Registrant Survey 2020

Main Report

General Chiropractic Council

January 2021

Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire, HD6 4AH

T: 01484 404797 W: www.enventure.co.uk

Report prepared by:

Andrew Cameron
andrew@enventure.co.uk

Report reviewed by:

Matt Thurman
matt@enventure.co.uk

Kayleigh Pickles
kayleigh@enventure.co.uk

Enventure Research

Head Office:
Thornhill Brigg Mill, Thornhill Beck Lane, Brighouse, West Yorkshire HD6 4AH
T: 01484 404797

London Office:
Smithfield Business Centre, 5 St John's Lane, London, EC1M 4BH
T: 0207 549 1616

W: www.enventure.co.uk E: info@enventure.co.uk

Reg no: 4693096
VAT no: 816927894

Contents

Executive Summary

Introduction

This report contains the findings from the General Chiropractic Council's (GCC) Registrant Survey 2020 and related research. The research was conducted by Enventure Research on behalf of the GCC in September and October 2020. Its aim was 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.

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.

A series of depth interviews was also undertaken following the survey to explore registrants' perceptions, experiences, and opinions in greater detail.

More information about the methodology can be found in **section 1.2** of this report.

Response to survey

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%.

More information about response rates by sex and age groups can be found in **section 1.4** of the report.

Key findings

Current working status
Overall, nine in ten (91%) survey respondents worked in paid chiropractic roles in the UK. Only small proportions were working but not in chiropractic roles (3%), temporarily away from work (2%), not employed (1%), or working abroad (3%).

Working location
The majority of survey respondents worked in England (87%), with half (50%) working in the South East of England (26%) or the South West (24%) and 9% working in London. Smaller proportions worked in Scotland and Wales (both 6%) and in other regions of England (2% to 7%).

Hours worked per week
Survey respondents in paid chiropractic roles most commonly worked 30-39 hours in a typical week (35%) and a further 25% worked 20-29 hours in a typical week.

Survey respondents who worked 30 hours or more in a typical week were classified as working full-time and those working fewer than 30 hours were seen as working part-time. Overall, six in ten (59%) respondents worked full-time in a typical week and 41% worked part-time.

Settings
The overwhelming majority (96%) of registrants who worked in paid chiropractic roles worked in clinical chiropractic practice. Only small proportions worked in education (6%) and in research (2%).

Amongst those working in chiropractic education, 47% said they were clinical tutors at UK chiropractic educational institutions. Three in ten (29%) were technique instructors at UK chiropractic educational institutions and the same proportion (29%) were lecturers at UK chiropractic educational institutions.

Satisfaction in the profession
Overall, survey respondents reported high levels of satisfaction with working in the profession, with eight in ten (82%) saying they were satisfied. Around one in ten (9%) were neither satisfied nor dissatisfied and 9% were dissatisfied.

Voluntary work related to the profession
A fifth (19%) of survey respondents said they undertake voluntary work related to the profession. Of these, 45% said they provided clinical care or services, 18% worked for professional associations, 18% for the Royal College of Chiropractors (RCC) and the same proportion (18%) worked for another special interest organisation.

Employment status
Survey respondents working in clinical chiropractic practice were most commonly clinic directors or owners (46%), followed by sole traders (39%). Just under a fifth (18%) were contractors and 5% were employed associates.

Number of clinical sites worked at
Seven in ten (69%) survey respondents who worked in clinical chiropractic practice worked at just one site, whilst 31% worked at two or more.

Working with other professionals
Around six in ten (58%) of those registrants who worked in clinical practice worked with other chiropractors in at least one job or role and 45% worked by themselves in at least one job or role. A third (33%) worked with other regulated health professionals and 23% worked with other non-regulated healthcare professionals.

Those who worked with other chiropractors were asked how many they worked with. The most common response was three or four (32%), followed by just one (28%).

Practice type
One in six (16%) of those who were working in clinical practice said they worked in a practice that was part of a group of chiropractic clinics and 6% said they worked in one that was part of a group of health clinics. Eight in ten (80%) worked in neither.

Time spent with patients
Two thirds (66%) of those working in clinical practice spend 81% or more of their time with patients and a further fifth (20%) spend between 61% and 80%.

Responsibilities
Amongst those working in clinical practice, patient consultations were listed as the most common responsibility (96%), followed by business ownership or directorship (66%), and health and safety at work (63%). Six in ten (62%) cited accounting or finance as a responsibility and the same proportion (62%) listed risk management.

Just over six in ten (63%) of those working in clinical practice selected five or more responsibilities, 29% chose between two and four and 9% selected just one.

COVID-19 pandemic

Nine in ten (92%) of those working in clinical practice said the COVID-19 pandemic had changed the nature of their practice. Eight in ten (80%) of these respondents said it had meant they were unable to practise (including furlough), but that they were practising again.

In the survey, of those who said their nature of practice had changed, 77% said they were seeing fewer patients. In the depth interviews, patient capacity issues were mentioned by some participants as a challenge, given the need for cleaning between appointments and observing social distancing measures. Despite an increase in demand for some, capacity issues had led to longer waiting lists as registrants were able to see fewer patients per day, which was impacting their practices financially and left patients in pain if they could not get appointments. Others mentioned they had seen a decrease in demand due to patients being scared to leave their homes, shielding or self-isolating, or being unaware that chiropractors could still practise.

Some interview participants mentioned that they had found it hard to keep up to date with the latest guidance relating to safe practice during the pandemic, given the frequency with which guidance changed, particularly at the beginning of the pandemic. Participants praised their professional associations in terms of the guidance and advice provided, but felt they had received very little useful information and guidance from the GCC during the pandemic. A few reported experiences of contacting the GCC recently and receiving no reply to their queries.

Participants mentioned they had had to undertake risk assessments, change practice layouts, change appointment durations, change hygiene and infection control procedures, and wear personal protective equipment (PPE) as a result of the pandemic. Some participants mentioned issues with PPE relating to face masks being a barrier to effective communication with patients, and health and safety issues relating to the aprons they have to wear.

A quarter of survey respondents (23%) said they had been undertaking telehealth appointments or consultations with patients. Only a handful of depth interview participants had undertaken telehealth appointments. Most said they were limited in what they could offer patients via telehealth, such as discussing case history or providing limited advice. Chiropractic was described as a ‘hands on’ profession, with practitioners needing to see patients to diagnose and treat them.

Performance monitoring

Over half (55%) of survey respondents working in clinical practice said that performance was monitored in at least one of their workplaces, whilst a third (33%) said it was not. Amongst those who said performance was monitored, this was most likely to be in terms of patient numbers (80%), followed by patient satisfaction (75%). Six in ten (63%) said patient retention rates were monitored and 59% said patient reported clinical outcomes were.

Many interview participants said that patients’ clinical progress was usually monitored at regular intervals if there were repeat appointments or they were on a course of treatment, with some using clinical software to undertake the monitoring. Some mentioned they used patient reported clinical outcomes and often the software they used enabled this, whereas others said they just communicated with patients in a less formal way.

A few interview participants said their clinic routinely gathered patient satisfaction feedback using questionnaires, but this was not the case for all participants. Others mentioned that patient numbers were regularly assessed; in some cases, the number of new patients was tracked and in others patient retention. Some participants mentioned there were financial targets in their workplace, but these were mostly not stringent targets.

Patient safety and concerns

Of those working in clinical practice in the survey, 58% said at least one of their workplaces had a patient safety incident reporting system, but 23% said none of them did. Amongst interview participants, some said there were patient safety reporting systems in their workplaces. This ranged from usage of a profession-based system, the Chiropractic Patient Incident Reporting and Learning System (CPiRLS)

through the Royal College of Chiropractors, to clinical systems, accident and incident books, and patient complaint procedures. Talking through incidents and near misses with colleagues seemed widespread amongst those working with others and some mentioned they used CPiRLS to review incidents and near misses involving other chiropractors to see what could be learnt. A few also used GCC fitness to practise data in the same way.

Survey respondents who worked in clinical practice were asked how comfortable they would be with raising a patient concern with an employer. Of those who said the question was applicable to them, 96% said they would feel comfortable and only 4% would not.

NHS work

In the survey, the overwhelming majority (98%) of those working in clinical practice did not receive fee income from the NHS or NHS funded patients and only 2% did. Survey respondents who did not do any NHS work or did not receive 100% of their income from the NHS or NHS funded patients were asked why they did not do any or more NHS work. The most common reason was a lack of awareness of any opportunities to do so (58%). A quarter (26%) said there are limited opportunities and the same proportion (26%) felt they did enough already. A further 23% felt they did not have the necessary training or understanding of NHS service provision and a similar proportion (22%) said it was not worth it financially. However, of those who did not receive any fee from the NHS or NHS funded patients, over half (54%) said they were interested in working for the NHS.

As also seen in the survey, the majority of interview participants had not undertaken any NHS work. A few were interested in doing so but felt there was a lack of opportunities in their local area. Others were not interested, citing a difference in how the NHS operates and how chiropractors practise, and felt that working within the NHS would limit or constrain their scope of practice. Some also said they would not want to work in the NHS because they felt it would reduce their income and they had established patient bases in private practice, so there was no incentive for them to undertake NHS work.

Additional qualifications

In addition to their chiropractic degree, a third of survey respondents (32%) said they had other graduate level additional qualifications, and amongst these respondents, 46% said these qualifications were in biomedical sciences and 18% in clinical care. A quarter (23%) of survey respondents had a postgraduate level additional qualification, almost half (47%) of which were in clinical care. A further 13% of survey respondents had membership of a Specialist Faculty and 8% had a qualification in education.

Future plans

A quarter (26%) of survey respondents intended to undertake further qualifications in the next three years and 30% did not know or were undecided. A few depth interview participants intended to undertake further qualifications. However, amongst those who did not, barriers of finding time and being close to retirement were mentioned.

Eight in ten (79%) survey respondents intended to continue practising as chiropractors in the next three years. Only 5% said they did not intend to continue practising but 16% were unsure or undecided.

Of those survey respondents who did not currently work in chiropractic education, 6% said they intended to work in education in the next three years and 27% did not know or were undecided.

Of those not working in research, seven in ten (70%) said they did not intend to work in research in the next three years.

Keeping up to date

Overall, seven in ten (72%) survey respondents said they found it easy to keep up to date with developments and challenges in the profession. Two thirds (67%) found it easy to keep up to date with recommendations and advances in clinical practice and 30% felt it was not easy. Interview participants discussed barriers in keeping up to date, which included isolation and lack of networking opportunities,

the volume of information, and the costs associated with membership of professional associations. The latter was a particular barrier for newly qualified registrants.

Professional associations were the most common way survey respondents kept up to date (79%) and these were mentioned by interview participants, who felt their professional associations shared useful and interesting information. There was praise in particular for the information and guidance they had provided during the COVID-19 pandemic.

Seven in ten (72%) in the survey said they used GCC newsletters to keep up to date with what is going on in the profession, and a few interview participants mentioned that the fitness to practise data was of particular interest to them. Seven in ten (70%) survey respondents said they used meetings with colleagues and 67% conferences or events to keep up to date. These were both mentioned by interview participants as ways of undertaking CPD, but a few highlighted the challenges they faced with completing CPD during the COVID-19 pandemic due to limited opportunities.

Six in ten (61%) survey respondents said they used social media groups or forums to keep up to date with what is going on in the profession. In the depth interviews, some felt that social media could be a helpful tool to find and share interesting content or to advertise services, but the polarisation of some social media content related to the profession was raised as a concern.

Almost six in ten (57%) survey respondents chose five or more ways that they use to keep up to date with what is going on in the profession and a further 20% chose four. Just 3% chose only one way of keeping up to date.

Future of the profession

Half (50%) of survey respondents said they were optimistic about the future of the profession. Amongst those who were optimistic, the most common reason was the reputation of the chiropractic profession (69%), followed by the status of the profession within the wider healthcare system (67%). Just under half (48%) felt that changes in patients' expectations was a cause for optimism and the same proportion (48%) felt the same about learning and development. A further 45% felt that changes in patients' needs was a cause for optimism.

A quarter (23%) were pessimistic about the future of the profession in the survey. The most common reason for pessimism was the status of the profession within the wider healthcare system (69%), followed by the reputation of the profession (66%). Just over half (53%) felt that changes in regulation were a cause for pessimism and 49% felt the same about finances, money, and cost.

Many interview participants were optimistic about the future of the profession, as they foresaw an increase in demand associated with homeworking and an ageing population. Many felt there had also been an increase in demand due to patients having limited access to GPs for musculoskeletal problems. It was suggested that chiropractors could play a role within the healthcare system by taking pressure off NHS services, but it was felt there was a need for chiropractors to develop closer working relationships with other local healthcare professionals to aid integration.

Interview participants suggested that they faced negative perceptions of the profession from other healthcare professionals, such as GPs and physiotherapists. It was suggested that the negative perception of the profession came from a lack of understanding of the chiropractic profession, what chiropractors can treat, what qualifications they hold, and how they are regulated. There was a general feeling that these negative perceptions amongst healthcare professionals are holding the profession back from integrating more into the UK healthcare system. A few participants felt these negative perceptions were exacerbated by variations in the way chiropractors work and treat patients, and these participants spoke of infighting within the profession between different factions. It was felt by some participants that a campaign to educate healthcare professionals and the public about what chiropractors can treat, how they are qualified and how they are regulated would open up more opportunities for the profession.

Another cause for pessimism amongst some interview participants was an anticipated fall in demand for chiropractic treatment due to economic factors associated with the pandemic, as many patients are struggling financially, and this may worsen over time. A few also felt that there was a shortage of chiropractors in some areas of the UK, which meant some faced difficulties in recruiting associates.

Issues with regulation were also mentioned by interview participants, some of whom mentioned that the GCC and other public bodies, such as Public Health England (PHE) and NICE constrained chiropractors' scope of practice by limiting what they can say they treat. A few participants mentioned they found their GCC registration fees to be high and this was a particular problem for those who were newly qualified. Some participants also perceived the GCC to be heavy handed in the way it deals with complaints made towards registrants and suggested the GCC could look at the way other regulators communicate with their registrants and operate the fitness to practise process to see if there is anything that can be learnt. However, a few participants mentioned that they thought the way the GCC communicated with registrants had recently improved, and this was welcomed.

A few participants thought that due to the perceived issues highlighted with regulation, there would be a number of practitioners who would leave the GCC register in the near future but still continue to practise. It was highlighted that this could put patients at risk if there were practitioners who were practising unregulated and did not have to undertake CPD to keep their clinical skills up to date.

1. About the research

1.1 Introduction

The General Chiropractic Council (GCC) is an independent statutory body established by Parliament to regulate the chiropractic profession in the United Kingdom. Its role is to protect the health and safety of the public by ensuring high standards of practice in the chiropractic profession. The GCC also approves and monitors programmes offered by education providers responsible for training chiropractors in the UK.

The GCC required up-to-date insight 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.

Enventure Research, an independent research agency, was commissioned to deliver a research programme that aimed to:

- Undertake a census of all registrants via an online survey
- Identify information about current practice, such as location, workplace settings, satisfaction with working in the profession, working within the healthcare system, roles and responsibilities, performance monitoring, patient safety and the impact of the COVID-19 pandemic on practice
- Collect information about qualifications
- Understand registrants' future work plans and intentions
- Understand how registrants keep up to date with developments in the profession

1.2 Methodology and survey design

Online survey
A questionnaire was co-designed by Enventure Research and the GCC. The survey was designed so it could be completed by registrants online within 15 minutes, with routing used to ensure that relevant questions were asked to each respondent. Before launching the survey, the questionnaire was tested with a small number of registrants online, who were asked to complete the survey and provide feedback on their experience. This helped ensure that the questionnaire was easy to understand, would elicit useful responses, was of a suitable length and that the questions were asked in a non-biased manner to collect valid and reliable data.

For reference, a copy of the questionnaire can be found in the appendices.

The survey was hosted online and personalised email invitations to participate were sent to all chiropractic professionals on the GCC register on 22 September. Three targeted reminder emails were sent to those who had not responded to the survey to maximise the response rate.

An open link to the online survey was also promoted by the GCC on its website and using social media. Registrants were asked to log into this version of the survey using their GCC registration number. This ensured only GCC registrants took part in the survey and were only able to take part once.

The survey was live between 22 September and 27 October 2020.

Depth interviews
Following the online survey, a series of 20 depth interviews was conducted. Interviews were conducted over the telephone or internet by experienced researchers from Enventure Research. An interview guide was designed by Enventure Research and the GCC covering various topics, which aimed to further explore some of the areas of the online survey in greater depth, as well as other areas which

were not suited to be covered during the online survey. A copy of the interview guide can be found in the appendices.

Registrants were recruited to take part in the interviews via the online survey, where they could express an interest in taking part. The interviews were stratified to include a mix of registrants from different backgrounds, age groups and locations.

Interviews were digitally recorded, and notes were subsequently made from the recordings for thematic analysis. This report contains findings from the depth interviews, illustrated by anonymous verbatim quotes where relevant.

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 Survey 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 Survey respondent profile

This section of the report details the profile of the overall sample of survey respondents and makes comparisons with the register where possible.

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, whereas on the register there was a 50%/50% split, although it should be noted that 5% in the survey did not specify their sex.

The most common age groups that took part in the survey were 35-44 years (27%) and 45-54 years (24%). The sample is comparable to the register in terms of age group, although it should be noted that there were differences in relation to the 25-34 and 55-64 age groups.

Figure 3 – Sex and age
Base: Survey - All respondents (968); Register - All registrants on the register (3,384)

Characteristic	Number in survey	% in survey	% on register
Sex			
Male	409	42%	50%
Female	511	53%	50%
Other	0	-	-
Prefer not to say	48	5%	-
Age			
16-24	24	2%	3%
25-34	180	19%	26%
35-44	257	27%	29%
45-54	229	24%	23%
55-64	199	21%	15%
65+	46	5%	4%
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)

Disability	Number in survey	% in survey
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/belief	Number in survey	% in survey
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 in survey	% in survey
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 in survey	% in survey
Yes	926	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 in survey	% in survey
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 in survey	% in survey
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 in survey	% in survey
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%

Academic institution

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. As shown in **Figure 11**, comparing the figures with the register profile, highlights that chiropractors who achieved their chiropractic degree at McTimoney College of Chiropractic are slightly over-represented in the survey.

Figure 11 – Academic institution
Base: Survey - All respondents (968); Register - All registrants on the register (3,384)

Academic institution	Number in survey	% in survey	% on register
AECC University College	384	40%	38%
McTimoney College of Chiropractic	248	26%	19%
Welsh Institute of Chiropractic	208	21%	24%
Other	128	13%	19%

One in eight (13%) said they achieved their degree somewhere else. The most common other responses were the University of Surrey (17 respondents), the Durban University of Technology/Technikon Natal (10 respondents), the Royal Melbourne Institute of Technology (RMIT)/Phillip Institute of Technology (10 respondents), and the Palmer College of Chiropractic (PCC) (nine respondents).

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. This is shown in **Figure 12**.

Figure 12 – Year of qualification
Base: All respondents (968)

Year	Number in survey	% in survey
Before 1970	2	<0.5%
1971-1980	16	2%
1981-1990	106	11%

Year	Number in survey	% in survey
1991-2000	214	22%
2001-2005	179	18%
2006-2010	169	17%
2011 or after	282	29%

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. As shown in **Figure 13**, nine in ten (90%) registered via the UK, whereas 10% registered via the EU, overseas or internationally.

Figure 13 – Route to register
Base: All respondents (968)

Route	Number in survey	% in survey
UK	873	90%
EU/overseas/international	95	10%

1.6 Depth interview participant profile

A mix of registrants from different backgrounds, age groups and locations took part in the depth interviews. **Figure 14** shows the profile of these participants.

Figure 14 – Profile of depth interview participants

	Sex	Age	Workplace location(s)
1	Male	45-54	Scotland/Northern Ireland
2	Male	55-64	Wales
3	Male	25-34	England
4	Female	45-54	England
5	Male	55-64	Wales
6	Male	65+	England
7	Male	55-64	England
8	Female	16-24	England
9	Female	16-24	England
10	Male	25-34	Scotland
11	Female	35-44	Scotland
12	Female	45-54	England
13	Male	55-64	Scotland
14	Female	55-64	England
15	Female	35-44	Scotland
16	Female	35-44	England/Wales
17	Female	65+	England
18	Male	45-54	England
19	Male	35-44	England
20	Female	65+	England

1.7 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 and analyse for trends and differences. This has been done for all questions by workplace location and year of qualification, and some questions related to clinical practice were analysed by working patterns where applicable, such as hours worked, working alone or with others, employment status, settings, and number of sites worked at, amongst others. These differences and trends are shown in tables with commentary to explain them.

Subgroup 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. 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 (or in one case at the end of the row). 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 and all subgroup differences described are statistically different unless indicated otherwise. 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.

Interpretation of the qualitative feedback

When interpreting qualitative research feedback, which for this research has been obtained via depth interviews, it is important to remember that these findings differ to those collected via a quantitative methodology. Qualitative findings are collected by speaking in much greater depth to a select number of participants (in this case 20 registrants). These discussions were digitally recorded, and notes made to draw out common themes and useful quotations.

It should be noted that qualitative findings are not meant to be statistically accurate, but instead are collected to provide additional insight and greater understanding based on in depth discussion, something not possible to achieve via a quantitative survey. For example, if the majority of interview participants hold a certain opinion, this does not necessarily apply to the majority of the registrant population.

Terminology

Throughout this report, those who took part in quantitative research (online survey) are referred to as ‘respondents’ and those who took part in qualitative research (depth interviews) are referred to as ‘participants’.

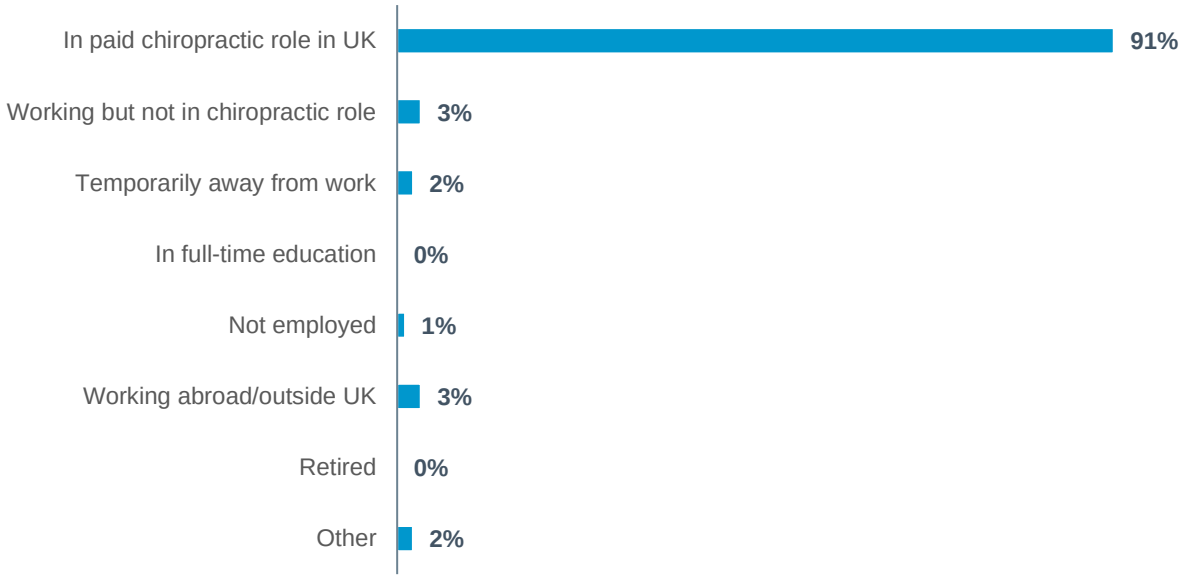
2. Current work patterns

2.1 Current working status

Survey findings

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 (3%), temporarily away from work (2%), in full-time education (<0.5%), not employed (1%), retired (<0.5%) or working abroad/outside the UK (3%). This is shown in **Figure 15**.

Figure 15 – Current working status
Base: All respondents (968)



A small number of survey respondents selected 'other' (16 respondents 2%). Responses included 'self-employed', 'occasional locum work', and 'semi-retired part-time working', amongst others.

2.2 Working location

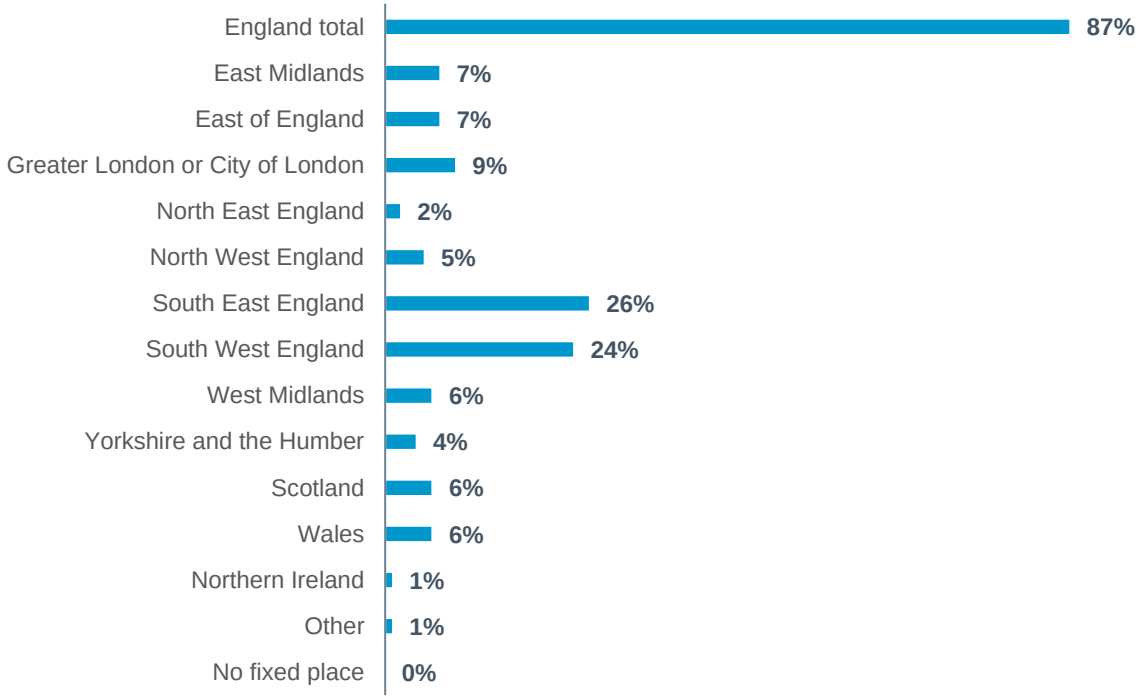
Survey findings

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.

