



COUNCIL FOR THE PROFESSIONS
COMPLEMENTARY TO MEDICINE

Code of Practice

Chiropractic

CPCMM/TA

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Code of Practice – Chiropractic

1.0 Introduction

The provision of healthcare is based on trust, assurance and safety. In society, chiropractors have a position where they are trusted; this trust is acquired by education and experience and with this right comes the responsibility to conform to standards of conduct and behaviour. This Code of Good Practice sets out the principles and values of chiropractors in their work as providers of professional healthcare. While the Code is written for chiropractors, the public has a right to know what can be expected of chiropractors and the boundaries of their professional practice.

While it does not seek to define scope of practice, it may have this effect by virtue of the limitations it places on types of behaviour and practice. Chiropractors shall act in line with the principle that the wellbeing of the patient is paramount. It necessarily follows that the nature and delivery of chiropractic care shall be consistent with this value.

The Code recognises that chiropractic is practised in a range of jurisdictions, each having different legislative frameworks and regulatory processes. Where a country is regulated by statute, this Code cannot supersede the Codes of Practice and Standards of Proficiency for that nation. In jurisdictions without statutory regulation it is recommended that this Code be adopted for use to ensure a minimum consistent standard throughout European states.

The Code is structured in four sections: working with patients; working with colleagues; probity and health.

2.0 Working with Patients

2.1 Good clinical care

2.1.1.1 Good clinical care shall include the following:

2.1.1.2 Adequately assessing the patient's condition, taking account of the case history (including the nature of the presenting complaint, medical history and psychosocial factors), the patient's views and where necessary, examining the patient;

2.1.1.3 Providing or arranging advice, investigations or treatment where necessary;

2.1.1.4 Referring to another healthcare professional when this is in the best interests of the patient.

2.2 When chiropractors provide care, they shall do so:

2.2.1. Within the limits of their competency;

2.2.2. With regard to the fact that the welfare of the patient is paramount;

2.2.3. In keeping with evidence-based care;

2.2.4. With a view to improving health and quality of life, whether or not a cure is attainable.

2.2 Chiropractors shall ensure that their records are accurate, legible and attributable. They shall be an accurate reflection of the clinical encounter and should include any factors relevant to the patient's ongoing care, including their general health. All records should be understandable to another chiropractor who may be called upon to assume the care of the patient. Records should be stored securely.

2.3 Chiropractors should themselves be available to their patients and shall ensure reasonable access to assessment and care. Where a chiropractor is unavailable through illness or absence from the practice, access to another chiropractor should be provided.

2.4 Chiropractors shall respect the right for patients to seek a second opinion, either from another chiropractor or from another health professional.

3.0 Health promotion and self-care

3.1 Chiropractors should encourage patients to care for themselves. They should advise patients on appropriate self-help measures.

3.2 Chiropractors should support health promotion initiatives that reduce reliance on health professionals. This may include advising patients on the impact of lifestyle choices on their health and wellbeing.

4.0 Raising concerns about patient safety

4.1 Where chiropractors have concerns about the safety of patients, they have a duty to report those concerns to the appropriate body after having made every effort to ascertain the facts.

4.2 If chiropractors have concerns, they shall document them along with the steps they have taken to try to resolve them.

5.0 Equality and diversity

5.1 Chiropractors shall act in accordance with legislation to ensure fair access to assessment and care. They shall not discriminate on the grounds of colour, race, age, disability, ethnic origin, lifestyle choices, gender, sexuality, marital status, socioeconomic status, religion or beliefs.

6.0 Keeping up to date

6.1 Chiropractors shall keep their skills and knowledge up to date throughout their working lives. They should be aware of practice and clinical guidelines that impact on their work and apply these in their practice.

6.2 Chiropractors shall engage in continuing professional development activities that develop their skills and knowledge.

6.3 Chiropractors should be aware of and comply with codes of practice relevant to their jurisdictions.

6.4 To enhance the quality of the care they provide, chiropractors are encouraged to liaise with colleagues and patients and conduct clinical and practice audit. They should be prepared to modify their practice where it is clear that any particular intervention is not working.

7.0 Teaching, training, appraising and assessing

7.1 Where chiropractors are involved in teaching, training, appraising or assessing they shall ensure that the information they provide is accurate. They should be clear when theories have not been verified or subjected to academic or scientific investigation or research. Where chiropractors are involved as teachers, they should ensure that they develop the skills, attitudes and practices of a competent teacher.

