

## **Regulation 28 report following the death of Joanna Kowalczyk**

### **Expert reference group: Terms of reference of the review (Final)**

#### ***Review summary***

The review will explore the technical and clinical nature of sensitive issues identified by the coroner, and in particular her request that we address ‘whether consideration to obtaining medical records should always be given before assessment, particularly where recent medical treatment or investigations have been undertaken’.

It will consider the case for developing best practice guidance to be adopted by the profession, supporting the new Code of Professional Practice and its emphasis on a safety culture – potentially addressing areas such as identifying high-risk patients, taking of clinical history and appropriate risk management.

The Council of the GCC will consider the recommendations of the group and determine next steps.

#### ***Independence of the group***

There is a clear separation between this group, and any continuing Fitness to Practise proceedings concerning Joanna’s death. To this end, nobody within the group (including GCC staff) has any involvement in the related Fitness to Practise proceedings.

This group will look for the wider lessons for the profession to mitigate against a comparable incident in the future. It will not consider or judge the specifics of this case.

#### ***Functions of the Group***

1. Respond to the issues raised by the coroner and determine whether access to medical records would change a chiropractor’s approach to treatment (including not undertaking treatment) and/or referral decisions.
2. The group has identified the following areas to consider in greater depth:
  - a. **Medical Records**
    - i. Whether and how access to medical records would impact the clinical decision-making process (including “to treat or not treat”, and “refer or not refer”).
    - ii. Chiropractor access to medical records - the advantages (and potential disadvantages), the hurdles as well as practical (and pragmatic) approaches when the chiropractor considers it is relevant to their decision making.
  - b. **Clinical decision making and management of risk**

Practitioner training in, understanding of, attitudes to, and management of, risk within clinical decision making:

- i. When balancing a patient's self-reported medical history against the presentation, contra-indications and other risk factors highlighted during an initial clinical assessment.
- ii. When the decision making is incremental and cumulative over an extended time period.
- iii. When a potential harm is understood as very rare in frequency but catastrophic in impact.

And then

- iv. Communicating the risk with the patient before treatment starts to obtain (and record) valid consent.

**c. Referral of a stroke in progress**

- i. The extent of practitioner training in, and understanding of, the symptoms of a stroke in progress and whether further information is required.
- ii. Practitioner preparedness to provide an appropriate response to a stroke in progress including referral routes and requirements

- 3. Make recommendations on the steps to be taken by the various stakeholders within the system of chiropractic, which is the GCC, professional associations, the RCC and registrants.
- 4. Members of the reference group will contribute to the success of the review by:
  - informing the approach and providing support for the review as a whole
  - ensuring advice is available on the key issues
  - advising on the quality, limitations and appropriate use of evidence and the quality of that evidence
  - highlighting relevant practice and implementation issues relevant to the review signposting to relevant information
  - ensuring a focus throughout on how the findings will be used and presented
  - assisting in the development of GCC's recommendations, ensuring they are realistic and based on a consensus

Members can expect the GCC to provide secretariat to the expert review group.

**Meetings**

The work of the group will largely be undertaken in (virtual) meetings. It is not expected that members will be called upon in-between meetings. Two/three meetings will be held on *MS Teams*.

The secretariat will be provided by GCC. The agenda and brief meeting papers will be circulated at least a week before the meeting. This will be developed in conjunction with Members. The first meeting will be focused on the Terms of Reference and agree the extent of revisions or amendment.

A brief note of the meeting will be produced with a focus on action points agreed. This will not be published but may be disclosed in response to FOI.

### **Confidentiality**

While the meetings are not confidential, frank discussion and the sharing of views will enhance the work. This may be inhibited if members feel comments will be publicly attributed to them and done so out of context.

There may be specific information shared that is confidential and not to be shared outside of the group and this will be made explicit.

### **Membership**

**Mark Gurden:** President of the Royal College of Chiropractors (RCC). Mark registered as a chiropractor in 2001 establishing the Chiropractic Health Clinics in Essex. He is a Fellow and the current President of the RCC to end 2025. He was a member of NHS England's National Low Back Pain and Sciatica pathway.

**Gabrielle Swait:** Director of Research Royal College of Chiropractors. Gay registered as a chiropractor in 2000 running a busy clinic in Gloucestershire since 1992. She has been Director of Research at the RCC since 2010. Additionally on a freelance basis Gay worked with the GCC in support of the development of new Education Standards for approved programmes, and the Code of Professional Practice published in January 2025. Gay was also a co-opted member of the Guideline Development Group for the NI(H)CE Guideline for Osteoarthritis 2020-2022. She has authored research on adverse events following spinal manipulative therapy and on safety incident reporting in the chiropractic profession.

