

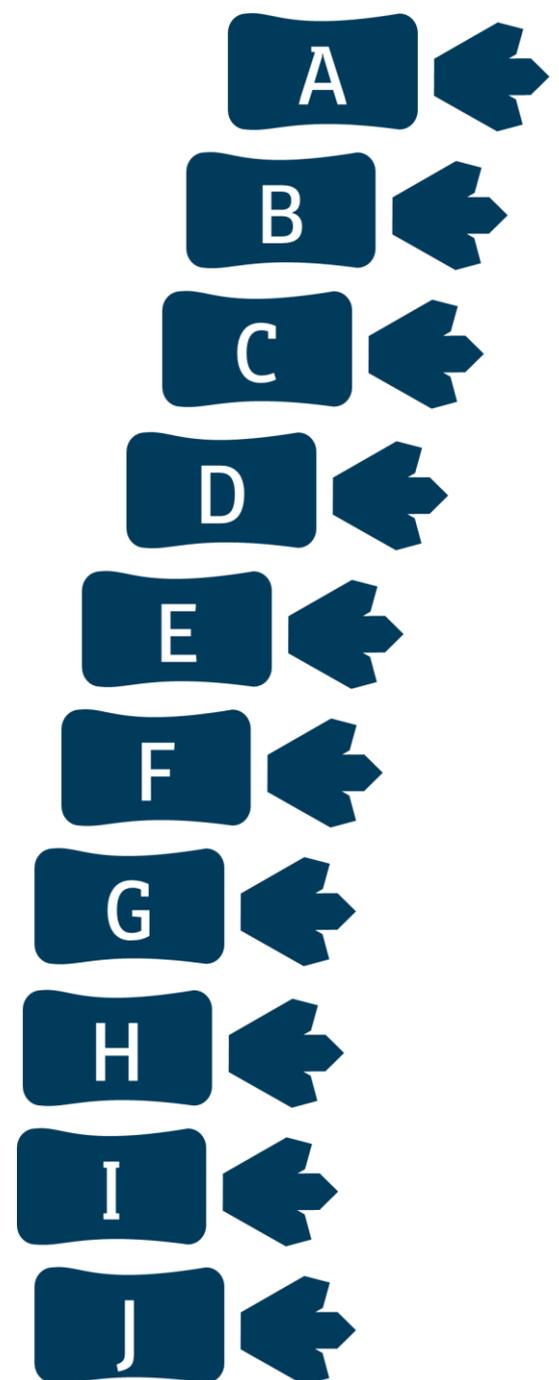
The Code of Professional Practice

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**General
Chiropractic
Council**



Introduction

About the General Chiropractic Council

The General Chiropractic Council is the UK regulator for the chiropractic profession and has the statutory responsibility for setting the Standards of Professional Practice (comprising both the Standards of conduct, performance and ethics; and the Standards of proficiency) that all chiropractors must follow.

Chiropractors are professionals, regulated by the General Chiropractic Council, and the Code of Professional Practice defines what is required of them across the full range of different settings where they work and the range of roles that they have.

The purpose of the Code of Professional Practice

The values, Principles and Standards within the Code of Professional Practice form the reasonable expectation that everyone - the public, patients, other health care providers and other chiropractors - can have of a registered chiropractor. A chiropractor can go above and beyond these Standards in their practice, but they must meet them.

The Code of Professional Practice is addressed to chiropractors but will assist anyone who wishes to understand the duties and responsibilities of the profession.

The number of Standards in each Principle varies, some have fewer than others. The number of Standards, their order within a Principle, and the level of their detail are not indicators of the weight or priority given to the Standard.

Standards and Principles relate to both professional behaviour and professional proficiency, and encompass expectations of both action and of knowledge.

For chiropractors:

The Code of Professional Practice is a framework to help you provide safe, high-quality care in the best interests of patients. It promotes conduct and care that meet the reasonable expectations of patients.

As a healthcare professional you have a responsibility to ensure the care and safety of patients and the public; and uphold professional standards in all aspects of your professional and personal life. You are professionally accountable and personally responsible for your practise (what is done or not done) no matter the direction or guidance given by an employer or colleague. You must be able to justify your decisions and actions. If someone raises a concern about your fitness to practise, you will be expected to demonstrate that your decision making was informed by these Standards and that you acted in the best interests of the patient. You must also comply with all legal requirements that apply to you as a healthcare professional – including (but not limited to) health and safety, data protection, equality, advertising and consumer protection.

For patients and the public:

The Code of Professional Practice sets out what you can reasonably expect of a chiropractor. It puts you, as the patient, at the centre of your care, recognising you as an individual with diverse needs. The Code of Professional Practice supports safe, high-quality care for all. It aims to ensure that you are treated fairly, with respect and dignity, and that your best interests are the priority throughout the care process.

Chiropractors are highly-trained autonomous healthcare professionals. This means that they combine their own knowledge and experience, clinical evidence and your personal healthcare goals to recommend and provide a plan of care personalised to your needs.

The profession provides care to thousands of patients every day and most chiropractors will meet the Standards and Principles set out in the Code of Professional Practice as a matter of course.

Good communication between you and your chiropractor will lead to a stronger therapeutic relationship and help the chiropractor provide you with the best care that they can. If you have a concern about your care, you should first raise it with your chiropractor to give them the opportunity to explain their approach.

The structure of the Code of Professional Practice

The Code of Professional Practice follows a values-based approach by:

1. Identifying an agreed core set of shared values (between patients and chiropractors) that underpin the Code of Professional Practice.
2. Translating these core values into high level Principles. These Principles form part of the Standards and describe actions necessary to implement and realise the values.
3. Setting out more detailed Standards that are necessary to achieve each of the core Principles within the Code of Professional Practice.

The Values

Patients and chiropractors identified four core values:

- Patient-centred care
- Honesty, Integrity and Transparency
- Safety and Quality
- Professionalism

As the Code of Professional Practice is built around these shared values, it reflects the reasonable expectations that patients can have of their chiropractor, and how chiropractors will act as members of the profession. The values are realised through ten high level Principles.

The Principles

Each Principle is equally important in defining what constitutes an acceptable level of professional practice. Although the table highlights the values most associated with each Principle, other values may also apply to each Principle depending on the context.

As a chiropractor:

	Principle	Reflecting the values of:
A	You must put the interests of patients first	Patient-centred care; Safety and Quality.
B	You must ensure safety and quality in clinical practice	Safety and Quality.
C	You must act with honesty and integrity and maintain the highest standards of professional and personal conduct	Honesty, Integrity and Transparency; Professionalism.
D	You must provide a good standard of clinical care and professional practice	Patient-centred care; Safety and Quality.
E	You must establish and maintain clear professional boundaries	Safety and Quality; Professionalism.
F	You must obtain appropriate, valid consent from patients	Honesty, Integrity and Transparency; Patient-centred care; Safety and Quality; Professionalism.
G	You must communicate professionally, properly and effectively	Honesty, Integrity and Transparency; Safety and Quality; Patient-centred care; Professionalism.
H	You must foster collaborative healthcare, effective professional relationships and safe, supportive workplace practice	Safety and Quality; Patient-centred care; Professionalism.
I	You must maintain, develop and work within your professional knowledge and skills	Safety and Quality; Professionalism.
J	You must maintain and protect patient information	Safety and Quality; Professionalism.

The Standards

A chiropractor must meet all of the Standards within each Principle. By doing so it is anticipated that they will uphold each Principle.

As an autonomous healthcare professional, a chiropractor will use professional judgement in applying the Standards. They will use their knowledge, skills and experience, referencing the Standards and other sources of guidance. In doing so they will practise ethically and in the interests of patients.

How each chiropractor meets the Standards will depend on their role, their workplace and their own individual scope of practice. There will be more than one way of meeting the requirements of each Standard.