7.2 When writing reports about colleagues, chiropractors shall be honest and objective. They should not unfairly criticise a colleague nor use language that unjustly casts doubt on his character or integrity.

8.0 The chiropractor-patient partnership

8.1 Modern healthcare depends on a healthy relationship between the chiropractor and the patient that is based upon trust, honesty and good communication.

8.2 In order to optimise the chiropractor-patient relationship chiropractors shall:

8.2.1 Be polite and considerate with their patients;

8.2.2 Show respect for cultural differences;

8.2.3 Treat them with dignity;

8.2.4 Be honest;

8.2.5 Treat each patient as an individual;

8.2.6 Respect privacy and the patient's right to confidentiality;

8.2.7 Support patients in maintaining their health;

9.0 Communicating with patients

9.1 Chiropractors should not discharge patients purely on the grounds that they have raised issues about their care or have complained about their chiropractor; however, in some circumstances such complaints may render the ongoing chiropractor-patient relationship unworkable. Clear communication is central to the relationship between chiropractors and their patients. Patients should be involved in their care and chiropractors should encourage them to take an active role.

9.2 Chiropractors shall take account of any special needs when communicating with patients. These may include physical or learning disabilities.

9.3 Informing patients about assessment and care

9.3.1 Chiropractors shall explain clearly to patient's information about what will happen during their assessment and care. They should also tell them about the results of the assessment, their plan of management and when their care will be reviewed.

9.3.2 Prior to commencing treatment, chiropractors shall tell their patients about the relevant risks and benefits of the treatment they will provide and any other options for care.

9.3.3 Chiropractors shall tell their patients when there is a need to refer to another healthcare professional.

9.4 Informing patients about practice policies and protocols

9.4.1 Chiropractors shall ensure that information on fees and fee structures are available to patients.

9.4.2 Written information should be provided to patients in relation to payment schemes and the methods of payment that are available.

9.4.3 Patients should not be inappropriately persuaded to enter into programmes of care that require prepayment. Chiropractors shall ensure that any prepayment for programmes of care can be justified and are in the patient's best interests.

9.4.4 Chiropractors shall tell their patients how information about them will be recorded and stored. Chiropractors working in jurisdictions where data protection legislation exists shall ensure that they are registered with the relevant body and comply with the provisions of that legislation.

9.4.5 Chiropractors shall tell patients who will have access to their records and the measure in place to ensure confidentiality.

9.4.6 Chiropractors should have in place a clearly documented complaints procedure. Patients wishing to make a complaint about their assessment or care should be provided with information to enable them to do so.

9.4.7 Patients should be informed about the arrangements that chiropractors have in place to provide assessment and care if they are unavailable.

10.0 Informing patients about chiropractors' work with colleagues

10.1 Where chiropractors work with others, patients should be given information on who has responsibility for their day-to-day care and, if different, who is accountable for their overall care.

10.2 If chiropractors delegate work to others, they shall ensure that patients understand the relationship and the responsibilities of the person delivering the assessment or care.

10.3 Patients shall be informed about the need for sharing of information to enable effective care to be provided. If patients decline to give consent for information to be shared, they shall be informed about the implications of this and how it may affect their care.

11.0 Communicating with other health professionals

- 11.1 Effective communication with other health professionals allows for care to be delivered in the patients' best interests. It minimises the need for unnecessary investigations and promotes best practice in an integrated setting. Chiropractors are encouraged to share information with the general medical practitioner and any health professional from whom a referral has been received.
- 11.2 Chiropractors shall correspond promptly with other health professionals when it is clear that onward referral should take place.
- 11.3 In emergency situations, chiropractors shall produce a clear and comprehensive record of events to enable the health care team to understand fully the chiropractor's involvement in providing assessment and care and the precise nature of events.
- 11.4 Where further investigations are required, chiropractors shall ensure that all relevant information is provided to those undertaking diagnostic procedures.

12.0 Preparing reports for third parties

12.1 Where reports are required by third parties, consent shall be obtained from the patient for disclosure of information to take place.

