



General Chiropractic Council

Scoping Review of the Code

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General Chiropractic Council Scoping Review of the Code

1 INTRODUCTION

1.1 Purpose of the scoping review

The General Chiropractic Council (GCC) Code[1] is integral to ensuring high quality professional practice. It sets out for patients the quality of care they are entitled to receive from chiropractors. For chiropractors, the Standards set out in the Code are the benchmarks of conduct and practice they will be measured against if a complaint is made to the GCC. The current Code was published on 30 June 2015 and came into effect on 30 June 2016, as the Act[2] requires the Council to give a year's advance notice of changes to the Standards of Proficiency. It amalgamated for the first time the Code of Practice and the Standard of Proficiency into a more streamlined, single document and removed the supporting guidance. Guidance underpinning the Code is published separately and can be updated and produced more frequently as required.

The GCC conducted this scoping review of its existing Code to evaluate whether it remains fit for purpose, is up to date, maintains best practice and responds to developments in the profession and wider healthcare sector. The purpose of the scoping review was to gather evidence to inform a subsequent review of the Code and any revisions to it, should they be required.

In March 2023 the GCC published new Education Standards[3], having carried out a scoping review in 2021 and review in 2022. This work helped inform a scoping review of the Code. A wide stakeholder engagement sought the perspectives of patients, registrants, professional associations and the Royal College of Chiropractors as well as the GCCs own decision makers and expert witnesses. Comparisons were also made to relevant standards developed by other healthcare regulatory bodies. Research conducted by the GCC and available data and experiences from fitness to practice proceedings were also considered, where appropriate. The medium-term direction of developments in healthcare were taken into account.

The scoping review of the Code sought to:

- Understand how external users perceive, access and apply the GCC Code and Guidance
- Identify any necessary updates to reflect changes to practice

- Ensure the Code is fit for purpose, taking accessibility and relevance into account
- Ensure the Code remains consistent, as appropriate, with the Codes from other UK health professional regulators

To meet these aims, the following objectives were addressed:

1. Understand the ways in which stakeholders perceive and use the Code and its Supplementary Guidance
2. Establish how well the nature and structure of the current Code work and identify any enhancements needed
3. Identify any core values that stakeholders felt were important to underpin the Code
4. Establish the perceptions of stakeholders on what should be the acceptable standard of practice in a modern UK chiropractic profession, and the extent to which the Code currently defines this
5. Establish whether the Code remains up to date with advances in healthcare, as indicated by comparison with contemporary Standards of other regulators
6. Identify whether there are any areas where the Code may not be working effectively as a regulatory tool (perceived by stakeholders or indicated by data/research)
7. Identify any areas of good practice or lessons to be learned from the professional standards of other regulators
8. Establish the views of stakeholders on what the relationship should be between the Code and its Supplementary Guidance
9. Understand how stakeholders perceive the accessibility of the Code (locating it and accessing information within the document) and identify any areas that may be improved upon

1.2 Parameters for the scoping review

Parameters for the scoping review were determined by the Code Review Steering Group:

- The scoping review should be an open and genuine process that takes a consultative approach to gain the views of stakeholders and to take these into account
- A communications plan should enable stakeholders to be informed about the scoping review, encourage and facilitate effective engagement
- The Council of the GCC must be involved (Discussion points for its September meeting)

- The Education Committee of the GCC must be involved in the scoping review of the Standards of Practice (November meeting)
- Equality, Diversity and Inclusion considerations should be prioritised
- The relationship between the GCC Code, its accompanying guidance and other publications should be considered
- Upcoming regulatory reform should be considered
- The GCCs new strategy should be taken into consideration (due for consultation in 2024 and implementation in 2025)
- Consideration should be given to
 - There is a need to consider legislative language and requirements, as necessary
 - Take into consideration the possible models for standards and the practices that they define (e.g. goal-based, values-based, evidence-based)
- There will be a need to consider how to meet legal requirements of publicising the Standards of Practice components of the Code, should there be a subsequent review of and amendments to this

2 METHODOLOGY FOR THE SCOPING REVIEW

2.1 Research and consultation

The scoping review of the Code followed a process of research and consultation that was determined by the Code Scoping Review Steering Group. This included:

1. Comparisons with the standards of other healthcare regulators, with a focus on more newly published, or standards that are in development (see Table 1). The emphasis was on identifying
 - Developments in healthcare
 - Good practice
 - Lessons that may be learned from the experiences of other regulators
2. Seeking the perspectives and opinions of key stakeholder groups through focus group discussions and individualised interviews. These included
 - Patients
 - Registrants
 - The professional associations for chiropractors (UCA, MCA and BCA were individually interviewed, SCA commented in writing)
 - The Royal College of Chiropractors (RCC)

- The Chairs of the Fitness to Practice panels and members of the Professional Conduct Committee
 - The GCCs expert witnesses
3. Conducting an online questionnaire-based survey of registrants' perspectives and opinions, to encourage wider engagement with this key stakeholder group.
 4. Reviewing internal sources of data that included relevant research conducted by the GCC, Fitness to Practice data and reports, inputs from the GCC, its executive and its Education Committee. Sources are provided in Table 2. The emphasis was on analysing where problems were occurring with respect to the Code, the impact of these problems and identifying lessons to be learned and ways to respond.

Table 1. Comparisons with the standards of other healthcare regulators

GMC - Good Medical Practice 2024[4]
HCPC - The Standards of Proficiency for Physiotherapists 2023[5]
HCPC - Revised Standards of conduct performance and ethics (unpublished) 2023[6]
NZ Board of Chiropractic - Consultation on Revised Competency Based Professional Standards for Chiropractors (unpublished) 2023[7]
General Osteopathic Council – Osteopathic Practice Standards[8]

Table 2. Internal sources of information

The Executive of the GCC
The GCC
The Education Committee of the GCC
Fitness to Practice reports of the GCC (2019-2023)
Advertising: lessons learned review (2019)[9]
General Chiropractic Council Chiropractic Patient Satisfaction and Experience research (2023)[10]
General Chiropractic Council Public Perceptions research (2020)[11]
General Chiropractic Council Registrant Survey 2020 (2021)[12]
Duty of Candour research report on workshop with patients conducted for GCC & GOsC (2023)[13]

2.2 Capturing the perspective of patients

A key consideration was to ensure understanding of the patient perspective and that this was embedded in the review. Patient perspectives were captured

- Directly, through interviews and focus groups
- Directly, through review of the GCCs recent research on patient experiences, perceptions and satisfaction with chiropractic and the duty of candour workshop report
- Directly through participation of lay regulatory committee members and chairs (FiP and education patient/public perspectives)
- Indirectly, where patient engagement by other regulators has informed enhancements to their standards
- Indirectly, through the patient engagement that had informed the GCCs new Education Standards

2.3 Evaluation and recommendations

Each of the objectives of the coping review was addressed by evaluation of the information gathered and the identification of key findings. Key findings for each objective are highlighted in bold in the results below (section 3), followed by explanation of each. Recommendations in relation to each objective are made, where relevant and are also highlighted. A summary of all recommendations is provided in section 5.

3 RESULTS OF THE SCOPING REVIEW

3.1 How do stakeholders perceive and use the Code and its Supplementary Guidance?

Patients understood that the Code set out how chiropractors must practice and behave but were generally not familiar with having used the Code, other than for the purpose of participating in this review and other similar work.

Registrants and other stakeholders perceive the purpose of the Code to be constructive in assuring patient protection and providing a guiding framework for practice

The registrant survey asked, 'what do you perceive the Code to be?'. Most of the 26 respondents expressed a largely accurate understanding of the purpose of the Code and perceived it positively. The Code was referred to variably as being a set of values, principles, rules, standards or guidelines. Nevertheless, most were clear that it provided the threshold level of the standards that chiropractors must meet in their performance and behaviour. The primary importance of this is perceived as to benefit patients and protect the public, whereby the Code means that all patients are assured of acceptable standards, whichever chiropractor they visit. Assuring quality of care and safety of patients were highlighted as key purposes. Responses also indicated that for registrants the Code provides a guiding framework for their professional practice. These views gathered in the survey were consistent with those expressed in individual interviews with registrants and with the professional associations and the RCC. Few mentioned complaints or Fitness to Practice in relation to the purpose of the Code. However, one registrant survey had a strongly negative perception of the Code, stating that it is 'the killer of real chiropractic' that 'restricts my practice paradigm'.

Registrants use the Code:

- 1. as a framework to guide their own professional practice;**
- 2. to inform development of wider clinic/practice policies and procedures;**
- 3. to audit practice, and**
- 4. as a learning tool.**

Most registrants (in both the survey and interviews) reported that the Code played a constructive role for them in their individual capacity as a healthcare provider, seeing it as underpinning, or providing a template for, their own approach to professional patient interactions. Some also reported that they use the Code to inform wider aspects of their practice such as developing clinic policies and procedures, auditing aspects of performance of clinical staff as part of their quality assurance and as a learning and staff training tool.

Registrants' initial familiarisation with the detail of the Code is either during undergraduate training or through self-directed learning when a new version is published. Thereafter, for some, the Code provides only an occasional reference source e.g. when encountering unusual scenarios, or for directed CPD

The role of undergraduate education in developing registrants in-depth understanding of the entire Code was emphasised in registrant interviews. It was explained that the Code 'tells

you, as a student, what you are going to become' and it is 'what you base your practice on, from scratch'. The Code was also referred to as an important clinical teaching tool. Survey respondents commented that they read the Code to familiarise themselves with it upon initial publication of a new version.

Most registrants indicated that they rarely needed to re-visit the Code but would use it as a reference source if they encountered an unfamiliar issue in clinic. As some scenarios may never be encountered, discussions with colleagues enabled learning about some standards from the experiences of others. Directed CPD also prompted registrants to re-visit relevant Standards, and this was noted as stimulating self-review of knowledge and interpretation of the Code. Some had referred to it when they had concerns over the practice of another chiropractor and wanted to check whether non-compliance with the Code was indicated.

Registrants see the Supplementary Guidance as supporting the Code by providing further clarification, detail and context, and helping them to implement the Standards in practice.

Registrants were asked 'How do you use the Supplementary Guidance'. Survey respondents had positive perceptions of the Supplementary Guidance, noting that it helped by providing additional clarification and more detail around Standards within the Code. Others talked about the guidance as providing context and informing how they implement the Standards in practice. Some understood that the Supplementary Guidance could be more readily updated, as needed, and looked out for any updates or new Supplementary Guidance that they would then familiarise themselves with.

The GCCs Expert Witnesses see the Code as being central and essential to their role.

The Expert Witnesses are all registrants of the GCC. They state that they use the Code to identify where the potential breach may be, to determine what a reasonable chiropractor would have done and when writing their report. It was noted that wording of the Standards is key to enabling this.

The GCCs FtP committee members see the Code as essential to fulfilling their role effectively

Complaints considered by the Investigating Committee are referenced to the requirements of the Code. Where allegations are then heard by the Professional Conduct Committee the drafting of the Code, and the quality of the Supplementary Guidance underpin its ability to determine cases satisfactorily.

The Education Committee has a key role in determining the Standard of Proficiency component of the Code. This is essential to inform other regulatory education activities, including the Education Standards (ES) and the Test of Competence (TOC).

Members of the EC have delegated responsibility for the Standard of Proficiency, that sets the threshold by which a qualification is to be judged by the GCC as suitable for recognition for the purposes of registration of individual chiropractors. The Code, that contains the SoP, is thus a core part of the work of the EC.

The Code informs the ES, that ensure that graduates of chiropractic programmes have the knowledge skills and competencies to meet the requirements of the Code, thus demonstrating fitness to practise and eligibility to apply to join the register. Furthermore, the Code sets out the thresholds for acceptable practice against which assessment of candidates with overseas qualifications, who wish to join the register, are judged in the TOC.

The RCC refers to the Code in producing its chiropractic practice standards for the profession and ensured that Outcomes for Graduates was underpinned by the Code.

In developing chiropractic practice standards for chiropractors, the Code is consulted to understand what is expected by the GCC. The requirements of the Code are then combined with evidence and additional guidance, to develop a 'best practice' framework. These provide a benchmark for normal practice.

Outcomes for Graduates sets out the competencies that all chiropractors will have upon graduation. It was developed by the Forum of Chiropractic Deans and published by the RCC, underpinned by the requirements of the regulator, as set out in the Code.

For both chiropractic practice standards and Outcomes for Graduates, the RCC uses the Code as a low-level baseline reference and develops these further in the relevant areas.

The professional associations play an important role in signposting and communicating the Code to registrants. It is a key reference source that informs many of their activities and interactions with their members.

All the professional associations emphasised the significance of the Code to their work. This includes referring to the Code when giving talks to undergraduates and new graduates that help them to define their standards of practice.