The words “You must” are used to indicate that a Standard is mandatory. The word “should” is used where a Standard will not apply in every situation or circumstance.

Supplementary guidance

In relation to some Standards or Principles the GCC may produce supplementary guidance where we feel it may be of assistance.

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

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

We draw attention to the extensive glossary which helps understanding of the responsibilities and duties set out within this Code of Professional Practice.

How the Code of Professional Practice and guidance informs Fitness to Practise investigations

Most chiropractors uphold high professional standards but, on occasion, a small proportion fall short. If we receive an allegation that a chiropractor has not met one or more of the requirements of the Code of Professional Practice (“a complaint”), we are bound by legislation to investigate and decide if this could constitute unacceptable professional conduct. An unintentional or minor breach of a Standard is unlikely to constitute unacceptable professional conduct.

In any subsequent Fitness to Practise procedure, the values, Principles, Standards, glossary and supplementary guidance will all be considered to determine whether there has been a breach of professional standards. The chiropractor will be asked to demonstrate that their conduct, performance and decision making were informed by these Standards and Principles.

The Code of Professional Practice:

Principle A

You must put the interests of patients first

The interests of the patient come first, making the care and safety of every patient the priority. The chiropractor's duty of care towards them is fulfilled by promoting their safety and wellbeing, treating them fairly and with respect, and acting to safeguard them. Providing patient-centred care enables their interests to be met. This means listening to each patient, helping them to be involved in reaching decisions about their care, providing care that is personalised to their needs and empowering them in their care, health and wellbeing.

As a chiropractor you must:

- A1** put the patient's needs and safety at the centre of their care.
- A2** show respect, compassion and care for the patient. You must find out what matters to them and consider their needs and preferences. You must respond honestly and openly to their questions and must not pressure the patient to accept your advice.
- A3** provide care based upon the principles of a person-centred approach by:
 - i. engaging effectively with the patient through individualised conversations and interactions
 - ii. enabling and supporting the patient in their care, health and wellbeing
 - iii. involving the patient in decisions about their care
 - iv. collaboratively supporting and managing the patient when they have a high complexity of physical, psychological and social factors.
- A4** respect the patient's privacy, dignity and their right to choose who is present when their care is discussed and provided.
- A5** treat the patient fairly and without discrimination, interacting in a way that respects their choices, diversity and culture.
- A6** safeguard children and vulnerable adults by:
 - considering their safety and welfare;
 - assessing their vulnerability;
 - actively looking for signs of abuse.

When you suspect a child or vulnerable adult could be at risk of, or suffering, abuse or neglect, you must promptly follow the established local safeguarding arrangements to report your concern. You must record your suspicions and actions.

Principle B

You must ensure safety and quality in clinical practice

It is essential to ensure that patients are kept safe when visiting any healthcare setting and seeking chiropractic care. Robust systems of safety in practice help keep them safe. These will promote safety, in the interest of preventing harm before harm occurs. Prevention requires chiropractors to recognise safety incidents and to be clear that transparent reporting enables their own learning, and the learning of others, so action can be taken to reduce future risks to patients. Chiropractors need to be prepared to respond to emergencies in practice. They have a duty to act where they have concerns for the safety of any patient.

The accessibility of healthcare matters to patients. Chiropractors need to understand and recognise barriers to accessing healthcare, and how reasonable measures to address these may be taken in practice.

Assuring the quality of care provided is central to the protection of patients. This requires chiropractors to continually look for improvements to the quality of care provided to patients.

As a chiropractor you must:

- B1** protect patients by promoting and maintaining a culture of safety, seeking to prevent harm before it occurs.
- B2** act promptly and appropriately when you have concerns about the safety of a patient, and record what you did.
- B3** practise in a safe, hygienic environment where you actively identify and control risks. You must ensure all equipment you use is safe and meets relevant safety standards. You must plan for first aid and other emergencies.
- B4** recognise safety incidents that risk the safety of a patient or another person, or have the potential to do so (“near miss”). You must understand the importance of reporting incidents through a suitable safety system, so that you, and the wider profession, can learn from them.
- B5** recognise the importance of promoting accessible healthcare for all patients, and recognise how this can be supported in your practice.
- B6** collect, evaluate and use feedback and data about the quality of care of patients to continuously improve your practice.

Principle C

You must act with honesty, and integrity, and maintain the highest standards of professional and personal conduct

Patients must be able to trust chiropractors. A chiropractor justifies the trust of patients and the public, both in themselves and in the profession, by upholding high standards of conduct at all times. Trust is earned by acting transparently and by demonstrating honesty, integrity and candour.

A chiropractor is expected to treat everyone fairly, promoting equality, diversity and inclusion, and to take an active role in tackling inequality and discrimination.

When sharing information, chiropractors are expected to uphold the reputation of the profession by being transparent and accountable. This applies when telling people about their services (advertising and any other promotional activities) and when sharing (or resharing) health information, by any medium. Information needs to be accessible (able to be read or received, and understood, by its intended audience) and must not exploit peoples' vulnerability or lack of health knowledge.

Professionalism also extends to managing one's own health and wellbeing, and to how personal views are expressed in interactions with patients and others. It includes the wider responsibilities of chiropractors as regulated healthcare professionals, including the duty to take action when they witness unprofessional behaviour by others.

As a chiropractor you must:

- C1** look after your health and wellbeing, seeking support when necessary. You must protect others from harm caused by the health, conduct or performance of you or any other regulated healthcare professional.
- C2** seek appropriate independent advice if you have significant concerns about your own fitness to practise, whether due to issues with health, character, behaviour, judgement or any other matter which may compromise the safety of patients or damage the reputation of your profession.
- C3** have appropriate insurance and indemnity cover for the full scope of your own individual practice.

You must be clear with the patient that you are registered with the General Chiropractic Council.

You must be clear with the patient whether each person you employ, manage or lead that has a chiropractic qualification, is (or is not) registered with the GCC or another statutory UK health regulator.

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- C4** take responsibility, as an autonomous healthcare professional, for keeping up to date with, and following relevant legislation, regulations, codes of practice and GCC guidance.
- C5** when telling people about your services, ensure that all information is factual, verifiable, does not mislead, or exploit their vulnerability or lack of health knowledge. Where you delegate this, the accountability sits with you.
- C6** ensure health information you share publicly is consistent with the best quality of evidence that is available at the time, and is credible and accessible to the intended audience.
- C7** ensure your behaviour is professional at all times, upholding and protecting the reputation of the profession and justifying public trust.
- C8** respect confidential information about the patient and preserve their dignity at all times, including online, during remote consultations, and when referring to them anonymously.
- C9** be honest, fair, and transparent in your business. Your clinical judgement must not be prejudiced by any personal, financial or commercial interest. You must not ask for, accept, or offer, any inducement that may prejudice the care of a patient.
- C10** determine and share a clinical plan of care for the patient separately (and independently) from any financial payment plan.
You must provide a clear contract for any financial payment plan which must include arrangements for refunds for unused care. You must not offer a financial payment plan that extends beyond the amount of care set out in your initial clinical plan of care for the patient. You must not pressure the patient to commit financially to long term treatment.
- C11** fulfil the duty of candour by being open and honest with the patient. Inform them if something goes wrong with their care which causes, or could cause, harm or distress. You must offer an apology, a suitable remedy or support, and an explanation of resulting actions.
- C12** ensure your personal biases, values and beliefs do not prejudice the care that you provide to the patient, your personal interactions, or your professional reputation.
- C13** promote equality, diversity and inclusion, challenge discrimination and seek to tackle inequalities. You must raise concerns about colleagues if you believe they are treating people unfairly, have discriminated against someone or if their personal biases have prejudiced the care they provide.
When raising concerns you must follow the relevant local procedures to maintain the safety of everyone involved.