12.2 The disclosure of information should be limited to only include information requested by the third party.

12.3 Chiropractors shall ensure that they understand the reason for the request for information and are encouraged to discuss the request with the patient.

13.0 Children and young people

13.1 Within their practices, chiropractors should safeguard and protect the health and wellbeing of children and young people.

13.2 Chiropractors shall seek advice from relevant authorities where they think that the rights and welfare of children have been denied or abused.

13.3 Chiropractors should consider how information provided to them may be understood and adapt their communication to take account of this.

13.4 Chiropractors shall identify when there is a need for another person to be present when they are assessing or caring for patients. This is particularly relevant in the case of children, where another person (who may be a parent or guardian) should be present unless express consent is given for the child or young person to be seen in the absence of a chaperone.

14.0 Vulnerable adults

14.1 Chiropractors shall consider whether a patient is vulnerable by virtue of their health and circumstances and take steps to ensure that their wellbeing is safeguarded during the provision of assessment and care. They shall also consider the capacity of patients to understand information provided to them and the validity of consent in relation to this.

14.2 Chiropractors working with vulnerable adults should consider whether it is appropriate for another person to be present when providing assessment and care.

15.0 Dealing with relatives, carers and partners

15.1 Chiropractors shall be considerate to relatives, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a patient has died.

15.2 In providing information, chiropractors shall be mindful of confidentiality and the implications of disclosing information about patients to others.

16.0 Openness and honesty

16.1 Chiropractors shall be open and honest with their patients.

16.1.1 Chiropractors shall not misrepresent the gravity of a patient's condition.

16.1.2 Chiropractors shall not withhold information that may influence the patient to decline assessment or care. This may include information on risks or side effects of treatment.

16.1.3 All information provided shall be tailored to the patient's specific needs and be delivered in the best interests of the patient.

16.1.4 Chiropractors shall recognise when a patient's condition is beyond their scope of practice and communicate this to patients openly and honestly.

17.0 Maintaining trust in the profession

17.1 Chiropractors shall not abuse their professional position to pursue a sexual or improper relationship with a patient or someone close to the patient. Improper behaviour may include words and gestures of a sexual nature.

17.2 Where a chiropractor finds they are sexually attracted to a patient or the patient is sexually attracted to them, they should immediately seek alternative care for the patient.

17.3 Chiropractors shall not exploit the vulnerability of patients by expressing their personal beliefs, or their religious or political views in any way that might cause them distress or make them feel uncomfortable.

17.4 Chiropractors shall be covered by a professional indemnity insurance policy and carry adequate insurance to cover their practice, their employees and the public in the event of a claim.

18.0 Consent

18.1 Consent is an ongoing process, not a one-off event. Chiropractors shall ensure that they communicate with patients throughout the clinical encounter and should ensure that privacy is provided to facilitate this process.

18.2 Patients have a right to receive information about the assessment and care that is available to them presented in a way that is easy for them to follow and use. This allows patients to be involved in their care and make decisions that are appropriate for them. Consent may not be valid if the patient does not understand the nature of the information given to them about the proposed assessment or care.

18.3 Chiropractors shall be satisfied they have the valid consent of the patient (or someone able to act on their behalf) before they embark on:

- Examination
- Investigation
- Treatment
- Involving them in teaching or research.

18.4 Chiropractors shall not use their professional position to persuade a patient to consent against their will.

18.5 Information to be provided to patients to allow them to make informed decisions about their assessment and care includes:

- The purpose of and need for any assessment or investigation;
- The diagnosis;
- The proposed treatment or management of the condition;
- Options for care that are available to them;
- The likely outcomes with or without care;
- Any foreseeable risks and likely benefits;
- Who will be involved in and responsible for the assessment and care;
- Any reasons for referring the patient to another health professional;
- Any reasons why another healthcare professional may need to be involved in assessment or care;
- Whether the care is linked to a research programme;
- The financial implications of the recommended care.

18.6 Capacity to consent

18.6.1 Capacity is the ability of a patient to understand, remember and consider information provided to them. Chiropractors shall assume that patients are competent and capable of making decisions unless there is clear evidence to suggest that they are not.

Chiropractors shall consider any factors that may affect a patient's ability to give informed consent. These may include physical or learning disabilities.