The provision of pastoral support and guidance to their members in practice is frequently referenced to the Code. This may include individual conversations with members who have specific queries or concerns about their practice. The professional associations' legal advisors also refer to the Code in FtP cases concerning members, noting that the Code works well for this purpose.

All the professional associations see an important aspect of their role as being to help their members be aware of, understand and comply with regulatory requirements. They disseminate information about new Supplementary Guidance and directed CPD to make sure that their members are aware of these, and they also develop CPD specifically around these topics to support members learning. They always ensure that all CPD that they provide is in line with and signposts the requirements of the Code.

3.2 What core values do stakeholders feel are important to underpin the Code?

Stakeholders felt that core values for practice are important. Across the focus groups and interviews, several values that it was felt should underpin the Code were articulated.

In designing regulatory frameworks, clear identification of underpinning values may explain and inform the derivation of regulatory objectives and, in the case of the Code, its Principles may be framed as the means of actioning the core values. This is discussed further in section 4.2.

Views of what stakeholders hold to be important include:

Safety and Quality	Patient-centred care
Honesty, integrity and transparency	Empathy
Respect and dignity	Professionalism
Openness	Privacy
Best interests of patients	Commitment
Respect for diversity	Equality
Evidence-informed practice	Non-discriminatory
	Inclusion

3.3 How well does the nature and structure of the current Code work?

The standards that comprise the Code are currently organised around 9 high level *principles* that each comprise an overarching standard. Each of these is followed by a set of component standards

The standards included in the Code address both:

- I. The standard of proficiency for chiropractors, and
- II. The code of conduct, behaviour and ethics for chiropractors

The standards in the current Code are mostly structured to be broad in nature, with a few more narrowly specified standards that typically address regulatory issues that have arisen e.g. FtP complaints around advertising, whereby the Code makes very specific reference to the requirements of the ASA.

A unified Code for proficiency, conduct, behaviour, and ethics

All stakeholders were content with a single, unified Code. Lessons learned from the approaches of other regulators support this.

No issues were raised by stakeholders over combining the Standard of Proficiency and the Code of Conduct, Behaviour and Ethics into a single Code (this took place at the last review of the Code, published in 2015).

The approaches of other regulators to their professional standards vary. Mapping the GCC Code to the 2 separate HCPC codes for proficiency[14] and for conduct, performance and

ethics[6] indicates content overlap and almost word-for-word duplication of some Standards. Some other regulators have unified codes for their professional standards[4, 8, 15]. No shortcomings of the unified approach were identified.

Organisation of the Code around high-level principles

All stakeholders were content with the organisation of the Code into high-level principles. Lessons learned from the approaches of other regulators support this.

Participants in the focus groups and interviews stated that the organisation of the Code into its 9 principles currently works well. Some of the other regulators professional standards that were mapped took a similar approach of organisation into high-level areas (domains[4], themes[8] or principles[7]) followed by high level standards[6, 14] (or competency standards[7]) and/or narrower component standards[4, 6, 8, 14] (or indicators[7]). Some included integrated guidance notes[8].

Standards that are broad versus narrow in focus

All stakeholders were content with the overall broad nature of standards. There is some variation in the approaches of other regulators. There are examples of good regulatory practice where greater specificity has been introduced to individual standards, as a tool to address problems identified.

All stakeholders were generally content with the fact that individual standards are broad and not overly prescriptive. This was noted as 'working well' by the expert witnesses and favoured by some of the professional associations (who, for example, felt that this 'did not hamstring registrants'). The RCC questioned why there were some areas of inconsistency where individual Standards are more specific and narrower.

Comparison with the professional standards of other regulators indicate some variation in approach to the breadth of standards. This was indicated whereby, in some areas, several narrower standards would be mapped to a single GCC standard[6, 7, 14]. Some of the compared regulators provide some standards that are narrower in focus amongst their overall broader approach. This is often an intentional use of professional standards as a regulatory tool to address specific issues or problems that have arisen. Examples from the GMC's draft new 'Good Medical Practice'[4] are provided in Table 3.

Table 3. Examples of the use of narrowly specified standards from ‘Good Medical Practice’

New standard	Reason given for introduction
You must not abuse, discriminate against, bully, exploit, or harass anyone, or condone such behaviour by others. This applies to all interactions, including on social media and networking sites.	New duty driven by evidence considered around poor inter-professional behaviour, power differentials and sexual harassment.
You must not demonstrate uninvited or unwelcome behaviour that can be reasonably interpreted as sexual and that offends, embarrasses, humiliates, intimidates, or otherwise harms an individual or group.	New and quite specific duty that the GMC added in response to feedback that Good Medical Practice did not currently address sufficiently sexual harassment in the medical profession.
If you have a management role or responsibility, you must encourage and support your colleagues to raise concerns and ensure that concerns are responded to appropriately in line with our <i>Raising concerns</i> guidance.	Strengthened duty specific to management roles, following feedback that the existing duty to raise concerns put the burden in the wrong place. This imports to the standards requirements that previously sat as guidance, to require people in leadership roles to take responsibility for listening to concerns and following them up.

There are also examples in the current Code where the GCC has included standards with narrower specificity, to address FtP problems that have occurred:

B3 - ensure your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to their current guidance, such as the CAP Code

B6 - avoid placing any undue financial pressure on a patient to commit to any long-term treatment that is not justified

D3 - explain the reason to the patient if there is a need for the patient to remove items of clothing for examination; if that needs to happen, you must offer the patient privacy to undress and the use of a gown.

It is also of note that the GMC took the step of purposefully moving some requirements from its guidance into its professional standards, where there was a need to strengthen the duty in response to problems with behaviours that had been identified.

3.4 what should be the acceptable standard of practice in a modern UK chiropractic profession? to what extent does the Code currently define this?

Stakeholders provided a thoughtful and detailed account of what the standard of practice should look like. Areas to strengthen or that are not currently included in the Code were identified.

All stakeholder groups gave perspectives on what the acceptable standard of practice should look like. Overall, many did not perceive major issues, but some felt that overall there has been some decline in standards. Areas for improvement were identified. The GCC's research also indicated some important aspects of practice that accorded with the stakeholder perspective. It was also noted that any review of the Code should take into consideration potential regulatory reform

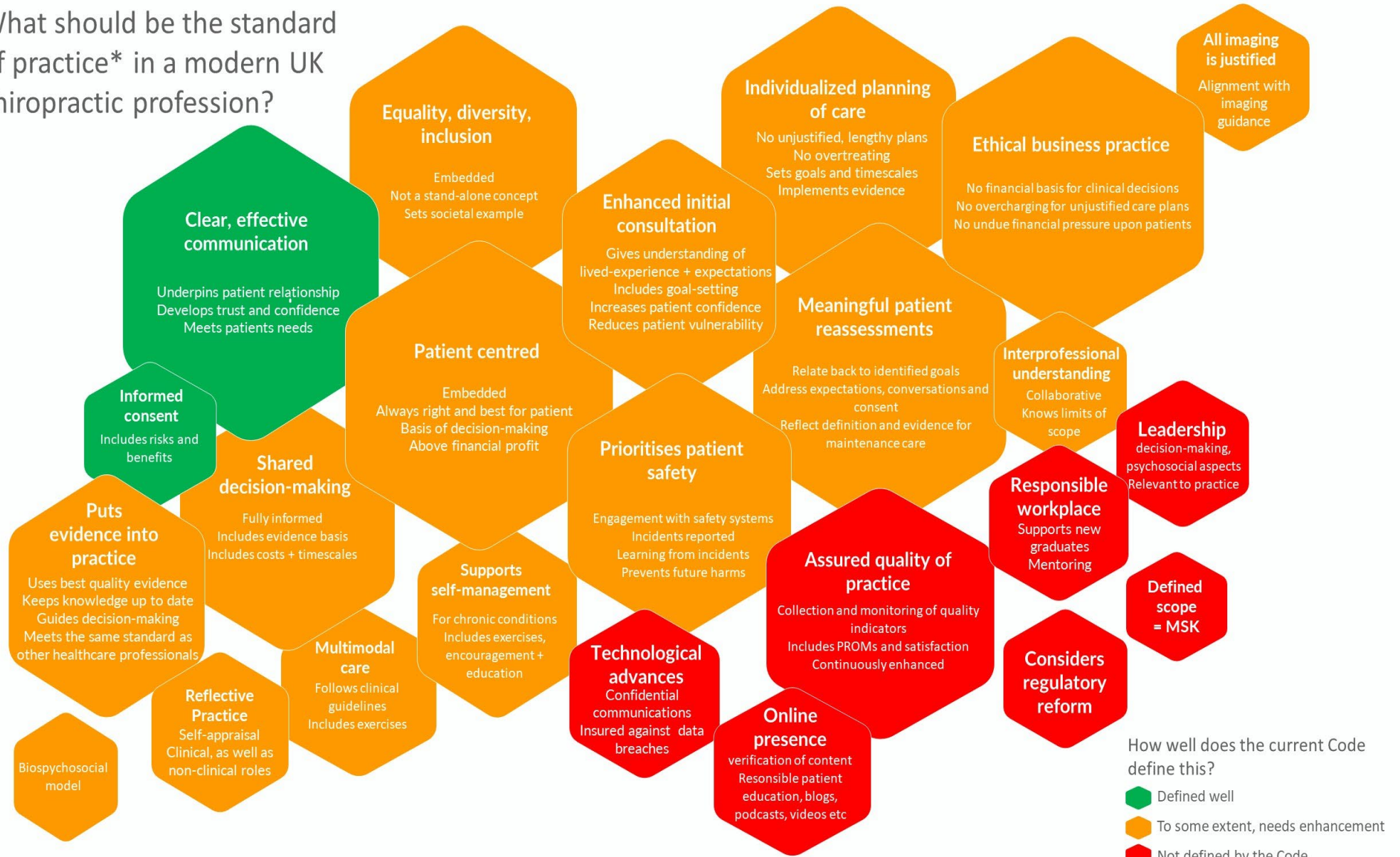
Stakeholders felt that contemporary professional standards should reflect societal status and values of the time, giving examples of national and global issues.

The Education Committee (EC) of the GCC has delegated responsibility for the SoP of chiropractors. Members felt that the SoP does not currently adequately define what the acceptable standard of practice should be and that the Code requires review.

Members of the EC felt that the SoP lags behind the ES and that the standards of other regulators e.g. HCPC's standard of practice for physiotherapists better define acceptable practice. It was noted that due to the broad nature of standards, the Code can be unhelpful in informing judgements about whether TOC candidates meet the threshold requirements. Consideration is needed of how to enhance the Code as a tool that supports the TOC. It was noted that the more detailed 'Expectations' that accompany the ES are more helpful and are sometimes referenced to inform decisions, however, it is the Code, not the ES that should provide the benchmark. Due to the key responsibility of the EC for the SoP and the central role of this in EC activities, it would be essential that members of the EC are involved in any review of the Code.

Figure 1

What should be the standard of practice* in a modern UK chiropractic profession?



* Includes both the standard of proficiency and the code of conduct, performance and ethics. Relative size indicates the weight that stakeholders gave to the standard

Figure 1 illustrates the opinion of stakeholders of what should be the acceptable standard of practice and, the extent to which they perceived the Code to currently define this. A fuller narrative account is provided in Appendix 1.

Standards in the areas of communication and consent were felt to be effectively and appropriately represented. Most areas were perceived as being represented in the Code to some extent, but in need of some strengthening. A few areas were identified that it was felt are not currently represented in the Code and that should be added. Of these, assured quality of practice, leadership competencies, the need to address advances in technology and online presence were addressed and included in the new Education Standards. Workplace behaviour is an area that other regulators have also identified for inclusion in their newer professional standards.

Most of the areas identified by stakeholders as being important, that are not currently sufficiently addressed by the Code were also identified as gaps in the comparisons made to the newer standards of other regulators. Recommendations relating to these are therefore outlined in section 3.5.

3.5 Does the Code remain up to date with advances in healthcare? (comparison with other regulators)

Detailed mapping of the Code to the newer professional standards of other healthcare regulators identified many similarities in content, but also some areas that are not captured in the Code currently.

A detailed mapping spreadsheet indicated a number of minor differences in the specification of requirements set out in the existing content of the Code. A number of more significant areas of content that are lacking in the Code, compared with other mapped standards were also identified:

- Person-centred approaches, patient partnership and collaborative care, patient empowerment/enablement
- Shared decision-making
- Professional duty of care
- Equality, diversity and inclusion
- The patient's right to access care, conflicting and personal beliefs and values
- Safety and risk management
- Assurance of quality of care

- Conflicts of interest (not just financial) and inducements
- Wider financial probity
- Wider duty to help in emergencies
- Additional professional duties
- Insurance and indemnity requirement
- Own health and wellbeing (self-care) and immunisation
- Professional autonomy, exercising judgement and taking personal responsibility for justifying decisions
- Respond to patient complaints/breakdown of trust
- Workplace culture - duties to report, act upon and escalate concerns (includes safety, well-being, bullying, harassment, intimidation of patients/carers/colleagues)
- Interprofessional working, collaborative health care and delegation of care
- Teamworking, interpersonal relationships and workplace culture
- Engagement in the learning of others
- Power imbalances
- Reflective practice, seeking feedback and performance improvement
- Being adaptive in practice - including the role of evidence
- Engagement with research
- Communication, digital technologies and social networking/media sharing networks
- Interaction with others e.g. family or carers
- English language requirements

These areas are further outlined in Appendix 2, with recommendations for how and where they could be addressed in an updated Code.

