientation

Base: All respondents (968)

Additional qualifications	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Graduate level	32%	32%	40%
Postgraduate level	23%	24%	28%
Membership of a Specialist Faculty	13%	13%	13%
Qualification in education	8%	8%	5%
Doctoral	2%	2%	-
Other chiropractic related qualification	15%	16%	13%
None of the above	39%	38%	35%
<i>Base</i>	968	834	40

A few differences were seen by religion or belief, as shown in **Figure 146**. Registrants who identified as Christian were more likely to have postgraduate level qualifications and membership of a Specialist Faculty (28% and 17% respectively) than those who did not identify with any religion or belief (20% and 9% respectively). Those who did not identify with any religion or belief were also more likely to not have any additional qualification (43% compared with 34%). Those who identified with other religions more commonly held other chiropractic related qualifications (23%) than those who did not identify with any religion or belief (12%).

Figure 146 – Additional qualifications by religion/belief

Base: All respondents (968)

Additional qualifications	Overall	None	Christian	Other
Graduate level	32%	32%	32%	31%
Postgraduate level	23%	20%	28%	28%
Membership of a Specialist Faculty	13%	9%	17%	13%
Qualification in education	8%	8%	6%	13%
Doctoral	2%	2%	2%	3%
Other chiropractic related qualification	15%	12%	17%	23%
None of the above	39%	43%	34%	34%
<i>Base</i>	968	410	360	71

Figure 147 summarises additional qualifications by relationship status. There were no significant differences seen.

Figure 147 – Additional qualifications by relationship status

Base: All respondents (968)

Additional qualifications	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Graduate level	32%	26%	33%	35%
Postgraduate level	23%	20%	24%	26%
Membership of a Specialist Faculty	13%	10%	12%	19%
Qualification in education	8%	8%	8%	9%
Doctoral	2%	-	2%	3%
Other chiropractic related qualification	15%	13%	16%	18%
None of the above	39%	42%	37%	32%
<i>Base</i>	<i>968</i>	<i>144</i>	<i>671</i>	<i>68</i>

There were also no significant differences seen between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not. **Figure 148** shows additional qualifications by this breakdown.

Figure 148 – Additional qualifications by leave in last 12 months

Base: All respondents (968)

Additional qualifications	Overall	Yes	No
Graduate level	32%	35%	32%
Postgraduate level	23%	22%	24%
Membership of a Specialist Faculty	13%	15%	13%
Qualification in education	8%	2%	8%
Doctoral	2%	-	2%
Other chiropractic related qualification	15%	15%	16%
None of the above	39%	44%	37%
<i>Base</i>	<i>968</i>	<i>54</i>	<i>858</i>

6. Registrants’ future plans

6.1 Intentions to take further qualifications

Registrants were asked if they intended to undertake any further qualifications in the next three years related to chiropractic practice, education, or research. Across the whole sample, a quarter of registrants (26%) said they were intending to gain further qualifications and 30% were undecided. Four in ten (43%) said they did not intend to.

Figure 149 summarises intentions to undertake further qualifications by sex and age. There was little difference between males and females, with around a quarter (26% and 27%) of each saying they intended to in the next three years. By age, those in the 16-34 age group were most likely to intend to undertake further qualifications (46%), whilst those aged 55 and above were least likely (16%).

Figure 149 – Intention to undertake further qualifications in next three years by sex and age
Base: All respondents (968)

Intend to take further qualifications	Overall	Male	Female	16-34	35-54	55+
Yes	26%	26%	27%	46%	24%	16%
No	43%	46%	41%	32%	43%	52%
Don't know/undecided	30%	28%	32%	22%	33%	33%
Base	968	409	511	204	486	245

Registrants from a BAME background were more likely to intend to undertake further qualifications in the next three years (48%) than those from a White British background (25%) and White Other background (26%). This is shown in **Figure 150**.

Figure 150 – Intention to undertake further qualifications in next three years by ethnicity
Base: All respondents (968)

Intend to take further qualifications	Overall	White British	White Other	BAME
Yes	26%	25%	26%	48%
No	43%	46%	39%	24%
Don't know/undecided	30%	29%	36%	28%
Base	968	679	152	67

Figure 151 summarises the intention to undertake further qualifications in the next three years by sexual orientation. There were no significant differences seen.

Figure 151 – Intention to undertake further qualifications in next three years by sexual orientation

Base: All respondents (968)

Intend to take further qualifications	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Yes	26%	26%	35%
No	43%	43%	40%
Don't know/undecided	30%	30%	25%
Base	968	834	40

Figure 152 summarises intention to undertake further qualifications by religion or belief. There were no significant differences seen.