As shown in **Figure 16,** the overwhelming majority worked in England (87%). A further 6% worked in Scotland and the same proportion worked in Wales. Only a handful of respondents were working in Northern Ireland (1%), another location (1%) or no fixed place (<0.5%).

Within the sample overall, half (50%) worked in either the South East of England (26%) or the South West (24%) and a further 9% worked in Greater London or the City of London. Smaller proportions worked in the East Midlands (7%), East of England (7%) and West Midlands (6%) and even smaller proportions worked in the northern regions in England. For example, 5% worked in the North West, 4% in Yorkshire and the Humber and only 2% in the North East.

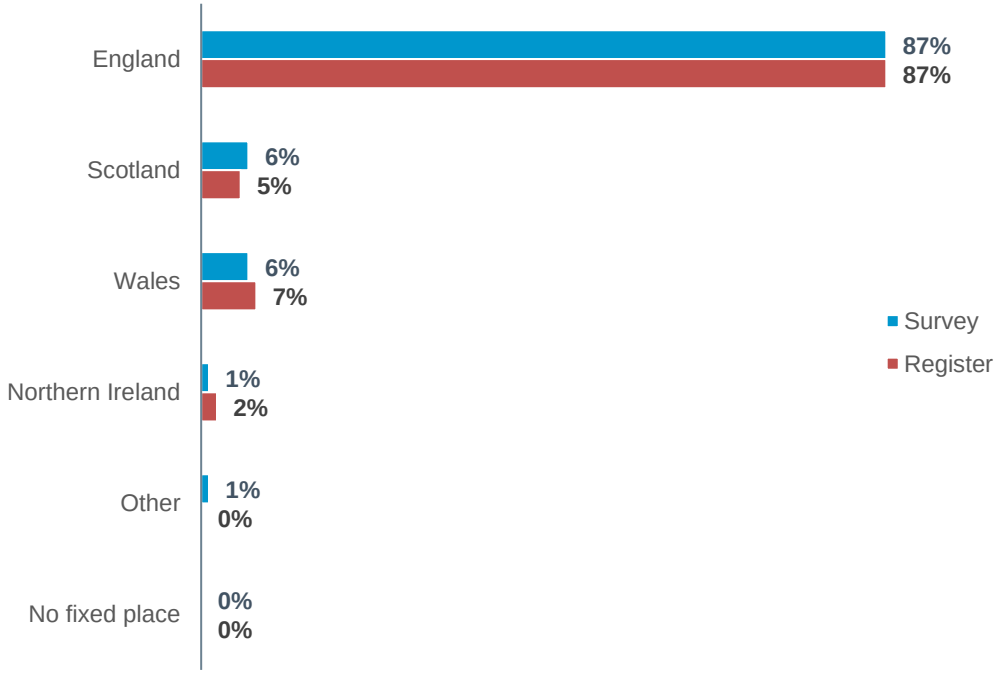
Figure 16 – Work location
Base: Those in work or temporarily away from work (913)



Registrants were able to choose more than one region of the UK. The vast majority (99%) of respondents only worked in one region and only 10 respondents selected more than one (1%).

Figure 17 shows the comparison of devolved nations that survey respondents worked in compared to the register profile. As can be seen, the survey respondent profile closely matches the register in terms of the devolved nations that registrants worked in.

Figure 17 – Work location compared with register profile
Base: Survey – Those in work or temporarily away from work (913); Register – Practising registrants (3,063)

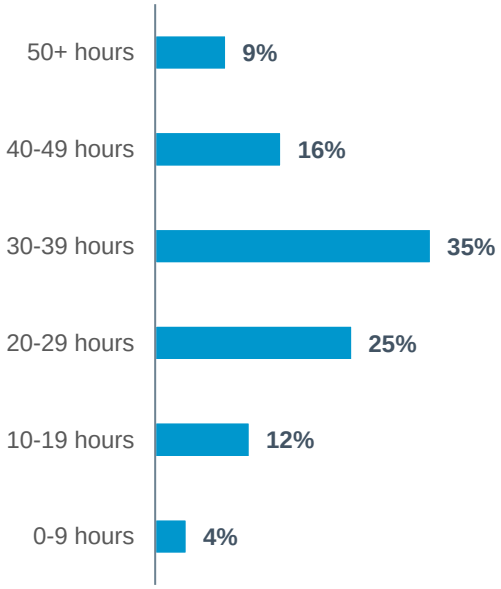


2.3 Hours worked per week

Survey findings

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. As shown in **Figure 18**, registrants were most likely to work 30-39 hours a week (35%) or 20-29 hours a week (25%). One in six (16%) worked 40-49 hours a week and 9% worked 50 or more hours a week. At the other end of the scale, 12% worked between 10 and 19 hours a week and 4% worked 9 hours or fewer.

Figure 18 – Hours worked in a typical week in paid chiropractic role(s)
Base: Those currently working in paid chiropractic roles in the UK (901)



There were some variations in the number of hours worked in a typical week by year of qualification. Those who had qualified since 2011 were more likely to work 30-39 hours per week (40%), than other groups (26% to 37%) and this was by far the most common working pattern for those who had qualified in the last ten years. Those who registered in 1990 or before and those who registered between 2006 and 2010 were more likely to work 20-29 hours in a week (32% and 31% respectively), compared with those who had registered since 2011 (23%) and between 1991 and 2005 (22%). Working 50 hours or more per week was more commonplace amongst those who had been qualified longer (12% of those who qualified in 1990 or before and 10% of those qualifying between 1991 and 2005) than those who had qualified sooner (7% and 8%). This is shown in **Figure 19**.

Figure 19 – Hours worked in a typical week in paid chiropractic role(s) by year of qualification
Base: Those currently working in paid chiropractic roles in the UK (901)

Hours in a typical week	Overall	1990 or before	1991-2005	2006-2010	2011 or after
50+ hours	9%	12%	10%	8%	7%
40-49 hours	16%	12%	17%	13%	16%
30-39 hours	35%	26%	37%	28%	40%
20-29 hours	25%	32%	22%	31%	23%
10-19 hours	12%	15%	11%	15%	11%
0-9 hours	4%	3%	4%	5%	3%
Base	*901*	*113*	*367*	*157*	*264*

As shown in **Figure 20**, those who working in Wales were more likely to work 50 or more hours a week (22%) than those working in England (8%) and Scotland (12%).

Figure 20 – Hours worked in a typical week in paid chiropractic role(s) by work location
Base: Those currently working in paid chiropractic roles in the UK (901)

Hours in a typical week	Overall	England	Scotland	Wales
50+ hours	9%	8%	12%	22%
40-49 hours	16%	16%	12%	13%
30-39 hours	35%	35%	33%	25%
20-29 hours	25%	24%	36%	25%
10-19 hours	12%	13%	5%	11%
0-9 hours	4%	4%	2%	4%
Base	*901*	*783*	*58*	*55*

As shown in **Figure 21**, registrants who worked in both chiropractic education and clinical chiropractic practice were more likely to work 50 or more hours per week (26%) than those working in other setting combinations (8%).

Figure 21 – Hours worked in a typical week in paid chiropractic role(s) by setting combination
Base: Those currently working in paid chiropractic roles in the UK (901)

Hours in a typical week	Overall	Education and clinical practice	Other setting combinations
50+ hours	9%	26%	8%
40-49 hours	16%	21%	15%
30-39 hours	35%	30%	35%
20-29 hours	25%	17%	25%
10-19 hours	12%	6%	13%
0-9 hours	4%	-	4%
Base	*901*	*47*	*854*

From their responses, registrants were classified as working full-time if they worked 30 hours or more per week and as part-time if they worked fewer than 30 hours. Overall, six in ten (59%) respondents worked full-time in a typical week and 41% worked part-time.

By year of qualification, registrants who qualified between 1991 and 2005 and those who qualified since 2011 were more likely to work full-time (64% and 63% respectively) than those who qualified between 2006 and 2010 (49%) and those who qualified in 1990 or before (50%). This is shown in **Figure 22**. By contrast, those who qualified between 2006 and 2010 and in 1990 or before were more likely to work part-time (51% and 50% respectively).

Figure 22 – Full-time/part-time working by year of qualification
Base: Those currently working in paid chiropractic roles in the UK (901)

Full-time/part-time working	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Full-time	59%	50%	64%	49%	63%
Part-time	41%	50%	36%	51%	38%
Base	*901*	*113*	*367*	*157*	*264*

For analysis of full-time and part-time working patterns by sex, please see the accompanying EDI report.

2.4 Settings

Survey findings

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. As shown in **Figure 23**, the overwhelming majority (96%) worked in clinical chiropractic practice, with much smaller proportions working in chiropractic education (6%) and chiropractic research (2%).

Figure 23 – Work settings
Base: Those currently working in paid chiropractic roles in the UK (901)

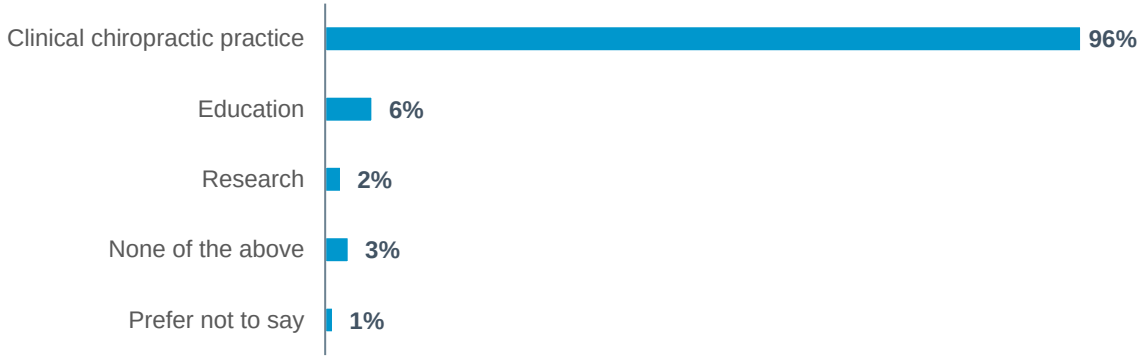


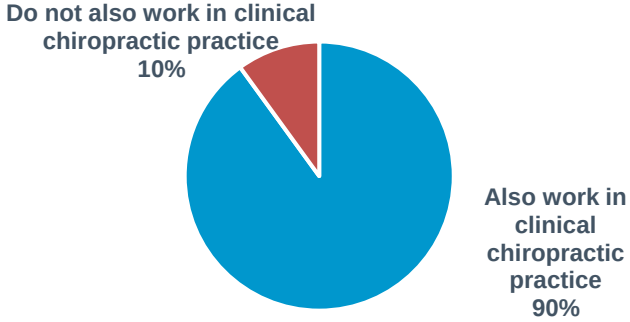
Figure 24 summarises the settings worked in by location. As can be seen, those working in England and Scotland were more likely to work in clinical practice (97% and 98% respectively) than those in Wales (89%), whereas those in Wales were more likely to work in chiropractic education (18%) than those in England and Scotland (5% and 3% respectively).

Figure 24 – Work settings by work location
Base: Those currently working in paid chiropractic roles in the UK (901)

Setting	Overall	England	Scotland	Wales
Clinical chiropractic practice	96%	97%	98%	89%
Chiropractic education	6%	5%	3%	18%
Chiropractic research	2%	2%	3%	2%
None of the above	3%	2%	2%	7%
Prefer not to say	1%	1%	-	-
Base	*901*	*783*	*58*	*55*

Amongst those working in chiropractic education, nine in ten (90%) also worked in clinical chiropractic practice, as shown in **Figure 25**.

Figure 25 – Working in chiropractic education by work in clinical chiropractic practice
Base: Those working in chiropractic education (52)



Registrants who said they were working in chiropractic education were asked what their role was within education. Almost half of these respondents (47%) said they were clinical tutors at UK chiropractic educational institutions, which was the most common role within education. Three in ten (29%) said they were technique instructors at UK chiropractic educational institutions and the same proportion were lecturers at UK chiropractic educational institutions. One in ten (10%) said they had academic managerial roles at UK chiropractic educational institutions. This is shown in **Figure 26**.

One in six (17%) said their role was something else. The most common responses were postgraduate trainers or instructors, running private seminars and mentoring, amongst others.

Figure 26 – Role(s) in chiropractic education
Base: Those currently working in chiropractic education in the UK (51)

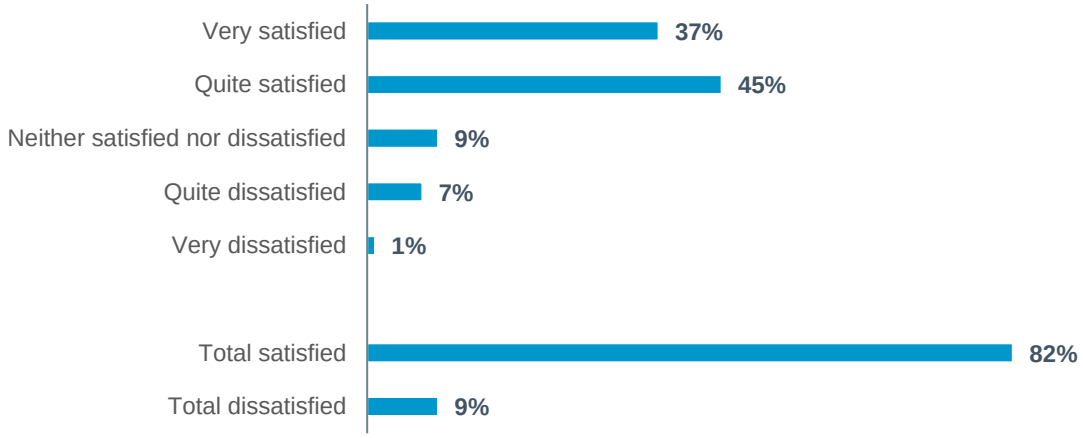
Those who were working in chiropractic research were also asked about their roles. Amongst the 16 registrants working in research, half (eight respondents, 50%) said they collected patient data in a clinic for a specific project and the same proportion (eight respondents, 50%) participated in surveys or other research about chiropractors, and a small number (three respondents, 19%) were research team leaders.

2.5 Satisfaction in the profession

Survey findings

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. This is shown in **Figure 27**.

Figure 27 – Satisfaction working in the profession
Base: Those currently working in paid chiropractic roles in the UK (901)



As shown in **Figure 28**, registrants who qualified in 1990 or before were more likely to be satisfied with working in the profession (91%) than those who had qualified more recently (80% to 81%).

Figure 28 – Satisfaction working in the profession by year of qualification
Base: Those currently working in paid chiropractic roles in the UK (901)

Satisfaction	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Satisfied	82%	91%	81%	80%	80%
Neither satisfied nor dissatisfied	9%	4%	11%	11%	9%
Dissatisfied	9%	4%	8%	10%	11%
Base	*901*	*113*	*367*	*157*	*264*

By workplace location, registrants working in Scotland were more likely to be dissatisfied working in the profession (17%) than those working in England (8%) and Wales (9%). This is shown in **Figure 29**.

Figure 29 – Satisfaction working in the profession by work location
Base: Those currently working in paid chiropractic roles in the UK (901)

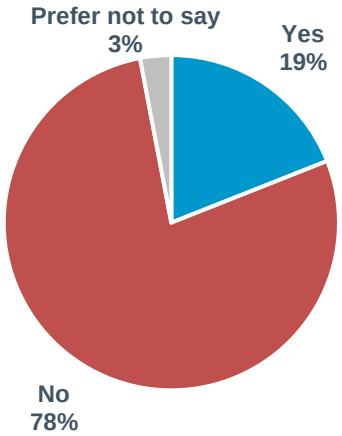
Satisfaction	Overall	England	Scotland	Wales
Satisfied	82%	82%	76%	84%
Neither satisfied nor dissatisfied	9%	10%	7%	7%
Dissatisfied	9%	8%	17%	9%
Base	*901*	*783*	*58*	*55*

2.6 Voluntary work related to the profession

Survey findings

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%), as shown in **Figure 30**.

Figure 30 – Voluntary work related to the profession
Base: All respondents (968)



As shown in **Figure 31**, the likelihood of doing voluntary work related to the profession decreased the later registrants registered. For example, 32% of those who qualified in 1990 or before volunteered compared to 13% of those who qualified in 2011 or after.

Figure 31 – Voluntary work related to the profession by year of qualification
Base: All respondents (968)

Voluntary work	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Yes	19%	32%	20%	16%	13%
No	78%	64%	76%	82%	84%
Prefer not to say	3%	4%	4%	2%	3%
Base	*968*	*124*	*393*	*169*	*282*

Registrants who were working in Scotland were more likely to undertake voluntary work related to the profession (29%) than those working in England (17%) and Wales (15%), as shown in **Figure 32**.

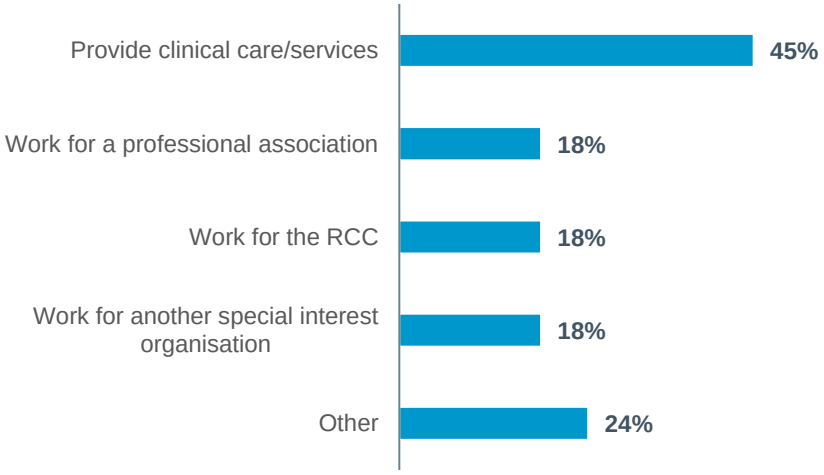
Figure 32 – Voluntary work related to the profession by work location
Base: All respondents (968)

Voluntary work	Overall	England	Scotland	Wales
Yes	19%	17%	29%	15%
No	78%	80%	69%	80%
Prefer not to say	3%	3%	2%	5%
Base	*968*	*795*	*58*	*55*

Those working in chiropractic education were also more likely to undertake voluntary work related to the profession (42%) than those working in clinical practice (18%).

Registrants who said they undertook voluntary work related to the profession were asked to identify the voluntary work they did, choosing as many as applied from a list. As shown in **Figure 33**, the most common type of voluntary work was providing clinical care or services (45%). Just under a fifth (18%) worked for a professional association and the same proportion (18%) worked for the RCC or worked for another special interest organisation.

Figure 33 – Voluntary work related to the profession
Base: Those who undertake voluntary work related to the profession (182)



Amongst those who said ‘other’, the most common response was providing training, educational talks, seminars, or workshops, followed by volunteering for a charity.

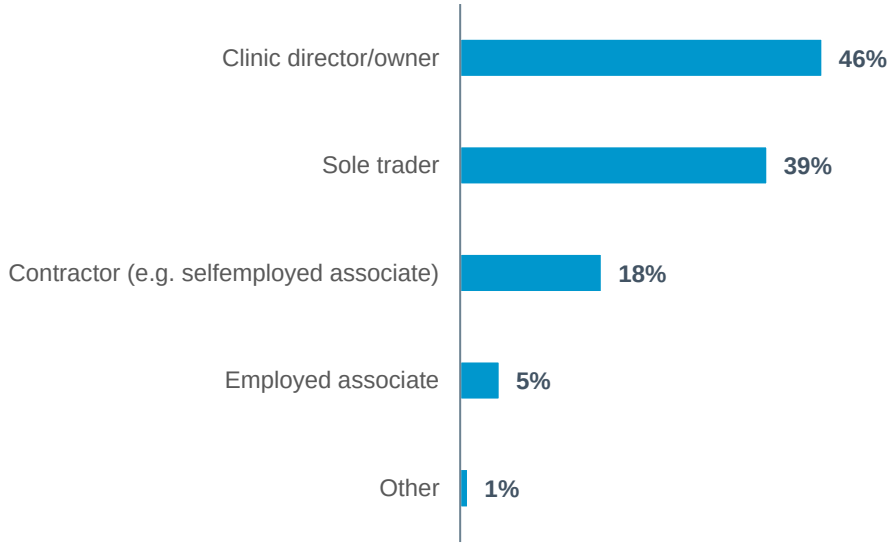
3. Clinical chiropractic practice

3.1 Employment status

Survey findings

Registrants who worked in clinical chiropractic practice were asked to identify their employment status. As shown in **Figure 34**, 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.

Figure 34 – Employment status
Base: Those working in clinical chiropractic practice (867)



There were a few differences in employment status by year of qualification, particularly when looking at those who qualified in 2011 or after. Those who qualified in 2011 or after were more likely to be employed associates (11%) compared with other groups (1% to 3%) and contractors (34% compared with 8% to 17%). They were also less likely to be clinic directors or owners (24%) compared with the other groups (43% to 59%). By comparison, those who qualified in 1990 or before and between 1991 and 2005 were more likely to be clinic directors or owners (both 59%) than those who had qualified more recently. This is summarised in **Figure 35**.

Figure 35 – Employment status by year of qualification
Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Chiropractic clinic director/owner	46%	59%	59%	43%	24%
Sole trader	39%	34%	37%	41%	44%
Contractor	18%	8%	11%	17%	34%
Employed associate	5%	2%	1%	3%	11%
Other	1%	1%	1%	1%	0%
Base	*867*	*108*	*355*	*149*	*255*

By working hours, those who worked full-time were more likely to be clinic directors or owners (51%) than those working part-time (39%), whereas those working part-time were more likely to be sole traders (49%) than those working full-time (33%). **Figure 36** summarises the differences in employment status by full-time and part-time working.

Figure 36 – Employment status by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Employment status	Overall	Full-time	Part-time
Chiropractic clinic director/owner	46%	51%	39%
Sole trader	39%	33%	49%
Contractor	18%	18%	18%
Employed associate	5%	6%	3%
Other	1%	1%	0%
Base	*867*	*515*	*352*

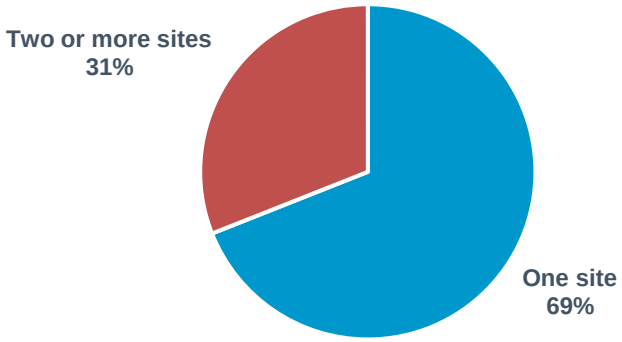
For analysis of employment status by sex of respondents, please see the accompanying EDI report.

3.2 Number of clinical sites worked at

Survey findings

Registrants working in clinical chiropractic practice were asked how many clinical sites they worked at in all of their jobs or roles. As shown in **Figure 37**, seven in ten (69%) respondents worked at only one site, whilst 31% worked at two or more.

Figure 37 – Number of clinical sites worked at
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 38**, those who worked full-time were more likely to work at two or more clinical sites (34%) than those who worked part-time (26%). Those who worked part-time were more likely to work at only one site (74%) compared with those who worked full-time (66%).

Figure 38 – Number of clinical sites worked at by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Number of clinical sites	Overall	Full-time	Part-time
One	69%	66%	74%
Two or more	31%	34%	26%
Base	*867*	*515*	*352*

By employment status, clinic directors or owners and employed associates were more likely to work at only one site (76% and 73% respectively) than sole traders (61%) and contractors (60%). Sole traders and contractors were more likely to work at two or more sites (39% and 40% respectively) than clinic

directors or owners and employed associates (24% and 28% respectively). **Figure 39** summarises the number of clinical sites worked at by employment status.

Figure 39 – Number of clinical sites worked at by employment status
Base: Those working in clinical chiropractic practice (867)

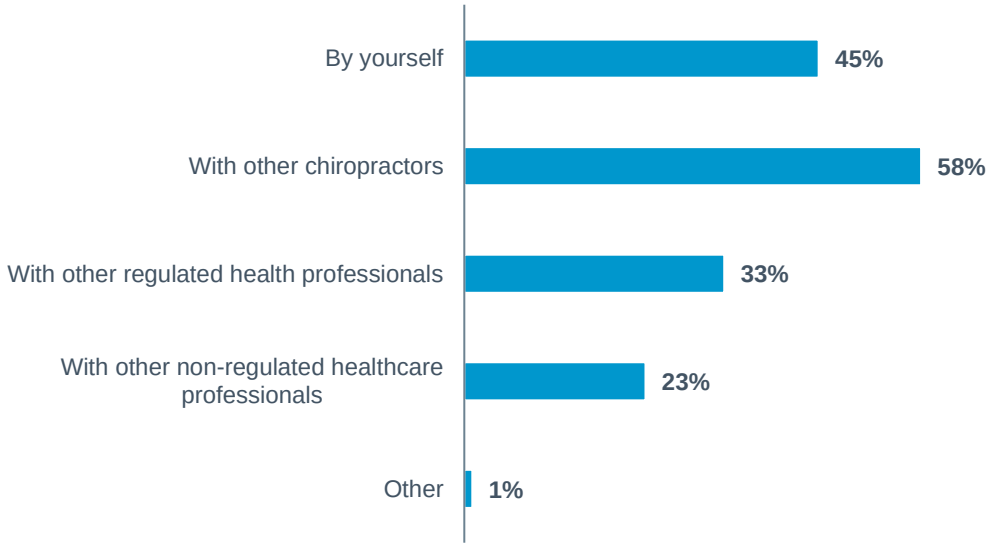
Number of clinical sites	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
One	69%	61%	73%	76%	60%
Two or more	31%	39%	28%	24%	40%
Base	*867*	*341*	*40*	*399*	*160*

3.3 Working with other professionals

Survey findings

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. This is shown in **Figure 40**.