3.6 Summary of recommendations to update the Code in line with advances in healthcare, as well as addressing the perceptions of stakeholders

Key areas identified as significant gaps in the Code through mapping to the standards of other regulators, were all areas that those regulators had themselves identified as in need of updating in line either with advances in healthcare, or in response to issues that they encountered. The new has ES addressed many of these. Most of the areas identified through mapping were also highlighted by stakeholders as in need of updating.

The most significant gaps identified in relation to advances in healthcare are:

- **Patient-centred care**
- **Safety and quality of care**
- **EDI considerations (including a greater duty to challenge and act)**
- **Prevention, health promotion and population health**
- **Collaborative health care, professional relationships and workplace practice (including teamworking and leadership, interprofessional working, bullying/harassment and a greater duty to act upon concerns)**
- **Performance improvement and adaptive practice (includes reflective practice and implementing evidence into practice)**
- **Communication, digital technologies and social networking/media sharing networks**

It is recommended to update the Code to address these significant gaps, as well as considering a number of additional amendments.

Detailed recommendations for how the Code may be updated to address each of the gaps identified, along with the rationale for making updates, are outlined further in Appendix 2.

The GCC could consider adding additional high-level principles that address two of the key gaps in the current Code that are identified:

1. Safety and Quality of Care
2. Collaborative health care, professional relationships and workplace practice

A possible third new principle could be developed addressing EDI, however, an alternative approach is to embed the requisite components of this throughout the Code, as appropriate by adding some new standards and by enhancing existing standards.

It is recommended to develop new standards for a number of areas. To address all the identified gaps, this would equate to approximately 20+ new standards. Many of these would sit naturally as additional standard(s) spread across the existing Principles.

Many other recommendations involve amendments to the current drafting of existing standards, or additions that enhance their breadth to enable them to capture missing aspects.

3.7 Are there areas where issues are arising where the Code may not be working effectively as a regulatory tool?

Some issues were identified from discussion with stakeholders, alongside scrutiny of the GCCs annual Fitness to Practice reports.

Problem areas identified by stakeholders

All stakeholder groups, including patients and registrants, raised strong concerns around the issues of:

1. Chiropractors providing lengthy, unjustified care plans to patients
2. Failing to form truly individualised care plans
3. Failing to conduct meaningful reassessments of patients (being seen as a 'tick box exercise')
4. Financially motivated practice whereby clinical decisions are not founded upon the best interests of the patient
5. Placing undue financial pressure on patients and/or over charging them by advocating unnecessarily lengthy care
6. Taking unjustified X-rays (often financially motivated), contravening the GCCs imaging guidance

These were seen as issues of protection of patients and the public. There are examples of Fitness to Practice cases that involve these behaviours. Stakeholders felt that the content and drafting of relevant standards in the Code does not currently work sufficiently well and that the Code is not therefore a robust enough regulatory tool.

Stakeholders also highlighted additional issues:

7. The Code, and the supplementary *Guidance on maintaining Sexual Boundaries (2016)* do not work well as a regulatory tool in FtP cases
8. Claims for treatment (advertising, as well as promoting theories such as subluxation-basis, benefits of wellness care/prevention etc)
9. Disrobing and lack of sensitivity to patients' dignity, privacy and sense of vulnerability
10. Behaviours towards wider workforce whereby employers do not support their newly qualified staff to adhere to the Code, incentivise/pressurise them into practices that financially motivated and fail to provide meaningful mentoring or to support their wellbeing

FtP Considerations

Members of the FtP committees, as well as the expert witnesses highlighted all the above as key issues in contributing to complaints and poor practice and felt that the Code needed to proscribe these behaviours more effectively.

FtP reports 2019-2022 were scrutinised, as these more recent reports categorise data on allegations received in a consistent way that permits pooling across and comparisons between years to be made. A summary of the allegations received over this period is presented in Appendix 3.

Allegations made do not necessarily indicate problems with the Code as a regulatory tool. Problems are indicated where:

1. The intentions of standards are not clear enough to aid registrants in their interpretation of the Code (or additional supplementary guidance is needed). In this case, breaches could occur due to inadequate understanding of the requirements by registrants.
2. Allegations of poor practice are made that are difficult to uphold against the standards (standards are not robust enough). In this case poor practice is not effectively proscribed by the Code

Overall trends in allegations of potential breaches of the Code were largely unchanged across the 4-year period. Concerns about sub-standard treatment form a high proportion of total allegations. Of these, many involve issues that may be related to lengthy, unjustified, or poorly informed care. This is in line with the key concerns raised by stakeholders, who felt that the Code was insufficiently robust to challenge and be a deterrent to poor practice. Stakeholders concerns over financially motivated practice and overcharging of patients do not appear in the FtP data. A likely reason for this is that allegations may only be investigated in relation to potential breaches of the current Code, therefore issues that are not clearly captured in the Code (such as financially motivated practice) will not arise as allegations.

It is also noted that a few specific issues may have reduced slightly over time. It is possible that this may relate to changes in registrants understanding of requirements.

Some specific issues of probity (advertising claims, dishonesty/duty of candour and misrepresentation of experience/use of the 'Dr' title) appear slightly reduced since 2020. This may reflect specific actions that the GCC took to highlight these specific issues to registrants. For example, the amendment made to Standard B5 of the Code in late 2019 to be more specific about requirements for advertising, allowing some lag time for this to be

disseminated, understood by registrants and implemented, may have resulted in an apparent fall in allegations by 2021. However, numbers are very small, so must be interpreted with caution.

There are also indications that complaints relating to sexual boundaries and to preserving patients' dignity and modesty may have reduced slightly since 2020. The GCC published its 'sexual boundaries' guidance in 2016, but this seems an unlikely explanation, given the time lag. It is unclear whether this could relate to increasing societal awareness of these issues in recent years, or whether changes to the practice environment during the Covid-19 pandemic played a part.

3.8 Addressing specific problems identified

Issues 1-5: Care that is not in the patient's best interests

Issues 1-5 above have long been recognised, but have proven difficult to effectively address, in part due to difficulties establishing where the line lies between acceptable and unacceptable practice. Consideration of existing standards in the Code (Principle C, defining the standard of clinical care) does indicate some areas that may be strengthened to provide a better benchmark against which practice may be judged. Detail of possible approaches are suggested in Appendix 4. These draw upon language used and requirements of the standards of some of the other regulators.

Issue 6: Unjustified use of X-rays

Unjustified use of X-rays, that contravenes the GCCs Guidance on diagnostic imaging (2022)[16], may also at times be linked to the other issues (1-5) of care that is not in the patients best interests. While evaluation of the FtP data did not particularly raise this as a problem, it was perceived as such by several of the stakeholder groups. It was also felt that the existing standard around X-rays should be updated to reflect wider imaging modalities and competency in the role as a referrer. The new ES addressed these issues.

It is recommended to update the existing standard, in line with the new ES and also to strengthen the link between the Code and the GCCs Guidance on diagnostic imaging[16] that was published subsequent to the current Code.

Issue 7: Strengthening the Code as a regulatory tool in relation to sexual boundaries and misconduct cases

It was noted by stakeholders involved in FtP that the current drafting of both the Code and of the GCCs 2016 Guidance on Maintaining sexual boundaries [17] lacks effectiveness in enabling complaints of sexual misconduct to be dealt with appropriately. Key issues being:

- Allegations which plead that the conduct was sexually motivated are inconsistent with how sexual misconduct and harassment is dealt with in law. The emphasis ought to be on the impact on the victim, not the mindset of the offender (victim impact assessments could be useful in this context)
- In linking FtP with sexual motivation, the Code, and how it is applied, fails to bring out the extent to which sexual misconduct relates to an abuse of power and breach of trust. Viewed through this lens, the establishing of sexual motivation is unnecessary. The Code, supplementary guidance (and sanctions guidance), in turn, need to reflect the seriousness of an abuse of power which is not necessarily sexually motivated, but is still a breach of sexual boundaries
- The Professional Standards Authority is aware that its boundary guidance (published by the Council for Healthcare Regulatory Excellence, Clear sexual boundaries between healthcare professionals and patients: guidance for fitness to practise panels(2008)) needs updating, to take account of the above issues, to become more trauma informed[18], and to also cover issues relating to boundaries with colleagues, as well as student/staff boundaries.

Mapping to the standards of other regulators indicated that some have a broader focus. There is emphasis on the roles of power and trust, capturing other forms of improper relationships (e.g. emotional or financial relationships) and extending beyond the focus on patients. This is a significant issue due to the prevalence of sexual misconduct complaints in healthcare and their seriousness in terms of harm to patients and the public.

To address these issues it is recommended to:

- **Make amendments to the existing Principle D *Establish and maintain a clear professional relationship with patients*, to Establish and maintain clear professional boundaries. This will extend the breadth of the Principle beyond patients and better place the focus on boundaries**
- **Review and amend Standard D1 *not abuse the position of trust which you occupy as a professional. You must not cross sexual boundaries. Aim to capture improper emotional or financial relationships, uninvited/unwelcome***

behaviour and power imbalance. e.g. not abuse the position of power and trust which you occupy as a professional. You must not cross sexual boundaries or pursue improper emotional or financial relationships

- Since much of the detail that informs FtP considerations around sexual misconduct cases is contained within the Guidance on maintaining sexual boundaries[17], this should be reviewed ensuring that it reflects current thinking, understanding of issues and addresses its limitations as a regulatory tool in the FtP process. Practice. The current guidance is based on the original 2008 CHRE guidance [19].The GCC may take a lead in updating its guidance and establishing regulatory best practice. This might sit well as joint regulatory work.
- A review of the Guidance would benefit from being carried out alongside any review of the Code, to ensure consistency and strengthen the relationship between the Code and the Guidance
- Consider whether updated guidance would remain focussed on maintaining *sexual* boundaries or should be broadened to capture wider aspects of issues with professional boundaries and abuse of power and trust

Issues 8-10: Advertising/claims, sensitivity to dignity and privacy and workplace behaviours

These concerns that were raised by stakeholders can all be addressed by either minor, or more significant amendments to the Code that have already been identified in section 3.5.

3.9 Summary of recommendations to address specific issues

Key issues identified by stakeholders, alongside scrutiny of the GCCs annual Fitness to Practice reports that should be addressed, in addition to recommendations made in section 3.5 are:

- **Care that is not determined in the patient's best interests (issues 1-6)**
- **Position of power, trust and professional boundaries (issue 7)**

The provision of care that is not based upon the patient's best interests should be addressed by strengthening several of the standards in Principle C (clinical care) and other relevant areas of the Code. These need to be more robust, specific and potentially could include negatively framed standards.

The issue of professional boundaries should be addressed by re-framing existing standards within the Code, carrying out a robust review of the Guidance maintaining sexual boundaries, and ensuring a strong relationship between the Code and this Guidance.

3.10 areas of good practice or lessons to be learned from the professional standards of other regulators

Several areas of good practice and learning points were identified in the approaches of other regulators. These address:

- 1. Identifying and articulating key areas of focus for revisions to professional standards**
- 2. Use a range of methods to strengthen standards to address issues**
- 3. Strengthen duties to act where important values are threatened by others**
- 4. Enhance consultation methods on revisions to professional standards**
- 5. Provide tools to facilitate self-assessment by registrants against the requirements of revised professional standards**
- 6. Provide resources to support professionalism and help registrants meet requirements that are organised to fully address each key principle of professional standards**

Learning point 1: Identifying and articulating key areas of focus for revisions to professional standards

In line with the approaches of other regulators, the GCC should identify and articulate the key areas of focus for any revisions to the Code.

The newest standards of regulators that were mapped had been developed through extensive consultations that considered similar questions to this review, in particular, what should good practice look like? And where are issues arising that should be addressed? All identified priority areas to address. These are provided in Table 4.