18.6.2 Unexpected decisions do not prove that that patient is incompetent or lacks the required capacity to provide consent. It may, however, indicate that further information needs to be given to the patient. Capacity is also 'decision-specific'. This means that patients may be capable of making some decisions but not others.

18.6.3 If there is any doubt as to whether a patient has the capacity to consent, advice should be sought from a suitably qualified health professional.

19.0 Children

19.1 Chiropractors shall exercise their professional judgement in assessing the capacity of children and young people to give consent to assessment and care.

19.2 Chiropractors shall understand and comply with the legislation in their jurisdiction in relation to issues surrounding consent and young people.

20.0 Providing access to patient health records

20.1 When patients request access to their personal health records it shall not be unreasonably withheld.

20.2 There statutes include provision for access to medical records, chiropractors should ensure that they are familiar with relevant legislation and comply promptly with any requests for access.

21.0 Confidentiality

21.1 Confidentiality is central to the trust between chiropractors and their patients. Without being assured of confidentiality, patients may be reluctant to attend for treatment or give chiropractors information they need to make informed clinical decisions about their condition.

21.2 Patients expect information they provide to their chiropractor to be kept confidential. This includes their personal details, information about their health and health care needs, their management and any information disclosed to the chiropractor during the course of their assessment and care.

21.3 Chiropractors shall respect patient confidentiality at all times. In their practices they should not employ any style of practice that may compromise the duty of confidentiality. Where circumstances exist in which confidentiality cannot be assured (for example, on the sports field) chiropractors must confirm with patients that they are content to undergo assessment or care.

21.4 Chiropractors shall ensure that information contained on paper or electronically is kept secure and that access to non-authorised personnel is prevented.

21.5 There are exceptions to the rule of confidentiality. These include:

- Where disclosure is required by statute
- Where disclosure is clearly within the public interest
- Where the patient is at risk of death or serious harm
- Where an official with power to order disclosure makes an order

21.6 Where disclosure takes place the reasons for the disclosure shall be recorded, and the nature and extent of the disclosure.

22.0 Discharging patients

22.1 Chiropractors shall regularly review and reassess the care they are providing to patients. They shall not treat patients unnecessarily and should be able to clinically justify decisions to continue care.

22.2 When care can no longer be justified on the basis of clinical need, chiropractors should discharge patients without delay.

22.3 When chiropractors discharge patients they should explain the reason for them discontinuing care. Chiropractors should not discharge patients purely on the grounds that they have raised issues about their care or have complained about their chiropractor; however, in some circumstances such complaints may render the ongoing chiropractor-patient relationship unworkable.

22.4 Unless a programme of care has ended and the patient is being discharged on clinical grounds, chiropractors shall ensure that, where it is practicable, information is provided to the patient about where care may be continued. This

may involve referral to another health care professional (who may be a chiropractor). Chiropractors are encouraged to set out their reasons for discharging the patient, preferably in writing.

23.0 Working with Colleagues

23.1 Working as part of a team

- 23.1.1 Where chiropractors work in teams, either with other chiropractors or other health professionals, they should respect the skills and contributions that others bring to the care of the patient.
- 23.1.2 Chiropractors shall communicate effectively with colleagues inside and outside of the clinical team.
- 23.1.3 Chiropractors should support colleagues who have problems with performance, conduct or health.

24.0 Colleagues' conduct and performance

- 24.1 Where chiropractors have concerns about the conduct, performance or health of colleagues they shall act without delay to address these concerns so that patients are protected.
- 24.2 If there are no local systems in place to report or address concerns, they should be addressed to the regulatory body. Where no regulatory body exists, concerns should be addressed to the relevant national association.

25.0 Respect for colleagues

25.1 Chiropractors shall treat their colleagues fairly and with respect. They shall not unfairly criticise them or discriminate against them. In particular, chiropractors shall not engage in behaviour that undermines patients' trust in the care they receive or in the judgement of those treating them.

25.2 Chiropractors should not allow their personal beliefs to affect their professional relationships with colleagues.

26.0 Sharing information with colleagues

26.1 Sharing information with other health professionals is important for safe and effective patient care.

26.2 When a patient is referred to another health professional (whether or not they are a chiropractor), chiropractors should ensure that all relevant information is provided to the health professional receiving the referral.

26.3 Chiropractors are encouraged to provide the patient's general practitioner with information about the patient's attendance. Consent should be sought from the patient to provide this information.

