



**General
Chiropractic
Council**

Equality, Diversity and Inclusion (EDI) The Patients' Perspective

GCC Patient Research: Project Five

April 2024



Equality in treatment involves actively working to overcome health disparities and inequalities.

Patient survey response

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Introduction

The GCC, working with Oakley Consulting, surveyed patients of UK-based chiropractors to identify their experiences and perceptions of equality, diversity and inclusion within the chiropractic profession. The research findings aim to help chiropractors understand their patients' expectations of EDI.

Executive Summary

The General Chiropractic Council is committed to ensuring that all our activities, as a regulator, a service provider and an employer are fair and offer opportunities for all. We value diversity and aim to ensure that our work is free from discrimination.

All chiropractors, as outlined in the Code of Practice, must "treat patients fairly and without discrimination and recognise diversity and individual choice' (A4) and '...treat all patients with equal respect and dignity' (D2).

We have developed a [15-point Equality, Diversity and Inclusion \(EDI\) Action Plan](#) to foster transformational change in culture and behaviour internally as well as influencing and guiding the chiropractic profession. Patient research is an important part of our EDI Action Plan.

Understanding EDI

Specifically, the research set out to explore:

- To gain insights into patients' perceptions of Equality, Diversity and Inclusion.
- To understand the relevance of EDI to a patient's chiropractic care.
- To identify any areas for further research that may support future EDI activity within the GCC and the wider chiropractic profession.

Limitations

The survey received 510 completed responses from UK-based patients who self-reported visiting a chiropractor within the past 12 months. Despite the relatively small sample size, the survey provides a useful snapshot of patients' experiences and perceptions, and reflects the GCC's commitment to understanding more to support the profession on EDI.

Key findings

- **A patient is more likely to report experience of discrimination or bias when considering or receiving chiropractic treatment.**

When discussing their experiences of discrimination or bias over 40%* of patients noted that that this experience took place when they were considering receiving treatment or a consultation from a chiropractor.

*Based on 48 responses

- **Awareness and understanding of different cultures are considered key factors in delivering equality in treatment.**

Patients support practitioners being more aware and sensitive to cultural, racial and gender differences. This will enable practitioners to better serve diverse communities and promote inclusivity in areas such as recruitment, patient care and practice management. Respondents consider this essential for building trust and confidence in the chiropractic profession.

- **EDI training and clear and accountable EDI policies should be an integral part of a chiropractor's Continuous Professional Development (CPD).**

Patients recognise that mandatory EDI training for chiropractors is fundamental and will ensure the chiropractic profession can serve diverse communities effectively and equitably. In addition, implementing transparent EDI policies and reporting will provide reassurance to patients and the public.

Recommendations for the GCC

- Given the low response rates from some patient groups further research to explore patients' experiences of discrimination within the chiropractic profession may be helpful.
- To develop or signpost to comprehensive training programmes that go beyond general awareness and address specific knowledge gaps identified in the survey.
- To implement initiatives to foster cultural change and raise awareness within the chiropractic profession.
- To develop and implement strategies to encourage meaningful engagement with EDI efforts.
- To consider establishing a mechanism within the chiropractic profession for individuals to report incidents of discrimination or bias.

One: Patients' experience of discrimination

When asked about experiences of discrimination almost one in ten patients who have visited a chiropractor in the past 12 months reported facing discrimination. Those who visited a chiropractor on a more frequent basis (e.g. a few times a week) were more likely to face discrimination.

Of the patients who have experienced discrimination or bias, over 40% noted that that this experience took place when they were considering receiving treatment or a consultation from a chiropractor.

1. Discrimination and gender

Both male and female patients report experiencing discrimination, indicating that discrimination is not limited to a specific gender. The number of male patients who report discrimination is higher than expected but it is also worth noting a number of male patients were unsure if they had faced discrimination when visiting a chiropractor.

There is also diversity in the experiences of both genders with patients recording variations on age, sexual orientation, religious affiliation, disability and geographic location.

Gender	Reported Experiencing Discrimination?		
	Yes	No	Not Sure
Male	26	194	17
Female	22	242	7



A male chiropractor's inappropriate chat and sense of humour to females.

A respondent highlights an experience of gender-based discrimination.

2. Discrimination and age

Patients between the ages 20-49 are more likely to report discrimination than other ages. However, this may be attributed to increased awareness and education on discrimination amongst younger patients. Age-related variations in reporting may also be influenced by generational and cultural shifts.