Table 4. Priority areas for review of professional standards identified by other regulators

Regulator	Professional Standards	Priority areas/considerations
GMC	Good Medical Practice	Discrimination, fairness and inclusion Partnership with patients Working with colleagues Leadership and organizational culture
NZ Chiropractic Board	Revised Competency Based Professional Standards for Chiropractors	Patient centric model Contemporary Holistic Evidence-based practice Cultural sensitivity Accessibility of the standards Flexibility and responsiveness of the standards
HCPC	Standard of conduct, performance and ethics	Application of EDI (and challenging discrimination) Social networking variety Registrant well-being and mental health Appropriate conduct between registrants and colleagues Guidance and support for whistle-blowers Tackling misinformation on social media Simple, inclusive and culturally nuanced language Accessibility of the standards and additional materials Alignment with other standards (HCPC and other regulators)
HCPC	Standard of practice for physiotherapists	Emphasis on active implementation of standards EDI Patient-centred Own mental health Leadership Digital and new technology Public health and health promotion

Learning point 2: Use a range of methods to strengthen standards to address issues

In line with approaches demonstrated by others, the GCC should use a range of methods to strengthen areas of the Code identified as particular issues and should clearly articulate the rationale for these.

Some regulators have articulated rationale and taken robust steps to address specific problem areas identified. In particular, the GMC has:

- Included new, narrowly focussed and explicit standards (see also section 3.3)
- Drawn down into standards some information that sat previously within guidance
- Strengthened some of their 'shoulds' to 'musts'. In some instances they have framed standards as ...'MUST take REASONABLE measures, to enable a degree of proportionality in the application of the duty.
- Included some negative standards i.e. you MUST NOT
- Developed a 'commentary' to its consultation draft, highlighting where evidence indicated the need for amendments and explanation of the rationale supporting all amendments

Learning point 3: Strengthen duties to act where important values are threatened by others

To protect patients and others more effectively, as well as to signal and uphold important values, the GCC should consider following the example set by some other regulators in setting new expectations of registrants to act upon and challenge poor practice.

Additions or amendments to the professional standards of others explicitly raise the duty of their registrants to take action, proscribing 'passive bystander' behaviours. For example

- Challenge discrimination (HCPE SCP)
- Raise concerns about colleagues (HCPE SCPE)
- Not condone poor workplace behaviour by others (GMC)
- Take action, or support others to take action, if you witness or are made aware of bullying, harassment, or unfair discrimination (GMC)

Learning point 4: Enhance consultation methods on revisions to professional standards

To encourage meaningful engagements with stakeholders through consultation, some regulators have developed additional resources that support and enhance the online survey method. It is recommended to issue a mapping of new-to-old standards, with a commentary explaining the rationale for changes and to consider presenting a series of webinars focussed on key themes of revisions that may be attended by any stakeholder.

Meaningful involvement of stakeholders during consultation on standards is challenging, in particular gaining genuine, thoughtful and representative inputs from registrants and engaging with patients. In its consultation on its revised standards of conduct, performance and ethics, HCPC:

- Developed a document that sets out alongside each new standard, the old standard as well as a commentary on the reason for amendments (like the approach of the GMC above)
- Ran 6 ‘workshops’ as webinars, each focussed on a key theme of the revised standards. These ran alongside an online survey-based consultation, therefore supported understanding of consultation questions.

These methods may help patients to understand the changes in the context of practice, and to respond to consultation questions. Consultation that requires reading the full standards documentation may not be easy for patients to engage with and respond to.

Both methods may also help to clarify to registrants the reasons for changes, enabling a well-informed response to the consultation.

The GCC should liaise with HCPC to establish details of how they ran their webinars, how effective they were, and any issues encountered.

Lesson 5: Provide tools to facilitate self-assessment by registrants against the requirements of revised professional standards

The GCC is recommended to consider developing a self-assessment tool, as HCPC have done, to support registrants to identify, plan and action any learning and development requirements that will prepare them to be able to meet updated standards. This could provide an area for focussed CPD.

Some of the areas identified as significantly missing from the current Code, or in need of substantial strengthening, may pose difficulties for registrants whose level of skill, knowledge and competency may not be sufficient to meet the requirements.

It has been established (section 3.1) that registrants are most likely to thoroughly read the Code when a new issue is published. This is therefore an important time to support registrants to understand, upskill if necessary, and be ready to implement the new standards when they become effective.

HCPC developed a self-assessment tool to help its registrants to reflectively evaluate their practice against the revised requirements of the standards, identify learning or development needs and develop their own plan to address these.

The GCC should consider developing a self-assessment tool for registrants, at the point of publication of a revised Code. The RCC also raised the need for learning and development activities to support registrants. The requirement for a structured, reflective self-assessment and learning and development needs plan might also provide a valuable area for focussed CPD during the year between publication and a new Code becoming effective.

Lesson 6: Provide resources to support professionalism and help registrants meet requirements that are organised to fully address each key principle of professional standards

Understanding of the requirements and implementation of an updated Code by registrants would be further supported by reviewing (and updating as necessary) existing guidance and resources, developing new materials as needed, and organising these to clearly support each of the key principles of the Code.

HCPC provides a suite of online resources for registrants 'Putting our standards into practice and supporting professionalism'. These include relevant guidance, useful tips documents, case studies and webinars that are clearly organised into, and address, each of the key principles/domains of the updated standards, providing a strong link between the standards and supplementary materials.

While the GCC has a range of Supplementary Guidance and other tools and resources in place, these are not currently organised to map the structure of the Code. These should be reviewed, updated and added to as necessary, and should ideally address each key Principle of the Code

3.11 What should be the relationship between the Code and its Supplementary Guidance?

The views of stakeholders on the relationship between the Code and its Supplementary Guidance were sought. All felt that the Supplementary Guidance was extremely important and that there should be a strong and clear relationship to the Code.

Across stakeholders, the view was that purpose and nature of the Supplementary Guidance should:

- Provide a firm steer, and clarification on the expectation for meeting the acceptable threshold for standards
- Effectively support FtP processes
- Effectively support assessment decisions in the TOC
- Be very clear on the distinction between which aspects are 'musts' and which are 'shoulds'.
- Also, provide additional aspects of 'best practice' and how to improve
- Not merely repeat the Code in a little more detail
- Not be seen as an 'optional extra'
- Contain very simple and clear explanations of what the guidance is
- Contain information that is evolutionary in nature, so may be updated
- Ideally, contain examples and toolkits, which contextualise the guidance
- Be fully used in education
- Support scope of professional practice. GCC publications demonstrate the scope and competency of chiropractors to external stakeholders. (e.g. indemnity insurers re treatment of U16s specialised training). NB here there is overlap with what may be the remit of the professional associations and the Outcomes for Chiropractic Graduates [19]

The GCC is recommended to strengthen the link between the Code and supplementary guidance or other key references (such as legislation), taking into account the views of stakeholders and considering the approaches taken by other regulators to embed the relationship into their standards.

The Code and its Supplementary Guidance should be tightly linked

The RCC felt that as the Code is the GCCs primary regulatory tool, a lighter touch Code requires more prescriptive guidance. This view was also expressed by the FtP committee stakeholders, while expert witnesses and some of the professional associations felt that guidance should not be too formulaic or prescriptive.

All stakeholders agreed that the Code and the Supplementary Guidance should be tightly linked whereby:

- There should be clear identification and signposting within the Code of problem areas that are addressed by Supplementary Guidance
- The Supplementary Guidance carries as much weight as the Code itself as a tool that informs the FtP process

Methods to embed the Supplementary Guidance into the Code

Stakeholders felt that the Code should contain clear cross-references to relevant Supplementary Guidance. It was suggested to integrate and embed the Supplementary Guidance into the Code to strengthen the relationship. The example was given of the use of hyperlinks within the ES. However, some of the professional associations felt there may be legal issues with directly linking the Code to supplementary guidance.

Other regulators do strengthen the links between their standards, guidance and, in some cases, key relevant legislation.

The GMC emphasises the authority of guidance by referring to its key guidance documents within the drafting of some standards. For example,

- ‘...If you have a management role or responsibility you must encourage and support your colleagues to raise concerns and ensure that concerns are responded to appropriately in line with our *Raising concerns* guidance’
- ‘...You should follow our guidance *Decision making and consent*, wherever you practise in the UK’

This provides a direct and strong link signalling the weight of expectations contained within guidance.

Both the GMC and HCPC also include hyperlinks within their standards that may be clicked to ‘pop up’ and/or open key documents that are referenced. Their downloadable PDF formats list the cited references as footnotes on each page. Examples are included in Appendix 5.

Some issues to consider around Supplementary Guidance and its relationship to the Code are:

Issues raised around dissemination of guidance and its clarity of purpose

Given the importance of guidance to support adherence to the Code, FtP and TOC processes, an extensive reach and understanding of guidance is essential. The GCC should ensure that it maximises dissemination, drawing appropriately upon its relationships with other stakeholders, such as the professional associations. It should also ensure that the relationship of guidance to the Code is clearly articulated and understood by registrants. Registrants must also understand their professional responsibility to read and implement guidance.

Stakeholders highlighted the difficulties and importance of dissemination of Supplementary Guidance:

- Registrants may not be entirely clear what the Supplementary Guidance is i.e. In what case should a chiropractor look at the Supplementary Guidance?
- If Guidance is to be used in FtP, there needs to be a clearer focus on how guidance is communicated to registrants, to ensure that they all see and read it
- Issuing key updates/new guidance within the GCC newsletter seems an unreliable way of disseminating the important information, as it can easily get missed
- Chiropractors should be responsible for keeping up to date
- The professional associations see themselves as having a key role in ensuring that their members are informed about new guidance

Some stakeholders noted that that the GCC currently highlights new guidance as well as can be expected. However, as guidance supports the Code, providing detail of the requirements to meet standards, it is essential for all registrants to be familiar with guidance, for the Code to be effective.

The importance of currency, updating and avoidance of contradictory messages

Supplementary Guidance needs to be continuously reviewed for currency and updated, with input from stakeholders and external professions as appropriate. Lack of currency and contradictory messaging will reduce the effectiveness of the Code as a tool to determine acceptable practice and to support FtP and the TOC. It is important to ensure that all GCC publications are updated as necessary, when guidance is updated.

Stakeholders highlighted the importance of review and updating of guidance. It was felt that this should include stakeholders and external professions. Examples were given by the FtP panel members of where outdated or contradictory messages within guidance cause issues:

- In FtP allegations, sexual misconduct is difficult to determine, as referenced to outdated content of the Guidance maintaining sexual boundaries
- Updates to guidance can lead to lack of concordance with older guidance e.g. The Advertising Toolkit is current and has much more clarity around use of 'subluxation' than the older Subluxation Guidance

Some suggestions were made for revisions and updating of the existing guidance and for potential new guidance topics

- Guidance on maintaining sexual boundaries requires updating/replacing (see sections 3.7-3.8)
- Consider online/social media Guidance
- 2018 Confidentiality Guidance needs to be updated – it lacks the necessary specificity
- Consider a Mental Health resource pack (trauma-informed practice, holistic approach to patients and identification of 'yellow flags')

3.12 How accessible is the Code and its Supplementary Guidance ? What improvements may be made?

Stakeholders noted the importance of good accessibility of the Code, in particular to patients. Overall, they felt that the Code is well-laid out and that language is clear and consistent with other professions.

Aspects of accessibility that were noted positively include:

- The introductory section that explains how the Code sets out what the public expectation is and how this is met
- The organisation whereby the Code is set out as high-level Principles, then broken down in component Standards (although some felt that the overarching themes could be articulated more clearly)
- Language that is common with other professions that has overall good clarity
- The use of drop-down works well

Format of the Code

All stakeholders were content with the online format of the Code but raised a few aspects of accessibility to be considered.

Queries and suggestions made by stakeholders around accessibility of the online format included:

- The need to consider how patients without internet access may access the Code
- The need to consider alternative formats for registrants or patients who are dyspraxic/dyslexic or who are visually impaired e.g. consider an audio version, or compatibility with 'immersive reader' functions

Finding the Code online

There were some differences in opinion of how easy the Code was to find. Some felt that online searching and locating the Code once within the GCC's website had improved and were satisfactory, however others perceived issues for patients and registrants.

It is of note that for patients, the presence of the Code on the website is in the context of having concerns or making complaints. This should be reviewed to reflect the role of the Code more fully as a framework for practice that sets out what patients may expect and what chiropractors must provide.

Issues raised by stakeholders included:

- Will patients know what to search for (either on the website, or in Google, for example)? It is felt that perhaps the title 'the Code' is unclear. 'Code of Practice' may be a better title or search term. 'Standards' may also not be easily understood by patients
- The website could be more user-intuitive, it is not obvious where to find the Code on the site. The search function 'Code' brings up several items
- As a patient, I only eventually found the code listed under the 'I'm a chiropractor' tab. It wasn't prominent on the homepage
- Patients had looked at the FAQs on the website but had not found the 'concerns about a chiropractor' section, with the link to the Code, that is there.
- When logged in via the GCC website as a registrant, it is hard to find the Code and the Supplementary Guidance. This should be clearly and immediately present on the top bar

Navigation to locate information within the Code

The visual layout and the organisation of the Code into Principles was felt to overall work well. However, some suggestions were made that may facilitate navigation and locating the relevant area of the Code by patients and the public.