Figure 152 – Intention to undertake further qualifications in next three years by religion/belief

Base: All respondents (968)

Intend to take further qualifications	Overall	None	Christian	Other
Yes	26%	27%	28%	23%
No	43%	44%	42%	44%
Don't know/undecided	30%	29%	31%	34%
Base	968	410	360	71

Registrants who were single more commonly intended to undertake further qualifications in the next three years (40%) than those who were cohabiting, married or in a civil partnership (24%) and those who were separated, divorced, or widowed (25%). This is shown in **Figure 153**.

Figure 153 – Intention to undertake further qualifications in next three years by relationship status

Base: All respondents (968)

Intend to take further qualifications	Overall	Single	Cohabiting/married/civil partnership	Separated/divorced/widowed
Yes	26%	40%	24%	25%
No	43%	30%	46%	50%
Don't know/undecided	30%	31%	30%	25%
Base	968	144	671	68

There were no significant differences seen between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not, with 26% in each group saying they intended to undertake further qualifications in the next three years. This is shown in **Figure 154**.

Figure 154 – Intention to undertake further qualifications in next three years by leave in last 12 months

Base: All respondents (968)

Intend to take further qualifications	Overall	Yes	No
Yes	26%	26%	26%
No	43%	50%	43%
Don't know/undecided	30%	24%	31%
Base	968	54	858

6.2 Intentions to continue practising

Registrants were asked if they intended to continue practising as a chiropractor in the UK in the next three years and were given the option of saying that they were undecided or they did not know. Overall, 79% said they intended to continue practising, 5% did not intend to and 16% were undecided or did not know.

As shown in **Figure 155**, the majority of males and females intended to continue practising in the next three years (82% and 78%), but females were more likely to not know if they would continue or to be undecided (17%) than males (12%). By age, 35-54 year olds were most likely to intend to continue practising (83%) compared with the other two age groups (both 76%), whilst they were less likely to not know or be undecided (12%).

Figure 155 – Intention to continue practising in next three years by sex and age

Base: All respondents (968)

Intend to continue practising	Overall	Male	Female	16-34	35-54	55+
Yes	79%	82%	78%	76%	83%	76%
No	5%	6%	4%	5%	5%	4%
Don't know/undecided	16%	12%	17%	18%	12%	20%
Base	968	409	511	204	486	245

By ethnicity, the majority in each group intended to continue practising in the next three years, however, this was lower amongst those from a BAME background (66%) than those from White British and White Other backgrounds (82% and 79% respectively). Registrants from a BAME background were more likely to be undecided or not know (25%) than those who were White British (14%) or White Other (13%). Those from BAME and White Other backgrounds were also more likely to say they did not intend to continue practising (both 9%) than those from a White British background (4%). This is summarised in **Figure 156**.

Figure 156 – Intention to continue practising in next three years by ethnicity

Base: All respondents (968)

Intend to continue practising	Overall	White British	White Other	BAME
Yes	79%	82%	79%	66%
No	5%	4%	9%	9%
Don't know/undecided	16%	14%	13%	25%
Base	968	679	152	67

By sexual orientation, intention to continue practising was high for both groups (78% and 81%) and there were no significant differences, as shown in **Figure 157**.

Figure 157 – Intention to continue practising in next three years by sexual orientation

Base: All respondents (968)

Intend to continue practising	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Yes	79%	81%	78%
No	5%	5%	8%
Don't know/undecided	16%	14%	15%
Base	968	834	40

As shown in **Figure 158**, a smaller proportion of those who identified with other religions or beliefs intended to continue practising in the next three years (73%) than those who did not identify with any religion or belief (82%) or those who were Christian (83%).

Figure 158 – Intention to continue practising in next three years by religion/belief

Base: All respondents (968)

Intend to continue practising	Overall	None	Christian	Other
Yes	79%	82%	83%	73%
No	5%	4%	4%	8%
Don't know/undecided	16%	14%	13%	18%
Base	968	410	360	71

A smaller proportion of those who were single intended to continue practising in the next three years (77%) than those whose were cohabiting, married or in a civil partnership (82%) and those who were separated, divorced or widowed (87%), but this difference was not significant. This is shown in **Figure 159**.

Figure 159 – Intention to continue practising in next three years by relationship status

Base: All respondents (968)

Intend to continue practising	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Yes	79%	77%	82%	87%
No	5%	5%	5%	6%
Don't know/undecided	16%	18%	14%	7%
Base	968	144	671	68

There were no significant differences in intentions to continue practising between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not. Intention to continue practising by this breakdown is shown in **Figure 160**.

Figure 160 – Intention to continue practising in next three years by leave in last 12 months
Base: All respondents (968)

Intend to continue practising	Overall	Yes	No
Yes	79%	85%	80%
No	5%	4%	5%
Don't know/undecided	16%	11%	15%
<i>Base</i>	<i>968</i>	<i>54</i>	<i>858</i>

7. Keeping up to date

7.1 Developments and challenges

Registrants were asked how easy it is to keep up to date with developments and challenges in the profession. Overall, seven in ten (72%) felt that it was easy to keep up to date with developments and challenges.