C14 have a reasonable justification for refusing or discontinuing care for a patient. You must record this. You must explain how they can find other healthcare professionals who could offer care, in a fair and unbiased way.

C15 promptly inform the GCC if, anywhere in the world:

- i. you are charged with a criminal offence;
- ii. you are convicted of a criminal offence;
- iii. you are the subject of a regulatory investigation;
- iv. you are suspended, dismissed, refused membership or placed under a practice restriction following concerns about your professional conduct or competence by another organisation (including regulator, insurer, professional body, employer).

C16 cooperate promptly and fully with any formal investigation, inquiry, or complaints procedure into your own professional conduct or performance, that of others or the care of a patient.

You must respond to all reasonable requests from the GCC. If you are informed that you are the subject of a GCC investigation, you must follow any directions you are given by the GCC to assist in a fair and efficient process.

Principle D

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

A chiropractor is expected to provide good quality care that is patient-centred, safe and effective, and that is consistent with the current standards for good healthcare practice. This is supported by the use of critical thinking to underpin clinical approaches and integrating the best quality of evidence that is available at the time throughout the care of patients. This means chiropractors are expected to offer plans of care that follow the recommendations of authoritative clinical guidelines, within their own individual scope of practice. They need to have sound justification for their clinical recommendations and decisions about the care of patients and keep these under regular review.

When a chiropractor engages with developments in professional practice, such as new technologies and ways of working, they must do so safely and effectively to ensure benefit to the care of patients.

Chiropractors, given that they are well-placed through their interactions with patients and as health and care professionals, are expected to engage in interventions that support prevention and health promotion for the benefit of individuals and the population.

As a chiropractor you must:

Clinical assessment and diagnosis or rationale for care

- D1** take and record a thorough case history for the patient.
- D2** find out the patient's goals for their care.
Before commencing care, you must establish planned health outcomes of the care, using recognised outcome measures. You must agree with the patient (and record) how progress towards the planned health outcomes will be measured.
- D3** with the valid consent of the patient, carry out an appropriate physical examination, prioritising methods supported by the best quality of evidence that is available at the time. You must explain to the patient (and record) the results of the examination.
- D4** ensure that you have the valid consent of the patient for any diagnostic investigation (including imaging) before it is carried out. You must carry out investigation in the health interests of the patient and in a way that minimises the risks to them. You must base the investigation on clinical reasoning, following authoritative evidence-based guidelines and adhering to all regulatory standards.

D5 use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must record and keep under review. You must keep the patient informed, including about any diagnostic uncertainty.

Developing a plan of care

D6 use the findings of the clinical assessment and the best quality of evidence that is available at the time, to propose (and record) a plan of care for the patient. You must tell the patient where your proposals are not supported by evidence of accepted quality and record your rationale and discussions.

D7 inform the patient of the risks and benefits to the proposed plan of care. You must inform them of alternatives to the proposed plan of care including evidence-based options that may be provided by other healthcare professionals, and the expected natural history (prognosis without any care).

D8 apply evidence-based practice to develop, implement and record a personalised plan of care, in partnership with the patient.

You must record and explain to the patient how progress towards the planned health outcomes of the care will be evaluated and set timescales.

You must obtain and record the valid consent of the patient before implementing the plan of care. You must not propose a plan of care that is excessive or that is not justified by a robust, recorded clinical assessment.

Evaluating and modifying the plan of care

D9 continuously monitor and record the patient's progress towards their planned health outcomes, evaluating and adapting the plan of care to meet their needs.

You must carry out formal clinical reassessments at regular intervals, using recognised outcome measures to evaluate the effectiveness of care, as previously agreed with the patient and set out in their plan of care.

D10 discuss with the patient their progression towards their planned health outcomes, agree any continuation or modification to their plan of care and record valid consent.

Providing care

D11 use evidence-based practice to select and implement safe, appropriate, care that meets the needs and preferences of the patient. This could include:

- manual techniques
- rehabilitative interventions
- psychologically informed approaches
- education and advice

You must encourage and support patients to self-manage their health, signposting them to relevant resources.

D12 with the valid consent of the patient make, receive and implement effective referrals to other healthcare professionals, in the best interest of the patient.

D13 engage in evidence-based interventions that support prevention and health promotion, considering health inequalities, for the benefit of the patient and population health.

D14 understand the risks and benefits to the patient before using any new technology and ensure that clinical care is safe and effective, whether it is provided face-to-face or remotely. You must obtain the valid consent of the patient.

D15 ensure that in promoting or conducting research or using research in practice, you do so ethically and effectively.

Principle E

You must establish and maintain clear professional boundaries

Healthcare professionals occupy a position of power and trust, with respect to patients and others. Patients, and those close to them, must be able to trust that those involved in their care will behave professionally towards them. Power imbalances between colleagues can also exist and must not affect professional conduct (this includes when training or supervising others).

Patients are protected when their chiropractor ensures that all of their conversations and interactions with the patient are confined within the limits set by proper boundaries for the professional relationship. This includes ensuring that patients, and others who accompany them, are treated respectfully and with dignity, that patients feel comfortable with interactions, and that their needs or preferences for chaperones or advocates are considered. This enables care to be provided in effective partnership with the patient.

As a chiropractor you must:

- E1** recognise the power imbalances that come with being a healthcare professional. You must not abuse the position of power and trust which you occupy as a professional. You must not pursue or encourage improper financial, emotional or personal relationships. You must not cross any professional boundary: this includes sexual boundaries.
- E2** ensure you, and any person you employ, manage or lead, treat all patients, their carers or others accompanying them, with respect and dignity.
- E3** explain the reason to the patient and obtain and record valid consent if there is a clinical need for clothing to be removed. You must respect their right to privacy to undress and you must offer the use of a gown.
You must always obtain a patient's consent if it becomes necessary during examination or treatment for an item of the patient's clothing to be adjusted.
- E4** consider the need for (or advisability of) another person to be present to act as a chaperone or advocate - for your own protection and that of the patient.
You must, wherever possible, offer a chaperone if the clinical assessment or care might be considered intimate or where the patient is a child or a vulnerable adult, or where the patient requests one. You must record when you offer or use a chaperone or advocate.

Principle F

You must obtain appropriate, valid consent from patients

Patients have the right to determine what happens to them, and chiropractors have legal and ethical duties to obtain valid consent from the patient, or other valid authority, for clinical, and some non-clinical procedures. For consent to be valid, it must be voluntary, informed (based on accurate information including risks and benefits) and the individual giving consent must have the capacity to make the decision.

As a chiropractor you must:

- F1** give the patient necessary, accurate, relevant and clear information in a format that is accessible to them so they can make informed decisions about their health needs and care options. You must take reasonable steps to check that they understand the information given to them.
- F2** give due regard to the capacity of the patient to give valid consent, considering that their capacity can change over time.
- F3** ensure the consent of the patient is voluntarily given, without pressure, or undue influence.
- F4** obtain, and record, valid consent from a patient (or their valid authority) before:
 - commencing or amending assessment or care
 - involving them in teaching or research
 - making a recording of them
 - disclosing identifiable information about them (unless there is another lawful basis to do so)

Consent is a continuous process, and you must make ongoing checks that consent continues to be given.

- F5** take particular care to obtain valid consent when seeing a child or vulnerable adult, considering if the patient is legally competent to give consent or requires the consent of a parent or valid authority.

Principle G

You must communicate professionally, properly, and effectively

The safety of patients, the quality of their care and the provision of patient-centred care require chiropractors to communicate well with patients, their advocates, carers and family, colleagues, and other healthcare professionals. Duties relating to communication also extend to the wider sharing of information by the chiropractor, as a healthcare professional, through all communication channels.