Areas suggested for improvement included:

- As the Code is long, its overarching themes could be more clearly articulated to aid navigation to the Principle and standards that are of relevance/sought
- Patients may find it hard to locate the relevant part within the long document. Hotlinking the index to relevant sections may help

Accessibility of the Supplementary Guidance

The Supplementary Guidance publications are currently presented on the website as a list of titles. Stakeholders felt that this needs improvement, to engage registrants more effectively. Other regulators present important guidance in a more engaging way that encourages interaction and linkage to their standards (see section 3.11).

4 DISCUSSION

This scoping review of the Code achieved a number of objectives that were set out in section 1.1. Findings in relation to each of these, recommendations and discussion are included in sections 3.1-3.12. This section addresses additional points of discussion.

4.1 Should the content of the Code be reviewed?

As outlined in sections 3.4-3.9, the Code can be brought up to date with the requirements of contemporary practice, remain in line with the approaches of other regulators and address significant problem areas of practice by enhancing, as the priority, the following key areas:

- Patient-centred care
- Best interests decision-making (identified as a problem area)
- Safety and quality of care
- EDI considerations (including a greater duty to challenge and act)

- Position of power, trust and professional boundaries (identified as a problem area)
- Prevention, health promotion and population health
- Collaborative health care, professional relationships and workplace practice (including teamworking and leadership, interprofessional working, bullying/harassment and a greater duty to act upon concerns)
- Performance improvement and adaptive practice (includes reflective practice and implementing evidence into practice)
- Communication, digital technologies and social networking/media sharing networks

The GCC should consider these as the focus topics for any review, decide its priorities and clearly articulate these (as other regulators have done, see Table 4).

4.2 Identification of underpinning values and their role in the design of the Code

Values that stakeholders hold to be important to underpin the Code were identified.

In reviewing the Code, it is recommended that the GCC consider agreeing and articulating the core values that underpin the Code. These should be informed by the views collected from stakeholders. There was significant agreement in ‘what matters’, between patients, registrants and the wider profession. By taking this approach, a reviewed Code would represent agreement between what patients expect and what the profession will provide. It may work well to link this to the GCCs own strategic plan review, to ensure consistency with its organisational values.

Other regulators have not explicitly articulated their published professional standards in terms of values (although may have included this in their development). However there is growing recognition that there may be benefits to this, as indicated by collaborative work between some regulators (PSA, GOsC and the Care Quality Commission) and the Collaborating Centre for Values-based Practice in Health and Social Care[20]

In healthcare, a set of ethical values, such as ‘best interests’, ‘inclusivity’, or ‘integrity’, together provide limiting frameworks within which those with individually diverse values practise. Frameworks developed around sets of shared values can take the form of codes of practice[20]. Advantages of identifying and articulating underpinning values are to bring clarity and understanding of the thinking that lies behind the standards. Furthermore, the identification of core values that are shared by registrants and patients may result in a code

of practice that represents agreement between what patients may expect and what registrants will provide. The GMC, although it does not articulate its Good Medical Practice in terms of values, does present it as an agreement between patients and registrants and requires registrants to 'sign up' to this contract[4]. The GCC might consider articulating that the Code represents shared and agreed standards.

Other regulators set out their standards as high-level principles, themes or competencies. While sometimes there lacks clarity around the nature of these and how they were derived, the codes of conduct and performance are all comprised of standards, as opposed to rules. While rules-based regulatory approaches are inflexible in their application, standards in contrast permit more than one means of meeting the requirement and require judgement in their application, so represent a goals-based or outcomes-based approach.

The current Code is set out in high level 'Principles'. Principles generally represent the way in which values are actioned or put into practice. It would thus work well to take and articulate a 3-stage approach that

1. Agrees the core set of shared values that underpin the Code
2. Translates the values into high level Principles, that describe actions that implement the values (The current Code is already organised in key Principles, these may require a little amendment as suggested in sections 3.5-3.6)
3. Develop standards articulated as goals or outcomes that are necessary to achieve the Principles (this is currently the approach taken)

4.3 The Standard of Proficiency

The GCC should ensure that the EC is included in a review of the Code, in particular around the SoP, as it will need to determine this. There is also the need to consider how the SoP will be published and changes from the existing Code indicated, to meet legislative requirements.

Legislation specifies that the GCC must determine and publish a statement of the Standard of Proficiency. The SoP sets the threshold by which a qualification is to be judged by the GCC as suitable for recognition for the purposes of registration of individual chiropractors. The EC has been delegated responsibility for the SoP of chiropractors. During the review of the ES, a working group of members of the EC were instrumental in determining what the standard should be and in the design of the ES. The GCC should ensure that the EC are similarly included in a review of the Code, in particular around the SoP, as it will need to determine this.

It should be noted that in the ES, the first section of standards defines the learning outcomes for programmes i.e. what new graduates must know and be able to do and are thus analogous to the SoP for registered chiropractors, that determines the knowledge, skills and competencies that must be actioned appropriately in practice. In relation to the CoP, the ES contains standards requiring new graduates to demonstrate understanding of their responsibilities but does not capture demonstration of all the requirements for conduct in practice that are contained within the Code. Learners are not bound by the requirements of the Code (as they are not registered). Rather, issues of conduct as learners are addressed by learner FtP procedures that providers are required to implement, that are benchmarked to the high level Principles of the Code, as outlined in the GCCs FtP guidance for learners[21]

As the Code is unified, standards that comprise the SoP tend to be articulated in a way that emphasises the requirement to actively implement knowledge, skills and competencies i.e. there is integration of behavioural aspects into proficiency. In this respect, the Code is currently ahead of some other regulators, whereby 'active implementation' was a key focus for change in the new Standards of Proficiency for Physiotherapists, developed by the HCPC.

Should the SoP be varied, the GCC must also publish the new SoP, plus a statement explaining the differences between the new standard and the one that it is replacing. When the unified Code was published in 2016, the GCC fulfilled this requirement by developing a separate 'old-to-new' mapping document[22] This indicated reorganisation of SoP (2010) content, with minor wording changes, but there was not any substantively new content. It is likely that this may change and that there would be additional requirements of registrants in a reviewed Code (similarly, there were new requirements of the reviewed ES). For clarity, it may be more effective for the GCC to present the reverse the mapping process by setting out fully in sequence the standards of a reviewed Code that comprise the SoP and then mapping the relevant parts of the 2016 Code to this. A similar 'new-to-old' mapping was carried out for the new ES, to indicate the changes to providers.

4.4 Take into account potential regulatory reform and the flexibility of the Code

Regulatory reform

It is important that review of the Code considers the need for it to support the key regulatory functions and to ensure that it is an effective regulatory tool that may be implemented within whatever procedural framework is set out in legislation.

The medium to long term consequences of regulatory reform for the chiropractic profession remain uncertain. However, it is likely that the lead time for potential legislative change that may affect the regulation of chiropractic will be some years off[23]. Key regulatory functions that were of focus and that are linked to the Code were education and training (including setting of standards and overseas registration), registration (including enabling regulators to set out many of the detailed requirements in their own rules) and fitness to practise (including procedural requirements). Reform aims to give regulators greater flexibility and powers to set out procedures in Rules. Regarding standards, it is stated that the government believes that regulators hold the necessary expertise to determine the specific standards required to practise safely in a regulated healthcare profession[23]. As such, it is unlikely that reformed legislation would become more prescriptive than the current Chiropractors Act[2] regarding the setting of professional standards, or their nature. It is important in developing a reviewed Code to focus on and ensure that it is as robust as possible as a regulatory tool, and effectively supports the regulatory functions of education and training, registration and FtP, regardless of the procedural framework within which it may be implemented.

Flexibility of the Code

It is important that professional standards, once published, remain valid, contemporaneous and responsive to unforeseen issues that may occur. In reviewing the Code, consideration should be given to ensuring that there is flexibility built in.

To ensure flexibility it is important to consider:

1. Individual standards – ensuring that they are overall not too narrowly specified or referenced to sources or thinking around healthcare that may become quickly outdated
2. The relationship between the Code and its Supplementary Guidance – ensuring that the Code is clearly linked to relevant guidance and that areas that may be subject to change are placed in guidance, rather than within the Code

3. Procedures for being agile in keeping the Code under continuous review, identifying the need and implementing discrete changes, should the need arise to address specific issues (in the same way that amendments were made to standards around advertising).

4.5 The GCC's strategic review

There should be integration between the processes of strategic review and any review of the Code, during 2024.

The GCC's current strategy and business plan captures 2022-24 aims, objectives and activities. A reviewed Code would be completed, published and become effective within the period of the GCCs next 3-year strategic plan that is not yet determined. As that plan is developed during 2024, It will be important to consider whether the new strategy has implications for any specific requirements of the Code, as these would need to be taken into account during its review. A reviewed Code would also inform the development of the strategy and business plans for the 2025-27 period. Therefore specific activities, such as publication, supporting implementation and ensuring that there is updating of all resources that are linked to the Code, would need to be identified and taken into consideration as the strategy is developed.

5 SUMMARY OF RECOMMENDATIONS OF THE SCOPING REVIEW

The GCC is recommended to:

- Review the Code, updating it to address the gaps that were identified, considering perspectives of stakeholders on what the threshold for acceptable practice should be, and remaining in line with other regulators
- In the Code review, explicitly address the two key problem areas of concern about professional practice that were identified:
 - Care that is not determined in the patient's best interests
 - Position of power, trust and professional boundaries

It is recommended that in its Code review process, the GCC:

- Consider taking a values-based approach by agreeing and articulating the core values that underpin the Code, translating these into principles and component standards, and presenting the Code as an agreement between patients and the profession
- Take into account the need for the Code to effectively underpin the FtP process, registration of chiropractors from overseas (TOC judgements) and the close relationship between the Code, the SoP and learning outcomes specified in the ES
- Identify and articulate the key areas that will be the focus for revisions to the Code
- Involve the EC in the review process, this is essential in relation to determining the SoP
- Enhance consultation methods on revisions to the Code, consider taking a thematic approach and developing resources (including an explanation of rationale for all changes) to encourage meaningful engagement with consultation
- Take into account potential regulatory reform and the lifespan of the Code, ensuring that a reviewed Code provides an effective regulatory tool, whatever regulatory procedural framework it is implemented within
- Builds flexibility into a reviewed Code and its Supplementary Guidance, to ensure that these remain valid, contemporaneous and responsive to unanticipated issues that may arise
- Review of the Code and review and development of the GCC's strategy and business plans 2025-27 should take place in parallel, with integration between the processes

In the design of the Code, the GCC is recommended to:

- Retain the unified Code that contains standards that define both proficiency and conduct
- Largely retain the current organisation into high level Principles

- Retain the approach of specifying standards in broad terms, overall. Make use of more narrowly specified standards to address areas where problems in professional practice have been identified
- Use a range of methods to strengthen areas of the Code identified as particular issues and to clearly articulate the rationale for these
- Strengthen duties to act where important values are threatened by others

To ensure an effective relationship between the Code and its Supplementary Guidance, the GCC is recommended to:

- Strengthen the link between the Code and Supplementary Guidance or other key references (such as legislation), using methods that embed this close relationship into the standards
- Ensure that guidance, and understanding of its importance, has an extensive reach among registrants, to effectively support adherence to the Code, FtP and TOC processes
- Ensure that the relationship of guidance to the Code is clearly articulated and understood by registrants, who must also understand their professional responsibility to read and implement guidance
- Continuously review Supplementary Guidance for currency, with input from stakeholders and external professions as appropriate
- Review and update 'Guidance maintaining sexual boundaries' as this is based upon the PSA's now outdated guidance. Emphasise abuse of the position of power, trust and professional boundaries more widely. Consider developing this alongside the review of the Code, so as to effectively underpin the relevant standards
- Ensure that there are no contradictory messages between different GCC publications and ensure that all GCC publications are updated as necessary to ensure consistency

In its implementation of a reviewed Code (and any updated guidance), the GCC is recommended to:

- Determine how the SoP will be published and changes from the existing Code indicated, to meet legislative requirements
- Maximise dissemination, drawing appropriately upon its relationships with other stakeholders, such as the professional associations
- Develop a self-assessment tool to support registrants to identify, plan and action any learning and development requirements that will prepare them to be able to meet updated standards
- Consider self-assessment as an area for focussed CPD, in advance of a reviewed Code becoming effective
- Provide resources to support professionalism and help registrants meet requirements that are organised to fully address each key principle of the Code

To ensure accessibility of the Code and the information that it contains, the GCC is recommended to:

- Retain the online format of the Code, but ensure that appropriate alternative formats are available
- Review search terms for location of the Code, including within the website, taking account of the fact that patients may not know what to search for
- Review navigation and location of the Code on the website to increase its prominence for patients
- Revise the articulation of what the Code is, to reflect its role more fully as a framework setting out what patients may expect, beyond the context of complaints and concerns
- Revise the way that Supplementary Guidance is presented on the website, to engage registrants and linkage to the Code more effectively

6 CONCLUSIONS

The scoping review of the Code and its Supplementary Guidance followed a process of research and consultation to evaluate and establish whether there is a need, at this time, to review these and, if so, determine what revisions may be necessary. Inputs were sought from key stakeholder holder groups, with patient perspectives considered of primary importance.