Figure 161 summarises the ease of keeping up to date with developments and challenges by sex and age. There were no significant differences seen, but notably a larger proportion of males found it easy (76%) than females (70%) and a larger proportion of younger registrants (29% of 16-34 year olds) than older registrants (23% to 25%) did not find it easy.

Figure 161 – Ease of keeping up to date with developments and challenges by sex and age

Base: All respondents (968)

Ease of keeping up to date	Overall	Male	Female	16-34	35-54	55+
Easy	72%	76%	70%	70%	72%	76%
Not easy	26%	22%	28%	29%	25%	23%
Don't know	2%	2%	2%	1%	2%	1%
Base	968	409	511	204	486	245

By ethnicity, those from a BAME background were more likely to find it difficult to keep up to date with developments and challenges (39%) than those from White British and White Other backgrounds (25% and 22% respectively). This is shown in **Figure 162**.

Figure 162 – Ease of keeping up to date with developments and challenges by ethnicity

Base: All respondents (968)

Ease of keeping up to date	Overall	White British	White Other	BAME
Easy	72%	74%	74%	61%
Not easy	26%	25%	22%	39%
Don't know	2%	1%	3%	-
Base	968	679	152	67

Figure 163 summarises the ease of keeping up to date with developments and challenges by sexual orientation. There were no significant differences seen between those who were heterosexual/straight and those who were gay, lesbian or bisexual.

Figure 163 – Ease of keeping up to date with developments and challenges by sexual orientation

Base: All respondents (968)

Ease of keeping up to date	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Easy	72%	73%	78%
Not easy	26%	25%	23%
Don't know	2%	2%	-
Base	968	834	40

As shown in **Figure 164**, there was little difference in ease of keeping up to date with developments and challenges by religion or belief, with the majority in each group finding it easy (70% to 74%).

Figure 164 – Ease of keeping up to date with developments and challenges by religion/belief

Base: All respondents (968)

Ease of keeping up to date	Overall	None	Christian	Other
Easy	72%	73%	74%	70%
Not easy	26%	26%	24%	27%
Don't know	2%	2%	1%	3%
Base	968	410	360	71

By relationship status, those who were divorced, separated or widowed were more likely to find it easy to keep up to date with developments and challenges (82%) than those who were single (68%) and those who were cohabiting, married or in a civil partnership (74%). The differences by relationship status are summarised in **Figure 165**.

Figure 165 – Ease of keeping up to date with developments and challenges by relationship status

Base: All respondents (968)

Ease of keeping up to date	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Easy	72%	68%	74%	82%
Not easy	26%	31%	25%	16%
Don't know	2%	1%	2%	1%
Base	968	144	671	68

As shown in **Figure 166**, a larger proportion of those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months did not find keeping up to date easy (31%) than those who did not take leave (25%), although this difference was not significant.

Figure 166 – Ease of keeping up to date with developments and challenges by leave in last 12 months

Base: All respondents (968)

Ease of keeping up to date	Overall	Yes	No
Easy	72%	65%	73%
Not easy	26%	31%	25%
Don't know	2%	4%	2%
Base	968	54	858

7.2 Recommendations and advances in clinical practice

Registrants were also asked how it easy it is to keep up to date with recommendations and advances in clinical practice. Overall, two thirds (67%) felt it was easy and 30% felt it was not. There was little difference by sex, but by age, those aged 55 and above were more likely to again find it easy to keep up to date (72%) than those from the younger age groups (64% and 68%), as shown in **Figure 167**.

Figure 167 – Ease of keeping up to date with recommendations and advances in clinical practice by sex and age

Base: All respondents (968)

Ease of keeping up to date	Overall	Male	Female	16-34	35-54	55+
Easy	67%	67%	68%	68%	64%	72%
Not easy	30%	30%	30%	30%	33%	25%
Don't know	3%	2%	3%	2%	3%	3%
Base	968	409	511	204	486	245

As shown in **Figure 168**, there was little difference in ease of keeping up to date with recommendations and advances in clinical practice by ethnicity, with the majority in each group finding it easy (66% to 68%).

Figure 168 – Ease of keeping up to date with recommendations and advances in clinical practice by ethnicity

Base: All respondents (968)

Ease of keeping up to date	Overall	White British	White Other	BAME
Easy	67%	67%	68%	66%
Not easy	30%	31%	25%	34%
Don't know	3%	2%	7%	-
Base	968	679	152	67

Figure 169 summarises ease of keeping up to date with recommendations and advances in clinical practice by sexual orientation. No significant differences were seen.