As a chiropractor, you must:

- G1** take reasonable steps to understand and meet the language and communication needs and preferences of the patient, while maintaining their privacy.
- G2** communicate clinical information to the patient clearly, sensitively and effectively. You must use language that enhances the care of the patient, promotes their health literacy, and supports shared decision-making.
- G3** have visible and easy to understand information for the patient on fees, charging policies and how to make a complaint. This information must include the patient's right to change their mind about their care and their right to refer any unresolved complaints to the GCC.
- You must respond promptly and appropriately to any complaints that arise.
- If you practise in Wales, you should consider also making information available in the Welsh language.
- G4** communicate effectively with other professionals in the interest of meeting the patient's health and care needs and goals. You must only share information with the consent of the patient (unless there is another lawful basis to do so).
- G5** tell the patient who is responsible for their care. When arranging for another person to provide their care, you must be clear with the patient:
- whether that person is registered with a statutory UK health regulator;
 - who holds accountability for that care.
- G6** when communicating online as a healthcare professional (including media sharing, social networking sites and user-generated content), do so responsibly. You must check that information is not misleading, and maintain professional boundaries and public confidence in the profession. Where you delegate this, the accountability sits with you.

Principle H

You must foster collaborative healthcare, effective professional relationships and safe, supportive workplace practice

To keep patients safe, and to ensure the quality of their care, it is essential that chiropractors work well with others, within the workplace, and externally and inter-professionally. This includes maintaining effective and respectful professional relationships to underpin collaboration in the care of patients. Where tasks or duties have been delegated to others to do on their behalf, the chiropractor will remain accountable.

Chiropractors need to be able to work effectively as part of a team (where this is required) to deliver and enhance the care of patients. This may include engaging with the design, delivery or enhancement of healthcare services more widely.

Leadership as a healthcare professional is more than the management or supervision of others, it is an attribute all chiropractors are able to demonstrate. Leadership will mean different things in different roles and there are many ways to show leadership.

Chiropractors are expected to promote a positive culture in the workplace, as well as fulfilling their duty to act upon the poor behaviour of others by following local resolution procedures within their workplace. They are also required to give professional support to others, where appropriate.

As a chiropractor, you must:

- H1** collaborate appropriately and effectively with other health and care professionals, to enhance the integrated care of patients.
- H2** delegate tasks or duties only if safe and appropriate to do so. You must ensure that the person you delegate to is qualified, competent, and supervised and supported as necessary.
- H3** demonstrate effective team working and professional interpersonal relationships as required by your role. This includes contributing to the design, delivery, and improvement of healthcare services.
Your professional responsibility towards colleagues
- H4** demonstrate leadership appropriate to a healthcare professional and to your role.

H5

treat others in the workplace fairly and with respect.

You must report, follow-up and escalate concerns, following relevant procedures in your workplace, if you become aware of bullying, harassment, or intimidation. You must act quickly and appropriately where such concerns are raised to you, keeping everyone involved safe. You must encourage and support colleagues to raise their concerns.

H6

report, follow-up and escalate concerns, following relevant procedures in your workplace, where the performance or conduct of colleagues puts others at risk of harm. You must act quickly and appropriately where such concerns are raised to you. You must encourage and support colleagues to raise their concerns.

H7

be prepared, as necessary, to contribute to mentoring, teaching, training and professional development of students and other colleagues. You must allow any person you employ, manage or lead to meet their regulatory requirements.

Principle I

You must maintain, develop and work within your professional knowledge and skills

Chiropractic practice is a lifelong journey that demands continuous growth and the upkeep of skills and knowledge to remain current with advancements in the profession. Chiropractors are required to work within their own individual scope of practice. They are expected to regularly monitor the need to adapt and update their practice, taking responsibility for remaining up to date, and for further developing and improving their professional performance.

As a chiropractor, you must:

- 11** engage in reflective practice, seeking feedback and analysing information about your practice and the care that you provide, in the interests of supporting continuous improvement.
- 12** regularly consider how to adapt or improve your practice considering new developments, technologies and evidence from research.
- 13** routinely seek and critically appraise emerging evidence. You must integrate findings of the best quality of evidence that is available at the time into your practice, to enhance the care of patients.
- 14** maintain and develop your competence and performance, taking part in relevant and regular learning and professional development activities. You must be competent in all aspects of your professional work, including in any formal leadership, management, research or teaching role.
- 15** recognise and work within the limits of your own knowledge, skills and competence. You must be clear with the patient about your limits.
- 16** recognise the roles and expertise of other chiropractors and healthcare professionals. You must refer to them, or seek their expertise, when needed.
- 17** not allow another person you employ, manage or lead to take on responsibility for the clinical assessment or care of a patient where it is beyond their level of knowledge, skills, or experience.

Principle J

You must maintain and protect information about patients

Chiropractors are responsible for the personal information they collect and hold on their patients. They must fulfil their duties, as set out in legislation, for the protection of data. They need to be clear about the lawful basis for the disclosure or processing of data, giving access to it where this is required.

Advances in technology pose new risks to the personal information of patients. Chiropractors hold responsibility for keeping up to date with advancing technology in their practice and for taking positive action to prevent improper disclosure or misuse of information about a patient.

Chiropractors are accountable for ensuring that they maintain the health record for each patient, recording the status of their health, and each interaction with them. They are also responsible for ensuring the proper storage, transfer and eventual destruction of patient health records.

As a chiropractor, you must:

- J1** adapt to advancing technology, including data sharing, media sharing and social media, to proactively protect the patient's personal information.
- J2** be accountable for keeping patient records up to date, legible, and attributable. Your record must accurately represent each interaction with the patient. Retrospective amendments or additions to patient records must be identified clearly.
- J3** store patient records safely, and securely (whether physically or digitally) so that they remain in good condition for an appropriate retention period (accounting for the age of the patient and when they were last seen).
- J4** have documented arrangements in place to protect or transfer patient records in case of moving clinic, ceasing practise or in the event of your death.
- J5** ensure that patient records remain your responsibility, even where a patient has moved, unless you have contractually transferred this responsibility to another healthcare professional or organisation.

Glossary

Term	Definition
Abuse (signs of)	<p>Signs of abuse may include:</p> <ul style="list-style-type: none">• changes in a person's behaviour• changes in a person's appearance; (looking unkempt, dirty or thinner than usual)• sudden changes in their character• physical signs (bruises, wounds, fractures or other untreated injuries)• the same injuries happening more than once. <p>The requirement to actively look for signs of abuse means being alert to these and not relying upon receiving frank information that a person is being abused.</p> <p>See also: Neglect, Safeguard(ing).</p>
Accepted quality (of evidence)	<p>For evidence to be of accepted quality (for example, when explaining proposals for possible care options to patients), there must exist at least one published, peer-reviewed, adequately controlled, experimental human study that favours the care approach proposed, and that is relevant to the patient presentation.</p> <p>It should be noted that the best quality of evidence that is available at the time, while being sufficient to support evidence-based practice, may not reach the required quality threshold for Standard D6 that specifies that you must tell the patient where your proposals are not supported by evidence of accepted quality.</p> <p>See also: Best quality of evidence, Evidence-based practice.</p>