Figure 40 – Working with other professionals in any jobs/roles
Base: Those working in clinical chiropractic practice (867)



By year of qualification, registrants who qualified in 2011 or after were more likely to work with other chiropractors (70%) compared with the other groups (51% to 58%), as shown in **Figure 41**. Those who qualified between 1991 and 2005, on the other hand, were more likely to work with other non-regulated healthcare professionals (29%) compared with the other groups (14% to 22%)

Figure 41 – Working with other professionals in any jobs/roles by year of qualification
Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	1990 or before	1991-2005	2006-2010	2011 or after
By yourself	45%	45%	45%	50%	42%
With other chiropractors	58%	51%	51%	58%	70%
With other regulated health professionals	33%	35%	32%	34%	34%

Working with others	Overall	1990 or before	1991-2005	2006-2010	2011 or after
With non-regulated healthcare professionals	23%	20%	29%	14%	22%
Other	1%	2%	1%	1%	0%
Base	*867*	*108*	*355*	*149*	*255*

Those working part-time were more likely to work by themselves (49% compared with 42%). By contrast, those working full-time were more likely to work with other chiropractors (62% compared with 51%), with other regulated healthcare professionals (37% compared with 28%), and with other non-regulated healthcare professionals (26% compared with 19%). This is summarised in **Figure 42**.

Figure 42 – Working with other professionals in any jobs/roles by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Full-time	Part-time
By yourself	45%	42%	49%
With other chiropractors	58%	62%	51%
With other regulated health professionals	33%	37%	28%
With non-regulated healthcare professionals	23%	26%	19%
Other	1%	1%	1%
Base	*867*	*515*	*352*

Figure 43 summarises working with other health professionals by employment status. Sole traders were more likely to work on their own (65%) than other groups (32% to 39%). Employed associates and contractors were more likely to work with other chiropractors (83% and 87% respectively) compared with other groups (44% and 56%).

Figure 43 – Working with other professionals in any jobs/roles by employment status
Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
By yourself	45%	65%	33%	39%	32%
With other chiropractors	58%	44%	83%	56%	87%
With other regulated health professionals	33%	30%	40%	32%	41%
With non-regulated healthcare professionals	23%	18%	15%	29%	23%
Other	1%	-	3%	1%	2%
Base	*867*	*341*	*40*	*399*	*160*

Figure 44 summarises the differences in working with others by the number of clinical sites worked at. Registrants who worked at two or more sites were more likely than those working at only one site to work by themselves (57% compared with 40%), work with other chiropractors (70% compared with 52%), with other regulated healthcare professionals (47% compared with 27%), and with other non-regulated healthcare professionals (29% compared with 21%).

Figure 44 – Working with other professionals in any jobs/roles by number of clinical sites worked at
Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	One site	Two or more sites
By yourself	45%	40%	57%
With other chiropractors	58%	52%	70%
With other regulated health professionals	33%	27%	47%
With non-regulated healthcare professionals	23%	21%	29%
Other	1%	1%	1%
Base	*867*	*601*	*266*

As shown in **Figure 45**, 73% worked with others in at least one job and 27% worked alone in all of their jobs/roles.

Figure 45 – Working with other professionals and alone
Base: Those working in clinical chiropractic practice (867)

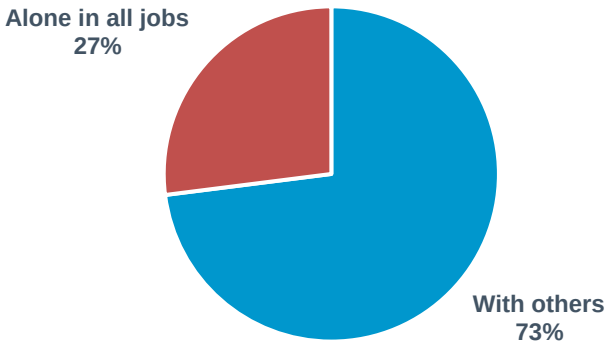


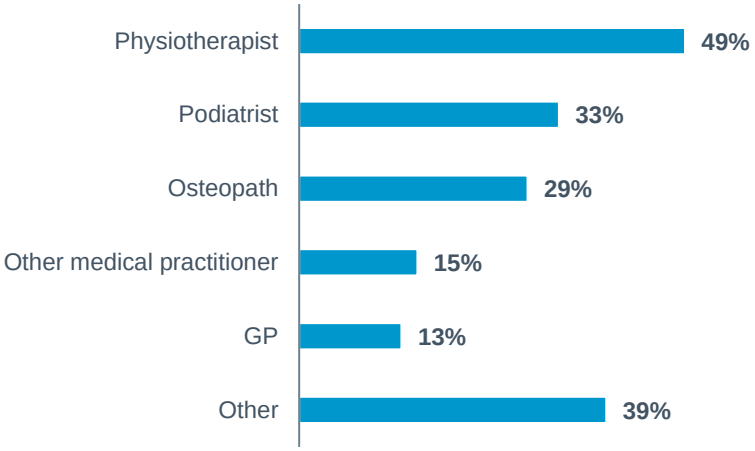
Figure 46 summarises solo chiropractor work and working with others by employment status. As shown, sole traders were more likely to work by themselves across all of their jobs (40%), than those who were employed associates (13%), clinic directors or owners (27%) or contractors (4%).

Figure 46 – Working with other professionals and alone by employment status
Base: Those working in clinical chiropractic practice (867)

Working with others	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
With others	73%	60%	88%	73%	96%
Alone in all jobs	27%	40%	13%	27%	4%
Base	*867*	*341*	*40*	*399*	*160*

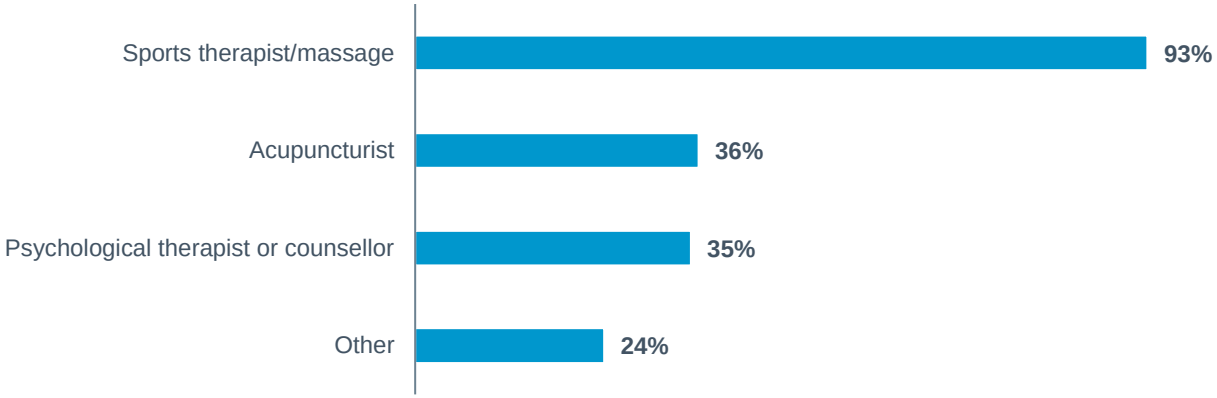
Registrants who worked with other regulated health professionals were asked to specify who they practised with. As shown in **Figure 47**, half (49%) of these registrants said they practised with physiotherapists, which was the most common response. Four in ten (39%) said they worked with 'other' regulated health professionals, which was most commonly specified as sports therapists/massage and acupuncturists.

Figure 47 – Other regulated health professionals practised with
Base: Those working with other regulated health professionals (289)



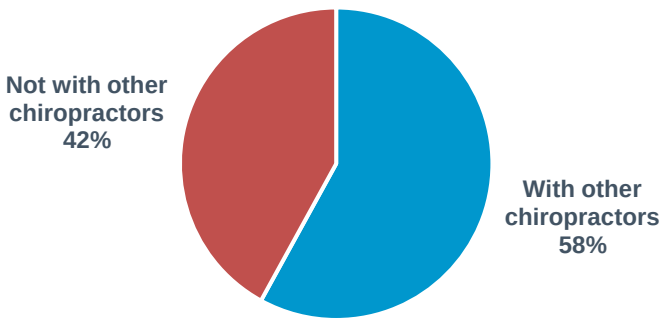
Registrants who worked with other non-regulated health professionals were also asked to identify who they practised with. The most common was sports therapist/massage (93%), followed by acupuncturists (36%) and psychological therapists or counsellors (35%). This is shown in **Figure 48**. A quarter (24%) said they worked with an 'other' non-regulated health professional, which were most commonly specified as personal trainers, sports coaches or instructors and reflexologists.

Figure 48 – Other non-regulated health professionals practised with
Base: Those working with other non-regulated health professionals (202)



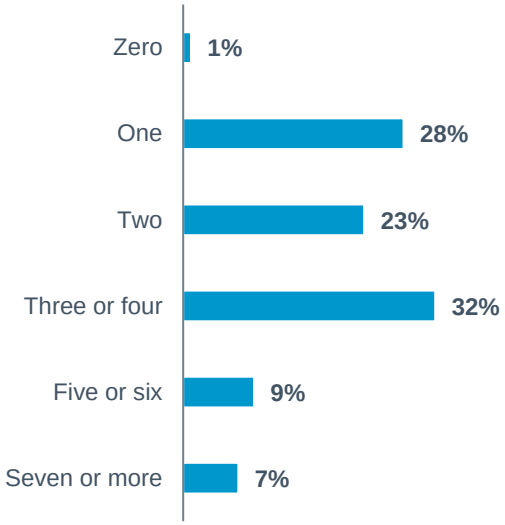
As shown previously, 58% of those working in clinical practice worked with other chiropractors, leaving 42% who did not, as shown in **Figure 49**.

Figure 49 – Working with other chiropractors
Base: Those working in clinical chiropractic practice (867)



Registrants who practised with other chiropractors were asked to identify how many chiropractors they worked with across all of their jobs and roles. As shown in **Figure 50**, this was most commonly three or four other chiropractors (32%), followed by one (28%) and two (23%).

Figure 50 – Number of chiropractors worked with across all jobs/roles
Base: Those working with other chiropractors (500)



Registrants who were clinic directors or owners were more likely to work with only one other chiropractor (39%) than sole traders (25%), employed associates (9%) and contractors (16%). This is summarised in **Figure 51**.

Figure 51 – Number of chiropractors worked with by employment status
Base: Those working with other chiropractors (500)

Working with other chiropractors	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Zero	1%	1%	-	1%	-
One	28%	25%	9%	39%	16%
Two	23%	25%	30%	18%	25%
Three or four	32%	31%	45%	29%	39%
Five or six	9%	9%	9%	8%	13%
Seven or more	7%	8%	6%	6%	7%
Base	*500*	*150*	*33*	*222*	*139*

As shown in **Figure 52**, those who worked at one clinical site only were more likely to work with only one other chiropractor (36%) than those working at two or more (16%), whereas the latter were more likely to work with three or four other chiropractors (40% compared with 27%) and five or six (14% compared with 6%).

Figure 52 – Number of chiropractors worked with by number of clinical sites worked at
Base: Those working with other chiropractors (500)

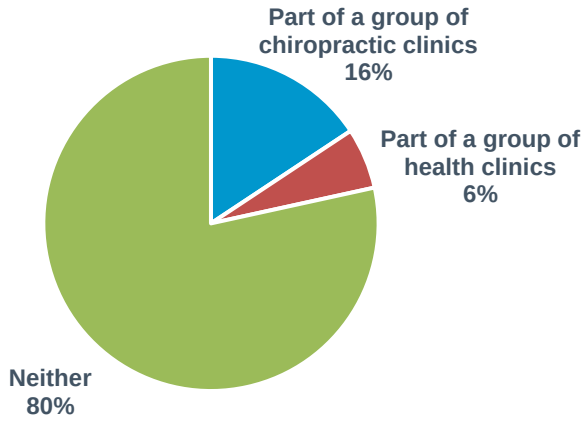
Working with other chiropractors	Overall	One site	Two or more sites
Zero	1%	1%	-
One	28%	36%	16%
Two	23%	24%	20%
Three or four	32%	27%	40%
Five or six	9%	6%	14%
Seven or more	7%	6%	10%
Base	*500*	*313*	*187*

3.4 Practice type

Survey findings

Registrants working in clinical practice were asked whether the practice or practices in which they worked in any of their jobs were part of a group of chiropractic clinics or part of a group of health clinics. As shown in **Figure 53**, eight in ten (80%) said the practice or practices they worked in were neither, whilst 16% said at least one of the clinics they worked in was part of a group of chiropractic clinics and 6% said at least one was part of a group of health clinics.

Figure 53 – Practice type
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 54**, registrants who had qualified in 2011 or after and those who qualified in 1990 or before were more likely to work in a clinic that was part of a group of chiropractic clinics (23% and 19% respectively) than those who qualified between 1991 and 2005 (11%) and 2006 to 2010 (12%).

Figure 54 – Practice type by year of qualification
Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Part of a group of chiropractic clinics	16%	19%	11%	12%	23%
Part of a group of health clinics	6%	6%	5%	6%	6%
Neither	80%	75%	85%	82%	74%
Base	*867*	*108*	*355*	*149*	*255*

As shown in **Figure 55**, registrants who worked full-time were more likely to work in a clinic that was part of a group of chiropractic clinics than those working part-time (19% compared with 11%) and to work in a clinic that was part of a group of health clinics (8% compared with 3%).

Figure 55 – Practice type by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Practice type	Overall	Full-time	Part-time
Part of a group of chiropractic clinics	16%	19%	11%
Part of a group of health clinics	6%	8%	3%
Neither	80%	76%	86%
Base	*867*	*515*	*352*

Figure 56 summarises practice type worked in by employment status. As shown, employed associates and contractors were more likely to work in a clinic that was part of a group of chiropractic clinics (28% and 30% respectively) than sole traders (11%) and clinic directors and owners (13%). Employed associates were also more likely to work in a clinic that was part of a group of health clinics (15%) than other groups (4% to 9%).

Figure 56 – Practice type by employment status
Base: Those working in clinical chiropractic practice (867)

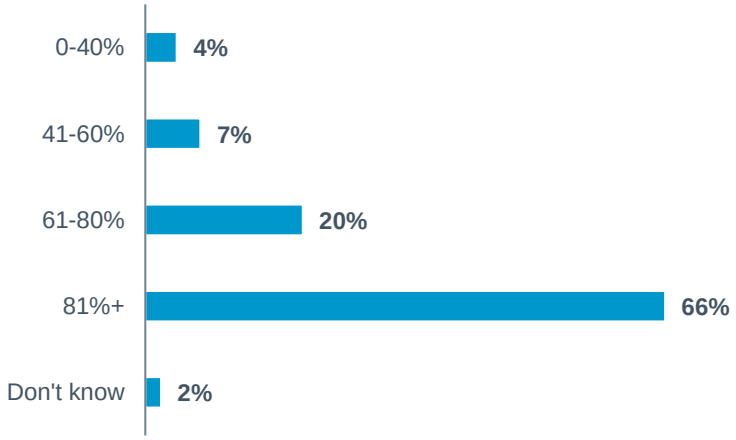
Practice type	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Part of a group of chiropractic clinics	16%	11%	28%	13%	30%
Part of a group of health clinics	6%	5%	15%	4%	9%
Neither	80%	85%	60%	83%	63%
Base	*867*	*341*	*40*	*399*	*160*

3.5 Time spent with patients

Survey findings

Registrants who worked in clinical practice were asked what percentage of their time they spent with patients across all their jobs and practices. As shown in **Figure 57**, 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 57 – Time spent with patients
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 58**, clinic directors and owners were less likely to spend 81% or more of their time with patients (58%) compared with other groups (70% to 78%).

Figure 58 – Time spent with patients by employment status
Base: Those working in clinical chiropractic practice (867)

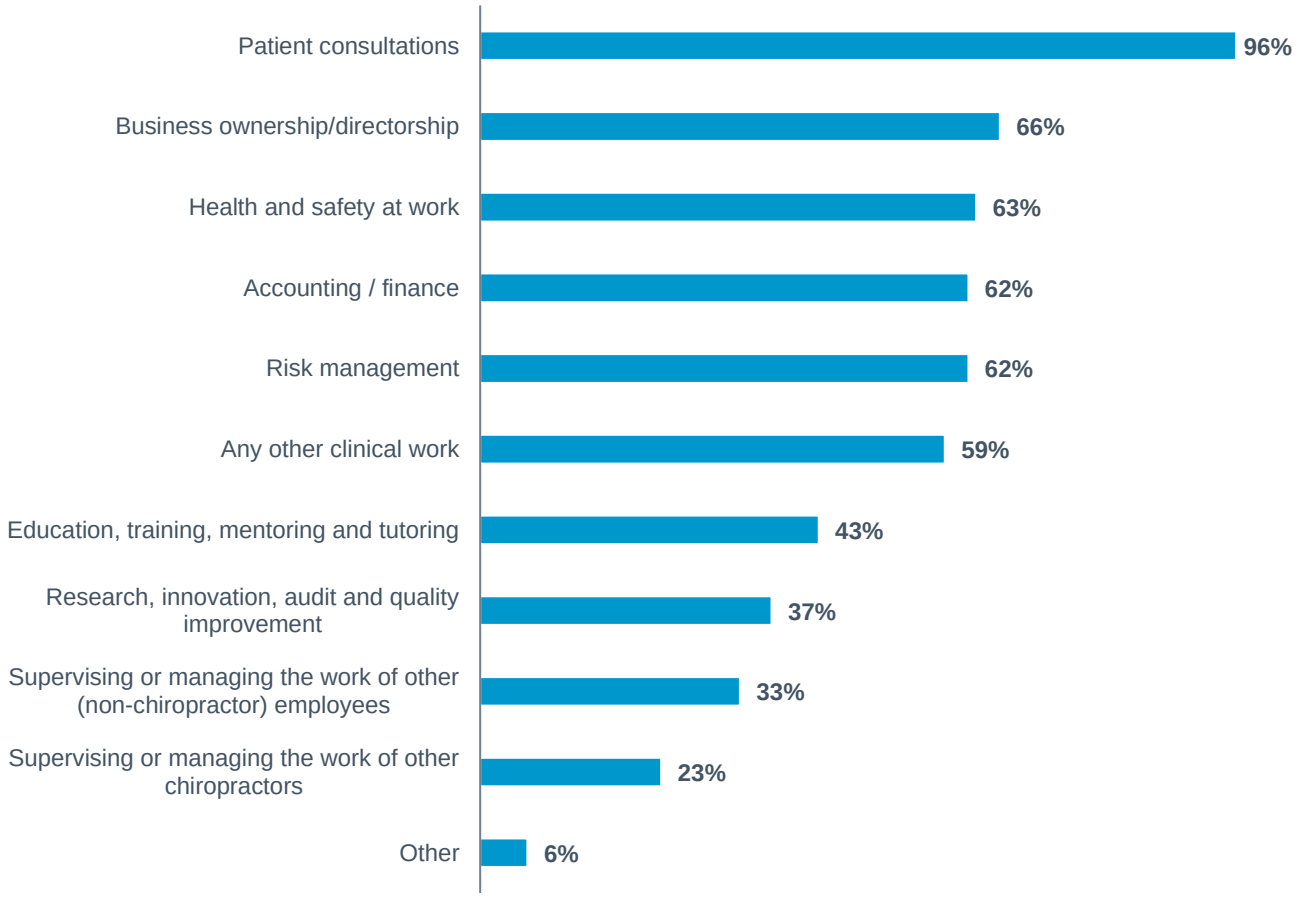
Percentage of time	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
0-40%	4%	4%	3%	5%	-
41-60%	7%	8%	5%	10%	3%
61-80%	20%	14%	10%	25%	21%
81%+	66%	70%	78%	58%	75%
Don't know	2%	4%	5%	2%	1%
Base	*867*	*341*	*40*	*399*	*160*

3.6 Responsibilities

Survey findings

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. As shown in **Figure 59**, 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.

Figure 59 – Responsibilities
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 60**, by year of qualification there were quite a few differences between those who had qualified most recently in 2011 or after and those who had qualified earlier. For example, those who had qualified in 2011 or after were less likely to cite business ownership or directorship as a responsibility (43%), as well as health and safety at work (43%), accounting and finance (44%), risk management (42%), education, training, mentoring and tutoring (29%), research, innovation, audit and quality improvement (27%), supervising or managing the work of other non-chiropractor employees (21%), and supervising and managing the work of other chiropractors (11%). These responsibilities also become more common the longer the amount of time registrants have been qualified. Those who had qualified in 2011 or after were more likely than other groups to list any other clinical work as a responsibility (66% compared with 46% to 62%).

Figure 60 – Responsibilities by year of qualification
Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Patient consultations	96%	96%	95%	95%	97%
Business ownership/directorship	66%	76%	80%	64%	43%
Health and safety at work	63%	72%	73%	68%	43%
Accounting/finance	62%	67%	72%	65%	44%
Risk management	62%	72%	70%	68%	42%
Any other clinical work	59%	46%	56%	62%	66%
Education, training, mentoring, and tutoring	43%	55%	51%	41%	29%
Research, innovation, audit, and quality improvement	37%	45%	43%	36%	27%
Supervising or managing the work of other (non-chiropractor) employees	33%	43%	41%	31%	21%
Supervising or managing the work of other chiropractors	23%	32%	28%	23%	11%
Other	6%	6%	5%	5%	8%
Base	*867*	*108*	*355*	*149*	*255*

Figure 61 summarises the differences in responsibilities between those working full-time and those working part-time. For both, patient consultations was the most common responsibility (97% and 95% respectively). Those working full-time were more likely than those working part-time to cite the following as responsibilities: any other clinical work (63% compared with 53%), education, training, mentoring and tutoring (49% compared with 35%), supervising or managing the work of other non-chiropractor employees (41% compared with 23%) and supervising or managing the work of other chiropractors (27% compared with 16%).

Figure 61 – Responsibilities by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	Full-time	Part-time
Patient consultations	96%	97%	95%
Business ownership/directorship	66%	68%	63%
Health and safety at work	63%	65%	61%
Accounting/finance	62%	62%	62%
Risk management	62%	63%	59%
Any other clinical work	59%	63%	53%
Education, training, mentoring, and tutoring	43%	49%	35%
Research, innovation, audit, and quality improvement	37%	39%	35%

Responsibility	Overall	Full-time	Part-time
Supervising or managing the work of other (non-chiropractor) employees	33%	41%	23%
Supervising or managing the work of other chiropractors	23%	27%	16%
Other	6%	6%	5%
Base	*867*	*515*	*352*

By employment status, patient consultations was again the most common responsibility for each group (90% to 98%), as shown in **Figure 62**. There were some differences between sole traders and clinic directors or owners and employed associates and contractors. Sole traders and clinic directors or owners were more likely to cite business ownership or directorship than the other two (61% and 96% respectively), health and safety at work (60% and 84%), accounting and finance (65% and 78%), risk management (58% and 82%), and research, innovation, audit and quality improvement (32% and 53%). There were also some notable differences between sole traders and clinic directors/owners, with the latter more likely to list every responsibility than the other, with the exception of patient consultations (both 96%).

Figure 62 – Responsibilities by employment status
Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Patient consultations	96%	96%	90%	96%	98%
Business ownership/directorship	66%	61%	18%	96%	19%
Health and safety at work	63%	60%	20%	84%	33%
Accounting/finance	62%	65%	25%	78%	29%
Risk management	62%	58%	20%	82%	32%
Any other clinical work	59%	56%	53%	62%	61%
Education, training, mentoring, and tutoring	43%	30%	30%	62%	25%
Research, innovation, audit, and quality improvement	37%	32%	15%	53%	10%
Supervising or managing the work of other (non-chiropractor) employees	33%	14%	25%	57%	16%
Supervising or managing the work of other chiropractors	23%	6%	18%	42%	11%
Other	6%	4%	10%	7%	4%
Base	*867*	*341*	*40*	*399*	*160*

Figure 63 shows the differences in responsibilities between those who practised by themselves in at least one job and those who practised with others in at least one job. As shown, those who practised alone were more likely than those who practised with others to list the following responsibilities: business ownership or directorship (72% compared with 60%), health and safety at work (71% compared with 58%), accounting and finance (72% compared with 57%), and risk management (67% compared with 58%). Those who worked with others were more likely to list: education, training, mentoring and tutoring (45% compared with 37%), supervising or managing the work of other non-chiropractor employees (38% compared with 21%) and supervising or managing the work of other chiropractors (31% compared with 6%).