Figure 169 – Ease of keeping up to date with recommendations and advances in clinical practice by sexual orientation

Base: All respondents (968)

Ease of keeping up to date	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Easy	67%	68%	65%
Not easy	30%	30%	35%
Don't know	3%	2%	-
Base	968	834	40

As shown in **Figure 170**, registrants who did not identify with any religion or belief were more likely to not find keeping up date with recommendations and advances in clinical practice easy (33%) compared with those who were Christian (26%).

Figure 170 – Ease of keeping up to date with recommendations and advances in clinical practice by religion/belief

Base: All respondents (968)

Ease of keeping up to date	Overall	None	Christian	Other
Easy	67%	64%	73%	65%
Not easy	30%	33%	26%	31%
Don't know	3%	3%	1%	4%
Base	968	410	360	71

Figure 171 shows that those who were separated, divorced or widowed were more likely to find keeping up to date with recommendations and advances in clinical practice easy (78%) than those who were single (62%) and cohabiting, married or divorced (68%).

Figure 171 – Ease of keeping up to date with recommendations and advances in clinical practice by relationship status

Base: All respondents (968)

Ease of keeping up to date	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Easy	67%	62%	68%	78%
Not easy	30%	36%	30%	18%
Don't know	3%	2%	2%	4%
Base	968	144	671	68

There were no significant differences between registrants who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not. This is shown in Figure 172.

Figure 172 – Ease of keeping up to date with recommendations and advances in clinical practice by leave in last 12 months

Base: All respondents (968)

Ease of keeping up to date	Overall	Yes	No
Easy	67%	63%	67%
Not easy	30%	31%	30%
Don't know	3%	6%	2%
Base	968	54	858

7.3 How registrants keep up to date

Registrants were asked how they keep up to date with what is going on in the profession, choosing as many outlets as applied from a list. The most commonly selected outlet was professional associations (79%), followed by GCC newsletters (72%) and meeting with colleagues (70%). Two thirds (67%) said they kept up to date through conferences or events and 61% said they used social media groups and forums.

Figure 173 summarises the differences by sex and age. By sex and age, professional associations was the most common way of keeping up to date for each group, with the exception of those aged 16-34, 78% of whom said they kept up to date via social media groups and forums. By sex, females were more likely than males to use GCC newsletters (76% compared with 67%) and social media groups and forums (67% compared with 54%). Males were more likely to use chiropractic journals to keep up

to date (39% compared with 29%). There were also some notable differences between younger registrants and older registrants. Those aged 16-34 were less likely to use GCC newsletters (62% compared with 74% and 78%), conferences and events (54% compared with 70% and 74%), the GCC website (30% compared with 43% and 52%) and chiropractic journals (25% compared with 31% and 43%). They were also more likely to use social media groups and forums (78%) than the two older age groups (62% and 45%).

Figure 173 – Ways of keeping up to date by sex and age

Base: All respondents (968)

Way of keeping up to date	Overall	Male	Female	16-34	35-54	55+
Professional associations	79%	78%	81%	75%	81%	80%
GCC newsletters	72%	67%	76%	62%	74%	78%
Meeting with colleagues	70%	71%	70%	71%	70%	68%
Conferences or events	67%	67%	68%	54%	70%	74%
Social media groups/forums	61%	54%	67%	78%	62%	45%
Royal College of Chiropractors	48%	48%	50%	50%	46%	55%
GCC website	42%	43%	42%	30%	43%	52%
Chiropractic journals	33%	39%	29%	25%	31%	43%
Other	5%	7%	4%	3%	4%	9%
None	<0.5%	<0.5%	-	1%	-	-
Base	968	409	511	204	486	245

As shown in **Figure 174**, there were a few differences in ways of keeping up to date by ethnicity. Registrants who were from White British and White Other backgrounds were more likely to keep up to date via professional associations (80% and 86% respectively) than those from a BAME background (67%). Registrants from a White Other background more commonly used chiropractic journals (43%) than those from a White British background (31%).

Figure 174 – Ways of keeping up to date by ethnicity

Base: All respondents (968)

Way of keeping up to date	Overall	White British	White Other	BAME
Professional associations	79%	80%	86%	67%
GCC newsletters	72%	73%	75%	67%
Meeting with colleagues	70%	69%	74%	63%
Conferences or events	67%	67%	71%	60%
Social media groups/forums	61%	61%	62%	63%
Royal College of Chiropractors	48%	51%	45%	43%
GCC website	42%	41%	43%	46%
Chiropractic journals	33%	31%	43%	34%
Other	5%	5%	6%	3%
None	<0.5%	<0.5%	-	-
Base	968	679	152	67

Figure 175 summarises ways of keeping up to date by sexual orientation. There were no significant differences seen between those who were heterosexual/straight and those who were gay, lesbian, or bisexual.