<p>Accessible/ accessibility (healthcare)</p>	<p>Equitable healthcare provision that enables everybody to seek, physically connect and engage with it. This might include:</p> <ul style="list-style-type: none"> • providing information to help people identify a health problem and inform their decision to seek help • facilitating them to seek help and obtain an appointment (for example, communication and booking systems) • facilitating patients to get to appointments (for example, flexibility of appointment times available, premises and transportation information) • interaction and experience within the practice (including the physical environment, communication, cultural competency, patient experience). <p>Accessible healthcare is of particular importance for people with protected characteristics as it supports the principles of equality, diversity and inclusion.</p> <p>See also: Accessible (information), Health inequalities, Health literacy, Health promotion, Reasonable measures (accessibility).</p>
<p>Accessible (information)</p>	<p>Accessible Information is information which is able to be read or received and understood by the individual or group for which it is intended. We use this in the Code of Professional Practice to apply to all audiences. Accessibility of information is also of particular importance where people have a disability, impairment or sensory loss that affects their information and communication needs. Accessible information supports wider access to healthcare and the principles of equality, diversity and inclusion.</p> <p>See also: Health literacy, Reasonable steps (language and communication).</p>
<p>Accountable</p>	<p>You are completely responsible for what you do and must be able to give a satisfactory reason for it. Where you have delegated responsibilities for tasks to others, you may still be accountable where something goes wrong.</p> <p>See also: Competence, Delegate, Qualified, (a) Record (noun).</p>
<p>Advocate</p>	<p>Any person who supports a vulnerable or disadvantaged person to ensure that their rights are being upheld in a healthcare context.</p> <p>See also: Carer, Chaperone, Power Imbalance.</p>

<p>Apology</p>	<p>Patients expect to be told three things as part of an apology:</p> <ul style="list-style-type: none"> • what happened? • what can be done to deal with any harm caused? • And what will be done to prevent someone else being harmed? <p>When offering an apology, a chiropractor is not expected to take personal responsibility for something going wrong that was not their fault and saying sorry is not the same as admitting liability or wrongdoing for what has happened.</p> <p>See also: Duty of Candour.</p>
<p>Authoritative (clinical guidelines)</p>	<p>Clinical guidelines that are produced by the most widely recognised experts in the field. This includes, for example, clinical guidelines developed by the National Institute for Clinical Excellence (NICE), or equivalent bodies.</p> <p>See also: Best quality of evidence.</p>
<p>Best quality of evidence</p>	<p>The findings of the highest quality of evidence that is in existence at the time. The quality level (from very low to high quality) is judged across the available body of evidence addressing a research question. It provides a measure indicating the extent to which one can be confident that conclusions drawn on the basis of the research evidence are correct and not potentially misleading. Quality will be affected by the design of included studies (hierarchy of evidence), but also by the methodological quality within individual studies, and by the extent to which the findings between different studies agree.</p> <p>See also: Accepted quality of evidence, Evidence-based.</p>
<p>Boundaries</p>	<p>Boundaries are established to set limits to the professional relationship between the chiropractor and the patient, or the chiropractor and another person. Chiropractors are expected to follow guidance set out by the GCC about maintaining professional boundaries, including, but not limited to, sexual boundaries.</p> <p>See also: Bullying, harassment or intimidation, Chaperone, Interest(s), Intimate procedure, Power imbalance.</p>
<p>Bullying, harassment or intimidation</p>	<p>Bullying and harassment are behaviours that make someone feel intimidated or offended. When the behaviour relates to protected characteristics, this is harassment and is unlawful. Intimidation is the action of frightening or threatening someone, usually in order to persuade them to act, or not act, in a way that the perpetrator wants them to.</p> <p>See also: Boundaries.</p>

Candour	See Duty of candour .
Capacity	<p>Ability of a patient to understand, remember and consider information provided to them.</p> <p>Note: the legal framework for the treatment of a child lacking the capacity to consent differs across the nations of the UK. It is important that chiropractors operate within the relevant law that applies in the nation in which they are practising.</p> <p>See also: Child/children, Valid Authority, Valid consent, Vulnerable Adult.</p>
Care	<p>Interventions by chiropractors that are designed to improve health. These include promoting health, maintaining health, preventing ill health, and addressing health needs.</p> <p>See also: Goals (of care), Manual techniques, Plan of care (clinical), Prevention, Psychologically informed approaches, Rationale for care, Rehabilitative interventions.</p>
Carer	<p>A person of any age, adult or child, who provides support to a partner, child, relative or friend who cannot manage to live independently or whose health or wellbeing would deteriorate without this help.</p> <p>See also: Advocate, Chaperone, Child/children, Valid Authority, Vulnerable adult.</p>
Case history	<p>Detailed account of a patient's history which results from the acquisition of information through interview, questionnaires and assessment of medical information.</p> <p>See also: Clinical assessment.</p>
Chaperone	<p>A person who is present during a professional encounter between a chiropractor and a patient, that can act as an impartial observer. The role of a chaperone is to support the patient, observe the interaction between the patient and the chiropractor, and help maintain professional boundaries. The presence of a chaperone also protects the chiropractor from misunderstandings or false allegations of misconduct. A chaperone should ideally be a health professional or other member of the healthcare team who is trained for the role they are undertaking and familiar with the procedures involved.</p> <p>See also: Advocate, Carer, Intimate procedure.</p>
Child/children	<p>England, Wales, Northern Ireland and Scotland each have their own guidance for organisations to keep children safe. They all agree that a child is anyone who is under the age of 18. A young person generally refers to 16 and upwards.</p> <p>See also: Capacity, Carer.</p>

<p>Clinical assessment</p>	<p>Chiropractor’s evaluation of a disease or condition based on the patient’s report of their health (that is, their physical, psychological and social wellbeing) and symptoms and cause of the illness or condition, along with the objective findings including examination, laboratory tests, diagnostic imaging, medical history and information reported by relatives and/or carers and other healthcare professionals.</p> <p>See also: Case history, Outcome measure, Physical examination, Working diagnosis.</p>
<p>Collaborate/ collaborative healthcare</p>	<p>Involving working together for a specific purpose (for example, collaborating with the patient to deliver person-centred care). Collaborative practice in healthcare may involve the participation of patients, their family, carers or advocates, and a diverse team of health professionals, who are involved in a cooperative and coordinated way. This means a chiropractor working effectively with whoever else they need to, playing their part to make sure that the various health and care needs of the patient are integrated and delivered well.</p> <p>See also: Integrated care, Person-centred.</p>
<p>Competence</p>	<p>To possess, and be able to apply, the required knowledge, attitude, and skills.</p> <p>See also: Qualified, Scope of practice.</p>
<p>Complexity (health and social care)</p>	<p>Where the needs of the patient are multifaceted, extending beyond multimorbidity and chronicity of physical health conditions, to also include psychological and/or socioeconomic and/or behavioural factors.</p> <p>See also: Accessible/accessibility (healthcare), Self-manage (health).</p>
<p>Consent</p>	<p>Permission given by a patient and/or their carer to accept a proposed action, after having been informed, as far as reasonably can be expected, of all relevant factors.</p> <p>See also: Valid consent.</p>
<p>Credible</p>	<p>Able to be believed or trusted.</p> <p>See also: Accepted quality (of evidence), Telling people about your services.</p>
<p>Critical appraisal</p>	<p>Critical appraisal is the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.</p> <p>See also: Evidence-based.</p>