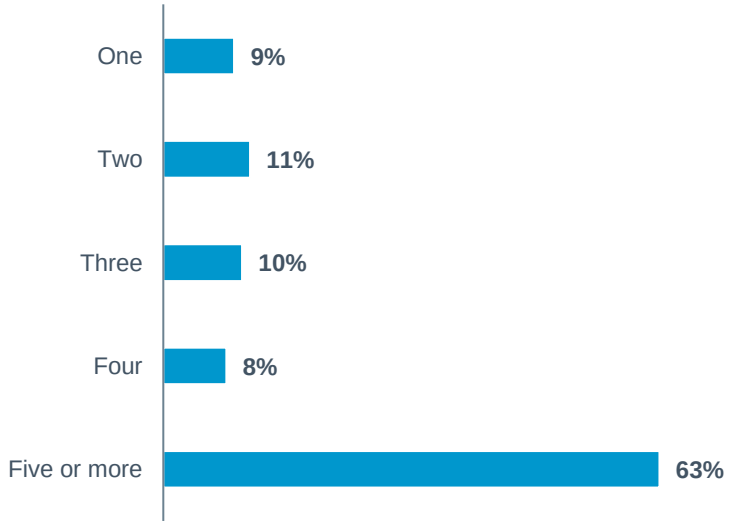
Figure 63 – Responsibilities by work with others
Base: Those working in clinical chiropractic practice (867)

Responsibility	Overall	Alone in at least one job	With others in at least one job
Patient consultations	96%	96%	96%
Business ownership/directorship	66%	72%	60%
Health and safety at work	63%	71%	58%
Accounting/finance	62%	72%	57%
Risk management	62%	67%	58%
Any other clinical work	59%	62%	57%
Education, training, mentoring, and tutoring	43%	37%	45%
Research, innovation, audit, and quality improvement	37%	40%	34%
Supervising or managing the work of other (non-chiropractor) employees	33%	21%	38%
Supervising or managing the work of other chiropractors	23%	6%	31%
Other	6%	4%	6%
Base	*867*	*392*	*635*

Overall, 6% of respondents said they had an 'other' responsibility that was not listed. The most common response was marketing, advertising, communications or social media, followed by cleaning and maintenance.

As shown in **Figure 64**, 63% of registrants selected five or more responsibilities. A further 8% selected four, 10% three, 11% two and 9% only one.

Figure 64 – Number of responsibilities
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 65**, those who qualified in 2011 or after were less likely to have five or more responsibilities (43%) than those who qualified earlier (67% to 76%).

Figure 65 – Number of responsibilities by year of qualification
Base: Those working in clinical chiropractic practice (867)

Number of responsibilities	Overall	1990 or before	1991-2005	2006-2010	2011 or after
One	9%	9%	5%	10%	12%
Two	11%	3%	5%	7%	24%
Three	10%	6%	8%	10%	13%
Four	8%	6%	10%	5%	9%
Five or more	63%	76%	72%	67%	43%
Base	*867*	*108*	*355*	*149*	*255*

As shown in **Figure 66**, those who worked part-time were more likely to select only one responsibility (11%) than those working full-time (7%), while the latter were more likely to choose five or more responsibilities (67% compared with 57%).

Figure 66 – Number of responsibilities by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Number of responsibilities	Overall	Full-time	Part-time
One	9%	7%	11%
Two	11%	9%	13%
Three	10%	9%	11%
Four	8%	8%	8%
Five or more	63%	67%	57%
Base	*867*	*515*	*352*

By employment status, clinic directors and owners were less likely to only select one responsibility (1%) than the other groups (12% to 20%) and more likely to report five or more (88% compared with 20% to 57%). Sole traders were also more likely to choose five or more responsibilities (57%) than employed associates (20%) and contractors (29%). This is shown in **Figure 67**.

Figure 67 – Number of responsibilities by employment status
Base: Those working in clinical chiropractic practice (867)

Number of responsibilities	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
One	9%	12%	20%	1%	17%
Two	11%	10%	35%	1%	26%
Three	10%	11%	15%	4%	18%
Four	8%	10%	10%	6%	10%
Five or more	63%	57%	20%	88%	29%
Base	*867*	*341*	*40*	*399*	*160*

As shown in **Figure 68**, those who worked by themselves in at least one job were more likely to select five or more responsibilities (68%) than those who worked with others (59%).

Figure 68 – Number of responsibilities by work with others
Base: Those working in clinical chiropractic practice (867)

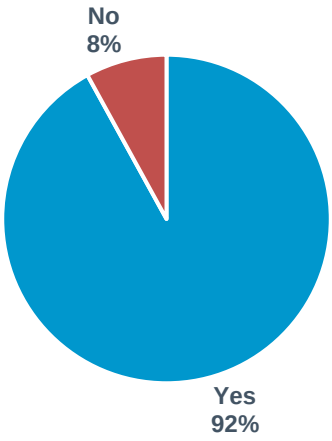
Number of responsibilities	Overall	Alone in at least one job	With others in at least one job
One	9%	7%	10%
Two	11%	6%	13%
Three	10%	10%	11%
Four	8%	9%	8%
Five or more	63%	68%	59%
Base	*867*	*392*	*635*

3.7 COVID-19 pandemic

Survey findings

Registrants were asked whether the COVID-19 pandemic had changed the nature of their work. As shown in **Figure 69**, nine in ten (92%) said it had changed the nature of their work and 8% said it had not.

Figure 69 – COVID-19 pandemic changed nature of practice
Base: Those working in clinical chiropractic practice (867)



By employment status, sole traders were more likely to say the pandemic had changed the nature of their work (95%) than contractors (89%). Amongst employed associates, 13% said the pandemic had not changed the nature of their work, but the difference with other groups was not significant. This is summarised in **Figure 70**.

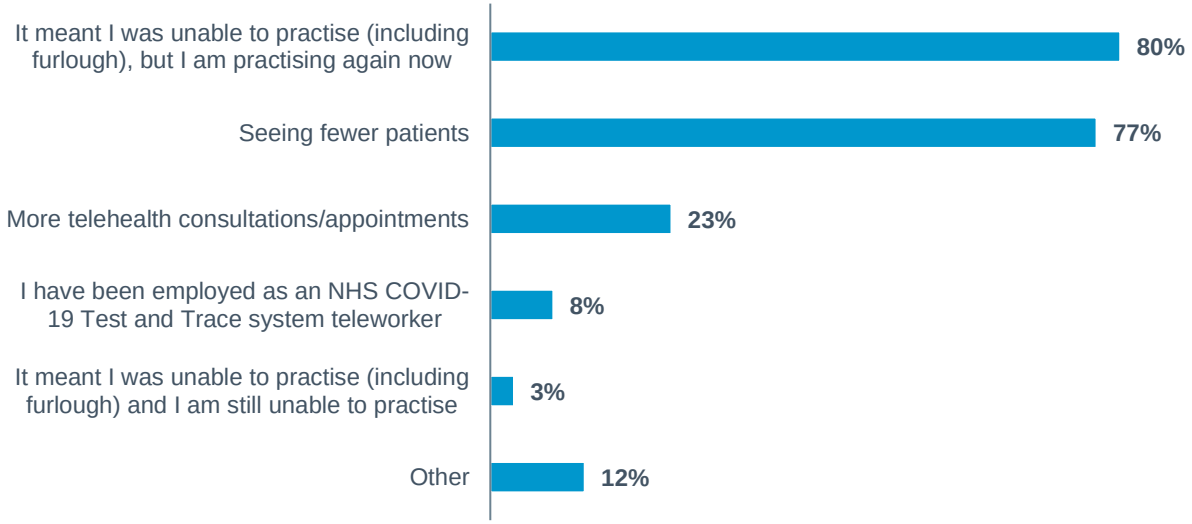
Figure 70 – COVID-19 pandemic changed nature of practice by employment status
Base: Those working in clinical chiropractic practice (867)

Practice changed	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Yes	92%	95%	88%	92%	89%
No	8%	5%	13%	8%	11%

Practice changed	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Base	*867*	*341*	*40*	*399*	*160*

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. As shown in **Figure 71**, 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 and 8% had been employed as NHS COVID-19 Test and Trace system teleworkers. Only 3% said they were still unable to practise.

Figure 71 – How practice has changed
Base: Those who said the nature of their practice had changed due to the pandemic (798)



As shown in **Figure 72**, registrants who qualified in 2011 or after were more likely to have been unable to practise but were seeing patients again (84%), than the other groups (all 78%). Those who had qualified most recently were also less likely to be seeing fewer patients (66% compared with 80% to 83%). Registrants who qualified in 1990 or before and between 2006 and 2010 were more likely to be conducting more telehealth consultations and appointments (31% and 28% respectively) than those who had qualified between 1991 and 2005 (21%), and in 2011 or after (20%).

Figure 72 – How COVID-19 pandemic has changed practice by year of qualification
Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	1990 or before	1991-2005	2006-2010	2011 or after
It meant I was unable to practise (including furlough), but I am practising again now	80%	78%	78%	78%	84%
Seeing fewer patients	77%	83%	82%	80%	66%
More telehealth consultations/ appointments	23%	31%	21%	28%	20%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	1%	7%	9%	11%
I was unable to practise (including furlough) and am still unable to practise	3%	4%	2%	2%	3%
Other	12%	12%	12%	12%	12%
Base	*798*	*104*	*325*	*137*	*232*

As can be seen in **Figure 73**, registrants working in Scotland were less likely to say the pandemic had meant they were unable to practise, but were practising again now (60%), compared to those working in England (82%) and Wales (80%). Those working in Wales were more likely to be undertaking more telehealth appointments or consultations (36%) than those working in England (23%) and Scotland (22%).

Figure 73 – How COVID-19 pandemic has changed practice by work location
Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	England	Scotland	Wales
It meant I was unable to practise (including furlough), but I am practising again now	80%	82%	60%	80%
Seeing fewer patients	77%	77%	78%	77%
More telehealth consultations/ appointments	23%	23%	22%	36%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	7%	11%	11%
I was unable to practise (including furlough) and am still unable to practise	3%	2%	4%	-
Other	12%	12%	20%	9%
Base	*798*	*694*	*55*	*44*

As shown in **Figure 74**, employed associates and contractors more commonly said they had been unable to practise but were able to practice again now (91% and 87%) than sole traders and clinic directors or owners (both 77%). Sole traders and clinic directors or owners, by contrast, were more likely to be conducting more telehealth appointments and consultations (27% and 26% respectively) than employed associates (11%) and contractors (18%). Employed associates were also less likely to say they were seeing fewer patients (57%) than the other groups (73% to 81%).

Figure 74 – How COVID-19 pandemic has changed practice by employment status
Base: Those who said the nature of their practice had changed due to the pandemic (798)

How practice has changed	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
It meant I was unable to practise (including furlough), but I am practising again now	80%	77%	91%	77%	87%
Seeing fewer patients	77%	81%	57%	76%	73%
More telehealth consultations/ appointments	23%	27%	11%	26%	18%
Have been employed as an NHS Covid-19 Test and Trace system teleworker	8%	11%	3%	7%	10%
I was unable to practise (including furlough) and am still unable to practise	3%	5%	3%	2%	1%
Other	12%	10%	14%	17%	4%
Base	*798*	*324*	*35*	*367*	*142*

Registrants who said the pandemic had changed the nature of their work in an ‘other’ way that was not listed were asked to specify how it had changed. The most common responses were having to wear PPE, more cleaning or hygiene measures, new systems and procedures including training, increased costs or reduced income and profits, more administration and paperwork, reduced patient numbers, and longer appointment times, amongst others.

Those who were still unable to practise were asked why this was. The most common reasons were that they were in a vulnerable group (five registrants), lack of childcare (four registrants) and that they were unable to access premises (three registrants).

Depth interview findings

Impact on patient numbers

Some interview participants had experienced a boom in business recently, starting in the summer. It was suggested that this could be because many patients have been working from home during the pandemic and have not had appropriate home working set-ups, which has led to an increase in musculoskeletal problems. It was also suggested that the increase in patient numbers could be due to patients having more available time during the working day to attend appointments.

> *The last six weeks has been the busiest I've ever been in this clinic. It's partly because people are working from home and people have more time. I used to get a lot of demand for my late night appointments but now it's more during the day because people are around more during the day.*

> *We are now busier than ever. It's kind of plateaued a bit but we are allowed to keep working now through this lockdown. It's just stayed as it was really.*

However, a few participants said they had seen a decline in patient numbers, particularly during the second lockdown in England, despite the fact that chiropractors have been able to continue practising as an essential service. These participants felt the decline in patient numbers was because patients' fears of catching the virus meant they did not often leave their homes, because some might be shielding or self-isolating, or because they were not aware that chiropractors were still able to practise during the lockdown. This meant that some practices were struggling financially and were worried about their future.

> *The greatest challenge I think is bringing patients in because I feel they are too scared to come in because of the pandemic.*

> *With COVID there are a lot of people who are unsure about what they can and can't do, so a lot of people are choosing not to come because either they think they can't or because they've been scared into thinking that if they leave their house, they are in some sort of danger.*

> *We are at least a third down on our income on what we'd normally be seeing at this time of year.*

Capacity issues

The majority of interview participants had experienced capacity issues within their practice as, due to the pandemic, they had to allow time between appointments for cleaning and because patients have not been able to wait for their appointments within the building due to social distancing restrictions. This meant that some participants had been seeing fewer patients per day than before the pandemic or had been working longer hours to make up for the shortfall, which had had a negative impact on their finances. It also meant that for some practices, waiting lists for new patients had increased substantially.

> *As of 28th June, when we were allowed to see essential appointments only, we've had obviously additional measures in place to ensure that we are allowing time between appointments for cleaning. Essentially, we've increased the duration of every appointment by a third, meaning a return appointment is now 45 minutes rather than half an hour and a new patient is now an hour and a half. That is fine, but that means there is a third off capacity and therefore a third off turnover. That's probably the biggest challenge.*

It cut my income turnover in half. The number of patients we can see per hour is dramatically down. It takes twice as long to do everything because we need to clean, socially distance and ventilate rooms.

The other problem is that at the start of this year I had a waiting list of about three months for new patients to come and see me because I'm pretty much the only chiropractor for about 20 miles in any direction...The waiting list has now gone to six months. There are a lot of people that we could be helping, but we can't because we just can't fit them in.

Keeping up to date with the latest guidance

Some interview participants felt it was a challenge to keep up to date with the latest guidance regarding operating and providing care during the pandemic. They felt that guidance about how to practise and keep patients safe frequently changed, particularly at the beginning of the pandemic, meaning it had been challenging to be compliant all of the time. Participants listed changes they had made to their practice and clinic to be compliant, which included undertaking risk assessments, ensuring social distancing can be practised within the clinic, changes to hygiene and infection control procedures, and wearing personal protective equipment (PPE).

News is always changing around COVID-19, and while it's very helpful, they also force a degree of uncertainty onto what do we do in a month's time.

Navigating the guidelines with regard to COVID is probably the biggest challenge right now, making sure we are compliant, making sure everyone is safe, keeping up to date. Things have been relatively consistent recently, but in the early stages things were changing a lot, the guidance was changing a lot.

The way we treat hasn't changed too much, but it's more everything else around it. People not coming in until the exact time of their appointment. Having ways in and out. It's more of the flow of the clinic rather than the actual treatments themselves that has changed.

Personal protective equipment (PPE)

Interview participants highlighted large investments their practices had had to make to ensure they are compliant with guidance in regard to wearing PPE, as well as the purchase of cleaning products. Some felt that they and their patients had adapted well to wearing PPE and the challenges it presents, particularly in relation to communication. Others mentioned issues with wearing PPE, such as plastic aprons they had to wear and how they felt they did not offer adequate protection or that they caused health and safety issues. These participants felt that the guidance on having to wear the aprons should be changed.

The PPE changes are quite minor. You need to wear gloves and mask obviously and we can adapt to them quite quickly, but it comes at a cost.

In the month of June my VISA bill for the office came in and it was £1,500. Not a penny of that was spent on anything other than cleaning materials, PPE and a screen for reception. And in that month, I earnt nothing, literally zero, but I had to pay £1,500 to cover all that stuff just so that we could reopen when we were going to be allowed to. And at that time, PPE had gone through the roof in cost as well.

I was going to put up an incident because using the PPE has caused a number of incidents where the plastic aprons have caused slippage. There was one gentleman when doing a manoeuvre, I slipped, and it would have probably felt like a bit of a kidney punch to him. He was okay. It was a near miss and being PPE, it's meant to be for our safety.

Telehealth appointments

A few interview participants said they had been offering telehealth appointments to patients and some had also been offering patients advice on the telephone or by email, without charging for it. There was a general consensus amongst participants that telehealth appointments could only be used to go

through case history or to provide advice, and that it was not feasible to diagnose or treat patients in this way. Some also found that there was no patient demand for telehealth appointments, but if there was, they would offer them.

> *I think initially some of my colleagues did in the first lockdown. I haven't myself [done any]. I think I would if a patient asked for it, but we haven't really had the demand yet.*

> *Telehealth is just ridiculous. We are a 'hands on' profession. Whilst I could do a case history, I can't examine someone over a computer. Also, the whole telehealth thing distorts the patient. I was amazed at how many times I did a case history over the computer and when a patient comes in, I have a totally different perspective of them and their problem. I didn't think it was a particularly helpful tool.*

> *We speak to people on the phone, but we don't charge them for it. We never have done. It's not replacing 'hands on', which is what we need to do.*

GCC communication and support throughout the pandemic

Interview participants generally felt that they had not heard much from the GCC during the pandemic about support for registrants or guidance about how they could keep themselves and their patients safe. Some had seen communication from the GCC, but they felt it had been vague or already out of date due to the quickly evolving situation. A few participants also said they or colleagues had emailed the GCC with queries or for guidance but were disappointed to have not received a response. However, participants praised the support and guidance they had received from professional associations, who they felt had provided the right information at the right time to guide them through the pandemic and to help them keep patients safe.

> *During the pandemic, they haven't been great. They've [the GCC] left it up to the associations and they are not the regulator, they are the associations. From my point of view, the GCC did nothing. The GCC would just send an email as late as possible. It was so vague, it was almost pointless. They didn't take any decisions on anything like whether we had to stop work or carry on or what PPE to wear. It's all been up to the associations, who have done a good job. The GCC have just sat back and really not done anything.*

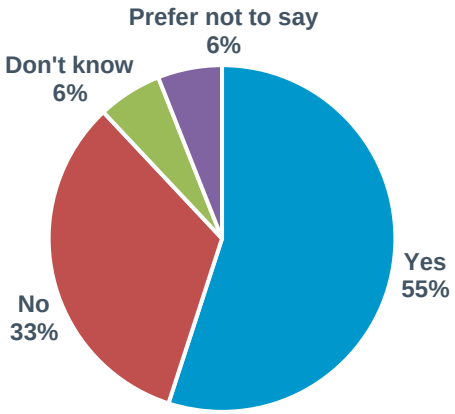
> *I left a voicemail message with a guy at the GCC to do with COVID. We had an issue about somebody coming into contact with someone who tested positive and had to self-isolate and we needed some advice. I left my mobile number, my email, no one came back to me. Whereas the BCA get back to you immediately. They got back to me within about an hour. That's the difference.*

3.8 Performance monitoring

Survey findings

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. This is shown in **Figure 75**.

Figure 75 – Performance monitored at clinic
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 76**, those working full-time were more likely to say that performance was monitored in at least one clinical practice they worked in (59%) than those who worked part-time (49%).

Figure 76 – Performance monitored at clinic by full or part-time working
Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Full-time	Part-time
Yes	55%	59%	49%
No	33%	29%	37%
Don't know	6%	6%	7%
Prefer not to say	6%	6%	7%
Base	*867*	*515*	*352*

As shown in **Figure 77**, sole traders less commonly said performance was monitored at one of their clinics (41%) than employed associates (75%), clinic directors and owners (60%), and contractors (64%).

Figure 77 – Performance monitored at clinic by employment status
Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Yes	55%	41%	75%	60%	64%
No	33%	44%	10%	31%	18%
Don't know	6%	7%	13%	3%	16%
Prefer not to say	6%	8%	3%	6%	3%
Base	*867*	*341*	*40*	*399*	*160*

Six in ten (59%) of those who worked with others in at least one of their jobs said that performance was monitored, which was higher than those who worked alone in at least one job (46%). This is shown in **Figure 78**.

Figure 78 – Performance monitored at clinic by work with others
Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Alone in at least one job	With others in at least one job
Yes	55%	46%	59%
No	33%	43%	28%
Don't know	6%	4%	8%
Prefer not to say	6%	7%	6%
Base	*867*	*392*	*635*

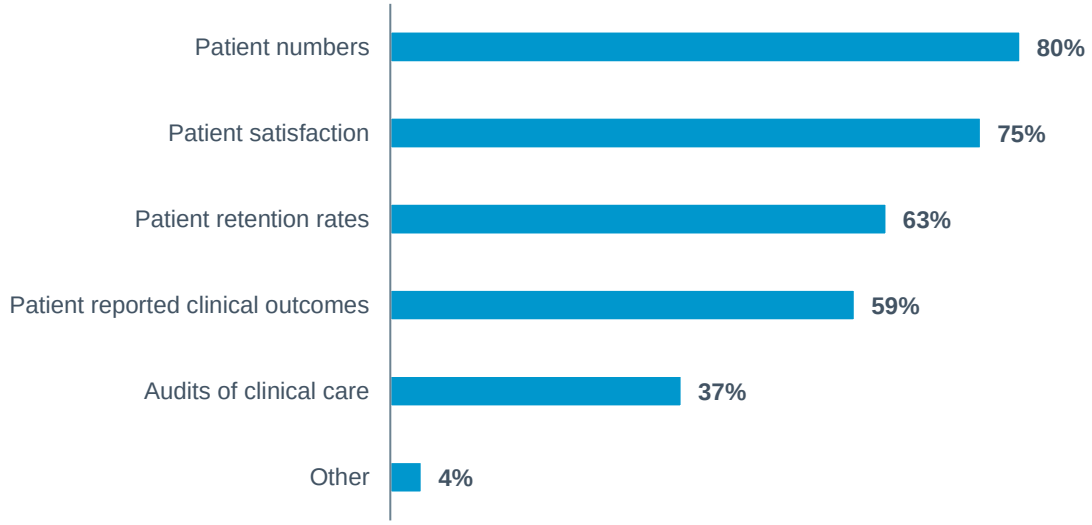
Registrants who worked in a practice that was a part of a group of chiropractic clinics or was part of a group of health clinics were more likely to say performance was monitored (70% and 73% respectively) than those who did not work in either (51%), as shown in **Figure 79**.

Figure 79 – Performance monitored at clinic by clinical practice type
Base: Those working in clinical chiropractic practice (867)

Performance monitored	Overall	Part of group of chiropractic clinics	Part of group health clinics	Neither
Yes	55%	70%	73%	51%
No	33%	15%	14%	37%
Don't know	6%	10%	6%	6%
Prefer not to say	6%	5%	6%	6%
Base	*867*	*137*	*49*	*693*

Registrants who said that performance was monitored were asked to identify what is monitored, choosing as many as applied from a list. As shown in **Figure 80**, patient numbers were most commonly monitored (80%), followed by patient satisfaction (75%). Patient retention rates were monitored amongst 63% of these registrants and patient reported clinical outcomes by 59%. Just over a third (37%) said that there were audits of clinical care.

Figure 80 – What is monitored
Base: Those who said performance was monitored in at least one clinic they work in (476)



There were a few differences seen between those working in England and those working in Scotland, as shown in **Figure 81**. Registrants in England were more likely to say that patient numbers were monitored (81% compared to 65%) and patient retention rates (65% compared with 47%). On the other hand, patient satisfaction was monitored by a larger proportion in Scotland (85%) than in England (74%), although this difference was not significant.

Figure 81 – What is monitored by work location
Base: Those who said performance was monitored in at least one clinic they work in (476)

What is monitored	Overall	England	Scotland	Wales
Patient numbers	80%	81%	65%	***
Patient satisfaction	75%	74%	85%	***
Patient retention rates	63%	65%	47%	***
Patient reported clinical outcomes	59%	59%	59%	***
Audits of clinical care	37%	37%	44%	***
Other	4%	3%	9%	***
Base	*476*	*416*	*34*	*22*

As shown in **Figure 82**, 87% of employed associates said patient retention rates were monitored, as did 69% of clinic directors and owners and 59% of contractors. By contrast, less than half (47%) of sole traders said patient retention rates were monitored. Clinic directors and owners were more likely to say that there were audits of clinical care (45%) than sole traders (28%) and contractors (30%).

Figure 82 – What is monitored by employment status
Base: Those who said performance was monitored in at least one clinic they work in (476)

What is monitored	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Patient numbers	80%	78%	87%	83%	75%
Patient satisfaction	75%	68%	73%	77%	77%
Patient retention rates	63%	47%	87%	69%	59%
Patient reported clinical outcomes	59%	56%	47%	64%	58%
Audits of clinical care	37%	28%	37%	45%	30%
Other	4%	2%	7%	3%	4%
Base	*476*	*139*	*30*	*238*	*103*

Depth interview findings

Patient evaluations and clinical outcomes

One of the most frequently mentioned ways of measuring performance in clinics amongst interview participants was evaluating patients' clinical progress, usually at regular intervals during a treatment course or plan. This often involved collecting information on patient reported outcomes. Some said they used software to collect the information and undertake the evaluations, with some systems sending out push notifications to patients to provide their feedback on their outcomes digitally, whereas others evaluated patients themselves visually and through verbal communication. The information was then used to tailor patients' treatment accordingly.

> *We use a patient specific functional scale as a patient reported outcome measure. For each new patient we ask them, on a scale of one to ten, how easy they find putting their socks on or getting out of bed in the morning, whatever it is related to that problem. We identify those at*

their initial consultation, and we ask them about improvement over time. That's a validated outcome measure.

We use Care Response to monitor the performance of clinics. All of our patients fill out an initial questionnaire and then they get a follow-up email two weeks later, then four weeks later and then three months, and the patient rates what you've done. Then you can look at your statistics.

I monitor my own patients' progress in bending forwards.

Patient satisfaction feedback

A few interview participants said that their clinics routinely gathered patient satisfaction feedback and it was used to continually improve services. However, this was not widespread. A few spoke of the challenge of gathering patient feedback within a multi-disciplinary clinic, where different healthcare professionals would want to gather patient feedback in different ways.