Figure 175 – Ways of keeping up to date by sexual orientation

Base: All respondents (968)

Way of keeping up to date	Overall	Hetero- sexual/ straight	Gay woman/ lesbian/ gay man/ bisexual
Professional associations	79%	79%	85%
GCC newsletters	72%	73%	75%
Meeting with colleagues	70%	70%	70%
Conferences or events	67%	67%	73%
Social media groups/forums	61%	61%	65%
Royal College of Chiropractors	48%	49%	58%
GCC website	42%	43%	33%
Chiropractic journals	33%	34%	33%
Other	5%	5%	5%
None	<0.5%	<0.5%	-
Base	968	834	40

As shown in **Figure 176**, there were a few differences seen in ways registrants keep up to date by religion or belief. Those who did not identify with a religion or belief were more likely to use social media groups or forums (65%) than those who were Christian (57%), whereas the latter were more likely to keep up to date via the Royal College of Chiropractors (54%) than those who identified with other religions or beliefs (37%).

Figure 176 – Ways of keeping up to date by religion/belief

Base: All respondents (968)

Way of keeping up to date	Overall	None	Christian	Other
Professional associations	79%	79%	82%	72%
GCC newsletters	72%	70%	76%	76%
Meeting with colleagues	70%	67%	73%	70%
Conferences or events	67%	65%	69%	68%
Social media groups/forums	61%	65%	57%	66%
Royal College of Chiropractors	48%	48%	54%	37%
GCC website	42%	39%	45%	42%
Chiropractic journals	33%	32%	34%	39%
Other	5%	5%	4%	7%
None	<0.5%	-	-	-
Base	968	410	360	71

As shown in **Figure 177**, by relationship status, via professional associations was the most common way registrants kept up to date in each group. The only significant difference seen by relationship status was in relation to chiropractic journals. Those who were cohabiting, married or in a civil partnership and those who were separated, divorced, or widowed were more likely to use them (34% and 44% respectively) than those who were single (25%).

Figure 177 – Ways of keeping up to date by relationship status

Base: All respondents (968)

Way of keeping up to date	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Professional associations	79%	76%	80%	82%
GCC newsletters	72%	69%	72%	81%
Meeting with colleagues	70%	69%	70%	69%
Conferences or events	67%	65%	68%	76%
Social media groups/forums	61%	63%	62%	51%
Royal College of Chiropractors	48%	45%	50%	50%
GCC website	42%	37%	42%	50%
Chiropractic journals	33%	25%	34%	44%
Other	5%	3%	5%	4%
None	<0.5%	1%	<0.5%	-
Base	968	144	671	68

There were no significant differences in ways of keeping up to date between those who had taken maternity, paternity, shared parental or adoption leave in the last 12 months and those who had not, as shown in **Figure 178**.

Figure 178 – Ways of keeping up to date by leave in last 12 months

Base: All respondents (968)

Way of keeping up to date	Overall	Yes	No
Professional associations	79%	78%	80%
GCC newsletters	72%	67%	73%
Meeting with colleagues	70%	76%	69%
Conferences or events	67%	57%	68%
Social media groups/forums	61%	67%	61%
Royal College of Chiropractors	48%	50%	49%
GCC website	42%	33%	43%
Chiropractic journals	33%	26%	34%
Other	5%	2%	5%
None	<0.5%	-	<0.5%
Base	968	54	858

8. Future of the profession

8.1 Optimism and pessimism about the future of the profession

Registrants were asked in the survey whether they were optimistic or pessimistic about the future of the profession over the next three years. Overall, half (50%) said they were optimistic and 23% were pessimistic. A further 27% said they were neither optimistic or pessimistic. As shown in **Figure 179**, there was little difference by sex and age.

Figure 179 – Optimism or pessimism about the future of the profession by sex and age

Base: All respondents (968)

Optimism or pessimism	Overall	Male	Female	16-34	35-54	55+
Optimistic	50%	51%	53%	54%	51%	49%
Neither	27%	26%	27%	25%	28%	29%
Pessimistic	23%	23%	20%	21%	22%	23%
Base	968	409	511	204	486	245

There were no significant differences seen in optimism and pessimism by ethnicity, with over half in each group saying they were optimistic (51% to 55%). **Figure 180** summarises optimism and pessimism by ethnicity.

Figure 180 – Optimism or pessimism about the future of the profession by ethnicity

Base: All respondents (968)

Optimism or pessimism	Overall	White British	White Other	BAME
Optimistic	50%	51%	55%	54%
Neither	27%	27%	29%	28%
Pessimistic	23%	23%	16%	18%
Base	968	679	152	67

Figure 181 summarises optimism and pessimism by sexual orientation. There were no differences between those who were straight/heterosexual and those who were gay, straight, or bisexual.