<p>Culture</p>	<p>The way of life of a particular group of people, especially as shown in their ordinary behaviour and habits, their attitudes toward each other, and their moral and religious beliefs. Chiropractors need to be competent in their ability to interact with people from different cultures and respond to their health needs.^[1]</p> <p>See also: Accessible/accessibility (healthcare), Diversity.</p>
<p>Culture of Safety</p>	<p>The safety culture of an organisation is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviour that determine the characteristics of the organisation's health and safety management.</p> <p>Organisations with a positive safety culture are characterized by communications based on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures. The safety of patients is promoted when an organisational culture prioritises lowering risks, reducing the occurrence of avoidable harm, making errors less likely and reducing the impact of harm when it does occur.^{[2] [3]}</p> <p>See also: Duty of candour, Leadership, Local (procedures or arrangements), Safety incident, Safety standards.</p>
<p>Data sharing</p>	<p>Making data available to others. This includes open sharing that make data freely available to the public, as well as more controlled forms of sharing where data is only accessible to certain individuals or organisations.</p> <p>See also: Media sharing, Patient confidentiality.</p>
<p>Delegate</p>	<p>Ask someone else to take responsibility for carrying out a task on your behalf. While the responsibility for a task can be delegated, the accountability cannot. This means that where a chiropractor asks someone to carry out a task for them, they could still be held accountable if something goes wrong. Where a chiropractor delegates any aspect of clinical care to someone who is not a regulated professional, they retain accountability for the patient.</p> <p>See also: Accountable, Employ, manage or lead, Referral, Regulated healthcare professional.</p>
<p>Dignity</p>	<p>Central to person-centred care, the concept of dignity is about recognising, acknowledging and honouring the patient as a human being instead of objectifying them. It is particularly relevant in situations when the patient is not physically present and continues to apply after their death.</p> <p>See also: Boundaries, Patient confidentiality, Person-centred.</p>

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<p>Discriminate (discrimination)</p>	<p>To unfairly treat a person or group of people differently from other people or groups of people. This includes treating others differently because of your views about their lifestyle, culture or social or economic status, as well as the characteristics protected by law: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.</p> <p><i>See also:</i> Inequality, Personal Bias(es).</p>
<p>Diversity</p>	<p>Recognising and celebrating visible and non-visible differences. It acknowledges the benefits of having a range of perspectives in an organisation's operations and decision-making and taking steps to aid and encourage that diversity.</p> <p><i>See also:</i> Culture, Equality, Inclusion.</p>
<p>Duty of candour</p>	<p>The professional responsibility of openness and honesty required of chiropractors with patients when something goes wrong with their care which causes, or has the potential to cause, harm or distress.</p> <p><i>See also:</i> Apology, Culture of safety, Safety incident.</p>
<p>Effectiveness of care</p>	<p>The extent to which it achieves its intended effect on the health status of the patient, in the usual clinical setting.</p> <p><i>See also:</i> Health outcomes.</p>
<p>Employ, manage or lead</p>	<p>Within the Code of Professional Practice, this refers to any workplace arrangement where the chiropractor: gives work to another person and pays them for it; is in charge of or has the position of supervising another person; or directly oversees the work of another person. The other person may, or may not, be a regulated professional. All cases where one chiropractor employs, manages or leads another chiropractor are included (for example where they are an employee, a self-employed associate, a team member etc).</p> <p><i>See also:</i> Delegate, Leadership, Referral.</p>
<p>Equality</p>	<p>Fairness: ensuring that individuals, or groups of individuals, are not treated less favourably because of their protected characteristics. Equality relates to the legal obligations in which organisations must not unlawfully discriminate.</p> <p><i>See also:</i> Discriminate (discrimination), Diversity, Inclusion, Inequality.</p>

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Escalate (concerns)	<p>Formally involve a person or organisation with more authority, expertise or decision- making power in a situation because it cannot be adequately addressed at the current level, or requires more significant attention or resources.</p> <p>See also: Leadership, Local (procedures or arrangements).</p>
Evidence-based	<p>Within the Code of Professional Practice, this is used to indicate where it is required that a care approach should be in accordance with the best available evidence from scientific research that is available at the time.</p> <p>See also: Accepted quality (of evidence), Best quality of evidence, Critical appraisal.</p>
Evidence-based practice	<p>An approach to making a clinical decision, by integrating:</p> <ol style="list-style-type: none"> i. the best quality of research evidence that is available at the time; ii. the clinical expertise of the chiropractor; iii. the values of the patient. <p>Evidence-based practice is in accordance with the amended model of evidence-based medicine used by Sackett et al.^[4]</p> <p>See also: Best quality of evidence, Shared decision making.</p>
Financial payment plan	<p>A financial payment plan includes any arrangement where the patient enters into a financial contract in advance of care that will entitle them to more than one care visit, product or service. It includes pre-payment, membership models and credit agreements. It excludes direct debit arrangements set up on a 'pay-as-you go' basis.</p> <p>See also: Plan of care (clinical).</p>
Fitness to practise	<p>Being able to demonstrate that one is fit to be entered onto the GCC register. The requirements are demonstrating sufficient knowledge, skills and competence, behaving professionally and being in good health.</p>
Goals (of care)	<p>Goals of care are the aims of care for the patient, that are informed by their underlying values and priorities.</p> <p>See also: Planned health outcome.</p>
Health	<p>A state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity.</p> <p>See also: Wellbeing.</p>
Health inequalities	<p>Systematic differences in the health status of different socioeconomic population groups.</p> <p>See also: Accessible/accessibility (healthcare), Health, Population health.</p>

Health information	<p>Clinical information or advice relating to the diagnosis, treatment and management of illness, disease or injury, or wider epidemiological information. Health information also covers issues of fitness, diet and lifestyle, illness prevention, health promotion and population health.</p> <p>See also: Health literacy.</p>
Health literacy	<p>The personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health.</p> <p>See also: Accessible (information), Reasonable steps (language and communication).</p>
Health outcomes	<p>events occurring as a result of a health care intervention. These may be measured clinically, self-reported, or observed.</p> <p>See also: Effectiveness of care, Outcome measure, Planned health outcome.</p>
Health promotion	<p>The process of enabling people to increase control over, and to improve their health. This extends beyond a focus on individual behaviour and towards a range of interventions that can have a positive effect on population health.</p> <p>See also: Accessible/accessibility (healthcare), Population health, Prevention.</p>
Healthcare service	<p>An entity that provides medical treatment and care to the public or to a particular group.</p> <p>See also: Service</p>
Improper	<p>Not professionally acceptable.</p>
Inclusion	<p>Where people's differences are valued and used to enable everyone to thrive in that organisation. An inclusive organisation is one in which everyone feels they belong without conforming. Everyone's contribution matters, and they have the opportunity to perform to their full potential, no matter their characteristics, background, identity, or circumstances.</p> <p>See also: Diversity, Equality.</p>
Inducement	<p>An act or thing that is intended to persuade someone. If someone is offered an inducement, they are given or promised gifts or benefits in order to persuade them to do something.</p> <p>See also: Interest(s), Prejudice(d).</p>

<p>Inequality</p>	<p>An unfair situation in society, for example when some people have more opportunities, better health etc. than other people. In legislation, equality, diversity and inclusion (EDI) describe principles applied in order to systematically reduce inequalities that arise where individuals, or groups of individuals, are treated less favourably because of their protected characteristics.</p> <p>See also: Discriminate (discrimination), Diversity, Equality, Health Inequalities, Inclusion.</p>
<p>Informed (consent)</p>	<p>To be informed, the person must be given all of the information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead. If the person is not properly informed, their consent is not valid.</p> <p>See also: Valid consent.</p>
<p>Integrated care</p>	<p>Care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care.</p> <p>See also: Healthcare service, Person-centred.</p>
<p>Interest(s)</p>	<p>An interest brings advantages to or affects someone or something. Conflicts of interest can arise in situations where someone's judgement may be influenced, or perceived to be influenced, by a personal, financial or other interest. Chiropractors are expected to follow guidance for avoiding, declaring and managing actual or potential conflicts of interest, set out in the Conflicts of Interest joint regulatory statement. ^[5]</p> <p>See also: Boundaries, Inducement, Prejudice(d), Transparent/transparency.</p>
<p>Intimate procedure</p>	<p>Examination of breasts, genitalia or rectum will always be considered to be intimate procedures, but the definition could also include any procedure where it is necessary to touch or examine intimate parts of the patient's body, or even be physically close to the patient. Some patients may have particular concerns about undressing or exposing parts of their body but feel hesitant to speak up.</p> <p>See also: Boundaries, Chaperone.</p>