The scoping review informed understanding of how the Code and its Supplementary Guidance are perceived, accessed and applied by external users. This should inform the design, articulation of purpose, measures to ensure accessibility and implementation of a reviewed Code. A need for updates to standards to reflect changes to practice, ensure consistency with other UK health professional regulators and to address specific issues that were identified with practice was established. There is rationale to support retaining the overall nature and structure of the current Code and aspects of the standards that are still relevant (rather than re-designing the entire Code), but to make substantial changes in a number of areas, as necessary. To protect patients and the public effectively it is important that the requirements for practice defined by the standards and supported by guidance are fit for purpose. It is also important that the Code and its relationship to the Supplementary Guidance is clearly understood, has a wide reach and that registrants are effectively supported to implement the requirements.

Taking account of key findings of the scoping review, recommendations are made for how the current Code may be reviewed and updated to address the issues identified, ensuring that it remains fit for purpose. Recommendations are also made to ensure wider understanding and implementation of the requirements of the Code and its Supplementary Guidance.

Following the scoping review, it is recommended that the GCC review and update the Code and its Supplementary Guidance, to enhance its effectiveness as a regulatory tool.

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APPENDIX 1

What should the acceptable standard of practice be in a modern UK chiropractic profession? - narrative account of stakeholder perceptions

Considerations around the acceptable standard of practice include:

- The Code should reflect the status of society - chiropractors have a wider societal role
 - for example, reflecting national and global issues, such as the Coronavirus pandemic, the 'Black lives matter' and the 'Me too' movements
 - chiropractors can influence by the examples that they set
- EDI is fundamental
 - this should flow through everything, including the Code, and not be seen as a stand-alone concept
 - The 'setting an example' role of chiropractors to benefit wider societal attitudes was noted
- Patient centredness must be prioritised (above financial profit)
 - This should be embedded throughout all aspects of care, so that actions always ensure what is right and best for the patient
 - Decision-making should be based upon patient-centredness
 - The GCC's research found that poorer patient satisfaction and experience were associated with a lack of person-centred care or where their lived experiences were not valued
- Clear and effective communication is key to the relationship with patients
 - This was identified by the GCCs Public Perceptions research and by its Patient Experience and Satisfaction research, as well as by stakeholders
 - Good communication develops trust and confidence and is key to the therapeutic alliance
 - Understanding of people's different language needs and beliefs is important. Chiropractors should be able to support the needs of people who have difficulty communicating e.g. who need someone to translate, sign language etc
 - Overall, stakeholders felt that the Code captured communication requirements adequately
- Informed consent is essential
 - Consent was felt by most stakeholders to seem quite well covered and up to date
 - However, patients must be made aware of the risks and the benefits of care to give this
- Shared decision-making, that is fully informed, is key
 - The GCCs Public Perceptions research indicates that patients want to make informed decisions about their treatment. This includes considering information about information about the cost and timescales of treatment
 - Some stakeholders felt that this is only superficially represented and should be strengthened, including more specificity around its essential components and how it relates to the acquisition of consent
- Business practice is important
 - clinical decision-making should never be based upon financial profit

- All stakeholder groups felt that long, unjustified care plans led to patients being over-charged
- In the GCC's Registrant Survey, some respondents reported that there were financial targets for them to meet, although these were not always stringently enforced
- Several stakeholders felt that the Code currently lacked specificity and should be strengthened with respect to putting undue financial pressure on patients, with the observation that this is an issue in the profession, alongside inadequate rationales for care, treatment planning and care reviews.
- Implementing evidence into practice is important
 - Patients expect that chiropractors should be up to date on their knowledge of research evidence and should use this in practice. This should be the same as is expected of GPs
 - The GCC's Public Perceptions research found that most patients want to be informed about their treatment options using research evidence and they want to use this information to be part of the decision-making process about their treatment
 - Other stakeholder groups also noted the importance of this, but some felt that caution was needed in balancing the requirements of the Code, to permit innovation in practice approaches
- Quality of practice should be assured
 - In the GCC's Registrant Survey approximately half of respondents reported that they did use PROMs and a smaller proportion collected patient satisfaction data, however, many did not use these quality indicators. Performance for many was monitored in terms of patient numbers and retention rates.
 - Stakeholders noted that the current Code contains very little on Quality e.g. there is no requirement re outcomes/PROMS, clinical policies/procedures. It is felt that currently the Code doesn't assure quality
- Prioritising patient safety and preventing future harms
 - The GCC's Registrant Survey indicated that over one fifth of practices did not utilise any system for reporting patient safety incidents that occurred
 - Some stakeholders felt that incident reporting should be required
 - The new Education Standards greatly enhanced the requirement for knowledge, skills and implementation into practice of systems to enhance patient safety
 - The Code does not currently include safety incident reporting.
- The biopsychosocial model of pain/health is important
 - The existing Code has more emphasis on biological aspects of pain/health and should better reflect the biopsychosocial model
- Interprofessional understanding and limits of scope (MSK)
 - this has changed and there is a need to reflect this
 - registrants emphasised that chiropractors should better understand the limits of what they can treat and felt that this should be MSK conditions. They should understand the specialism of others and not try to treat everything
 - The RCC noted that the Code makes no reference to MSK care, or to what chiropractors do, or do not, treat
- Enhanced focus on the initial consultation (beyond case history, assessment and need to reach a working diagnosis)
 - the Code should be updated to capture much wider, important aspects of the interaction, including finding out about and meeting patients' objectives and

expectations, explaining care options, alternatives and risks, shared decision-making, involving patients in their care, reaching agreements with patients and explaining consent.

- Use of intake forms may not be sufficient to gain understanding of patient's full health needs and should not be relied upon in isolation without any follow up
- Patients felt that they need the opportunity to talk properly about their symptoms. Time is important to enable this as it develops their bond with the chiropractor and gives them confidence so that they feel less vulnerable
- Meaningful reassessments of patients
 - All stakeholder groups raised this as an issue, including patients
 - This should be strengthened to require exploration and recording of clinical progress, this should be related back to the goals and requirements of the patient that were set out at the initial consultation, should include goal setting, address patient expectations, conversations and consent. The Code currently permits reassessments to be used as a tick box exercise when continuing long, unjustified courses of care.
 - Any amendments should reflect the definition of and evidence for maintenance care.
- Individualised planning of care
 - Judgement should be of what is reasonable in the given circumstance. Chiropractors should decide this on a case-by-case basis. Therefore it should be emphasised that care planning needs to truly reflect the individualised needs of each patient. This means considering the needs, preferences and individual circumstances of each patient, and recording these conversations fully and accurately.
 - Overtreating and not acting on the patient's best interests is a problem, raised by all stakeholder groups, including patients
 - The Code is not very helpful when addressing FtP issues around this.
- Health promotion and public health
 - stakeholders, including patients, felt that it is important for chiropractors to know about other things that may help patients' health and wellbeing and be able to signpost and support them
 - the public health role is underrepresented in the Code currently
- Provision of chronic care and supported self-management
 - stakeholders, including patients, feel it is important that they are given advice, education and encouragement to self-manage chronic conditions
 - The GCC's Public Perceptions research also found that offering exercises and self-management advice can help patients take control of their conditions
- Provision of multimodal care
 - Stakeholders, including patients feel that care plans should include therapeutic exercise, as indicated by relevant clinical guidelines. The chiropractor should help the patient to understand their importance and help the patient to implement exercises
 - Patients felt that care should follow clinical guidelines that recommend exercise.
 - As above, advice, education and support to self-manage are also important
- Imaging must be justified
 - Some stakeholders felt that X-rays continue to be used more widely than mainstream MSK providers, that does not seem justified.
 - It was highlighted that the Code needs to have greater specificity re imaging in general (not only X-rays), given the new imaging guidance/report.
- Leadership

- Some stakeholders highlighted the value of competencies relevant to leadership e.g. decision-making, psychosocial aspects of leadership etc
- Leadership and teamworking were emphasised in the updated Education Standards, but are not included currently in the Code
- This was felt to be relevant not just to leadership roles, but also to practice
- Reflective practice and professional development
 - Several stakeholders felt that there should be greater emphasis on the chiropractor's assessment of their own competencies and that this should relate both to clinical practice and in other chiropractic roles (e.g. education or research) Reflective practice was emphasised in the new Education Standards, but is not explicitly captured in the Code currently
 - Some stakeholders noted that CPD undertaken should be relevant
- Wider chiropractic roles
 - Some stakeholders noted that the Code is targeted at practising chiropractors, but felt that it could be broadened to also target educators and researchers who may not be practising
- Technological advances
 - Some stakeholders noted that security aspects of web-based communications should be considered and suggested a requirement for insurance to cover data handling breaches
- Online presence
 - Some stakeholders noted that online presence issues such as Google reviews and verification of reviews and online content should be considered
 - They also noted issues with how chiropractors generally educate patients and the public online e.g. via social media and podcasts
- Workplace responsibilities
 - Some stakeholders noted that new graduates can be poorly treated, with income generation seen as their measure of success (this is supported by the GCC's registrant survey). There could be Standards around mentoring and responsibilities to wider workforce etc
- Commitment to developing the profession
- Any review should consider potential changes of regulatory reform.

APPENDIX 2

Detailed recommendations for how the Code may be updated to address each of the gaps identified, along with the rationale for making updates

Person-centred approaches, patient partnership and collaborative care, patient empowerment/enablement

The Code has limited content. The New ES enhanced this aspect. Other regulators have also updated their newer standards to capture this.

Recommendations:

1. New standard(s) within Principle A (Patients)
2. Review drafting throughout the Code to embed the person-centred focus

Rationale:

- This updates the Code in line with best practice developments in healthcare, as already considered in the new ES
- 'Patient-centred care' and 'best interests of patients' were identified by stakeholders as important underpinning values and important components of what good practice should look like

Shared decision-making

The Code has limited content. The New ES enhanced this within its 'expectation' descriptor. Other regulators have also updated their newer standards to explicitly specify shared decision-making, and its components.

Recommendation:

1. New standard within principle A (Patients)

Rationale:

- This updates the Code in line with best practice developments in healthcare, as already considered in the new ES

- Shared decision-making was identified by stakeholders as important and somewhat, but not fully reflected in the current Code
- Shared-decision-making is a core part of placing the patient at the centre of their care

Professional duty of care

The Code doesn't contain an explicit statement around professional duty of care. Various aspects of duty of care are addressed within a range of standards, e.g. acting upon concerns over patient safety and safeguarding children and vulnerable adults. HCPC does specify the professional duty of care in its SoP for physiotherapists.

Recommendations:

1. Consider amending the drafting of Principle A: *Put the health interests of patients first*, to be broader
2. Consider whether there is a need to explicitly specify 'duty of care' as a component of the SoP

Rationale

- This update will better reflect the professional duty of care, that is already captured implicitly

Equality, diversity and inclusion

The Code currently contains a single, broad standard that relates to the treatment of patients. The learning outcomes of the new ES are comparable with respect to SoP, but by their nature do not address behaviour/conduct etc, other regulators have greatly expanded their requirements to:

- take action to challenge discrimination
- understand and respond to cultural sensitivity
- take action to ensure personal values/biases/beliefs do not have a detrimental impact
- raise concerns about colleagues
- appropriately manage conscientious objection (see below)

- make reasonable adjustment
- embed regard to EDI through the application of all standards i.e. throughout all aspects of care and professional practice

Accordingly, it is not sufficient to be only concerned with one's own behaviour and practice, there is an active requirement to prevent poor practice by others. This extends more widely, beyond interactions with patients.

Recommendations:

1. Strengthen and broaden EDI content
 2. Consider including the duty to take action and to challenge
 3. Expand existing standard AND embed additional content through all relevant parts of the Code
- OR
- Developing an additional key Principle that contains all the standards around EDI

Rationale:

- Enhanced inclusion of EDI addresses developments in healthcare, improving care of patients and keeping the standards up to date and in line with those of other regulators. It also addresses contemporary societal priorities
- Stakeholders felt that EDI could be strengthened and that professionals should act as role models for others in upholding the principles. Duties to challenge and take action prevents permitting discriminatory practices to occur, as a passive bystander

The patient's right to access care, conflicting and personal beliefs and values

The Code has limited content within one standard (B8). The ES contain greater detail within their expectations. Other regulators specify additional responsibilities.