Figure 181 – Optimism or pessimism about the future of the profession by sexual orientation

Base: All respondents (968)

Optimism or pessimism	Overall	Hetero-sexual/straight	Gay woman/lesbian/gay man/bisexual
Optimistic	50%	52%	48%
Neither	27%	26%	38%
Pessimistic	23%	21%	15%
Base	968	834	40

As shown in **Figure 182**, by religion or belief, over half in each group said they were optimistic about the future of the profession (51% to 55%). Registrants who did not identify with any religion or belief were more commonly pessimistic about the future (25%) than those who were Christian (18%).

Figure 182 – Optimism or pessimism about the future of the profession by religion/belief

Base: All respondents (968)

Optimism or pessimism	Overall	None	Christian	Other
Optimistic	50%	50%	55%	51%
Neither	27%	25%	27%	28%
Pessimistic	23%	25%	18%	21%
<i>Base</i>	968	410	360	71

By relationship status, over half in each group were optimistic about the future of the profession (51% to 56%) and there were no significant differences seen. This is summarised in **Figure 183**.

Figure 183 – Optimism or pessimism about the future of the profession by relationship status

Base: All respondents (968)

Optimism or pessimism	Overall	Single	Cohabiting/ married/ civil partnership	Separated/ divorced/ widowed
Optimistic	50%	51%	52%	56%
Neither	27%	31%	26%	24%
Pessimistic	23%	18%	21%	21%
<i>Base</i>	968	144	671	68

There were no significant differences in optimism or pessimism between those who had taken maternity, paternity, shared parental or adoption leave and those who had not. This is shown in **Figure 184**.

Figure 184 – Optimism or pessimism about the future of the profession by leave in last 12 months

Base: All respondents (968)

Optimism or pessimism	Overall	Yes	No
Optimistic	50%	54%	51%
Neither	27%	28%	27%
Pessimistic	23%	19%	22%
<i>Base</i>	968	54	858

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10. List of figures

Figure 1 – Profile of registrants on the GCC register.....	6
Figure 2 – Response rates by sex and age.....	6
Figure 3 – Sex and age.....	7
Figure 4 – Disability	7
Figure 5 – Religion/belief	7
Figure 6 – Ethnicity	8
Figure 7 – Gender identity	8
Figure 8 – Sexual orientation	9
Figure 9 – Leave in the last 12 months	9
Figure 10 – Relationship status.....	9
Figure 11 – Institution where chiropractic degree was achieved by sex and age.....	11
Figure 12 – Institution where chiropractic degree was achieved by ethnicity.....	11
Figure 13 – Institution where chiropractic degree was achieved by sexual orientation	12
Figure 14 – Institution where chiropractic degree was achieved by religion/belief	12
Figure 15 – Institution where chiropractic degree was achieved by relationship status	12
Figure 16 – Institution where chiropractic degree was achieved by leave in last 12 months.....	13
Figure 17 – Year of qualification by sex and age	13
Figure 18 – Year of qualification by ethnicity.....	13
Figure 19 – Year of qualification by sexual orientation	14
Figure 20 – Year of qualification by religion/belief	14
Figure 21 – Year of qualification by relationship status	15
Figure 22 – Year of qualification by leave in last 12 months.....	15
Figure 23 – Route to register by sex and age	15
Figure 24 – Route to register by ethnicity.....	16
Figure 25 – Route to register by sexual orientation	16
Figure 26 – Route to register by religion/belief.....	16
Figure 27 – Year of registration by relationship status	17
Figure 28 - Route to register by leave in last 12 months	17
Figure 29 – Current working status by sex and age	18
Figure 30 – Current working status by ethnicity	18
Figure 31 – Current working status by sexual orientation.....	19
Figure 32 – Current working status by religion/belief.....	19
Figure 33 – Current working status by relationship status.....	20
Figure 34 – Current working status by leave in last 12 months	20
Figure 35 – Work location by sex and age	21
Figure 36 – Work location by ethnicity	21
Figure 37 – Work location by sexual orientation.....	21
Figure 38 – Work location by religion/belief.....	22
Figure 39 – Work location by relationship status.....	22
Figure 40 – Work location by leave in last 12 months	22
Figure 41 – Full-time/part-time working by sex and age	23
Figure 42 – Full-time/part-time working by ethnicity	23
Figure 43 – Full-time/part-time working by sexual orientation	23
Figure 44 – Full-time/part-time working by religion/belief	24
Figure 45 – Full-time/part-time working by relationship status.....	24
Figure 46 – Full-time/part-time working by leave in last 12 months	24
Figure 47 – Work settings by sex and age	24