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<p>Leadership</p>	<p>Within healthcare, leadership is a personal attribute, that includes managing yourself. Leadership may also involve working with, or managing others, including patients and their care, staff or a healthcare service. It also includes controlling and improving finance, equipment systems and services. Leadership qualities are set out for all health and care staff, including clinicians, irrespective of their role in The Leadership Framework.^[6]</p> <p>See also: Culture of safety, Employ, manage or lead, Escalate (concerns), Team working.</p>
<p>Local (procedures or arrangements)</p>	<p>The written set of instructions for how a specific activity is to be conducted that is in place in a particular part of the country (for example safeguarding procedures), or within a particular workplace setting (for example, raising concerns about the conduct of colleagues).</p> <p>See also: Culture of safety, Escalate (concerns), Safeguard(ing), Safety incident.</p>
<p>Manual techniques</p>	<p>Manual techniques are hands-on care interventions that include manipulation techniques, mobilisation and soft-tissue approaches.</p> <p>See also: Care.</p>
<p>Media sharing</p>	<p>A social media application or site that enables users to create, store, and share multimedia files.</p> <p>See also: Social Media, User Generated Content.</p>
<p>Must</p>	<p>Unless referenced using the word “should”, all duties as set out in the Code of Professional Practice are compulsory.</p>
<p>Neglect</p>	<p>Persistent failure to meet the basic physical and/or psychological needs of a child or vulnerable adult. Neglect is a form of abuse. Examples of how someone may be subject to neglect include (but are not limited to) not being provided with enough food or the right kind of food, or not being taken proper care of.</p> <p>See also: Abuse (signs of), Safeguard(ing).</p>

<p>Outcome measure</p>	<p>A tool used to assess a patient’s current status. Outcome measures may provide a score, an interpretation of results, or a risk categorisation of the patient. Prior to an intervention an outcome measure provides baseline data. The same tool may be used in serial assessments to determine whether the patient has demonstrated change. Outcome measures provide credible and reliable justification for treatment on an individual patient level. They should be selected for use taking account of their demonstrated reliability and validity and include patient-reported outcome measures and physical function measures. A recognised outcome measure is one that that is either evidence-based, or is otherwise widely used, and accepted by most health professionals in the field.</p> <p>See also: Clinical assessment, Evidence-based.</p>
<p>Patient</p>	<p>Individuals who have been given clinical advice or assessment and/or care by a chiropractor. The term ‘patient’ has been used to save space and is intended to cover all related terms that might be used such as ‘client’, ‘customer’ or ‘service user’.</p> <p>See also: Carer, Person-centred.</p>
<p>Patient confidentiality</p>	<p>Right of an individual to have information about them kept private.</p> <p>See also: Data sharing, Personal information (personal data).</p>
<p>Patient Record</p>	<p>See (a) Record (noun).</p>
<p>Personal bias(es)</p>	<p>Means one’s favouritism towards, or prejudice against people of a particular ethnicity, gender, or social group that consciously or subconsciously influences one's actions or perceptions.</p> <p>See also: Discriminate (discrimination), Bullying, harassment or intimidation.</p>
<p>Personal information (personal data)</p>	<p>Information relating to a person who can be identified (directly or indirectly) either using a single piece of information (for instance by name, ID number, location data, contact data etc) or a combination of factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that person.</p> <p>See also: Patient confidentiality, (a) Record.</p>

<p>Person-centred</p>	<p>Focussing on the needs of an individual. Ensuring that people's preferences, needs and values guide decisions and being respectful of and responsive to them. Person-centred approaches to health care are set out and include taking individualised approaches to conversations and interactions, empowering patients, shared decision-making with patients, and collaborating to particularly support patients with the most complex health and social factors.^[7]</p> <p>See also: Dignity, Complexity (health and social care), Shared decision-making.</p>
<p>Physical examination</p>	<p>The process of evaluating objective anatomic and physiologic function findings through observation, palpation, percussion, auscultation and the application of special tests, including neurological and orthopaedic examinations.^[8]</p> <p>See also: Clinical assessment.</p>
<p>Plan of care (clinical)</p>	<p>Treatment protocol designed to deliver therapeutic benefit to patients following clinical assessment.</p> <p>See also: Care, Financial payment plan, Goals (of care), Outcome measure, Planned health outcome, Rationale for care.</p>
<p>Planned health outcome</p>	<p>Is used in the Code of Professional Practice to refer to an identified objective of care in terms of the change in the health status of patient, expected to result from the care.</p> <p>See also: Goals (of care), Health, Health outcomes.</p>
<p>Population health</p>	<p>An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.</p> <p>See also: Health inequalities, Health promotion.</p>
<p>Power imbalance</p>	<p>Power imbalance occurs when one person holds, or is perceived to hold, more authority or influence than another. When one person occupies a position of greater power, this is positively associated with trust on the part of others.</p> <p>See also: Boundaries.</p>
<p>Prejudice(d)</p>	<p>Have (had) a harmful influence on something.</p> <p>See also: Inducement, Interest(s).</p>
<p>Prevention</p>	<p>Providing or arranging care or services that reduces needs for support among patients and/or their carers, and contributes towards preventing or delaying the development of such needs.</p> <p>See also: Care, Health promotion.</p>

<p>Psychologically informed approaches</p>	<p>Where the theories and techniques of psychology are integrated into health care. Examples include educating patients about pain, motivational interviewing to effect behaviour-change, and graded exposure to exercise and activity in order to reduce fear-avoidance and disability.</p> <p>See also: Care, Self-manage (health).</p>
<p>Qualified</p>	<p>Someone who is qualified has completed the training, or passed the examinations that they need, in order to perform a particular job or task.</p> <p>During the supervision of chiropractic students on clinical placement, 'qualified' means that they have been assessed by the education provider as competent in any task involving patients that they may perform: this will depend upon the current level of their training.</p> <p>See also: Competence, Regulated healthcare professional, Scope of practice.</p>
<p>Quality (of care)</p>	<p>The degree to which health care and/or services for individuals and populations increase the likelihood of desired health outcomes. This includes the requirements to be effective, safe and person-centred and to be delivered in a way that is timely, equitable, integrated and efficient.</p> <p>See also: Accessible/accessibility (healthcare).</p>
<p>Rationale for care</p>	<p>Reasons why chiropractors are providing treatment for a patient.</p> <p>See also: Care, Plan of care (clinical), Working diagnosis.</p>
<p>Reasonable measures (accessibility)</p>	<p>What is reasonable depends on each situation. A chiropractor must consider carefully if the measure will improve accessibility, is practical to make, is affordable and if it could detrimentally impact others.</p> <p>See also: Accessible/accessibility (healthcare), Equality, Inclusion.</p>
<p>Reasonable steps (language and communication)</p>	<p>What is reasonable depends on each situation. A chiropractor must consider carefully if they are able to take steps that will enable the language and communication needs of the patient to be met more effectively, and whether these are practical and affordable to make.</p> <p>See also: Accessible (information).</p>