27.0 Delegation and referral

27.1 Delegation means asking someone who is not a regulated healthcare professional to provide care on a chiropractor's behalf. If responsibility is delegated, the chiropractor will remain responsible for the overall management of the care. It is the chiropractor's responsibility to ensure that the person to whom care is delegated has the qualifications, experience, knowledge and skills to provide the care. Information shall be provided by the delegating chiropractor to facilitate effective delegation.

27.2 Referral means transferring the responsibility for care to a third party, usually temporarily and for a particular purpose, such as additional investigation care or treatment that is outside the chiropractor's competence. Any person to whom a chiropractor refers should be accountable to a regulatory body.

28.0 Probity

28.1 Being honest and trustworthy

28.1.1 Probity is concerned with integrity and is at the heart of the professional practice of a chiropractor.

28.1.2 Patients have a right to trust chiropractors and it is the duty of chiropractors never to abuse that trust.

28.1.3 Chiropractors who have been the subject of criminal convictions or who have received a caution or have been refused membership of any other professional body should report these facts to their national association and/or statutory regulator.

29.0 Providing and publishing information about chiropractic services

29.1 If chiropractors publicise their practice or ask another person to do so on their behalf, they shall ensure that the materials that they use are honest, decent, legal, factual and verifiable. Chiropractors shall not market their practices in a manner that undermines public trust and confidence in the profession.

29.2 No claims about treatment or outcomes should be made that are unjustifiable. There shall be no guarantees of a cure.

29.3 No pressure should be placed on people to use chiropractic services, for example by arousing ill-founded fears about their current or future health.

29.4 Chiropractors shall not use any title in a way that might mislead the public as to its meaning or significance.

30.0 Writing reports and giving evidence

30.1 Chiropractors should respond promptly and courteously to requests for information from other health professionals and third parties. They should seek the consent of the patient for the information being provided.

30.2 Where chiropractors have been asked to give evidence or produce statements, they shall be honest in all spoken and written testimony. Where matters are outside the scope of practice or competence of the chiropractor, they shall declare this.

30.3 In writing reports chiropractors shall mention all relevant facts and only provide opinion on matters that are within their expertise.

31.0 Research

31.1 Chiropractors who are involved in research shall put the interests of the research subjects first. Research design should be consistent with accepted scientific and ethical principles.

31.2 In conducting research, chiropractors shall act with honesty and integrity and shall not misrepresent the findings of research.

31.3 Chiropractors shall keep the identity of research subjects confidential and shall obtain their express consent to be part of any trial or experiment.

32.0 Financial dealings

32.1 Chiropractors shall be open and honest in their financial arrangements with patients. In particular:

32.2 Chiropractors shall make clear to patients' information about their fees and charges.

32.3 Chiropractors shall not exploit the vulnerability or ignorance of patients about chiropractic care when making charges for care. They shall not attempt to persuade patients to pay in advance for extended programmes of care without offering alternative methods of payment.

32.4 Chiropractors shall not encourage patients either directly or indirectly to give or bequeath gifts or money.

32.5 Chiropractors shall be open and honest with employers, insurers and other organizations or individuals.

33.0 Conflicts of interest

33.1 Chiropractors shall always act in the patient's best interest when making referrals and providing care. They shall not ask for any inducement or gift that may affect or be seen to affect the way chiropractors treat or refer patients. Chiropractors shall not offer inducements to colleagues or other health professionals.

33.2 Chiropractors shall make clear to patients any financial or commercial interests they have in recommending products or services.

34.0 Health and Safety

34.1 Chiropractors are encouraged to monitor their own health and wellbeing to reduce risks to patients. This includes both physical and mental health.

34.2 Chiropractors shall manage and deal with risks to health and safety in the work environment and comply with any health and safety legislation.

34.3 Chiropractors should have in their practices contingencies for managing emergency situations involving either patients or hazardous materials.

34.4 In terms of controlling and managing infection risk chiropractors shall have systems in place to protect the health and wellbeing of their patients, employees and visitors to their place of work.

34.5 Chiropractors shall comply with legislation relating to the use of ionising radiation. In particular, chiropractors should not employ any technique or practice that requires the use of x-rays.

It is highly recommended that every Chiropractor carries out Continuing Professional Development.

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