Figure 48 – Work settings by ethnicity	25
Figure 49 – Work settings by sexual orientation.....	25
Figure 50 – Work settings by religion/belief.....	25
Figure 51 – Work settings by relationship status.....	26
Figure 52 – Work settings by leave in last 12 months	26
Figure 53 – Satisfaction working in the profession by sex and age	26
Figure 54 – Satisfaction working in the profession by ethnicity.....	27
Figure 55 – Satisfaction working in the profession by sexual orientation.....	27
Figure 56 – Satisfaction working in the profession by religion/belief.....	27
Figure 57 – Satisfaction working in the profession by relationship status	28
Figure 58 – Satisfaction working in the profession by leave in last 12 months	28
Figure 59 – Voluntary work related to the profession by sex and age	28
Figure 60 – Voluntary work related to the profession by ethnicity.....	29
Figure 61 – Voluntary work related to the profession by sexual orientation.....	29
Figure 62 – Voluntary work related to the profession by religion/belief.....	29
Figure 63 – Voluntary work related to the profession by relationship status	29
Figure 64 – Voluntary work related to the profession by leave in last 12 months.....	30
Figure 65 – Employment status by sex and age	31
Figure 66 – Employment status by ethnicity.....	31
Figure 67 – Employment status by sexual orientation	32
Figure 68 – Employment status by religion/belief	32
Figure 69 – Employment status by relationship status	32
Figure 70 – Employment status by leave in last 12 months.....	33
Figure 71 – Number of clinical sites worked at by sex and age.....	33
Figure 72 – Number of clinical sites worked at by ethnicity	33
Figure 73 – Number of clinical sites worked at by sexual orientation	33
Figure 74 – Number of clinical sites worked at by religion/belief	34
Figure 75 – Number of clinical sites worked at by relationship status.....	34
Figure 76 – Number of clinical sites worked at by leave in the last 12 months	34
Figure 77 – Working with other professionals by sex and age	35
Figure 78 – Working with other professionals by ethnicity.....	35
Figure 79 – Working with other professionals by sexual orientation	35
Figure 80 – Working with other professionals by religion/belief	36
Figure 81 – Working with other professionals by relationship status	36
Figure 82 – Working with other professionals by leave in the last 12 months.....	36
Figure 83 – Practice type by sex and age	37
Figure 84 – Practice type by ethnicity	37
Figure 85 – Practice type by sexual orientation.....	37
Figure 86 – Practice type by religion/belief.....	38
Figure 87 – Practice type by relationship status.....	38
Figure 88 – Practice type by leave in last 12 months	38
Figure 89 – Time spent with patients by sex and age	39
Figure 90 – Time spent with patients by ethnicity.....	39
Figure 91 – Time spent with patients by sexual orientation	39
Figure 92 – Time spent with patients by religion/belief	40
Figure 93 – Time spent with patients by relationship status	40
Figure 94 – Time spent with patients by leave in last 12 months.....	40
Figure 95 – Responsibilities by sex and age	41
Figure 96 – Responsibilities by ethnicity	42
Figure 97 – Responsibilities by sexual orientation.....	42

Figure 98 – Responsibilities by religion/belief	43
Figure 99 – Responsibilities by relationship status	43
Figure 100 – Responsibilities by leave in last 12 months	44
Figure 101 – COVID-19 pandemic changed nature of practice by sex and age	44
Figure 102 – COVID-19 pandemic changed nature of practice by ethnicity.....	44
Figure 103 – COVID-19 pandemic changed nature of practice by sexual orientation.....	45
Figure 104 – COVID-19 pandemic changed nature of practice by religion/belief.....	45
Figure 105 – COVID-19 pandemic changed nature of practice by relationship status	45
Figure 106 – COVID-19 pandemic changed nature of practice by leave in last 12 months	45
Figure 107 – How COVID-19 pandemic has changed practice by sex and age	46
Figure 108 – How COVID-19 pandemic has changed practice by ethnicity.....	46
Figure 109 – How COVID-19 pandemic has changed practice by sexual orientation	47
Figure 110 – How COVID-19 pandemic has changed practice by religion/belief	47
Figure 111 – How COVID-19 pandemic has changed practice by relationship status	48
Figure 112 – How COVID-19 pandemic has changed practice by leave in last 12 months.....	48
Figure 113 – Performance monitored at clinic by sex and age.....	49
Figure 114 – Performance monitored at clinic by ethnicity	49
Figure 115 – Performance monitored at clinic by sexual orientation	49
Figure 116 – Performance monitored at clinic by religion/belief	50
Figure 117 – Performance monitored at clinic by relationship status.....	50
Figure 118 – Performance monitored at clinic by leave in last 12 months	50
Figure 119 – Patient safety incident reporting system by sex and age	51
Figure 120 – Patient safety incident reporting system by ethnicity	51
Figure 121 – Patient safety incident reporting system by sexual orientation.....	51
Figure 122 – Patient safety incident reporting system by religion/belief	52
Figure 123 – Patient safety incident reporting system by relationship status.....	52
Figure 124 – Patient safety incident reporting system by leave in last 12 months	52
Figure 125 – Comfort with raising a patient concern with employer(s) by sex and age	53
Figure 126 – Comfort with raising a patient concern with employer(s) by ethnicity.....	53
Figure 127 – Comfort with raising a patient concern with employer(s) by sexual orientation	53
Figure 128 – Comfort with raising a patient concern with employer(s) by religion/belief.....	53
Figure 129 – Comfort with raising a patient concern with employer(s) by relationship status	54
Figure 130 – Comfort with raising a patient concern with employer(s) by leave in last 12 months.....	54
Figure 131 – NHS work by sex and age.....	54
Figure 132 – NHS work by ethnicity	54
Figure 133 – NHS work by sexual orientation	55
Figure 134 – NHS work by religion/belief	55
Figure 135 – NHS work by relationship status	55
Figure 136 – NHS work by leave in last 12 months.....	56
Figure 137 – Interest in working for the NHS by sex and age	56
Figure 138 – Interest in working for the NHS by ethnicity.....	56
Figure 139 – Interest in working for the NHS by sexual orientation	56
Figure 140 – Interest in working for the NHS by religion/belief.....	57
Figure 141 – Interest in working for the NHS by relationship status	57
Figure 142 – Interest in working for the NHS by leave in last 12 months.....	57
Figure 143 – Additional qualifications by sex and age.....	58
Figure 144 – Additional qualifications by ethnicity	58
Figure 145 – Additional qualifications by sexual orientation	59
Figure 146 – Additional qualifications by religion/belief	59
Figure 147 – Additional qualifications by relationship status	60