It's all about patient satisfaction. We have quite a few questionnaires that we ask patients to fill out at certain stages and track how satisfied they are, whether they would recommend to friends and family. Things like that. That's how we judge how we are doing.

We don't currently gather patient feedback. We talk about it a lot and if we did, how we would do it, but we haven't quite got there yet. That's probably one of the challenges in a multi-disciplinary clinic, that physios would do it one way and we would another.

Patient numbers, patient retention and financial targets

Some interview participants mentioned other ways of assessing how their clinic or associates were performing, such as monitoring the number of new patients in a set period, the patient retention rate and progress against financial targets, with a few using software to evaluate data related to these. However, these were not measured in every participant's clinic and, where they were, they were often not stringent targets in place.

I will look at trends and patient numbers. I will look at how many visits per patient. As long as I see a positive trend, I don't want to micromanage the other chiropractor.

The practitioners do get set a financial target, but it's not really rigorously followed up. It's more a guideline for how busy you should be, rather than how much money you are bringing in. It's not really about money, it's more about how busy you are in your diary.

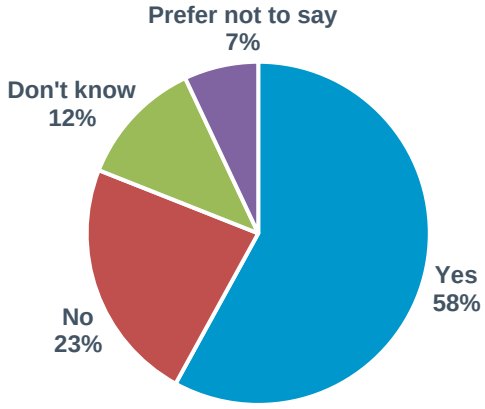
Our online booking system does allow you to see how much money somebody is bringing in, the number of patient visits they get but it's not something I really look at, to be honest. If somebody can consistently fill their diary, then I don't think you really need performance monitoring.

3.9 Patient safety and concerns

Survey findings

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. This is shown in **Figure 83**.

Figure 83 – Patient safety incident reporting system
Base: Those working in clinical chiropractic practice (867)



By year of qualification, those who qualified earlier were more likely to say that there was a patient safety incident reporting system at one of their workplaces, than those who had qualified more recently. For example, 72% of those who qualified in 1990 or before said there was a system in place, whereas only 47% of those who qualified in 2011 or after said there was. Those who qualified most recently were also most likely to not know (25%) compared with the other groups (5% to 10%). This is shown in **Figure 84**.

Figure 84 – Patient safety incident reporting system by year of qualification
Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Yes	58%	72%	62%	58%	47%
No	23%	16%	26%	26%	20%
Don’t know	12%	5%	5%	10%	25%
Prefer not to say	7%	7%	7%	6%	7%
Base	*867*	*108*	*355*	*149*	*255*

As shown in **Figure 85**, 64% of clinic directors and owners said there was a system, which was higher than other groups (53% to 56%).

Figure 85 – Patient safety incident reporting system by employment status
Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Yes	58%	53%	53%	64%	56%
No	23%	27%	10%	24%	15%
Don’t know	12%	11%	35%	5%	26%

Patient safety incident reporting system	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Prefer not to say	7%	9%	3%	8%	3%
Base	*867*	*341*	*40*	*399*	*160*

Registrants who worked at two or more clinical sites were more likely to say there was a patient safety incident reporting system at one of their workplaces (65%) than those who worked at one site only (55%), as shown in **Figure 86**.

Figure 86 – Patient safety incident reporting system by number of clinical sites worked at
Base: Those working in clinical chiropractic practice (867)

Patient safety incident reporting system	Overall	One site	Two or more sites
Yes	58%	55%	65%
No	23%	26%	16%
Don't know	12%	11%	15%
Prefer not to say	7%	9%	4%
Base	*867*	*601*	*266*

Registrants working in clinical practice were asked how comfortable they would feel with raising a patient safety concern with their employer(s). **Figure 87** shows comfort with raising concerns amongst those for whom the question was applicable, where the overwhelming majority (96%) said they would feel comfortable.

Figure 87 – Comfort with raising a patient concern with employer(s)
Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

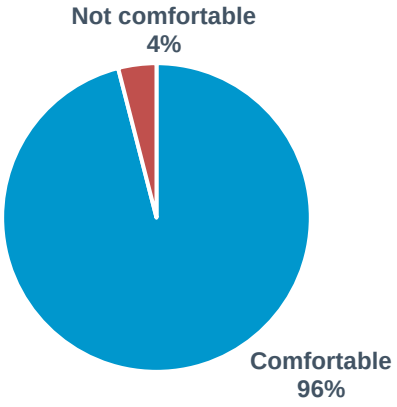


Figure 88 shows feelings of comfort with raising concerns by year of qualification. As can be seen, a larger proportion of those who qualified in 2011 or after said they would not feel comfortable with raising a concern (7%) than the other groups (2% to 4%), although this difference was not significant.

Figure 88 – Comfort with raising a patient concern with employer(s) by year of qualification
Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Comfortable	96%	96%	97%	98%	93%
Not comfortable	4%	4%	3%	2%	7%

Comfort with raising a patient safety concern	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Base	*597*	*73*	*215*	*101*	*208*

As shown in **Figure 89**, clinic directors and owners were more likely to feel comfortable with raising concerns (99%) than other groups (90% to 99%). One in ten (10%) employed associates would not feel comfortable. By contrast, only 1% of clinic directors and owners would not feel comfortable.

Figure 89 – Comfort with raising a patient concern with employer(s) by employment status
Base: Those working in clinical chiropractic practice and for whom the question was applicable (597)

Comfort with raising a patient safety concern	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Comfortable	96%	93%	90%	99%	95%
Not comfortable	4%	7%	10%	1%	5%
Base	*597*	*195*	*39*	*263*	*152*

Depth interview findings

Amongst interview participants, as seen in the survey, some said there were patient safety reporting systems in their workplaces. This ranged from usage of a profession-based system, the Chiropractic Patient Incident Reporting and Learning System (CPiRLS) through the Royal College of Chiropractors, to clinical systems, accident and incident books, and patient complaint procedures.

> *We do the standard reporting. If a patient has any concerns, there are posters on the wall. There are leaflets we can hand them if they want one, which is just basically a sheet of paper. We have a complaints procedure in place. Patients are encouraged to first discuss any complaint they have with the chiropractor who treated them. They can speak to the clinic staff if they wish. And they then are guided towards making a written complaint if they wish. We have so few complaints, that I can't remember the last one.*

> *We have an incident book for any kind of workplace incidents, or any customer-based incidents involving the practice.*

> *We use CPiRLS. We have a patient reporting system that we would use to report near misses or accidents.*

However, there were other participants who said that there was no system in place and, instead, near misses and incidents were dealt with if and when they arose, as the practitioner or clinic director or owner saw fit.

> *I don't have a system in place. It's something that I would deal with, in whatever way I had to deal with when it came up.*

Those who did have a system in place in their clinic mostly said that incidents and near misses were discussed with colleagues in some way, usually at team meetings, to see what can be learnt from them to prevent them from happening again. A few participants also said that they and colleagues regularly checked the CPiRLS system to see what could be learnt from incidents and near misses reported by other chiropractors in the profession and a few also regularly looked at recent GCC fitness to practise data to see what they could learn.

> *We have practice meetings monthly. Any problems we have are reported to me because I am the boss and we genuinely haven't had a problem for years and years and years.*

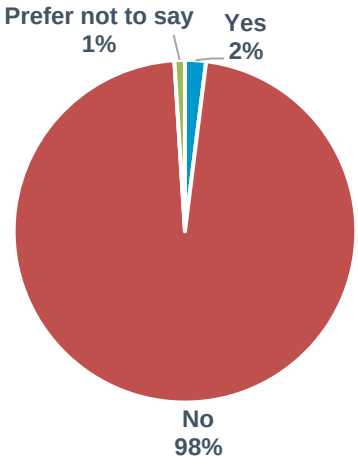
We had a regional CPD meeting group that met every quarter or so. One of things that we go through as a group is to look at the recent CPiRLS, we look at recent complaints procedures that have gone through the GCC, how we can improve.

3.10 NHS work

Survey findings

Registrants working in clinical practice were asked if they received fee income from the NHS or from patients funded by the NHS. As shown in **Figure 90**, the overwhelming majority said they did not (98%).

Figure 90 – NHS work
Base: Those working in clinical chiropractic practice (867)



As shown in **Figure 91**, registrants who qualified in 1990 or before were more likely to receive fee from the NHS or from NHS funded patients (6%) than those who had qualified more recently (none to 2%).

Figure 91 – NHS work by year of qualification
Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Yes	2%	6%	2%	-	1%
No	98%	94%	97%	100%	98%
Prefer not to say	1%	-	1%	-	1%
Base	*867*	*108*	*355*	*149*	*255*

Registrants who worked at two or more clinical sites more commonly received fee income from the NHS or NHS funded patients (4%) than those who worked at only one clinical site (1%), as shown in **Figure 92**.

Figure 92 – NHS work by number of clinical sites worked at
Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	One site	Two or more sites
Yes	2%	1%	4%
No	98%	99%	95%
Prefer not to say	1%	1%	1%
Base	*867*	*601*	*266*

One in ten registrants (10%) who worked in a clinic that was part of a group of health clinics received fee from the NHS or NHS funded patients, higher than those who worked in a clinic that was part of a group of chiropractic clinics (4%) and those who did not work in either (1%), as shown in **Figure 93**.

Figure 93 – NHS work by clinical practice type
Base: Those working in clinical chiropractic practice (867)

NHS work	Overall	Part of group of chiropractic clinics	Part of group health clinics	Neither
Yes	2%	4%	10%	1%
No	98%	96%	88%	98%
Prefer not to say	1%	1%	2%	1%
Base	*867*	*137*	*49*	*693*

Registrants who received fee income from the NHS or from patients funded by the NHS were asked to specify their role where they received this income. Out of these 15 registrants, 11 (73%) said it was in a chiropractic care role and two (13%) said it was as a First Contact Practitioner.

These registrants were also asked what percentage of their fee income they received from the NHS or from patients funded by the NHS. Seven registrants (47%) said it was 5% or less.

Registrants who said they did not do any work for the NHS or did not do 100% of their work with the NHS were asked why they did not do any or more, and were able to select as many reasons as applied from a list. As shown in **Figure 94**, the most common reason cited was not being aware of any opportunities to do so (58%). A quarter (26%) said there were limited opportunities and the same proportion (26%) felt they did enough already. Just under a quarter (23%) said they did not have the necessary training or understanding of NHS service provision and a similar proportion (22%) felt it was not worth it financially.

Figure 94 – Reasons for not doing any or more NHS work
Base: Those who did not receive any fee or 100% of their income from NHS or NHS funded patients (859)

As shown in the figure, 12% provided an 'other' reason. The most common response was that there was a lack of autonomy or too many restrictions when working in the NHS, there were no contracts available or chiropractic care was not approved by a CCG, and that there was a lack of respect for or understanding of chiropractic care in the NHS.

As shown in **Figure 95**, registrants were more likely to say that they were not aware of any opportunities the more recently they had qualified, with 68% of those who qualified in 2011 or after saying this, compared with 41% of those who qualified in 1990 or before. By contrast, those who had been qualified the longest more commonly felt they did enough already, including 32% of those who qualified in 1990 or before and 28% of those who qualified between 1991 and 2005. In comparison, 19% of those who had qualified in 2011 or after gave this response.

Figure 95 – Reason for not doing any or more NHS work by year of qualification
Base: Those who did not receive any fee or 100% of their income from NHS or NHS funded patients (859)

Reason for not doing any or more NHS work	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Not aware of any opportunities to do so	58%	41%	55%	59%	68%
There are limited opportunities to do so	26%	25%	25%	32%	25%
I feel I do enough already	26%	32%	28%	26%	19%
Don't have necessary training or understanding of NHS service provision	23%	19%	23%	24%	24%
It's not worth it financially	22%	21%	20%	28%	21%
Don't have the resources	11%	7%	12%	17%	8%
Patient expectations	11%	7%	10%	15%	12%
Don't know	2%	-	1%	-	4%
Other	12%	25%	14%	8%	7%
Base	*859*	*107*	*352*	*149*	*251*

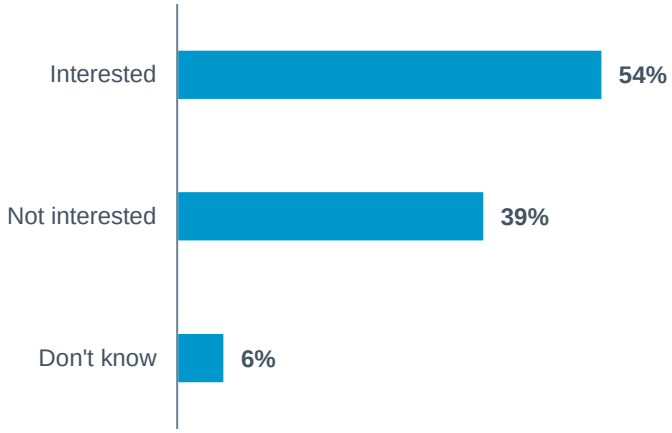
By work location, registrants in Wales were more likely to say that they were not aware of any opportunities (78%) than those living in England (57%), as shown in **Figure 96**.

Figure 96 – Reason for not doing any or more NHS work by work location
Base: Those who did not receive any fee or 100% of their income from NHS or NHS funded patients (859)

Reason for not doing any or more NHS work	Overall	England	Scotland	Wales
Not aware of any opportunities to do so	58%	57%	63%	78%
There are limited opportunities to do so	26%	27%	28%	20%
I feel I do enough already	26%	26%	23%	27%
Don't have necessary training or understanding of NHS service provision	23%	23%	21%	27%
It's not worth it financially	22%	23%	19%	10%
Don't have the resources	11%	12%	9%	6%
Patient expectations	11%	11%	9%	6%
Don't know	2%	2%	4%	-
Other	12%	12%	14%	14%
Base	*859*	*749*	*57*	*49*

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. As shown in **Figure 97**, just over half (54%) said they would be interested and four in ten (39%) were not.

Figure 97 – Interest in working for the NHS
Base: Those who did not receive fee from NHS or NHS funded patients (846)



As shown in **Figure 98**, interest in working for the NHS increases the more recently registrants have qualified, from 40% of those who qualified in 1990 or before to 61% of those who qualified in 2011 or after.

Figure 98 – Interest in working for the NHS by year of qualification
Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Interested	54%	40%	54%	54%	61%
Not interested	39%	56%	40%	40%	31%
Don't know	6%	4%	6%	6%	8%
Base	*846*	*102*	*345*	*149*	*250*

By location, those working in Yorkshire and the Humber and in Wales were most likely to be interested in working for the NHS (70% and 65% respectively). By comparison, 46% were interested in the East of England, which was the lowest by area, and 47% in that area were not interested. This is shown in **Figure 99**.

Figure 99 – Interest in working for the NHS by work location
Base: Those who did not receive fee from NHS or NHS funded patients (846)

Location	Interested	Not interested	Don't know	*Base*
England overall	54%	40%	6%	*739*
East Midlands	62%	33%	5%	*58*
East of England	46%	47%	7%	*57*
Greater London/City of London	62%	32%	7%	*73*
North East England	60%	27%	13%	*15*
North West England	59%	35%	7%	*46*
South East England	50%	44%	6%	*219*
South West England	52%	40%	7%	*201*
West Midlands	54%	44%	2%	*57*
Yorkshire and the Humber	70%	27%	3%	*37*
Scotland	55%	42%	4%	*55*
Wales	65%	29%	6%	*49*
Northern Ireland	***	***	***	*8*
Other	***	***	***	*4*
Overall	54%	39%	6%	*846*

By employment status, clinic directors and owners were less likely to be interested in working for the NHS (51%) compared with other groups (58-66%). Employed associates were most likely to be interested (66%). **Figure 100** summarises interest in working in the NHS by employment status.

Figure 100 – Interest in working for the NHS by employment status
Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	Sole trader	Employed associate	Clinic director/ owner	Contractor
Interested	54%	58%	66%	51%	58%
Not interested	39%	35%	32%	45%	33%
Don't know	6%	7%	3%	4%	9%
Base	*846*	*333*	*38*	*392*	*152*

Figure 101 summarises interest in working for the NHS between those who worked at only one clinical site and those who worked at two or more. As can be seen, those working at two or more sites were more likely to say that they were interested (66%) than those working at one site (49%).

Figure 101 – Interest in working for the NHS by number of clinical sites worked at
Base: Those who did not receive fee from NHS or NHS funded patients (846)

Interest in working for NHS	Overall	One site	Two or more sites
Interested	54%	49%	66%
Not interested	39%	44%	29%
Don't know	6%	7%	5%
Base	*846*	*593*	*253*

Depth interview findings

Interest in working for the NHS

In line with the survey findings, most interview participants had not undertaken any NHS work. Some were interested in doing so, but mentioned that opportunities were limited in the area in which they worked, and some felt that their local NHS authorities would not consider providing chiropractic services on the NHS to patients.

> *I would be more than happy to work within an NHS role.*

> *I'd be happy to [do NHS work], but there are no opportunities for us at the moment.*

> *We've never been accepted by mainstream medicine and we've been told politically that we will never be accepted within the NHS, as at the minute the NHS is trying to lose services, not gain more services. And although it is quite possible that we that we could save the NHS money, there are so many other things that you have to look at.*

Barriers to working with or in the NHS

One participant had tried to offer services to the NHS, but this had been unsuccessful. They suggested this could be because of negative attitudes of healthcare professionals towards the profession.

> *I tried to offer a percentage of my practice to the NHS a few years ago. I contacted the local NHS Trust. They asked for some research. I sent them 18 pages of published research on the effectiveness of chiropractic and they didn't bother responding. I've given up on trying.*

A culture difference between the way healthcare professionals work in the NHS and how chiropractors work was highlighted by some participants. They felt that the NHS was process driven and working

within the NHS would constrain and limit their scope of practice, with physiotherapy being mentioned as an example. For this reason, some participants explained that they would not want to do NHS work, whereas others were open to seeing NHS funded patients, as long as their scope of practice was not constrained or limited.

> *The NHS in summary is process focused. Chiropractors like to believe they are patient focused and try to gear up their working methods around that, so it [NHS work] would be asking you to change your working methods, and I actually think your ethical outlook as well, because you'd be going for volume and giving up on quality.*

> *What I wouldn't want to see is what has happened with so much of physiotherapy in the UK, whereby under the NHS it is almost entirely just exercise prescription and that's that. It would be a backwards step for me to become restricted in how I can practice.*

> *I think I would [do NHS work], but not as an NHS employee. I would want to remain independent as someone they refer to.*

Another barrier to working in the NHS or seeing NHS funded patients was the financial renumeration. Many participants said they would not want to do any NHS work, as they thought they received better financial compensation from seeing patients privately and had established patient and client bases. Some also knew of colleagues who worked in the NHS that were not satisfied with how much they are paid or the working culture and felt there was no incentive to work within the NHS.

> *In the past 30 odd years, my clinics have been so busy that I couldn't consider working for anyone else.*

> *I think on the whole the NHS is not a happy place. I know plenty of NHS workers who aren't particularly happy working in the NHS. Why on earth would a chiropractor who is capable of running a busy practice for themselves actually want to volunteer to work for the NHS?*

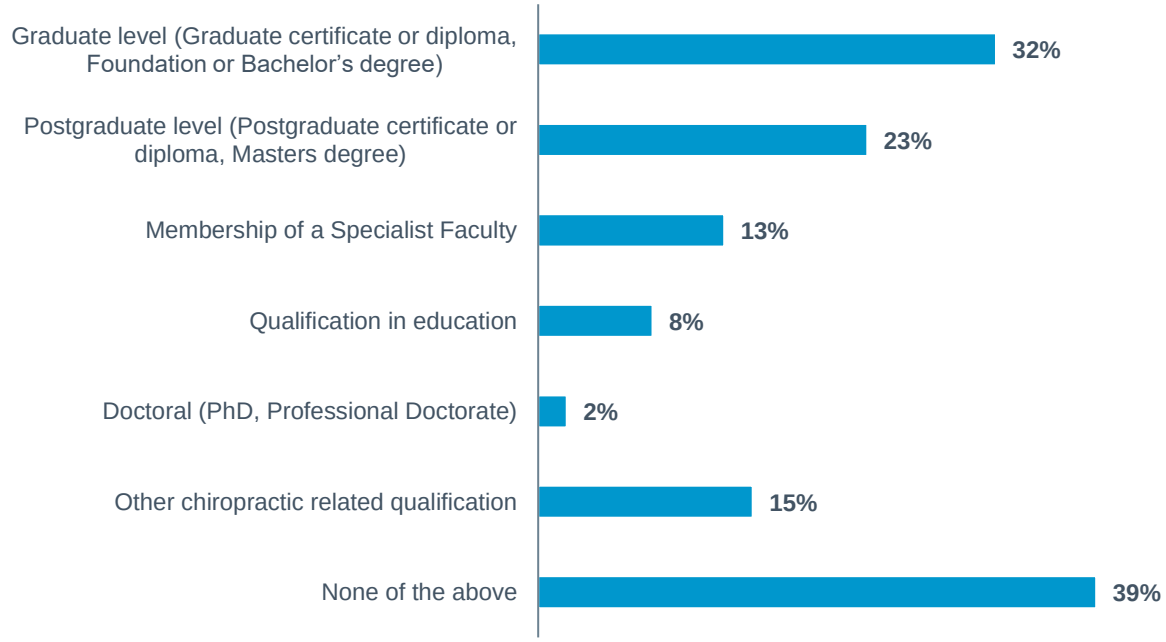
4. Additional Qualifications

4.1 Additional qualifications

Survey findings

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. As shown in **Figure 102**, the most common were graduate level qualifications (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 102 – Additional qualifications
Base: All respondents (968)



As shown in **Figure 103**, there were a few differences seen in additional qualifications between those who had qualified most recently and other registrants. Those who had qualified in 2011 or after were less likely than other groups to have a graduate level qualification (27% compared with 29% to 37%) and a postgraduate level qualification (15% compared with 25% to 31%). They were also more likely to not have any additional qualifications (51% compared with 28% to 36%). Registrants who qualified in 1990 or before were more likely to have membership of a Specialist Faculty than other groups (27% compared with 9% to 12%).

Figure 103 – Additional qualifications by year of qualification
Base: All respondents (968)

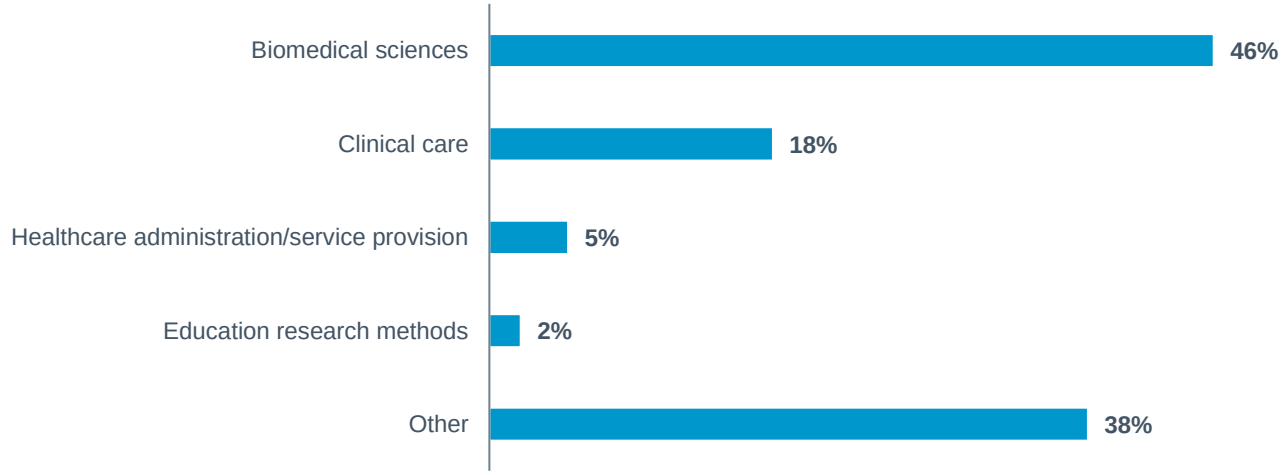
Additional qualifications	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Graduate level	32%	29%	34%	37%	27%
Postgraduate level	23%	31%	25%	28%	15%
Membership of a Specialist Faculty	13%	27%	12%	11%	9%
Qualification in education	8%	9%	8%	9%	6%
Doctoral	2%	6%	3%	1%	0%
Other chiropractic related qualification	15%	23%	19%	14%	9%

Additional qualifications	Overall	1990 or before	1991-2005	2006-2010	2011 or after
None of the above	39%	28%	34%	36%	51%
Base	*968*	*124*	*393*	*169*	*282*

Overall, 15% of registrants said they had other chiropractic related qualifications. This was most commonly ICSSD, ICCSP, ICSC, CCSP and other sports related qualifications, followed by animal and veterinary qualifications.

As seen previously, 32% said they had graduate level qualifications. These registrants were asked to identify the discipline of their qualification. As shown in **Figure 104**, this was most commonly in biomedical sciences (46%).