Recommendations:

1. Consider strengthening the existing standard (Professionalism)
2. Minor amendment to Principle F (Communication)
3. Consider whether to take a stronger approach by adding a new negative standard addressing the expression of personal beliefs.
4. Develop new supplementary guidance around conflicting beliefs and values

Rationale:

- With enhanced focus on the patient and on EDI, there may be a need to set out responsibilities of registrants (and the limitations of these) where their conflicting beliefs or values may impact their provision of care to patients. The GCCs recent focus on EDI did lead to some concerns being raised

Safety and risk management

The Code has limited content (safeguarding, acting upon concerns and safety of the environment and equipment). There is no wider content around safety culture, engaging with systems to prevent patient harms or responsibilities when something has gone wrong. The new ES addressed this. Other regulators are more detailed and specific around safety and risk management.

Recommendations:

1. Develop new standards, in line with the ES, around safety culture, engaging with safety systems and managing safety incidents to protect patients and prevent future harms
2. Include these within a new Principle – Safety and Quality (in line with the approach taken in the ES)

Rationale:

- This will address a key gap in the Code, bringing the requirements in line with those of other healthcare professionals, addressing deficiencies identified by stakeholders and enhancing patient safety

Assurance of quality of care

The Code currently contains no requirements around quality monitoring or enhancement. The new ES addressed this gap. Other regulators have strong expectations of registrants in this area.

Recommendations:

1. Develop new standards, in line with the ES, to specify the duty to assure quality of care
2. Consider placing this within a new Principle – Safety and Quality
3. Develop Supplementary Guidance to support registrants in understanding the expectations around Quality of Care

Rationale:

- This will update the Code and the requirements of chiropractors to come in line with those of other healthcare professionals
- The GCCs Registrant Survey (2020) highlighted some issues with how performance is sometimes measured in practice
- Stakeholders identified this as an important aspect of contemporary practice that is not currently captured at all in the Code
Some registrants will not have a high level of understanding or competency to implement this effectively, as it was not previously a requirement of the Code or the ES – Supplementary Guidance will be necessary to support them

Conflicts of interest (not just financial) and inducements

The Code does not address management or declaration of conflicts of interest or offering or accepting inducements. These are not included in the ES as they are behaviour/conduct, rather than SoP issues. Some other regulators are detailed and specific around this.

Recommendation:

1. Consider adding new standard within Principle B (Professionalism)

Rationale:

- This will update the Code, in line with the standards of other regulators

Wider financial probity

The Code addresses this only in relation to financial pressure on patients to commit to long-term treatment (B6). There are no additional requirements around financial probity. Some other regulators include standards about wider financial probity.

Recommendation:

1. Make minor amendment/addition to the existing standard to capture the wider remit of 'ethical financial practices'

Rationale:

- This will ensure clear capture of the wider possible range of unethical financial practice that could occur. E.g. dishonest invoicing to private medical insurance providers

Wider duty to help in emergencies

The current Code does not contain any requirement around this. The GMC does specify this duty, however other regulators do not.

Recommendation:

1. Consider whether this is relevant to chiropractors, e.g. is there a duty to provide first aid help (within scope) outside the clinic setting?

Rationale:

- There is not a strong indication that this is needed, as most other regulators do not require this

Additional professional duties

The GMC specifies duties relating to the wider professional role (writing reports, signing documents, giving evidence). These are not specified explicitly in the Code, or by other mapped standards.

Recommendation:

1. No amendment needed as these are captured by the overarching Principle B: Act with honesty and integrity and maintain the highest standards of professional and personal conduct

Rationale:

- This additional detail is probably not necessary as these specific occurrences have not been highlighted as particular issues and would be captured by the broad Principle B

Insurance and indemnity requirement

While adequate 'chiropractic practice' insurance is a requirement for registration with the GCC, the Code does not require chiropractors to be fully insured for anything additional that they may practice (e.g. if they also practice acupuncture). This is not checked at the point of registration/retention. The GMC does specify the duty for insurance/indemnity to cover the full scope of 'your practice'.

Recommendation:

1. Make minor amendment/addition to capture requirement to have cover for the full scope of practice, even if this goes beyond 'chiropractic practice'
2. This could be added to G3 *recognise and work within the limits of your own knowledge, skills and competence*

Rationale

- Neither the indemnity rules, nor the GCCs explanation of the indemnity requirements specify a need for cover beyond 'day to day' chiropractic practice.

[16]. It is possible that a chiropractor could meet the requirements for chiropractic practice, but may also, for example, use acupuncture on patients and may not have extended their indemnity to cover this

Own health and wellbeing (self-care) and immunisation

The GCC currently only specifies a broad requirement to protect others from harm if your health puts them at risk (B1). Updates made by other regulators include more detail around physical and mental self-care and the requirement for immunisation.

Recommendations:

1. Consider broadening the existing standard e.g. 'look after your health and wellbeing, seeking appropriate support where necessary'
2. Consider whether there is any need to review the GCC's position on immunisation. This contentious issue was addressed across health and care disciplines in relation to the coronavirus pandemic, but is there any need for it to be captured more widely within the Code?

Rationale:

- This recognises the increased awareness of health, wellbeing and mental health issues within healthcare, updating the Code in line with those of other regulators. It raises awareness and widens the requirement to appropriately manage issues, beyond those that put patients at risk of harm
- Of the standards mapped, only the GMC states expectations for immunisation. It is of note that this is a 'should', not a 'must'.

Professional autonomy, exercising judgement and taking personal responsibility for justifying decisions

The Code does not include standards in this area. Of the other regulatory standards mapped, only HCPC does so in its SoP for physiotherapists. This sets out detailed requirements.

Recommendation:

1. Consider adding a new, broad standard at the start of Principle B (e.g. *Practise as an autonomous professional, exercising their own professional judgement and taking personal responsibility for their decisions and actions*) OR including within the introduction to either the Code, or the Principle, rather than as a standard

Rationale:

- The rationale is not strong for inclusion of this amendment as a standard, as there is no evidence of issues with this (perhaps this is more relevant in a wider health service provision setting)

Respond to patient complaints/breakdown of trust

Currently responding to complaints is only captured broadly in relation to being polite and considerate (F5) and to having visible information on complaints procedures (F2). Other regulators are more specific and have narrower standards around the requirements for responding to complaints

Recommendation:

1. Add to existing standard F2 to capture prompt and appropriate responses to complaints

Rationale:

- The addition of a duty to respond to complaints may help to prevent the escalation of dissatisfaction into FtP complaints

Workplace culture - duties to report, act upon and escalate concerns (includes safety, well-being, bullying, harassment, intimidation of patients/carers/colleagues)

Currently the Code only addresses concerns about the safety of a patient. Updates to the standards of some regulators address wider concerns affecting colleagues, as well as

patients, capturing behaviours such as bullying and harassment and a stronger duty to follow up and escalate concerns, if needed.

Recommendations:

1. Develop a new Principle to capture collaborative health care, professional relationships and supportive workplace practice (see below)
2. Include within this a standard that specifies the duty to report, act upon and escalate concerns about the performance or conduct of others

Rationale:

- This addresses issues that were highlighted by the 'Lucy Letby' case and by recent reports of bullying and harassment within the medical profession. Some stakeholders raised concerns about the treatment of new graduates in some practices. Such issues would not be currently captured within FtP as there are no duties around these behaviours
- A greater emphasis on duties to act will strengthen patient protection and be consistent with the recommendations around EDI, preventing the passive bystander role

Interprofessional working, collaborative health care and delegation of care

The Code currently does not address interprofessional working or collaborative care, beyond the requirements to make referrals. The new ES were updated to capture wider competency in interprofessional working. Other regulators have identified a need to enhance duties around working with colleagues for the benefit of patients (GMC) and/or included greater expectations within their updated standards

Recommendation:

- Include new standard(s), in line with the ES, within a new key principle e.g. *collaborative health care, professional relationships and supportive workplace practice* (see below)

Rationale:

- See below

Teamworking, interpersonal relationships and workplace culture

The Code does not currently address these issues. The new ES addressed this gap. In developing their newer standards, GMC and HCPC identified these as key areas to add and were detailed in their standards.

Recommendations:

1. Include within a new key principle e.g. collaborative health care, professional relationships and supportive workplace practice
2. Include standards that address:
 - Collaborating effectively in the best interests of patients
 - Delegation of care
 - Teamworking
 - Leadership
 - Interpersonal relationships
 - workplace culture (bullying/harassment)
 - training, mentoring etc

Rationale:

- These amendments will update the Code in line with both the ES and the standards of other regulators
- Stakeholders raised these as important elements of what good practice should look like, identifying that they were not currently sufficiently captured in the Code
- The changes will address requirements of the varied and potentially widening range of environments within which chiropractors work
- This will ensure both effective direct care of patients and effective wider service delivery, for the benefit of patients

- Some stakeholders raised concerns about the workplace culture that some new graduates are exposed to (pressure to sell, lack of support to adhere to the Code)

Engagement in the learning of others

The Code currently does not address the role of the chiropractor in the education of others. Some other regulators include this as a broad active duty, capturing the education of professionals, students and patients.

Recommendations:

1. Add a new standard to capture promoting and engaging in the learning of others
e.g. must be prepared to contribute, as appropriate, to mentoring, teaching, training and professional support of students and other colleagues
2. This could fall within Principle G, maintaining skills etc, although this may sit somewhat awkwardly
3. This may sit better within a new principle that addresses the workplace environment and working with others (teamwork, leadership, working relationships etc)

Rationale:

- This would update the Code, bringing it in line with the expectations of other regulators
- The Education Committee raised this requirement as an area to consider for inclusion, especially in the context of enabling the development of clinical experiential learning within practice placements
- The mentoring aspect also fits with providing support for new graduates (raised as an issue by some stakeholders) and with engaging in mentoring for one's own performance monitoring, as a point of good professional practice

Power imbalances

The Code addresses abuse of the position of trust and sexual boundaries (D1). It does not acknowledge power imbalances or other sorts of improper relationship (e.g. emotional or financial). HCPC sets both proficiency and conduct standards around power imbalances. This is not addressed by other regulators.

Recommendation:

1. Make minor amendments to D1 to include power, as well as trust and expand to capture other sorts of improper relationship, in addition to sexual boundaries

Rationale:

- The amendments will signal that improper relationships are not confined to sexual boundaries and raise awareness of the role of power imbalances
- A fuller breadth around improper influencing and relationships will better protect patients and the public

Reflective practice, seeking feedback and performance improvement

The Code does not currently address these aspects of performance improvement. The ES were updated to include this, captured within the 'Professionalism' domain. Other regulators all address this in some detail.

Recommendations:

1. Develop a new broad standard, in line with the ES, to capture reflective practice and performance improvement
2. Consider including this within Principle G: Maintain, develop and work within your professional knowledge and skills

Rationale:

- This will bring the Code up to date, in line with the practice improvement requirements of other regulators and with the new ES
- The requirement and gap identified by stakeholders will be addressed

Being adaptive in practice - including the role of evidence

The Code currently specifies a very broad requirement to keep knowledge and skills up to date but does not signal the specific need to monitor practice standard and respond. The new ES strengthened the requirement for critically appraised evidence to inform practice. New standards of some other regulators include these requirements.

Recommendations:

1. Develop new standards around
 - i. Monitoring the need to adapt one's practice and implement changes, taking account of new developments, technologies and evidence from research
 - ii. Routinely critically appraise and summarise emerging evidence and implement this into practice
2. These would sit well within Principle G: Maintain, develop and work within your professional knowledge and skills, following the new proposed standard on reflective practice

Rationale:

- This complements the importance of reflective practice. The need to continuously monitor and adapt one's own practice is fundamental to keeping up to date
- The expectation that chiropractors keep up to date with evidence, and act upon it is strengthened. This is in line with other healthcare professionals and with patient stakeholder expectations

Engagement with research

The existing Code does not address the participation of chiropractors in research. The Council for Allied Health Professions Research sets out minimum requirements of competency for all healthcare professionals. These were considered in the new ES. The GMC also specifies duties around engaging appropriately with research

Recommendation:

1. Include a new broad standard, in line with the ES e.g. engages appropriately with research...

Rationale:

- This updates the Code in line with the ES, the standards of some other regulators and the minimum research competency recommendations of CAHPR

- This takes account of the view of stakeholders who felt that the Code is focussed on clinical practice but should also capture standards for chiropractors engaged in education or research

Communication, digital technologies and social networking/media sharing networks

The existing Code doesn't explicitly address newer technologies, engagement with social networking or media sharing networks, or issues of remote consultations. Other regulators have updated their newer standards to take account of these developments and issues that have arisen

Recommendations:

1. Add a new Standard to Principle C Clinical Care, to capture appropriately using information, communication and digital technologies to enhance practice AND ensuring that clinical care is safe and effective, whether it is provided in a face-to-face setting, or through remote consultations
2. Develop new standard (s) around the use of media sharing and social networking sites that captures i) using responsibly, ii) maintaining professional boundaries, iii) reasonable checks that information is not misleading (e.g. reviews) iv) maintains duty to promote public health v) Adapting to advancing technology to proactively maintain and enhance safety and security of personal information.
3. The above could be included within several relevant existing principles/standards e.g. clinical care, boundaries, advertising, professionalism, protecting information

Rationale:

- Stakeholders identified a need to address the use of social media and advances in technology
- Amendments will update the Code in line with developments in practice and the approaches of other regulators
- Appropriate use can benefit patients e.g. electronic PROMs systems, signposting to electronic resources, virtual consultations etc
- Some aspects of FtP issues may be addressed (e.g. Covid-related public health issues, non-genuine patient reviews etc)

Prevention, health promotion and population health

The Code currently does not address prevention, health promotion or population health. This has been addressed in the new ES. Other regulators have updated their standards to include duties around this.