**Ulrik Sandstrom:** Nominee and Vice-President of the British Chiropractic Association. Ulrik registered with the General Chiropractic Council in 1999, and is a Fellow of the British Chiropractic Association, The Royal College of Chiropractors and the European Academy of Chiropractic. He has special interest in sports chiropractic, is in his 5th season at Leicester City FC and delivered treatment at the 2012 and 2016 Olympic Games. Having taken many new graduates through their PRT training he keenly acknowledges the need for continuously keeping abreast of current research and through his multidisciplinary experience within sports teams, he has a firm focus on inter-professional collaboration and communication.

**Marc Muncila:** Nominee of the Chiropractic Alliance. Marc registered with the General Chiropractic Council in 2007, a graduate of the Anglo- European College of Chiropractic. He completed his PgCert in 2008. Marc has been an executive member of the United Chiropractic Association since 2011 in a range of roles and was appointed as President in 2021. He is a member of the Royal College of Chiropractors and was awarded UCA Chiropractor of the year in 2021. He has run his own clinic in Oxfordshire since 2012 focused on helping patients obtain optimal physical health through normal spinal postural alignment and lifestyle advice.

**Dr Rosie Benneyworth:** Chief Executive, Health Services Safety Investigations Body. Dr Benneyworth joined the Healthcare Safety Investigation Branch in August 2022 and is now the interim Chief Executive Officer of the Health Services Safety Investigations Body, having led the transition to the new arm's length body. Dr Benneyworth has held several senior leadership roles in health, including as Chief

Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission, Managing Director of the Southwest Academic Health Science Network, and as a clinical commissioner with Somerset Primary Care Trust and Clinical Commissioning Group. She is currently a non-executive director on the board of University Hospitals Bristol and Weston NHS Foundation Trust and has held roles as a non-executive director and Vice Chair of the National Institute for Health and Care Excellence and a Trustee of the Nuffield Trust. With a background in primary care, Dr Benneyworth worked as a GP in Somerset for 15 years.

**Steven Bettles:** Head of Policy and Education, General Osteopathic Council. Steven graduated as an osteopath in 1997 working in clinical practice and education for many years. Steven has worked at the GOsC since 2016, working in the Professional Standards team involved in the quality assurance of osteopathic education, and in the development of policy and guidance.

**Fergus Devitt:** Lay Member of the General Chiropractic Council. Fergus is the Council Member for Northern Ireland appointed in 2020 and is Chair of the Audit and Risk Committee of the GCC. Fergus is Managing Director of Rockpool Insights Ltd, his own business consultancy established in autumn 2018 to create stronger organisations and communities. Prior to that he had held Director level posts in the Northern Ireland Civil Service, including Director of Active Communities in the Department for Communities. He is an Associate Consultant with the Leadership Centre for Health and Social Care in Belfast and an Associate Consultant with Clarendon Executive.

**Keith Walker:** Registrant Member of the General Chiropractic Council and member of the GCC Education Committee. Keith graduated from the Anglo-European College of Chiropractic in 1991 registering with the GCC at its inception in 1999 and has been in private chiropractic practice for 30 years. He held teaching roles in the Peninsula Medical School for 15 years until 2019, and at the School of Health Professions, part of the Faculty of Health in the University of Plymouth. He is now a full-time lecturer in Health Sciences at the University of Plymouth where he is the Assistant Head of School for Postgraduate Education. In the past, Keith has held council and executive roles in the British Chiropractic Association, and he currently serves on the research committee of the Royal College of Chiropractors where he is a Fellow.

### ***Outline project plan***

The expert group will regularly report progress to the GCC at its planned Council meetings in March and June with a final report and recommendations to Council in October 2025. It is anticipated that 2-3 meetings will be held.

Feb/March 2025	Set-up expert group and respond to Coroner with next steps.
March	Update to Council
April	First meeting: agree terms of reference and expected outputs; agree methodology; determine whether to commission further research or information gathering.
May – June	Commission further research, information gathering Research review as required
18 June	Progress report to Council
July	Panel meeting to consider research and agree recommendations to Council
September	Report to Council and next steps

### **Background information**

[Regulation 28 report to prevent future deaths.](#)