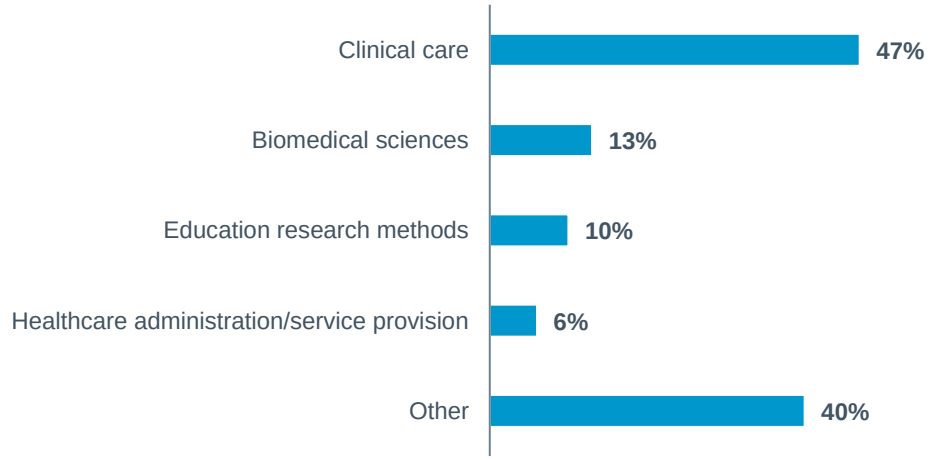
Figure 104 – Graduate level qualifications
Base: Those who had a graduate level qualification (311)



Almost four in ten (38%) said their graduate level qualification was in something else. This was most commonly in science or applied science, followed by business management or administration, and art and humanities qualifications.

As seen previously, 23% of registrants had postgraduate level qualifications. As shown in **Figure 105**, just under half of these (47%) were in clinical care.

Figure 105 – Postgraduate level qualifications
Base: Those who had a postgraduate level qualification (225)

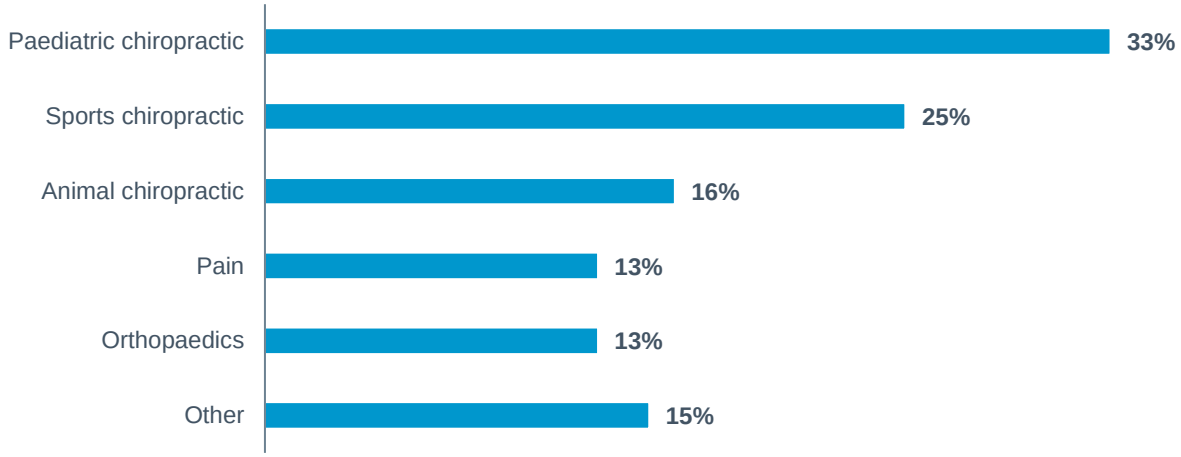


As seen, 40% said their postgraduate level qualification was in something else. This was most commonly in animal chiropractic, animal practice or veterinary practice, followed by chiropractic, advanced chiropractic or MChiro.

Registrants who said they had a doctoral qualification (2%) were asked to specify the discipline. This was most commonly clinical care (six registrants) and biomedical sciences (six registrants).

Of the 13% who said they had membership of a Specialist Faculty, a third (33%) said it was in paediatric chiropractic, 25% in sports chiropractic and 16% in animal chiropractic. A further 13% said it was in pain and the same proportion (13%) in orthopaedics. This is shown in **Figure 106**.

Figure 106 – Membership of a Specialist Faculty
Base: Those who had membership of a Specialist Faculty (124)



Of the 15% who said their membership of a Specialist Faculty was in something else, this was most commonly public health (four registrants).

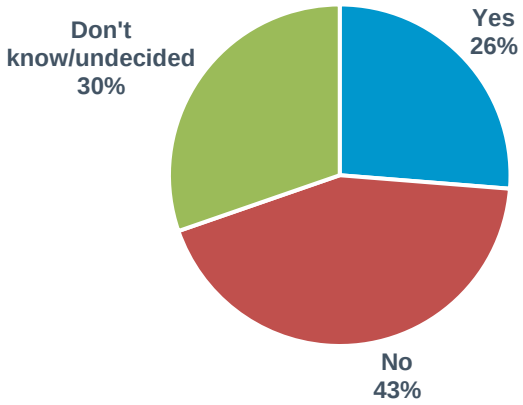
5. Registrants' future plans

5.1 Intentions to take further qualifications

Survey findings

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 intended to gain further qualifications and 30% were undecided. Four in ten (43%) said they did not intend to. This is shown in **Figure 107**.

Figure 107 – Intention to undertake further qualifications in next three years
Base: All respondents (968)



Registrants who had qualified most recently in 2011 or after were more likely to intend to undertake further qualifications in the next three years (41%) and those who qualified between 2006 and 2010 were next most likely (27%). By comparison, 14% of those who qualified in 1990 or before and 20% between 1991 and 2005 said they intended to undertake further qualifications. This is shown in **Figure 108**.

Figure 108 – Intention to undertake further qualifications in next three years by year of qualification
Base: All respondents (968)

Intend to take further qualifications	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Yes	26%	14%	20%	27%	41%
No	43%	52%	50%	43%	31%
Don't know/undecided	30%	35%	30%	31%	28%
Base	*968*	*124*	*393*	*169*	*282*

Figure 109 summarises the intention to undertake further qualifications in the next three years between those who worked full-time and those who worked part-time. As shown, those who worked full-time were more likely to intend to undertake further qualifications in the next three years than those working part-time (30% compared with 20%).

Figure 109 – Intention to undertake further qualifications in next three years by full or part-time working
Base: All respondents (968)

Intend to take further qualifications	Overall	Full-time	Part-time
Yes	26%	30%	20%
No	43%	39%	50%
Don't know/undecided	30%	31%	30%
Base	*968*	*534*	*367*

Depth interviews

Some interview participants said they intended to gain further qualifications related to chiropractic and these tended to be younger participants, rather than participants who were closer to retirement. A few were currently undertaking courses or actively looking into doing postgraduate studies in the near future. Amongst those who were not considering gaining further qualifications, finding time between work and family commitments was particularly mentioned as a barrier.

> *I'm looking at courses at the moment. I looked at doing another Masters in the field or doing a sports related course. I'm going to keep going with it.*

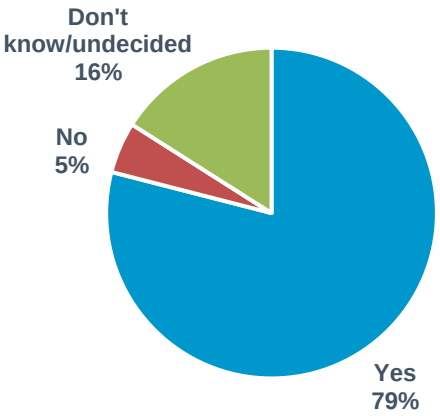
> *I have wanted to do some variant of musculoskeletal sports MSc. It's something that I have found that the time commitment has prevented me from doing.*

5.2 Intentions to continue practising

Survey findings

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 and 16% were undecided or did not know. This is shown in **Figure 110**.

Figure 110 – Intention to continue practising in next three years
Base: All respondents (968)



As shown in **Figure 111**, those working part-time were more likely than those working full-time to be undecided or not know if they were going to continue practising in the next three years (21% compared with 10%) and they were less likely to say they intended to continue practising (76% compared with 87%).

Figure 111 – Intention to continue practising in next three years by full or part-time working
Base: All respondents (968)

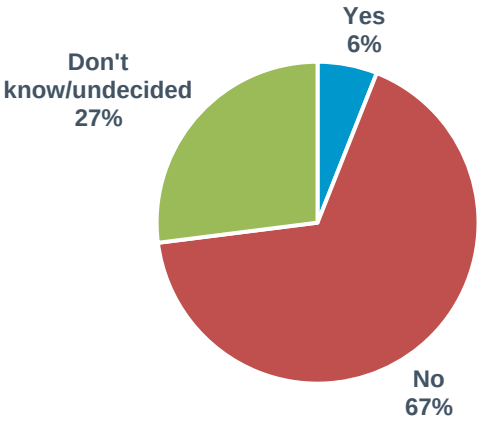
Intend to continue practising	Overall	Full-time	Part-time
Yes	79%	87%	76%
No	5%	3%	3%
Don't know/undecided	16%	10%	21%
Base	*968*	*534*	*367*

5.3 Intentions to work in chiropractic education

Survey findings

Registrants who did not work in chiropractic education were asked if they intended to work in that setting in the next three years. As shown in **Figure 112**, two thirds (67%) said they did not intend to and over a quarter (27%) said they did not know or they were undecided. Only 6% said they did intend to.

Figure 112 – Intention to work in chiropractic education in the next three years
Base: Those who did not work in chiropractic education (916)

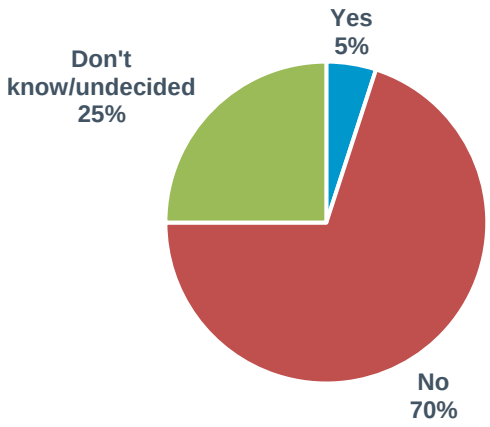


5.4 Intentions to work in chiropractic research

Survey findings

Registrants who did not work in chiropractic research were asked if they intended to work in that setting in the next three years. As shown in **Figure 113**, seven in ten (70%) said they did not intend to work in chiropractic research in the next three years, whilst 25% did not know or were undecided. Only 5% said they did intend to work in chiropractic research.

Figure 113 – Intention to work in chiropractic research in next three years
Base: Those who did not work in chiropractic research (952)



As shown in **Figure 114**, those who qualified in 1990 or before were more likely to say they intended to work in chiropractic research in the next three years (9%) than other groups (3% to 4%), whilst those who qualified in 2011 or after were more likely to say they did not know or they were undecided (30% compared to 21% to 24%).

Figure 114 – Intention to work in chiropractic research in next three years by year of qualification
Base: Those who did not work in chiropractic research (952)

Intend to work in chiropractic research	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Yes	5%	9%	3%	4%	4%
No	70%	67%	73%	75%	65%
Don’t know/undecided	25%	24%	24%	21%	30%
Base	*968*	*122*	*381*	*168*	*281*

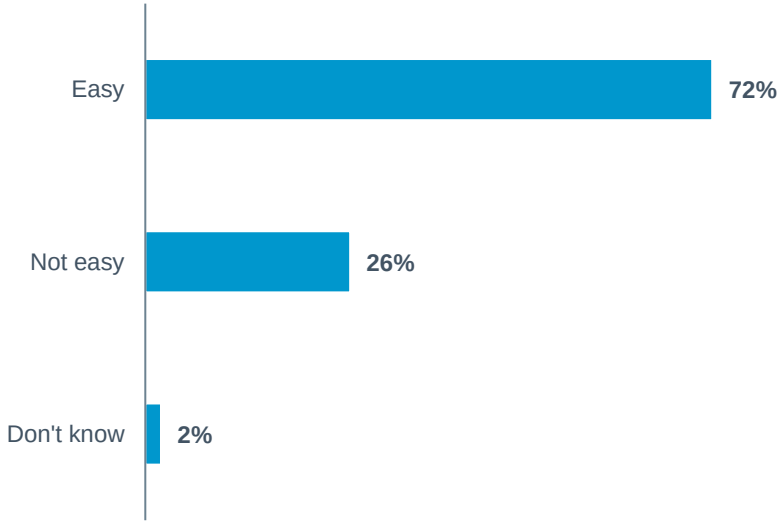
6. Keeping up to date

6.1 Developments and challenges

Survey findings

Registrants were asked how easy it is to keep up to date with developments and challenges in the profession. As shown in **Figure 115**, overall, seven in ten (72%) felt that it was easy to keep up to date with developments and challenges.

Figure 115 – Ease of keeping up to date with developments and challenges
Base: All respondents (968)



By year of qualification, those who qualified in 1990 or before were more likely to find it easy to keep up to date with development and challenges (84%) than other groups (68% to 74%). Three in ten (30%) of those who qualified in 2011 or after felt it was not easy to keep up to date, which was higher than those who qualified in 1990 or before (16%). This is shown in **Figure 116**.

Figure 116 – Ease of keeping up to date with developments and challenges by year of qualification
Base: All respondents (968)

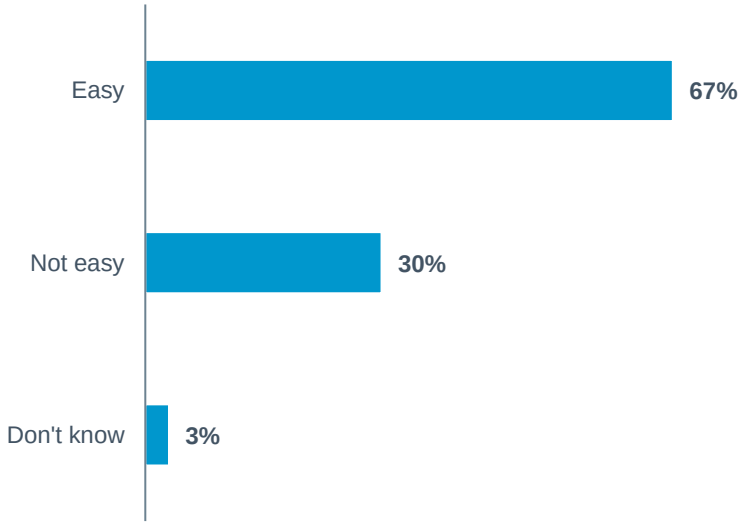
Ease of keeping up to date	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Easy	72%	84%	70%	74%	68%
Not easy	26%	16%	27%	24%	30%
Don’t know	2%	-	3%	2%	2%
Base	*968*	*124*	*393*	*169*	*282*

6.2 Recommendations and advances in clinical practice

Survey findings

Registrants were also asked how 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, as shown in **Figure 117**.

Figure 117 – Ease of keeping up to date with recommendations and advances in clinical practice
Base: All respondents (968)



As shown in **Figure 118**, again those who qualified in 1990 or before were more likely to find it easy to keep up to date with recommendations and advances in clinical practice (78%) than other groups (64% to 66%).

Figure 118 – Ease of keeping up to date with recommendations and advances in clinical practice
Base: All respondents (968)

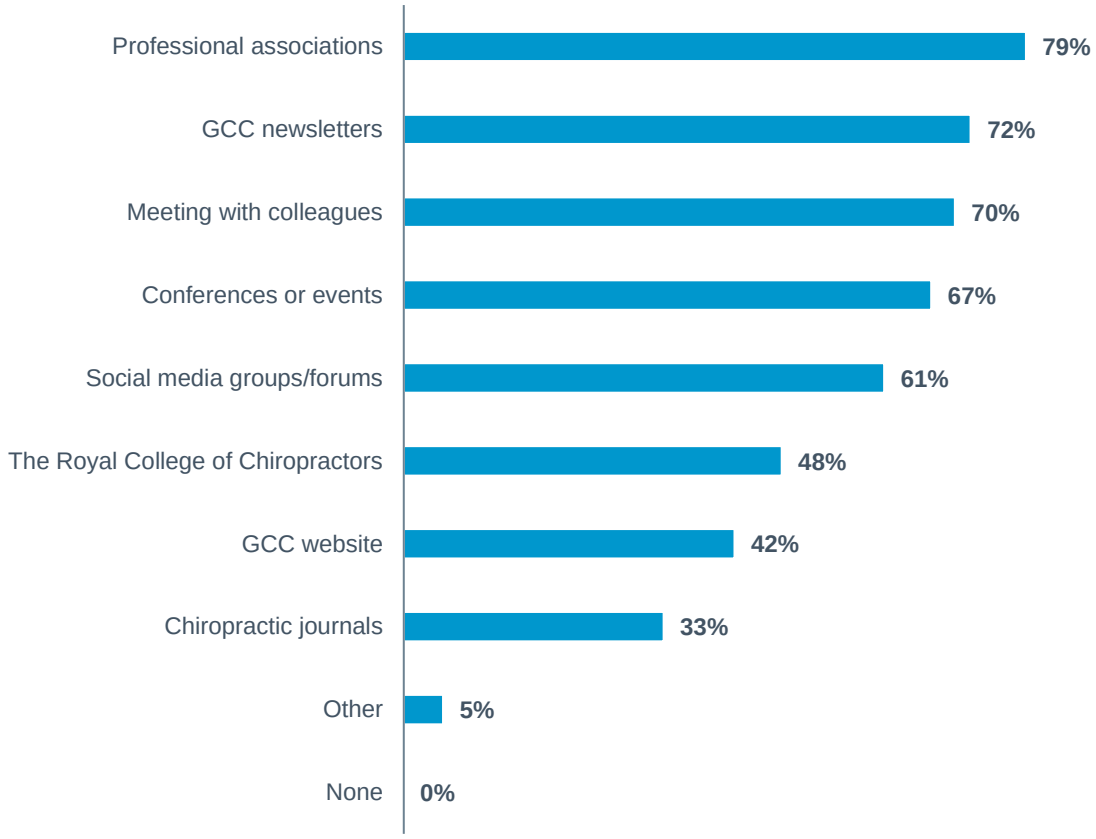
Ease of keeping up to date	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Easy	67%	78%	64%	65%	66%
Not easy	30%	21%	32%	33%	32%
Don't know	3%	1%	4%	2%	2%
Base	*968*	*124*	*393*	*169*	*282*

6.3 How registrants keep up to date

Survey findings

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. The full range of responses is shown in **Figure 119**.

Figure 119 – Ways of keeping up to date
Base: All respondents (968)



Of the 5% who said they used another way to keep up to date, this was most commonly online webinars and learning, or through their job role or job experience.

As shown in **Figure 120**, professional associations were the most common way of keeping up to date for each group by year of qualification, but there were some differences by year of qualification. Registrants who had qualified most recently were less likely to keep up to date via GCC newsletters (66%) than other groups (73% to 75%) and via conferences and events (57% compared with 64% to 77%). Those who qualified in 2011 or after were more likely to keep up to date using social media (72% compared with 51% to 66%). Those who qualified in 1990 or before were more likely than other groups to keep up to date using chiropractic journals (51% compared with 27% to 34%), the Royal College of Chiropractors (67% compared with 38% to 50%), and the GCC website (57% compared with 37% to 43%).

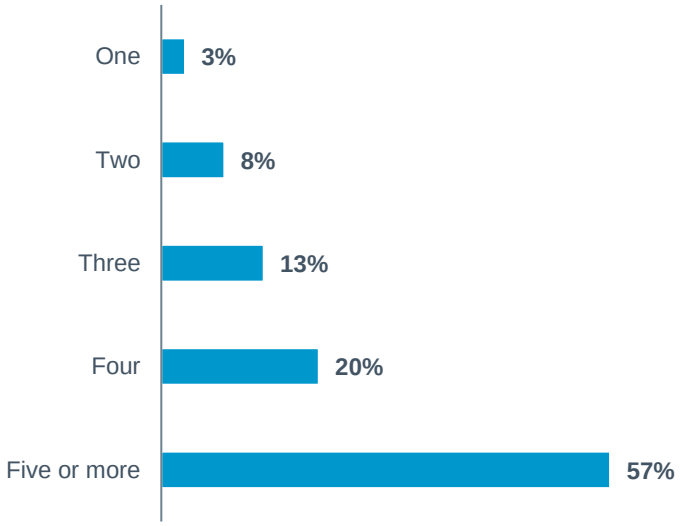
Figure 120 – Ways of keeping up to date by year of qualification
Base: All respondents (968)

Way of keeping up to date	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Professional associations	79%	80%	82%	77%	77%
GCC newsletters	72%	73%	75%	74%	66%
Meeting with colleagues	70%	74%	68%	67%	72%
Conferences or events	67%	77%	73%	64%	57%
Social media groups/forums	61%	51%	53%	66%	72%
Royal College of Chiropractors	48%	67%	46%	38%	50%
GCC website	42%	57%	43%	40%	37%
Chiropractic journals	33%	51%	34%	27%	27%

Way of keeping up to date	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Other	5%	10%	6%	4%	4%
None	<0.5%	-	0%	-	1%
Base	*968*	*124*	*393*	*169*	*282*

Figure 121 summarises the number of ways of that registrants said they kept up to date. As can be seen, 57% chose five or more ways of keeping up to date and a fifth (20%) chose four. A further 13% chose three, 8% chose two and only 3% chose one.

Figure 121 – Number of ways of keeping up to date
Base: Those who chose at least one way of keeping up to date (965)



As shown in **Figure 122**, there were a few differences seen in the number of ways registrants keep up to date by year of qualification. Those who qualified in 1990 or before were more likely to choose five or more ways of keeping up to date (71%) than other groups (49% to 58%).

Figure 122 – Number of ways of keeping up to date by year of qualification
Base: Those who chose at least one way of keeping up to date (965)

Way of keeping up to date	Overall	1990 or before	1991-2005	2006-2010	2011 or after
One	3%	3%	3%	3%	3%
Two	8%	2%	7%	11%	9%
Three	13%	6%	13%	15%	16%
Four	20%	17%	19%	23%	20%
Five or more	57%	71%	58%	49%	53%
Base	*965*	*124*	*392*	*169*	*280*

Depth interview findings

Professional associations

One of the most common ways interview participants mentioned they used to keep up to date with developments and challenges in the profession, and recommendations and advances in clinical advances, was via communication from professional associations. Participants in particular mentioned they received newsletters by email from professional associations they were members of, which they found interesting and helpful, and they regularly read news stories on their websites.

> *Through the BCA predominantly, I am a member. They are brilliant at keeping in touch and sending out updates.*
>
> *The McTimoney Chiropractic Association is a great source. They have always regularly sent out bulletins if anything changes in terms of regulation or advice or anything like that. They've always been very useful.*

There was particular praise for the way professional associations had provided guidance and updates to their members during the pandemic, which participants had felt was invaluable.

> *Most of my guidance and advice came from my insurance and the British Chiropractors Association. You'd hear an announcement from the government, and then the BPA would send an email to say, 'We'll get back to you about this shortly'.*
>
> *The association I belong to, the McTimoney Chiropractic Association, has been brilliant and absolutely amazing. They've helped us every step of the way.*

Social media

Some participants said that they keep up to date with what is going on in the profession using social media, which they found to be a helpful tool to find and share content, and some used it to advertise their services. However, a few mentioned that they found social media content related to the profession was often very polarised and politicised, which they were not in favour of.

> *I think probably social media is a big way of keeping up to date with a lot of things…It's easier to share research and new things that are coming out.*
>
> *I hate social media. It's a notice board. That's how I look at it. It's a place to advertise and circulate. Look at it as a notice board and take information from that notice board and go and explore it. Don't get involved in the arguments that people are having around that notice board. That's how I think of social media. It's a good way to get your message out. I use it for my clinic advertising.*

GCC

A few participants mentioned that they saw or read GCC newsletters and mentioned that they were sent regularly. Some of these participants found the content helpful and felt that it was in line with their expectations of communication from the regulator, in particular the distribution of fitness to practise learning and information. However, others felt that the GCC could provide more helpful content in its newsletters to highlight more interesting news articles and research related to the profession, in line with the content they received from professional associations.

> *The GCC send us newsletters regularly, so anything that's going on from that point of view, like for instance, their fitness to practise reports, and so on, I can always read through that. I usually have just a quick glance through those to see what's going on.*
>
> *Given what their [the GCC's] role is, I think that the communication they do is reasonable. I don't expect all that much more of them.*
>
> *The GCC has upped its game. While they are not there to provide stuff for us clinicians, actually the tools they use for patient safety stuff like fitness to practise reports are of benefit to us clinicians.*

CPD

Many participants mentioned that they were able to keep up to date with research, information, guidance, developments in the profession, and clinical recommendations and advances through their Continuing Professional Development (CPD). These participants mentioned learning with others, meetings, networking, seminars, conferences and events, and courses, which particularly lately have

tended to be online. A few participants had found that undertaking CPD recently had been challenging due to the effects of the COVID-19 pandemic.

> *I usually do hands on seminars throughout the year but that is changing now, so I normally do online courses and seminars.*

> *I do as much CPD as I possibly can, but it's been a bit of challenge this year.*

> *There's also CPD. We have to do a certain amount of ongoing training, which includes ongoing learning and development with others. When I'm at a seminar or a conference, that's a chance to talk with other people and hear about what's going on, either in individual chatting or group things.*

Challenges in keeping up to date – time, geography, and finance

The majority of participants found it easy to keep up to date with what is going on in the profession, as they received updates from professional associations, networked with colleagues, undertook CPD and read journals and articles. However, a few mentioned that finding time was often a barrier to keeping up to date and that there was a large volume of information, which made difficult to keep up and it impossible to be aware of everything.

> *It can be quite challenging to obviously work, develop as a chiropractor, and keep up to date with the profession as well, juggling a lot of things. Keeping up with the state of the profession is probably not on my list of priorities. It's work, and then making sure I am still learning as a practitioner.*

> *It's easy to keep up to date with what's going on from that newsletter perspective. If we are thinking in the broader context of keeping up to date with evidence base and things like that, it's always a bigger challenge. There's just always so much evidence that is released, nobody is going to be able to read everything that is out there, so you end up waiting for something significant to be reported in closed Facebook groups.*

Another suggested barrier to keeping up to date was cost, particularly for newly qualified registrants or registrants with financial commitments, given the costs associated with memberships of professional associations and of obtaining CPD in some cases, particularly at the moment when the COVID-19 pandemic is affecting people financially.