Recommendation:

1. Add a new high level standard that reflects the content of the ES
2. This would sit best within Principle C Clinical care

Rationale:

- This updates the standards in line with developments in healthcare practice, with the ES and with the standards of other regulators
- Some stakeholders felt that this was currently not reflected in the Code
- Appropriate engagement with population health initiatives has also previously been an area for complaints, in relation to issues arising from the Covid-19 pandemic (failing to support population health advice). Inclusion of this requirement sets out the expectation that chiropractors

Interaction with others e.g. family or carers

The Code is focussed primarily on interactions with patients and doesn't capture the wider role of carers or advocates. Some other regulators do specify requirements.

Recommendation:

1. Review standards throughout the Code and make minor additions where appropriate to broaden the focus

English language requirements

The Code does not make specifications about English language requirements. GMC and HCPC do (either general, or to specific levels).

Recommendation:

- Consider whether there is any need to include more specific English language requirements

Rationale:

- This has been considered previously by the GCC, but may be a timely opportunity to review its approach

APPENDIX 3

FITNESS TO PRACTISE - SUMMARY OF ALLEGATIONS RECEIVED 2019-2022

Nature of Complaint	2022	2021	2020	2019	total
Clinical care	69* (68?)	69	72	85	295 (?294)

*? error in GCC FtP report

TYPE	SUB-TYPE	2022	2021	2020	2019	total
Substandard treatment (red indicates problem areas identified by stakeholders)	Concern about treatment techniques/approach/dissatisfied with treatment	19	17	24	21	81
	Rough/aggressive treatment causing injury/pain	15	14	13	19	61
	Inappropriate/contraindicated/excessive treatment/lack of clinical justification	11	8	5	15	39
	Failure to cease treatment	1	4	1	X	6
	Lack of further investigation/follow up/review	3	3	1	6	13
	Lack of clinical justification for investigations/x-rays	2	4	6	5	17
	Misdiagnosis/No diagnosis	6	5	7	4	22
	Failure to refer, when appropriate	1	3	3	4	11
	Inadequate assessment/case history	1	1	1	3	6
	Failure to adhere to x-ray guidelines	0	2	0	2	4
	Failure to work within limits of knowledge, skills and competence	2	2	3	1	8
	Failure to examine/inadequate examination	1	3	0	1	5
Breach of confidentiality		3	3	1	3	10
Inadequate record keeping		2	0	4	1	7
Poor hygiene		1	0	1	0	2
Clinic facilities/premises		0	0	2	0	2

Nature of Complaint	2022	2021	2020	2019	total
Communication/Consent/Professional Relationships (Green indicates areas where complaints have fallen)	41	41	62	78	222

TYPE	SUB-TYPE	2022	2021	2020	2019	total
Communication (107)	Rudeness to patient/lack of respect or sympathy/empathy	11	8	7	10	36
	Failure to respond to communication from complainant/comply with patient request	6	6	1	8	21
	Inappropriate comments/language	8	5	8	5	26
	Failure to explain or agree diagnosis/treatment or treatment plan/results	3	3	0	4	10
	Failure to provide adequate information about complaints procedure/poor complaint handling	0	1	2	4	7
	Failure to explain fees adequately/mechanisms for payment	2	0	0	2	4
	Failure to explain refusal to treat	0	1	0	1	2
	Bullying/Harassment/discrimination	0	0	0	1	1
Sexual boundaries (62)	Inappropriate contact with patient's body/intimate areas	2	3	6	8	19
	Indecent/sexualised behaviour	0	3	13	7	23
	Inappropriate personal/sexual relationship with patient	3	0	2	6	11
	Use of sexualised language/comments	0	1	5	3	9
Failure to preserve patient's privacy and dignity/not providing chaperone	0	3	10	8	21	
Financial impropriety with patients	0	0	1	4	5	
Consent	3	3	4	3	13	
Intimidation of patient/pressure/undue influence to undergo treatment	2	4	3	3	12	
Failure/delays in providing access to records	1	0	0	1	2	

Nature of Complaint	2022	2021	2020	2019	total
Probity	12	6	23	21	62

	SUB-TYPE	2022	2021	2020	2019	total
Probity	Misleading advertising/claims made on website	3	2	10	6	20
	Dishonesty/Failure to fulfil duty of candour to be open and honest with all patients	0	2	4	5	11
	False representation of skills/experience/registration/use of doctor title	1	0	4	4	9
	Practising while not registered/on non-practising register/ Practising without indemnity insurance	1	2	2	4	9
	Improper alteration of records/clinic diary	3	0	1	1	5
	Removal of patient records/data from clinic	1	0	1		2
	Financial deception/fraud/improper charging	3	0	0	1	4
	Improper use of patient database/soliciting patients	0	0	1	X	1

Nature of Complaint	2022	2021	2020	2019	total
Working with colleagues	2	4	3	8	17
Conviction/Criminality	8	5	1	3	17
Unprofessional behaviour outside practice	0	1	3	2	6
Business/Employment issues	0	0	1	1	2
Health	3	2	0	0	5
Promoting anti-vaccination	0	2	1	X	3
Compliance with GCC investigations	0	0	0	0	0
Covid related	0	8	X	X	8
Other	1	11	26	4	37
Total allegations	136	149	192	202	679

APPENDIX 4

Recommended amendments to address issues 1-5

Existing standard	Recommendation	Issue(s) addressed
<p>C1 obtain and document the case history of each patient, using suitable methods to draw out the necessary information.</p>	<p>Mandate obtaining at the first visit, measures that must then be used to monitor progress and justify ongoing care, centred on each individual patient.</p> <p>Strengthen the requirement here to</p> <ul style="list-style-type: none"> • Determine the patient’s goals of care • Use appropriate PROMs to gain baseline measures before care <p>Gaining these a priori gives a meaningful measure that should be used in developing the rationale for care, and in reviews of care</p>	<ul style="list-style-type: none"> • Unjustified care plans • Failure to form individualised care plans
<p>C2 when carrying out a physical examination of a patient use diagnostic methods and tools that give due regard to patient health and dignity. You must document the results of the examination in the patient’s records and fully explain these to the patient.</p>	<p>Currently this doesn’t require an examination and permits examination methods that are irrelevant or not in line with the best available evidence to be used. This may then provide a basis for unjustified care approaches and plans.</p> <p>Specify</p> <ul style="list-style-type: none"> • That a <i>relevant</i> examination MUST be performed • Select and apply appropriate diagnostic tools and techniques, drawing upon the best available evidence 	<ul style="list-style-type: none"> • Unjustified care plans • Failure to form individualised care plans

<p>C3 use the results of your clinical assessment of the patient to arrive at a working diagnosis or rationale for care which you must document. You must keep the patient fully informed.</p>	<p>Informing the patient must include:</p> <ul style="list-style-type: none"> • Diagnostic uncertainty • Indication of whether there is evidence supporting chiropractic care approaches <p>It would be unreasonable to only permit care for conditions with an acceptable evidence-base as this may stifle further research innovation. However, patients must be able to make an informed choice, understanding uncertainty in likely effectiveness</p> <p>Reconsider 'rationale for care'. HCPC only specify a working diagnosis. Some stakeholders felt that rationale for care permits poorly justified care (e.g. 'wellness care'). However, this has been debated previously and is a contentious issue.</p>	<ul style="list-style-type: none"> • Unjustified care plans • Failure to form individualised care plans
<p>C4 develop, apply and document a plan of care in full agreement with the patient. You must check the effectiveness of the care and keep the plan of care under review. A more formal reassessment of the effectiveness of the plan of care must be undertaken at</p>	<p>This may be an area that benefits from a far more detailed specification, to address the problem of long, unjustified care plans.</p> <p>The Standard does not currently make any specification about the rationale for the plan of care, only that it must be agreed with the patient. Strengthen to require:</p> <ul style="list-style-type: none"> • Specific and appropriate management plans, including setting of timescales • Uses an evidence-based approach to practice in proposing, planning, and evaluating care 	<ul style="list-style-type: none"> • Lengthy, unjustified care plans • Failure to form individualised care plans • Failure to conduct <i>meaningful</i> reassessments

<p>intervals that suit the patient and their needs. All subsequent modifications to the plan of care must be discussed and agreed with the patient and properly documented.</p>	<ul style="list-style-type: none"> • Discuss with and explain the rationale to patients • Agree the goals, priorities and methods of intervention or management in partnership with the patient • Setting timescales <p>Strengthen the requirements for reviews and reassessments to be meaningful and onwards care to be justified:</p> <ul style="list-style-type: none"> • Continuously monitor and document progress, evaluating and adapting the care plan to meet the patient's needs • Formal reviews must be undertaken at regular intervals that have been pre-agreed with the patient • Progress monitoring and care plan reviews MUST take account of progress towards achieving planned health outcomes based upon the patient's identified goals of care and PROMS collected at the initial visits, or subsequently repeated • Subsequent modifications to the plan of care must be justified based upon demonstrable progress towards, or the likelihood of achieving the planned health outcomes 	
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<p>C5 select and apply appropriate evidence-based care which meets the preferences of the patient at that time.</p>	<p>Consider re-wording to capture the basis of safe, effective care approach selection:</p> <ul style="list-style-type: none"> • <i>Propose or provide</i> care approaches based upon the assessment of needs and priorities and on clinical judgement about the likely effectiveness, based upon the best available evidence, explaining this to the patient • Select and apply appropriate evidence-based care, taking into account the patient's health status, condition, age and preferences. • Record reasoning, discussions with the patient and decisions appropriately 	<ul style="list-style-type: none"> • Unjustified care plans (ineffective approaches) • Failure to form individualised care plans
<p>New standard – clinical decision-making</p>	<p>could include a standard addressing the basis of all clinical decision-making in relation to assessment, diagnosis, care selection and planning. e.g. - to include integration of knowledge, interpretation of clinical information, integration of findings of the best available evidence etc</p>	<ul style="list-style-type: none"> • Lengthy, unjustified care plans
<p>New standard – informing patient of evidence base</p>	<p>Could include a requirement to inform the patient of the evidence-base e.g. In making clinical recommendations, proposing or providing care to a patient, you must make it clear where these are not supported by evidence of acceptable quality</p>	<ul style="list-style-type: none"> • Lengthy, unjustified care plans
<p>Negative standards</p>	<p>Could consider negative standards (either stand-alone standards, or included within existing standards) to proscribe key problem behaviours e.g.</p>	<ul style="list-style-type: none"> • Lengthy, unjustified care plans (ineffective approaches)

	<p>You MUST NOT propose or provide long plans of care that are not justified based on appropriate assessment or reassessments of a patient</p> <p>You MUST NOT make clinical decisions that are not based upon the best interests of the patient</p>	<ul style="list-style-type: none">• Financially motivated practice whereby clinical decisions are not founded upon the best interests of the patient• Placing undue financial pressure on patients and/or over charging them by advocating unnecessarily lengthy care• Failure to form individualised care plans
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APPENDIX 5

Illustration of methods used by other regulators to embed guidance into their professional standards

Example 1: Good Medical Practice (GMC)

Develop and maintain your professional performance

7 You must be competent in all aspects of your

Endnote 6 Good medical practice ×

6 *Continuing professional development: guidance for all doctors (2012) GMC, London*

maintain and develop your competence and performance.⁶

Example 2: HCPC Standard of Conduct, Performance and Ethics

7.2 communicate in English to the required standard for their profession (equivalent to level 7 of the International English Language Testing System, with no element below 6.5²)

² The International English Language Testing System (IELTS) tests competence in the English language. Applicants who have qualified outside of the UK, whose first language is not English and who are not applying through the Swiss Mutual Recognition Route (SMR) must provide evidence that they have reached the necessary standard. More information is available here: [Statement on English language proficiency requirements for internationally trained health and care professionals](#).