Age	Reported Experiencing Discrimination?		
	Yes	No	Not Sure
20-24	8	20	2
25-29	8	36	3
30-34	7	62	5
35-39	12	62	4
40-44	3	50	3
45-49	5	42	4
50-54	1	34	0
55-59	2	37	1
60-64	0	29	2
65-69	2	20	0
70 or over	0	44	0

3. Discrimination and sexual orientation

There may be limitations on the conclusions that can be drawn from these findings, given the low sample size. From the six gay men respondents, one reported an experience of discrimination. Seven gay women responded to the survey and reported no experiences of discrimination or bias.

Sexual Orientation	Reported Experiencing Discrimination?		
	Yes	No	Not sure
Bi	3	20	0
Gay man	1	5	1
Gay woman/lesbian	0	7	0
Heterosexual/straight	42	398	20
Prefer not to say	2	3	2

4. Discrimination and disability

There is a strong link between disability and experiences of discrimination. A quarter of respondents who have a disability report experiencing discrimination or bias when visiting or consulting a chiropractor.

Disability	Reported Experiencing Discrimination?		
	Yes	No	Not sure
No	29	371	17
Yes	16	59	3
Prefer not to say	1	5	4

5. Discrimination and ethnicity

When asked to describe their experiences of discrimination or bias based on ethnicity, respondents highlighted perceptions of bias particularly focused on discrimination against individuals of black ethnicity. This includes instances of bias against African British chiropractors and discriminatory behaviour witnessed by respondents. This includes being asked about one's race during enquiries, witnessing discrimination by a chiropractor based on race and experiencing racism personally.

Ethnicity	Reported Experiencing Discrimination?		
	Yes	No	Not sure
Arab	1	0	0
Bangladeshi	1	2	1
Chinese	0	3	0
Indian	1	17	2
Pakistani	1	10	2
African	5	12	1
Caribbean	1	2	0
Asian and White	4	12	0
Black African and White	3	6	0
Black Caribbean and White	0	5	1
English	22	285	13
Gypsy/Irish Traveller	0	1	0
Irish	1	4	0
Northern Irish	1	3	0
Scottish	4	30	1
Welsh	0	10	1
Other White	2	18	2
Prefer not to say	1	6	0



I saw people discriminate against African British chiropractors.

A respondent highlights an experience of ethnicity-based discrimination.

Two: Patients' views on EDI in the chiropractic profession

Awareness of the concept of EDI is high amongst respondents. As such, almost three-quarters agree that EDI is important for the chiropractic profession to achieve equity in treatment. Fundamental to providing equitable care is EDI training which a large percentage of respondents believe should be mandatory. Ensuring EDI is reflected in the policies and practices of chiropractic clinics was also highlighted by respondents.

1. Cultural competence and awareness

For many respondents (71%) it is important that chiropractors understand how cultural differences may impact health outcomes and over half would like their chiropractor to embed EDI within their treatment and care.

Cultural competence and awareness are considered key factors in delivering equality in treatment, which is seen as essential by respondents for building trust and confidence in the chiropractic profession. However, only one in six chiropractic patients agree that the profession adequately serves diverse communities.



Equality in treatment involves actively working to overcome health disparities and inequalities.

Respondent comment.

2. Training for cultural competence

EDI training emerged as a critical theme amongst respondents. Almost 70 per cent believe that EDI training should be mandatory for chiropractors, which suggests this training is not a matter of compliance or awareness but is fundamental to chiropractors' ability to provide equitable care to diverse communities.

Respondents also indicated that training should encourage chiropractors to engage in self-reflection and continual pursuit of improvement in this field, and that EDI training should be integrated into the ongoing professional development of chiropractors.



A holistic approach involves integrating EDI training into the ongoing professional development of chiropractors.

Respondent comment.

This sentiment is consistent with the evolving landscape of healthcare, where understanding and addressing diverse patient needs are central to effective service delivery.

3. Transparency and reporting

Respondents emphasised the need for clear and accountable EDI policies within the profession to hold organisations and associations accountable and offer reassurance to patients and the public.

Around 70% of respondents agreed that EDI should be reflected in the policies and practices of both the GCC (70%) and chiropractic professional associations (69%) as well as in chiropractic clinics (68%).

Some respondents emphasised the need for both compliance with EDI principles and their active implementation, noting that although policies and guidelines may exist their effectiveness largely depends on how well they are applied in practice.

The emphasis on clear and accountable EDI policies in the chiropractic profession mirrors the broader healthcare industry's move towards transparency and accountability in EDI initiatives. This includes promoting diversity in leadership, ensuring fair representation, and holding organisations accountable for fostering inclusive environments.