> *Coming out of college and just coming into the profession, I can see that it is quite difficult to access a lot of information without having to sign up and pay money. Currently, I can't afford that. I can't afford to pay any money out because I'm not even earning minimum wage at the moment because of COVID. It's very difficult for me, as a recent graduate, to be able to have access to a lot of the new things coming up and the new research. So, for me, quite difficult at the moment, because you have to sign up and you've got to pay money and I just can't afford it.*

> *The problem is all these things incur quite big financial costs for us to be in multiple different associations and colleges.*

Some participants also mentioned the value of networking and communicating with colleagues in terms of being able to keep up to date with what is going on in the profession. However, a few mentioned that in some places in the UK there are not many chiropractors, particularly outside of the South of England, which meant that it was not always easy to communicate and network with other registrants to keep up to date.

> *I think it's relatively easy [to keep up to date] as long as you have a group of other chiropractors that you can talk to.*

I do remember when I was in Yorkshire, you do feel quite a long way away from things. A lot of the things in the profession are very London or South focused. It was easy to feel isolated as there weren't many other chiropractors around.

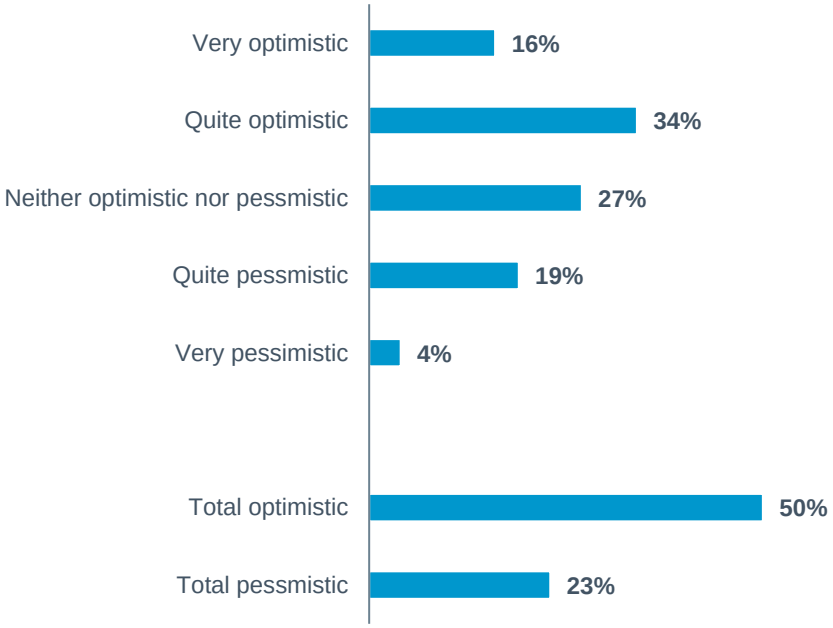
7. Future of the profession

7.1 Attitudes towards the future of the profession

Survey findings

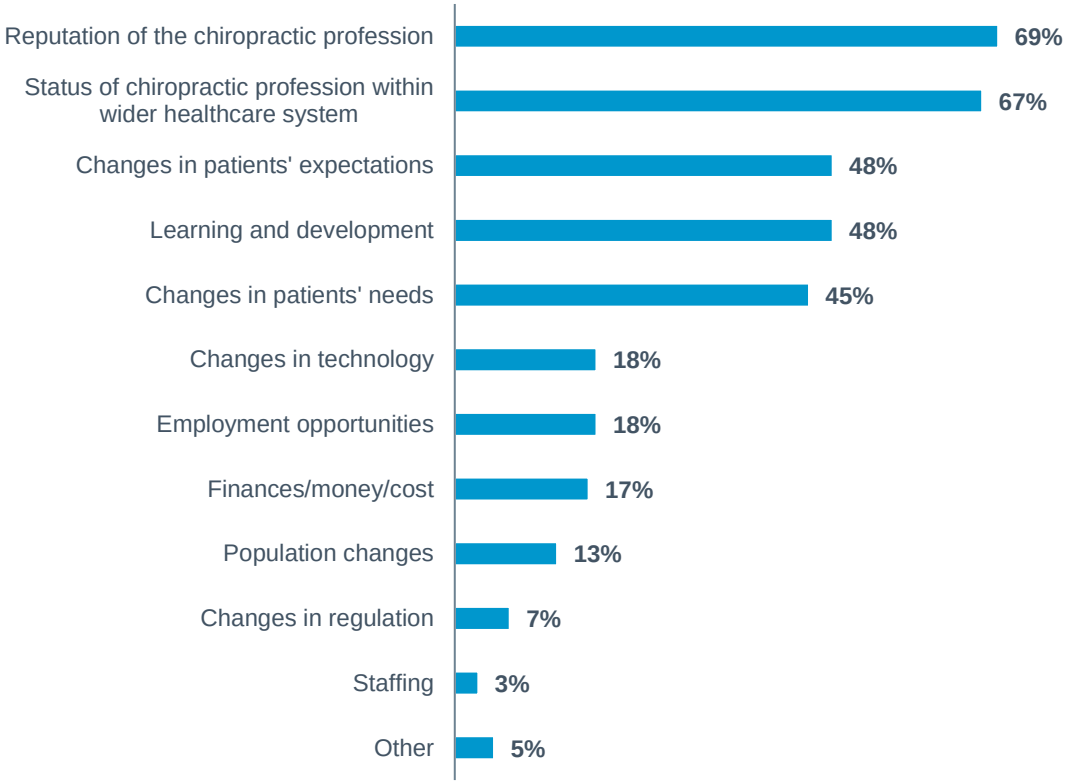
Registrants were asked in the survey whether they felt optimistic or pessimistic about the future of the profession over the next three years. Overall, half (50%) said they were optimistic and 23% were pessimistic. A further 27% said they were neither optimistic nor pessimistic. This is shown in **Figure 123**.

Figure 123 – Optimism or pessimism about the future of the profession
Base: All respondents (968)



Registrants were asked to identify what they were optimistic or pessimistic about, choosing as many options as applied from a list. The reputation of the chiropractic profession was the most common reason for optimism (69%), closely followed by the status of the profession within the wider healthcare system (67%). Just under half (48%) said changes in patient expectations were a reason for optimism and the same proportion (48%) chose learning and development as a cause for optimism. Just over four in ten (45%) said they were optimistic about changes in patients' needs. The full list is shown in **Figure 124**.

Figure 124 – Reasons for optimism about the future of the profession
Base: Those who were optimistic about the future of the profession (484)



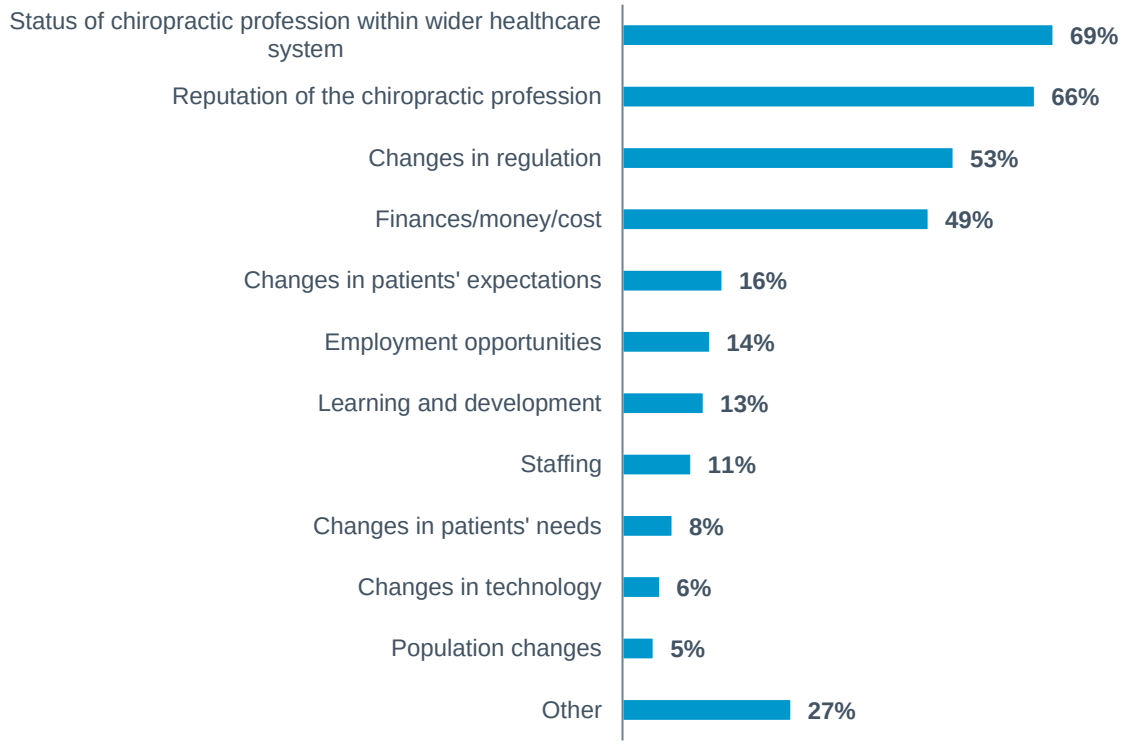
As shown in **Figure 125**, there were a few differences by year of qualification. Registrants who qualified in 1990 or before were more likely to cite the reputation of the chiropractic profession as a reason for optimism (79%) than other groups, particularly those who qualified between 2006 and 2010 (62%). Those who qualified in 1990 or before were also more likely than other groups to choose the status of the chiropractic profession within the wider healthcare system (77%), changes in patients' expectations (59%) and changes in technology (28%) as reasons for optimism.

Figure 125 – Reasons for optimism about the future of the profession by year of qualification
Base: Those who were optimistic about the future of the profession (484)

Reason for optimism	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Reputation of the chiropractic profession	69%	79%	69%	62%	70%
Status of chiropractic profession within wider healthcare system	67%	77%	66%	56%	71%
Changes in patients' expectations	48%	59%	49%	36%	49%
Learning and development	48%	54%	43%	56%	47%
Changes in patients' needs	45%	48%	46%	40%	45%
Changes in technology	18%	28%	18%	10%	18%
Employment opportunities	18%	11%	15%	22%	22%
Finances/money/costs	17%	16%	16%	20%	16%
Population changes	13%	10%	13%	10%	17%
Changes in regulation	7%	8%	5%	6%	9%
Staffing	3%	2%	3%	8%	2%
Base	*484*	*61*	*191*	*86*	*146*

As shown in **Figure 126**, the most common cause for pessimism was the status of the chiropractic profession within the wider healthcare system (69%), closely followed by the reputation of the chiropractic profession (66%). Over half (53%) were pessimistic about changes in regulation and 49% were pessimistic about finances, money or cost.

Figure 126 – Reasons for pessimism about the future of the profession
Base: Those who were pessimistic about the future of the profession (219)



As shown above, 27% of registrants said there was another reason that they were pessimistic. This most commonly related to the impact of COVID-19, followed by poor education or loss of chiropractic skills and a loss of chiropractic identity, philosophy, or distinctness.

By year of qualification, those who qualified in 1990 or before were more likely to be pessimistic about staffing (19%) than other groups (4% to 12%), as shown in **Figure 127**.

Figure 127 – Reasons for pessimism about the future of the profession by year of qualification
Base: Those who were pessimistic about the future of the profession (219)

Reasons for pessimism	Overall	1990 or before	1991-2005	2006-2010	2011 or after
Status of chiropractic profession within wider healthcare system	69%	73%	67%	65%	74%
Reputation of chiropractic profession	66%	62%	59%	73%	75%
Changes in regulation	53%	54%	49%	59%	56%
Finances/money/costs	49%	38%	44%	62%	54%
Changes in patients' expectations	16%	23%	13%	11%	21%
Employment opportunities	14%	15%	12%	22%	11%
Learning and development	13%	23%	8%	19%	12%
Staffing	11%	19%	12%	11%	4%
Changes in patients' needs	8%	12%	6%	11%	7%
Changes in technology	6%	15%	7%	3%	2%
Population changes	5%	8%	2%	3%	9%
Other	27%	38%	30%	19%	21%
Base	*219*	*26*	*99*	*37*	*57*

Depth interview findings

Increases in demand and opportunities for chiropractors

In line with the survey findings, many participants were optimistic about the future of the profession, particularly in relation to the demand for chiropractic treatment and opportunities for integration into the wider healthcare system. It was suggested by some participants that there would be a surge in demand for chiropractic care as there will be an increase in musculoskeletal problems associated with working from home during the pandemic and due to the ageing population in the UK.

> *There are always going to be people with back pain. We are an ageing population and people want to stay fitter and active for longer. Low back pain is the biggest cause for disability, so there will always be demand. I think there is a lot of evidence that supports that what we do as chiropractors is beneficial for the management of back and neck pain. The evidence is there.*

> *I'm still happy that there will be plenty of members of the public who need what we provide so we will always have that.*

> *I'm a bit optimistic because a lot of people are struggling with back pain after the pandemic.*

Many participants had also recently seen an increase in demand from patients who would have ordinarily seen a GP for musculoskeletal problems in the first instance, but had had problems accessing GP services due to the pandemic and so had looked into chiropractic to diagnose or treat their conditions. Some participants had then referred patients into the healthcare system as necessary if they were unable to diagnose or treat them.

> *I think we are becoming more primary health care professionals. People are coming to see us before GPs. We are easier to access, we have more time.*

> *Chiropractors are more and more being regarded as primary healthcare providers. A lot of new patients who come to see me, are coming straight to a chiropractor rather than having gone to a GP first.*

> *Because of the GPs, who apparently still cannot see people, certainly in this area, I've actually done an awful lot more GP type work in my clinic. There was one week in August where I sent three people off to A&E who should have been seen by the GP.*

It was suggested that chiropractors have a role to play in the healthcare system in the diagnosis and treatment of musculoskeletal problems, which can take pressure off primary and secondary care NHS services. Some, in particular, were excited about opportunities to for integration with the healthcare system and highlighted the need to develop close working relationships with other healthcare professionals in their local area to aid this process.

> *I think there are loads and loads of opportunities. Health systems are stretched at the seams and particularly with musculoskeletal problems there are massive opportunities for us if we push ourselves and show the healthcare profession that we are the answer to their problems.*
>
> *The NHS potentially could approach us just to try and help clear some of the backlog.*
>
> *I write to every single new patient's GP as a matter of routine with their consent about a month later just to let them know what I've been doing. Obviously if I need a doctor-patient interaction I will write sooner. I found historically that by doing that, it builds the confidence that the local healthcare professionals have in what we do. They are then generally much more compliant when I ask for referrals or make suggestions.*

Some explained that they felt particularly positive about the profession as chiropractic care had been recognised as an essential service during the second pandemic lockdown in England. This had led them to feel more valued as a profession and more optimistic about the future.

> *The government clearly believe that we have an essential role to play in terms of the population health, which is excellent. We were enormously privileged in that, right from the start, we were allowed to work. We're clearly viewed as an essential service.*
>
> *I'm optimistic that we've been classed by all the governments as essential, which shows that we are valued in some way.*

Negative perceptions of the profession amongst healthcare professionals

Interview participants suggested that they faced negative perceptions of the profession from other healthcare professionals, such as GPs and physiotherapists, in line with the survey finding where the reputation and the status of the profession were causes for pessimism. Some mentioned instances where other healthcare professionals had advised patients not to see chiropractors for treatment as they thought they were not credible healthcare practitioners. It was suggested that the negative perception of the profession came from a lack of understanding of the chiropractic profession, what chiropractors can treat, what training they receive and qualifications they hold, and how they are regulated.

> *Medical bias against our profession is a big one [challenge]. Most of the GPs are telling my patients not to continue with care for a number of obscure and irrelevant reasons, so that is a problem.*
>
> *One physiotherapist at one of the hospitals locally was telling a back pain group that you should never see a chiropractor because they are not properly qualified, and they are not qualified to treat backs and all sorts of things like that.*

A few felt that the negative perception of the profession amongst some healthcare professionals meant that patients with musculoskeletal problems were often not referred to chiropractors, but were referred to other healthcare professionals instead, such as osteopaths and physiotherapists. These participants felt that the negative perception of the profession was holding chiropractors back from integrating more with the healthcare system. It was also suggested that if chiropractors were classed as allied health professionals, in the same way that osteopaths are, it would open up more opportunities for the profession within the healthcare system.

> *Osteopathy has been regarded much more as the profession to use by the majority of GPs. That's historical because there have been a lot more osteopaths than chiropractors.*

> *We have been denied opportunities left, right and centre. A perfect example of that would be the allied health professionals. Two years ago the Allied Health Professional Board appointed osteopaths as allied health professionals…Somebody decided that osteopaths were going to be allied health professionals and a group of people got together and blocked chiropractors being allied health professionals and that is an opportunity that we have been denied. We all work together.*

However, it was suggested that there was some variation by area in how healthcare professionals perceived the profession. Some participants felt they had good working relationships with other healthcare professionals in their local area who were aware of their abilities and therefore more willing to utilise them for the treatment of musculoskeletal problems. A few participants had noted a recent shift in attitudes towards chiropractic care amongst other healthcare professionals, particularly since the NICE guidelines for low back pain and sciatica were published in 2016.

> *It depends on the area you are. In one practice, I had a great reputation with the GPs. I treated a lot of them, and they used to send me patients left, right and centre. However, they were always saying that they shouldn't be referring to me. That's not true, that's just their perception of it. Elsewhere the GPs are a nightmare. They are a law unto themselves.*

> *When I started, chiropractic was regarded as witch doctor-like by a lot of people in the medical profession and now it is officially recognised by NICE. It's quite a big change, but it still needs to change more.*

Some interview participants acknowledged that there were negative perceptions amongst some healthcare professionals, but felt that this did not concern them as there was demand for the services they provided, and therefore they did not need support from other healthcare professionals.

> *In terms of our reputation, I'm very optimistic, simply because I don't feel that we need to judge ourselves against other professions and I also don't feel that we need the help and support of other professionals. We very much are independent. We are a profession doing our own thing.*

> *In all honesty, I couldn't give two hoots about what other people think of us because I know we're successful.*

A campaign to provide evidence to other healthcare professionals that chiropractors can safely diagnose and treat musculoskeletal problems, to educate them about what chiropractic is and what it can treat, and to raise the profile of the profession would be welcomed.

> *When it comes down to it, healthcare professionals are mainly concerned about whether we are safe, whether we are cost effective and whether we do what we say we do.*

> *There is much more room for improvement in the education of other health professionals. Particularly doctors, in my experience.*

There were a few participants that also felt the profession suffered from a lack of awareness and understanding amongst the public about what chiropractors can treat. These participants suggested a public information campaign would provide reassurance to the public that chiropractors are qualified healthcare professionals and are regulated.

> *Thinking about the wider population as a whole, people still think we just do a weekend course and then we're chiropractors. You really have to educate the public, explaining that you've done a five-year course with a lot of studying and a lot of money has gone into it.*

> *I think it comes down to patient education. I don't think there is actually enough information out there.*

Some suggested that it was the role of the GCC to raise the profile of the profession amongst healthcare professionals and the public, with a few thinking that this had originally been one of the aims of the GCC when it was formed, but that it had since been dropped from its remit. Others felt it was for the professional associations and the Royal College of Chiropractors to work with the profession to raise its profile, rather than the regulator.

> *I think their role is not to promote the profession for us as chiropractors, but they could reassure the public and patients with PR, good news messages that we are safe, we are regulated, we don't have many problems, we are effective, and patients are happy and satisfied. There is a quite a lot of evidence on that these days.*

Variations in the way chiropractors practise

Interview participants highlighted that there was variation in the way chiropractors practise, and that as a result, two different factions had emerged within the profession, with some fearing a split in the profession. According to some participants, there are chiropractors who treat musculoskeletal problems via evidence-based methods and those who focus on the traditional philosophy of chiropractic. This was a cause for concern and pessimism amongst some participants, and there were signs of animosity between the different factions. For example, a few participants felt there were some chiropractors who took advantage of patients and charged for courses of treatments or therapy that patients did not need. For these participants, this harmed the profession's reputation and legitimacy amongst other healthcare professionals and the public.

> *You have chiropractors saying, 'Don't go to a GP, go to a chiropractor if you have a stomach problem'. I see why GPs aren't wanting to send people to see a chiropractor.*

> *We have a minority of people who are motivated by money, rather than being motivated by patients' health. It is a minority, but unfortunately it is a bit of a vocal minority. These people, I would say, are ripping patients off left, right and centre. Inevitably that is going to tarnish our reputation.*

> *It's interesting because you've got one arm of the profession, which is very much going down the medicalised route and wants to go into GP surgeries and be buddies with modern medicine. I'm not part of that arm. I'm part of the other arm that says 'Hey, look. Chiropractic is a wonderful profession where we can promote really good health.' It doesn't just have to be achy muscles, sore necks, and sore backs.*

It was felt by some participants that infighting was holding the profession back from greater integration into the healthcare system. Instead, they explained that the profession should be working together to raise its profile and credibility, and provide the public and the healthcare system with services that there is demand for.

> *We chiropractors are great at pulling ourselves to pieces from the inside out. Whilst we are working to gain credibility and reputation etc., we are slow at it. It's nothing new. It's been a threat to us as a profession for quite some time.*

> *The opportunities are there if the profession can get its act together, stop the infighting and agree with each other. We need to understand what is wanted by the Department of Health, NICE and the medical profession generally and we can move forward. We can be the best musculoskeletal therapists on the planet. If, on the other hand, the infighting goes on and on, it could all go wrong.*

Financial climate

Another cause for pessimism amongst some interview participants was an anticipated fall in demand for chiropractic treatment due to economic factors, exacerbated by the COVID-19 pandemic. Running costs, income and finance were also highlighted in the survey as reasons for pessimism about the future of the profession. It was suggested by interview participants that many patients are struggling

financially due to the pandemic and this may worsen over time, which meant that they would not be able to afford private chiropractic treatment, which would not be viewed as a financial priority.

> *A lot of people have lost their jobs. There have been six million people that have lost their jobs in the UK and most people are not going to be able to afford to see a chiropractor. A lot of people suffer from back pain and for those people who have lost their jobs, it's not going to be their number one priority.*

> *I think we will see a dip in the next year or two because of people's finances. People don't regard it as essential like some of the other things in life.*

Shortages of chiropractors

Some interview participants were pessimistic about the future as they felt that there was a shortage of chiropractors in the workforce, particularly in some areas outside of the South East and South West of England. This led to some experiencing difficulties in recruiting associates to their practice. A few thought that the number of applications for chiropractic courses were decreasing and it was suggested that the number of GCC registrants was also in decline.

> *I've been trying to get a new graduate or someone to join one of the practices now for about three months. I can't find anybody. There is nobody about…Lots of people don't want to come up North, they want to stay in London.*

> *We're not getting the same number of people applying to chiropractic college to become chiropractors.*

> *One of the biggest issues is actually just having enough chiropractors. Trying to recruit people in Scotland is difficult. And I know lots of clinics have long waiting lists and are trying to get chiropractors in. So, there's just not enough for some. If you could magically produce more chiropractors who want to work in Scotland, that would be useful.*

Regulation

In line with the survey finding that regulation was a cause for pessimism in relation to the future of the profession, this was also mentioned by a few interview participants. One of the key reasons was that there was a perception that the GCC and other public bodies, such as NICE and Public Health England (PHE), limit the conditions that chiropractors can say they can diagnose and treat. There was a perception amongst these participants that this limited and constrained their scope of practice. Some also felt that recent legislation and guidance in relation to the pandemic and how chiropractors can practise placed further restrictions on their profession.

> *We struggle in regard to the GCC. They are heavy handed in terms of how we can speak about how chiropractic works.*

> *The way that the regulators are regulating is they're kind of suppressing it to a point where all we're going to be able to do is say, 'Hey, I'm a chiropractor. Hopefully, you know what a chiropractor does, and you might want to come and see us one day'.*

> *What I worry about is what the legislators will do to us. Not just the GCC, but also Public Health England. In general, I'm concerned they are going to continue to put burdens on us, which will affect us and slow us down, as we have seen here in the last six or seven months.*

A few interview participants felt that the cost of registration with the GCC was high, particularly when added to the cost of insurance and membership of professional associations. It was highlighted that financial costs were a particular problem for newly qualified registrants, even with discounted registration fees, as many of them are self-employed and have to pay all of their costs themselves. A few participants who were newly qualified also felt that the GCC could provide them with more support and guidance in general to help them settle into the profession during the early stages of their careers.

> *On the finance side of things, for me that was something that was hard to adapt to. After becoming self-employed, the registration fee is a massive chunk of money. To register, I realised I would have to pay £750 as my registration fee to get onto the GCC web stuff. And then about three months later, when it came again in the November, I had to pay £800 again. A lot of my friends actually didn't start working because they didn't want to pay £750. The GCC said it's proportional by knocking £50 off, but as a student when you have to pay for all of the insurance, you're probably putting up about two grand and you haven't even started working. I had to borrow money from family because I did not have that money.*

> *Especially as new graduates, I feel like there could have been a lot more support and guidance, helping us into the profession, especially from the GCC as they are the regulatory body. So, I must say, I'm quite disappointed with the GCC.*

Some participants suggested that the GCC was heavy handed in its dealings with registrants, particularly in relation to the fitness to practise process. These participants explained that the GCC investigated all complaints made against chiropractors as a matter of course, whereas other regulators screened complaints before the fitness to practise process. Participants also mentioned a fear of the regulator within the profession, which they perceived to not exist within other healthcare professions. They suggested that the GCC could learn from other regulators about how to engage and communicate with registrants effectively.