Figure 148 – Additional qualifications by leave in last 12 months.....	60
Figure 149 – Intention to undertake further qualifications in next three years by sex and age	61
Figure 150 – Intention to undertake further qualifications in next three years by ethnicity	61
Figure 151 – Intention to undertake further qualifications in next three years by sexual orientation ..	62
Figure 152 – Intention to undertake further qualifications in next three years by religion/belief	62
Figure 153 – Intention to undertake further qualifications in next three years by relationship status..	62
Figure 154 – Intention to undertake further qualifications in next three years by leave in last 12 months.....	63
Figure 155 – Intention to continue practising in next three years by sex and age.....	63
Figure 156 – Intention to continue practising in next three years by ethnicity	63
Figure 157 – Intention to continue practising in next three years by sexual orientation	64
Figure 158 – Intention to continue practising in next three years by religion/belief	64
Figure 159 – Intention to continue practising in next three years by relationship status	64
Figure 160 – Intention to continue practising in next three years by leave in last 12 months.....	65
Figure 161 – Ease of keeping up to date with developments and challenges by sex and age.....	66
Figure 162 – Ease of keeping up to date with developments and challenges by ethnicity	66
Figure 163 – Ease of keeping up to date with developments and challenges by sexual orientation ..	66
Figure 164 – Ease of keeping up to date with developments and challenges by religion/belief	67
Figure 165 – Ease of keeping up to date with developments and challenges by relationship status..	67
Figure 166 – Ease of keeping up to date with developments and challenges by leave in last 12 months.....	67
Figure 167 – Ease of keeping up to date with recommendations and advances in clinical practice by sex and age.....	68
Figure 168 – Ease of keeping up to date with recommendations and advances in clinical practice by ethnicity	68
Figure 169 – Ease of keeping up to date with recommendations and advances in clinical practice by sexual orientation.....	68
Figure 170 – Ease of keeping up to date with recommendations and advances in clinical practice by religion/belief	69
Figure 171 – Ease of keeping up to date with recommendations and advances in clinical practice by relationship status.....	69
Figure 172 – Ease of keeping up to date with recommendations and advances in clinical practice by leave in last 12 months	69
Figure 173 – Ways of keeping up to date by sex and age.....	70
Figure 174 – Ways of keeping up to date by ethnicity	70
Figure 175 – Ways of keeping up to date by sexual orientation	71
Figure 176 – Ways of keeping up to date by religion/belief	71
Figure 177 – Ways of keeping up to date by relationship status.....	72
Figure 178 – Ways of keeping up to date by leave in last 12 months	72
Figure 179 – Optimism or pessimism about the future of the profession by sex and age	73
Figure 180 – Optimism or pessimism about the future of the profession by ethnicity	73
Figure 181 – Optimism or pessimism about the future of the profession by sexual orientation.....	73
Figure 182 – Optimism or pessimism about the future of the profession by religion/belief.....	74
Figure 183 – Optimism or pessimism about the future of the profession by relationship status.....	74
Figure 184 – Optimism or pessimism about the future of the profession by leave in last 12 months ..	74