Just over half of respondents (54%) believe that the chiropractic profession adequately represents diverse communities. Transparency around the EDI aims and objectives of the chiropractic profession would help widen access and increase diversity of the profession, appealing to individuals from minoritised groups who would see themselves represented within the profession.



It's not just about having policies but ensuring they're effectively implemented.

Respondent comment.

Three: The GCC and EDI

Three-quarters of respondents agree that EDI is important to the chiropractic profession. However, there is less agreement (54%) on whether the GCC's activities are making meaningful progress towards EDI in the profession. One in four respondents did not have a view or did not know, suggesting low awareness of the GCC's work in this area.

With this in mind, respondents believe that public awareness campaigns would be beneficial to inform patients and the public about the profession's EDI initiatives and support transparency in the GCC's EDI aims. This transparency not only reassures patients but contributes to a culture of openness and accountability in the healthcare profession.

Four: Conclusion

Patients understand EDI and recognise its significance to the chiropractic profession. Almost three quarters of patients state that it is important that their chiropractor has an understanding of how cultural differences may affect health outcomes and over 60% say it is important that their chiropractor understands EDI.

Patients value a commitment to providing high quality, patient-centred care that is unbiased and culturally sensitive. Equality in treatment is essential for building trust and confidence in the chiropractic profession.

The research highlights some experiences of discrimination within the profession, indicating a need for broader understanding and awareness of EDI considerations within chiropractic.

Integrating EDI training into ongoing professional development mirrors a growing trend in healthcare to incorporate continuous learning about cultural nuances and diverse patient populations. The call for mandatory EDI training for chiropractors resonates with a broader push across healthcare professions to institutionalise such training for practitioners.

Five: Recommendations with explanations

These recommendations, grounded in the findings from the thematic analysis and the quantitative data, aim to guide the chiropractic profession toward a more inclusive and equitable future.

By addressing knowledge gaps, fostering cultural change and implementing mechanisms for reporting and support, the profession can actively contribute to creating a healthcare environment that prioritises diversity, equality and inclusion.

Building upon the data shared and the information provided, alongside information captured from the earlier registrants' survey, the review team suggests several key recommendations from the data captured in this survey.

- **Conduct further research to delve into the experiences of groups reporting discrimination within the chiropractic profession.**
This in-depth research could involve targeted surveys, interviews or focus groups to understand specific challenges faced by these groups. Insights gained from this research will inform targeted interventions and policies.
- **Develop or signpost to comprehensive training programmes that go beyond general awareness and address specific knowledge gaps identified in the survey.**
These training programmes would focus on highlighting the evidence base behind EDI and health inequalities, and their impact on patient experiences and outcomes. These programmes could be mandatory for chiropractors and could be integrated into continuous professional development.

Any change to the CPD cycle could include a mandatory reflective statement on how individuals have embedded EDI principles into their clinic that CPD year. This would prevent the EDI CPD focus for 2023-2024 becoming a “one-off” event and encourage clinicians to consider EDI beyond the current CPD year.

- **Implement initiatives to foster cultural change and raise awareness within the chiropractic profession.**
These initiatives aim to address inherent biases, such as perceptions of gender-based competency disparities. Alongside the current CPD year, further consideration could be given to developing or supporting forums for sharing lived experiences and undergraduate training for faculty members and auxiliary staff.
- **Develop and implement strategies to overcome resistance and encourage meaningful engagement with EDI efforts.**
This may include establishing a feedback system, utilising the EDI working group to conduct workshops and training sessions, fostering mentorship programmes, forming external partnerships, ensuring transparent communications, implementing accountability

methods, providing regular progress updates, and incorporating storytelling to humanise the impact of EDI efforts.

- **Establish a mechanism within the chiropractic profession for individuals to report incidents of discrimination or bias.**

This mechanism could be facilitated through the regulator, professional associations or an independent channel to ensure that reported incidents are investigated thoroughly, and implement measures to address any identified issues.

Additionally, a supportive network could be created for individuals who have faced adverse experiences, providing a platform for seeking guidance and assistance. (This is currently being developed externally with the EDI Society).

Appendix One

Research methodology

Oakley Consulting was commissioned to develop a survey which was sent to members of an online UK research panel. The survey generated 2,938 responses which were then screened to identify respondents who reported visiting a chiropractor within the last 12 months. This produced 510 completed responses for analysis.

Limitations

This survey encountered similar challenges to the registrant survey, with potential for non-response bias, and the possibility that respondents may have unique characteristics or interests to motivate their participation, possibly introducing a self-selection bias.

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