> *The General Medical Council have a system where they screen all of the complaints. The screening is very thorough, done by lawyers, paramedics and medics. They screen out 97% of the complaints. The GCC has absolutely no filtering system whatsoever. Every complaint goes straight through to a disciplinary hearing. It's a complete waste of time. It was set up really wrong and they haven't changed it.*

> *They [the GCC] have an appalling reputation within us [chiropractors] because of the lack of support they seem to give us and their focus on trying to persecute us. Anything that comes out from them is how many people they have struck off this year, how many cases there have been against people, there's never any good news out of them.*

> *Over the year, the number of people who have ended up in front of the GCC is horrific and the process goes on for two years. And it's a disaster for everybody concerned, basically.*

However, a handful of participants noted a recent change in how the GCC communicates with registrants and the information it provides. In particular, it was mentioned that the communication of fitness to practise data and patient safety tools were helpful.

> *I have to say the GCC have significantly improved their communications in the last 12 to 24 months and it's not gone unnoticed. They are doing a much better job. And the tone and the message that's coming across feels much more like a partnership than a dictatorship, which it was before. It's definitely going in the right direction. We are all really grateful for it. They've definitely made an effort and it's definitely been improved.*

> *I must say the GCC has made a huge step forward recently. They do communicate well with us and they are trying to provide information in a good way.*

A few participants thought that due to the cost of regulation, perceived issues with regulation limiting practitioners' scope of practice and a perceived lack of support from the GCC during the pandemic, there would be a number of practitioners who would leave the GCC register in the near future. It was suggested that these practitioners would continue to practise and see the same patients but would not call themselves 'chiropractors' and would therefore not be regulated. It was highlighted that this would mean they do not have to keep up to date with their clinical skills, and as a result could put patients at risk if they are not answerable to a regulator. It was suggested that perceived declines in the number of registrants each year could be caused by practitioners leaving the register and some knew of colleagues who had had done this or were considering it themselves in the future.

I know of one chiropractor who has deregistered and calls themselves a 'McTimoney Practitioner' now to get away from using the word 'chiropractor' as she was fed up with it all. Honestly if I wasn't running a clinic where I would otherwise be paying VAT, I would probably be joining that list. I think a lot of people probably feel the same.

A lot of people will deregister this year. I've spoken to two people who were going to and I've managed to talk them out of it. I don't think it is good for the profession. As a chiropractor you can carry on working without being under the regulatory body, you just can't call yourself a 'chiropractor'. We will end up with people outside of the regulatory body, outside of the associations, just doing their own thing and not keeping up to date with research or the profession.

8. Acknowledgments

Enventure Research would like to thank Penny Bance, Gay Swait and Sharon Oliver from the General Chiropractic Council for their help, cooperation, and support during this project, and to express gratitude to everyone who took part in the survey and in the depth interviews.

9. List of figures

General Chiropractic Council

Appendix A - Questionnaire

Thank you for your interest in this survey about the ways in which chiropractors work in the UK, their future intentions and challenges in the profession. The findings from this survey will help the General Chiropractic Council (GCC) gain valuable insights into the profession and will be used to help improve the way it regulates.

Completing the survey

To navigate through this questionnaire, use the arrow buttons at the bottom of each page. DO NOT use the back/forward options in your browser. To remove your answers to a question, click on the reset button.

You can save your answers at any point and return to them later. To do this, you will need to use the link in your email invitation or reminder again.

The survey should take around 15 minutes to complete.

To encourage participation in the survey, we are conducting a prize draw with three prizes of £50 Amazon vouchers. You will be asked at the end of the survey if you would like to take part in the prize draw. Winners will be selected at random following the close of the survey.

How Enventure Research will use your information

The GCC has invited an independent organisation, Enventure Research, to collect responses to the survey so that your responses remain confidential. The GCC will receive a report on the findings and anonymised data from the survey.

Your name and email address were securely passed to Enventure Research by the GCC. They will only be used by Enventure Research for the purposes of carrying out this survey and will not be disclosed to any third parties.

Your rights

Under data protection law, you may ask for a copy of your response to this survey or other information we hold about you. You may also ask us to delete your response. Please email helpline@enventure.co.uk

If you would prefer not to receive any further communication from Enventure Research in regard to this survey you can unsubscribe from the email sent to you about the survey.

For more information about your rights and who to contact please read our privacy policies:

Enventure Research's privacy policy can be found here.

The GCC's privacy policy can be found here.

Questions or help

For help completing the survey or if you have a question, please call the survey helpline on 0800 0092 117 or email helpline@enventure.co.uk

How to take part

To take part in the survey, please read the statement below, tick to say you agree and click the arrow button.

QA Enventure Research will use the information you give in your survey response as described above. Your data will be processed in accordance with Data Protection legislation.

- [ ] I agree to take part in the survey and share my information with Enventure Research

About you

Q1 **Where did you achieve your chiropractic degree?**

- ○ AECC University College
- ○ McTimoney College of Chiropractic
- ○ Welsh Institute of Chiropractic
- ○ Other

Q2 **When did you qualify as a chiropractor?**

- ○ Before 1970
- ○ 1971-1980
- ○ 1981-1990
- ○ 1991-2000
- ○ 2001-2005
- ○ 2006-2010
- ○ 2011 or after

Q3 **Which route did you use to register with the GCC?**

- ○ UK [qualified in England, Scotland, Wales or Northern Ireland]
- ○ European Union [qualified in an EU country]
- ○ Overseas/International [qualified in a non-EU country]

Current working status

The following section is about your current working status. If your working status has changed as a result of the COVID-19 pandemic, please answer as you would have done before lockdown at the end of March 2020.

You will be asked questions about the impact of the Covid-19 pandemic on your practice later in the questionnaire.

Q4 **What is your current working status?**
Select all that apply

- [ ] Working in a paid chiropractic related role in the UK (full-time or part-time) including in education, research or regulation
- [ ] Working but not in a chiropractic related role
- [ ] Temporarily away from work (e.g. maternity or paternity leave/sick leave/other approved leave)
- [ ] In full-time education
- [ ] Not employed
- [ ] Working abroad/outside the UK
- [ ] Retired
- [ ] Other

You said you are working abroad/outside the UK. Where are you currently working?

- ( ) Gibraltar
- ( ) Isle of Man
- ( ) Channel Islands
- ( ) EU country
- ( ) Non EU European country
- ( ) North America
- ( ) South America
- ( ) Africa
- ( ) Asia
- ( ) Australasia
- ( ) Other

Q5 **Where do you work?**
If you mainly work from home please use the location of your home address. If you work in multiple jobs/roles, please select all of the locations.
Select all that apply

- [ ] England
- [ ] Scotland
- [ ] Wales
- [ ] Northern Ireland
- [ ] Other
- [ ] No fixed place

Where in England?
If you mainly work from home please use the location of your home address. If you work in multiple jobs/roles, please select all of the locations.
Select all that apply

- [ ] East Midlands
- [ ] East of England
- [ ] Greater London or City of London
- [ ] North East England
- [ ] North West England
- [ ] South East England
- [ ] South West England
- [ ] West Midlands
- [ ] Yorkshire and the Humber

Q6 **How many hours do you work in a typical week in a chiropractic related role? This could also include research and education related to the profession.**

- ◯ 50+ hours per week
- ◯ 40-49 hours per week
- ◯ 30-39 hours per week
- ◯ 20-29 hours per week
- ◯ 10-19 hours per week
- ◯ 0-9 hours per week

Q7 **Do you work in...?**
Select all that apply

- ☐ Chiropractic education
- ☐ Chiropractic research
- ☐ Clinical chiropractic practice
- ☐ None of the above
- ☐ Prefer not to say

What is/are your role(s) in chiropractic education?
Select all that apply

- ☐ Clinical tutor at a UK chiropractic educational institution
- ☐ Technique instructor at a UK chiropractic educational institution
- ☐ Lecturer at a UK chiropractic educational institution
- ☐ Academic managerial role at a UK chiropractic educational institution
- ☐ Other

What is/are your role(s) in chiropractic research?
Select all that apply

- ☐ Research associate/fellow
- ☐ Research team leader
- ☐ Collect patient data for practice-based research network
- ☐ Collect patient data in clinic for a specific project
- ☐ Participated in surveys or other research about chiropractors
- ☐ Other

Q8 **Overall, how satisfied or dissatisfied are you working in the profession?**

- ◯ Very satisfied
- ◯ Quite satisfied
- ◯ Neither satisfied nor dissatisfied
- ◯ Quite dissatisfied
- ◯ Very dissatisfied

Voluntary work

The following section is about voluntary work related to the chiropractic profession.

Q9 **Do you do any voluntary work related to the profession?**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

What voluntary work do you do?
Select all that apply

- ☐ Work for a professional association
- ☐ Work for the RCC
- ☐ Work for another special interest organisation
- ☐ Provide clinical care/services
- ☐ Other

Current clinical practice

Now please think about the paid chiropractic work you do. The next few questions are about jobs and clinical practice. If you have more than one job or work in more than one practice, please answer the questions thinking about all of your jobs and the practices you work in.

Again, please answer as you would have done before lockdown at the end of March, even if your current clinical practice has changed since then.

Q10 **What is your employment status in your job(s)?**
Select all that apply

- ☐ Sole trader
- ☐ Employed associate
- ☐ Chiropractic clinic director/owner
- ☐ Contractor (e.g. self-employed associate)
- ☐ Other

Q11 **How many clinical sites do you work at?**

- ◯ One
- ◯ Two or three
- ◯ Four or more

Q12 **In any of your jobs/roles, do you practise...?**
Select all that apply

- [ ] By yourself
- [ ] With other chiropractors
- [ ] With other regulated health professionals
- [ ] With other non-regulated healthcare professionals
- [ ] Other

Which other regulated health professionals do you practise with?
Select all that apply

- [ ] GP
- [ ] Other medical practitioner
- [ ] Physiotherapist
- [ ] Osteopath
- [ ] Podiatrist
- [ ] Other

Which other non-regulated health professionals do you practise with?
Select all that apply

- [ ] Acupuncturist
- [ ] Psychological therapist or counsellor
- [ ] Sports therapist/massage
- [ ] Other

Q13 **Across all of your jobs/roles, how many other chiropractors do you work with?**

- ○ 0
- ○ 1
- ○ 2
- ○ 3 or 4
- ○ 5 or 6
- ○ 7 to 10
- ○ 11+

Q14 **In any of your jobs/roles, is the practice that you work in...?**
Select all that apply

- [ ] Part of a group of chiropractic clinics
- [ ] Part of a group of health clinics
- [ ] None of the above

Q15 **Across all of your jobs/practices, what percentage of your time is spent with patients?**

- ○ 0-20%
- ○ 21-40%
- ○ 41-60%
- ○ 61-80%
- ○ 81%+
- ○ Don't know

Q16 **Across all of your jobs/practices, what responsibilities do you have?**
Select all that apply

- ☐ Supervising or managing the work of other chiropractors
- ☐ Supervising or managing the work of other (non-chiropractor) employees
- ☐ Accounting / finance
- ☐ Health and safety at work
- ☐ Education, training, mentoring and tutoring
- ☐ Research, innovation, audit and quality improvement
- ☐ Patient consultations
- ☐ Any other clinical work
- ☐ Risk management (e.g. risk assessments, risk-reduction policy development)
- ☐ Business ownership/directorship
- ☐ Other

COVID-19

The next section is about the COVID-19 pandemic and how it has changed the way you practise.

Q17 **Has the COVID-19 pandemic changed the nature of your work?**

- ○ Yes
- ○ No

How has it changed the nature of your work?
Select all that apply

- ☐ Seeing fewer patients
- ☐ More telehealth consultations/appointments
- ☐ It meant I was unable to practise (including furlough), but I am practising again now
- ☐ It meant I was unable to practise (including furlough) and I am still unable to practise
- ☐ I have been employed as an NHS Covid-19 Test and Trace system teleworker
- ☐ Other

Why are you still unable to practise?
Select all that apply

- [ ] Unable to access clinic premises
- [ ] In a vulnerable group
- [ ] Have sought alternative employment
- [ ] Was made redundant
- [ ] Furloughed
- [ ] Lost associate contract
- [ ] Childcare
- [ ] Other

Performance monitoring

The following section is about workplace performance monitoring. As previously, if your situation has changed as a result of the COVID-19 pandemic please answer as you would have done before lockdown in March.

Q18 **Is performance monitored at any of the clinical practices you work at (either by yourself or others)?**

- ( ) Yes
- ( ) No
- ( ) Don't know
- ( ) Prefer not to say

Q19 **Which of these is monitored?**
Select all that apply

- [ ] Patient numbers
- [ ] Patient retention rates
- [ ] Patient satisfaction
- [ ] Patient reported clinical outcomes
- [ ] Audits of clinical care
- [ ] Other

Q20 **Do any of your workplaces use a patient safety incident reporting system?**

- ( ) Yes
- ( ) No
- ( ) Don't know
- ( ) Prefer not to say

Q21 **How comfortable would you feel about raising a patient safety concern with (any of) your employer(s)?**

- ○ Very comfortable
- ○ Quite comfortable
- ○ Not very comfortable
- ○ Not at all comfortable
- ○ Don't know / Not applicable

NHS work

The following section is about NHS work. Please answer as you would have done before lockdown in March.

Q22 **Do you receive fee income from the NHS or from patients funded by the NHS?**

- ○ Yes
- ○ No
- ○ Prefer not to say

Q23 **In what role(s) do you receive fee income from the NHS or from patients funded by the NHS?**
Select all that apply

- ☐ First Contact Practitioner (FCP)
- ☐ Other triage role
- ☐ Chiropractic care
- ☐ Other

Q24 **What percentage of your fee income do you receive from the NHS or from patients funded by the NHS?**

- ○ 0-5%
- ○ 6-15%
- ○ 16-25%
- ○ 26-50%
- ○ 51-75%
- ○ 76-99%
- ○ 100%
- ○ Don't know

Q25 **Why don't you do More or any work for the NHS/patients funded by the NHS?**
Select all that apply

- [ ] It's not worth it financially
- [ ] Don't have the resources
- [ ] Patient expectations
- [ ] Don't have necessary training or understanding of NHS service provision
- [ ] Not aware of any opportunities to do so
- [ ] There are limited opportunities to do so
- [ ] I feel I do enough already
- [ ] Don't know
- [ ] Other

Q26 **How interested would you be in working for the NHS, given suitable opportunities and/or training?**

- ( ) Very interested
- ( ) Quite interested
- ( ) Not very interested
- ( ) Not at all interested
- ( ) Don't know

Additional qualifications

The following questions are about qualifications that you may have, in addition to your chiropractic degree.

Q27 **In addition to your chiropractic degree, which, if any, of the following qualifications have you achieved?**
Select all that apply

- [ ] Graduate level (Graduate certificate or diploma, Foundation or Bachelor's degree)
- [ ] Postgraduate level (Postgraduate certificate or diploma, Masters degree)
- [ ] Doctoral (PhD, Professional Doctorate)
- [ ] Membership of a Specialist Faculty
- [ ] Qualification in education
- [ ] Other chiropractic related qualification
- [ ] None of the above

In which of the following do you have a graduate level degree?
Select all that apply

- [ ] Education research methods
- [ ] Healthcare administration/service provision
- [ ] Clinical care
- [ ] Biomedical sciences (e.g. anatomy, physiology, sport sciences etc.)
- [ ] Other

In which of the following do you have a postgraduate level degree?
Select all that apply

- [ ] Education research methods
- [ ] Healthcare administration/service provision
- [ ] Clinical care
- [ ] Biomedical sciences (e.g. anatomy, physiology, sport sciences etc.)
- [ ] Other

In which of the following do you have a doctoral degree?
Select all that apply

- [ ] Education research methods
- [ ] Healthcare administration/service provision
- [ ] Clinical care
- [ ] Biomedical sciences (e.g. anatomy, physiology, sport sciences etc.)
- [ ] Other

In which of the following do you have Specialist Faculty membership?
Select all that apply

- [ ] Sports chiropractic
- [ ] Pain
- [ ] Paediatric chiropractic
- [ ] Animal chiropractic
- [ ] Imaging
- [ ] Orthopaedics
- [ ] Other

Future plans

This section is about your intentions in the next three years.

Q28 **Do you intend to undertake any further qualifications related to chiropractic practice, education or research in the next three years?**

- ( ) Yes
- ( ) No
- ( ) Don't know/undecided

Q29 **Do you intend to continue practising as a chiropractor in the UK over the next three years?**

- ( ) Yes
- ( ) No
- ( ) Don't know/undecided

Q30 **Do you intend to work in chiropractic education in the next three years?**

- ◯ Yes
- ◯ No
- ◯ Don't know/undecided

Q31 **Do you intend to work in chiropractic research in the next three years?**

- ◯ Yes
- ◯ No
- ◯ Don't know/undecided

Keeping up-to-date with the profession

This section is about keeping up-to-date with what's going on in the profession.

Q32 **How easy is it to keep up-to-date with...?**
Select one for each

	Very easy	Quite easy	Not very easy	Not at all easy	Don't know
Developments and challenges in the profession	◯	◯	◯	◯	◯
Recommendations and advances in clinical practice	◯	◯	◯	◯	◯

Q33 **How do you keep up-to-date with what's going on in the profession?**
Select all that apply

- ☐ GCC website
- ☐ GCC newsletters
- ☐ Meeting with colleagues
- ☐ Chiropractic journals
- ☐ The Royal College of Chiropractors
- ☐ Professional associations
- ☐ Social media groups/forums
- ☐ Conferences or events
- ☐ Other
- ☐ None

The future of the profession

The following questions are about your opinions about the future of the profession.

Q34 **Overall, would you say you are optimistic or pessimistic about the future of the profession over the next three years?**

- ◯ Very optimistic
- ◯ Quite optimistic
- ◯ Neither optimistic nor pessimistic
- ◯ Quite pessimistic
- ◯ Very pessimistic

Q35 **What do you feel would you say you are optimistic or pessimistic about the future of your profession over the next three years? about?**
Select all that apply

- [ ] Changes in patients' expectations
- [ ] Changes in patients' needs
- [ ] Learning and development
- [ ] Changes in technology
- [ ] Changes in regulation
- [ ] Finances/money/costs
- [ ] Staffing
- [ ] Employment opportunities
- [ ] Population changes
- [ ] Reputation of the chiropractic profession
- [ ] The status of the chiropractic profession within the wider healthcare system
- [ ] Other

Equality and diversity

The GCC is committed to promoting equality, valuing diversity and being inclusive in all its work as a health professions regulator, and to making sure it meets our equality duties.

The following questions relate to our equality and diversity work and add to our understanding of the diversity of the profession.

You do not have to answer these questions if you would prefer not to.

Q36 **Are you...?**

- ○ Male
- ○ Female
- ○ Other
- ○ Prefer not to say

Q37 **Does your gender identity match your sex as registered at birth?**

- ○ Yes
- ○ No
- ○ Prefer not to say

Q38 **What is your age?**

- ○ 16-24 years
- ○ 25-34 years
- ○ 35-44 years
- ○ 45-54 years
- ○ 55-64 years
- ○ 65+ years
- ○ Prefer not to say

Q39 **What is your sexual orientation?**

- ◯ Heterosexual/Straight
- ◯ Gay woman/Lesbian
- ◯ Gay man
- ◯ Bisexual
- ◯ Other
- ◯ Prefer not to say

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on a person's ability to carry out normal day to day activities.

Q40 **Do you consider yourself to have a disability according to the definition in the Equality Act?**

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

What type of disability do you have?
Select all that apply

- ☐ Physical impairment
- ☐ Mental impairment
- ☐ Other
- ☐ Prefer not to say

Q41 **What is your ethnicity?**

- ◯ White - English/Welsh/Scottish/Northern Irish/British
- ◯ White - Irish
- ◯ White - Gypsy or Irish traveller
- ◯ White - Other
- ◯ Mixed/Multiple ethnic groups - White and Black Caribbean
- ◯ Mixed/Multiple ethnic groups - White and Black African
- ◯ Mixed/Multiple ethnic groups - White and Asian
- ◯ Mixed/Multiple ethnic groups - Other
- ◯ Asian/Asian British - Indian
- ◯ Asian/Asian British - Pakistani
- ◯ Asian/Asian British - Bangladeshi
- ◯ Asian/Asian British - Chinese
- ◯ Asian/Asian British - Other
- ◯ Black/Black British - Black African
- ◯ Black/Black British - Black Caribbean
- ◯ Black or Black British - Other
- ◯ Arab
- ◯ Any other ethnic group
- ◯ Prefer not to say

Q42 **What is your religion/belief?**

- ◯ Buddhist
- ◯ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ◯ Hindu
- ◯ Jewish
- ◯ Muslim
- ◯ Sikh
- ◯ No religion
- ◯ Any other religion
- ◯ Prefer not to say

Q43 **Are you currently…?**

- ◯ Single (never married or in a civil partnership)
- ◯ Cohabiting
- ◯ Married
- ◯ In a civil partnership
- ◯ Separated (but still legally married or in a civil partnership)
- ◯ Divorced or civil partnership dissolved
- ◯ Widowed or a surviving partner from a civil partnership
- ◯ Prefer not to say

Q44 **Have you taken any of these within the past year?**

- ◯ Maternity leave - statutory
- ◯ Maternity leave - extended
- ◯ Paternity leave
- ◯ Shared parental leave
- ◯ Adoption leave
- ◯ None of the above
- ◯ Prefer not to say

Appendix B – Depth interview guide

Please note this interview guide is intended as a guide to the researcher only. Sections may be subject to change during the course of the interviews if, for example, certain questions do not elicit useful responses. Times shown are based on 25-30 interview

Introduction

- My name is.....and I work for a company called Enventure Research.

- A few months ago you took part in an online survey – the General Chiropractic Council Registrant Survey 2020 – to give your views and opinions on a range of important issues relating to the profession and your practice.

- The results have been collected and have been analysed. The GCC has asked us to explore some of the results, issues and challenges that have been highlighted by registrants in more detail, directly with chiropractic professionals like you.

- We want to hear what you think about certain topics and issues based on your own experiences and perceptions as a chiropractic professional.

- Confidentiality:
    - Everything said during this discussion is confidential, so please be as open and honest as possible. There are no right or wrong answers.
    - Enventure Research is an independent research agency, not part of the GCC.
    - We may use quotes from this discussion within the report, but these will remain anonymous and any identifying information will be removed.
    - Market Research Society Code of Conduct and GDPR – ensure confidentiality.

- The interview will be recorded. The recording will only be used to listen back to and write up notes. It is not passed to anyone else, including the GOC, and will be securely deleted once the consultation is over. ***Moderator to start recording, confirm again that this is OK.***

- Whilst I have a good broad understanding of the chiropractic sector, please treat me as a lay person in terms of any abbreviations, acronyms or clinical terminology.

- Our discussion will last for no more than 30 minutes. Do you have any questions before we begin?

Can you please briefly introduce yourselves in three sentences?

- First name
- Job role/title and workplace setting
- How long you have been working in the chiropractic profession?

Your practice

- What would you say are the greatest challenges that you face in daily practice at the moment?
    - Why do you say that?
    - What can be done to address them?

- How has the COVID-19 pandemic affected your practice?
    - How have you had to adapt?
    - Have telehealth appointments/consultations been introduced to your practice?
    - What support, if any, do you need to help with the challenges posed by the COVID-19 pandemic?

Future of the profession

In the survey, 50% said they were optimistic about the future of the profession over the next three years and 23% were pessimistic.

- What is your reaction to that?
- Are you optimistic or pessimistic about the future of the profession?
- What are you optimistic/pessimistic about?

Some of the most common reasons for pessimism in the survey included:

- The status of the chiropractic profession within the wider healthcare system
- The reputation of the chiropractic profession
- Changes in regulation
- Finances/money/cost

- What are your thoughts on these challenges?
- Why have these been highlighted as causes for pessimism amongst registrants?
- How prepared is the profession for these challenges?
- What can be done to address these challenges?
- Do you think the GCC is supporting registrants and the wider sector to deal with these challenges?
    - What else can the GCC, as a regulator, do to help registrants meet the challenges?

In the survey, the status of the chiropractic profession within the wider healthcare system was listed as a cause of optimism.

- What opportunities are there for the profession in the future within the wider healthcare system?
- How will this affect you/your role?
- What barriers might there be to these opportunities? How can they be overcome?
- Do you think your role as a chiropractic professional will change (significantly) in the next three years?
    - Why/why not?
    - If so, do you feel positive or negative about these changes?
    - Do you feel prepared for the changes?
- Are you interested in working for the NHS, given suitable opportunities and/or training?
    - Why/why not?
- Do you intend to undertake any further qualifications related to chiropractic practice, education or research in the next three years?
    - If so, in what area?
    - If not, what are the barriers?

Performance monitoring and patient safety concerns

The survey asked a few questions about performance monitoring.

- How is performance monitored in the practice(s) you work in?
- How is this performance monitoring used?

In the survey we asked a few questions about raising patient safety concerns.

- What might be a patient safety incident?
- What procedure(s) are in place in your workplace(s) for reporting patient safety concerns?
    - How does it work?
- Do you have any examples of when the procedure/system has been put into practice?
- Do you have confidence in the procedure/system?
    - Why/why not?
    - Do you have any suggestions about how it could be improved?

- How are learnings from patient safety incidents taken on board?
- How comfortable are you about raising a patient safety concern with (any of) your employer(s)?
    - Why do you feel comfortable/not comfortable?

Keeping up to date in the profession

In the survey we asked a few questions about keeping up to date with developments and challenges in the profession and with recommendations and advances in clinical practice.

- How do you keep up to date with what's going on in the profession?
- In your opinion, how easy or difficult is it to keep up to date?
- Is there anything more the GCC, as a regulator, can do to help registrants keep more up to date with what's going on in the profession?

Summary and close

Based on everything we have discussed today:

- What do you think the most important points are that we have discussed?
- Any other points to raise for the GCC to take on board/be aware of?