(a) Record	<p>(noun) Document containing personal information and information relating to the clinical assessment and working diagnosis or rationale for care of a patient. Typically, it should include relevant clinical findings, decisions made, actions agreed, names of those involved in decisions and agreement; information provided to the patient, the name of the person creating the record and the date the record was made. The chiropractor is ultimately accountable for the content of the patient record.</p> <p>See also: (to) Record (verb), Recording</p>
(to) Record	<p>(verb) The process of creating a record. In most cases the record should be contemporaneously created with the event that is being recorded.</p> <p>See also: (a) Record (noun), Recording</p>
Recording	<p>(noun) Something that has been recorded. In the Code of Professional Practice this relates to recordings of patients made in any medium, for any purpose. Examples are: audio recordings, transcripts, videographic or still visual images, the patient record (as is necessary for compliance with the GDPR).</p> <p>See also: Data sharing, Patient confidentiality, (a) Record (noun), (to) Record (verb).</p>
Referral	<p>Transferring of responsibility for care to a third party for a particular purpose, such as additional investigation, care or treatment that is outside the competence of the chiropractor. The accountability for that care sits with the individual who provides the care, while the chiropractor is accountable for their referral decisions.</p> <p>See also: Competence, Delegate, Signposting.</p>
Reflective practice	<p>The process of gaining insight into one's professional practice by thinking analytically about any element of it. The insights developed, and lessons learned, are then applied to maintain good practice and can also lead to developments and improvements.</p> <p>See also: Culture of Safety, Leadership.</p>
Regulated healthcare professional	<p>A person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 applies.^[9]</p> <p>See also: Statutory UK Health Regulator.</p>
Rehabilitative interventions	<p>A set of interventions designed to optimise functioning and reduce disability in individuals with health conditions, in interaction with their environment.</p> <p>See also: Care.</p>

Remote consultation	<p>A consultation between a patient and chiropractor that involves an episode of care which does not need face-to-face contact, or the participants to be physically located together. It may not be in real time. This includes telephone, video and online 'written' consultations that use two-way messaging (for example, via SMS, email or an online messaging tool).</p> <p>See also: Social media, Technology.</p>
Relevant (procedures, arrangements or standards)	<p>See Local (procedures or arrangements).</p>
Safeguard(ing)	<p>Protecting the health, wellbeing and human rights of people, and enabling them to live free from harm, abuse and neglect. It is fundamental to high-quality health and social care.</p> <p>See also: Abuse (signs of), Neglect, Local (procedures or arrangements).</p>
Safety incident	<p>Any type of deviation from normal clinical care that has the potential to cause patient harm, including, for example, delays in diagnosis or referral, patient accidents while in the clinic setting and documentation errors, as well as adverse events (negative outcomes associated treatment).^[10]</p> <p>See also: Culture of safety, Duty of candour.</p>
Safety standards	<p>Include, but are not limited to, those required by Ionising Radiation (Medical Exposure) Regulations (IRMER) and the Health and Safety Executive (HSE); as well as designated standards adopted by the British Standards Institute (BSI), Medicines and Healthcare products Regulatory Agency (MHRA) and other recognised standardisation bodies.</p> <p>In order for equipment safety standards to continue to be met, you must follow the manufacturer's instructions for maintenance, servicing, storage and use of the equipment.</p> <p>See also: Culture of safety.</p>
Scope of practice	<p>The areas in which a chiropractor has the knowledge, skills and experience necessary to practise safely and effectively.</p> <p>See also: Competence, Qualified.</p>
Self-manage (health)	<p>Manage one's own health condition(s) effectively in the context of one's daily life. Self-management is supported when health professionals, teams and services work in ways that ensure that individuals with long term conditions have the knowledge, skills, confidence and support they need to manage their condition(s) effectively in the context of their everyday life.</p> <p>See also: Integrated care, Signposting.</p>

Service	<p>Any organised system that can contribute to improved health or the diagnosis, treatment, and rehabilitation of sick people. Health services are often formally organised as a system of established institutions and organisations to supply services to respond to the needs and demands of the population.</p> <p>See also: Healthcare service, Integrated care.</p>
Shared decision-making	<p>The joint process in which a chiropractor works together with a patient and/or carer to reach a decision about care. It makes sure the person understands the risks, benefits and possible consequences of different options through discussion and information sharing, supporting them to make choices based both on evidence and on their individual preferences, beliefs and values.</p> <p>See also: Evidence-based practice, person-centred, Valid consent.</p>
Signposting	<p>Actively directing a patient and/or carer to the most appropriate source of help. This may include identifying to the patient a more suitably qualified health or care professional (for example, if their requirement is beyond the scope of practice of the chiropractor), or to resources such as web and app-based portals that can provide authoritative information or support self-help or self-management.</p> <p>See also: Referral.</p>
Social media	<p>Includes the use of private messaging, websites and applications that enable users to create and share content, or to participate in social networking.</p> <p>See also: Media Sharing, Remote consultation, Social Networking, Telling people about your services, User Generated Content.</p>
Social networking	<p>The activity of sharing information and communicating with groups of people using the internet, especially through online platforms that are specially designed for this purpose. This includes workplace, professional or personal groups.</p> <p>See also: Social Media, User Generated Content.</p>
Statutory UK health regulator	<p>Any regulator to which section 60(2) of the Health Act 1999 applies. [9]</p> <p>See also: Regulated Healthcare Professional.</p>
Team working	<p>The activity of working together in a group with other people.</p> <p>See also: Collaborate/collaborative healthcare.</p>

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<p>Technology</p>	<p>The application of science for a practical purpose either through a physical device or piece of equipment (hardware), or through a virtual or digital application (software). Examples include digital or computerised devices, systems and resources. Artificial intelligence is considered to be a form of digital technology.</p> <p>See also: Remote consultation, Social media.</p>
<p>Telling people about your services</p>	<p>Includes advertising and any other promotional activity (including information on websites, media sharing platforms, given in talks, written content etc).</p> <p>See also: Credible, Social media.</p>
<p>Transparent/ transparency</p>	<p>Done in an open way without secrets, so that people can trust that this is fair and honest. This includes being clear about the underlying reasons for, or sources of something. It also requires disclosure of conflicts of interest (financial or non-financial).</p> <p>See also: Interest(s).</p>
<p>User-generated content</p>	<p>Information that a user publishes online. This includes photographs, videos, blogs, discussion forum posts, poll responses, reviews or comments.</p> <p>See also: Media Sharing, Social Media, Social Networking.</p>
<p>Valid authority</p>	<p>Somebody with a legal authorisation that enables them to provide consent on the behalf of a patient. This includes individuals with parental responsibility for a child, or with a health and welfare lasting power of attorney for an adult who lacks capacity.</p> <p>See also: Carer, Child/children, Vulnerable adult, Valid consent.</p>

<p>Valid consent</p>	<p>Permission given by a patient (or their valid authority) to accept a proposed action. This includes, for example, proposed plans of care, care approaches, investigations, referral to another healthcare provider, participation in research or education, or sharing of their personal information for any reason.</p> <p>For consent to be valid:</p> <ul style="list-style-type: none"> i. It must be voluntarily given <p>AND</p> <ul style="list-style-type: none"> ii. The person consenting must have been informed, as far as reasonably can be expected, of all relevant factors. <p>AND</p> <ul style="list-style-type: none"> iii. The person consenting must have the capacity to make the decision. <p>The Code of Professional Practice uses “valid consent”, rather than “informed consent”, because while being “informed” is a prerequisite of “valid consent”, it is not sufficient on its own for the consent to be valid.</p> <p><i>See also:</i> Capacity, Consent, Informed (consent), Shared decision making, Valid authority, Voluntarily given (consent).</p>
<p>Voluntarily given (consent)</p>	<p>The decision to either consent or not to consent to treatment must be made by the patient, or their valid authority, and must not be influenced by pressure from medical staff, friends or family.</p> <p><i>See also:</i> Valid Consent.</p>
<p>Vulnerable adult</p>	<p>A person over the age of 18 who is unable to fully take care of themselves or protect themselves from harm or exploitation.</p> <p><i>See also:</i> Capacity, Carer.</p>
<p>Wellbeing</p>	<p>An individual’s experience of their life, and a comparison of life circumstances with social norms and values.</p> <p><i>See also:</i> Health.</p>
<p>Working diagnosis</p>	<p>A working decision kept under review.</p> <p><i>See also:</i> Clinical assessment, Plan of care (clinical).</p>

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