



The Royal College of
Chiropractors

**Chiropractic Provision of
First Contact Practitioner MSK Services**
Skills, Competencies and Case Studies



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Skills, Competencies and Case Studies

1. Introduction

1.1 Societal impact of musculoskeletal conditions

In the UK, an estimated 17.8 million people live with a musculoskeletal (MSK) condition, equivalent to approximately 28.9% of the total population and, in 2016, 23.3% of years lived with disability were attributable to MSK conditions.¹ MSK conditions are a leading cause of sickness absence; 30.8 million working days were lost in 2016, accounting for 22.4% of total sickness absence.² In 2013/14, MSK conditions were the third largest area of NHS programme spending.³

1.2 Introduction of First Contact Practitioner (FCP) services

In 2018, NHS England regional teams worked with STPs and their CCGs to deliver 'High Impact Interventions' in the localities where they were most needed. This included the development of FCP services to ensure that, where appropriate, patients with MSK conditions are seen by the right person in a primary care setting and they receive appropriate care in a timelier manner. FCP services were found to improve MSK pathways, improve onward referral practice and enhance patient experience and outcomes, and an FCP Mobilisation Plan for 2019/20 is now being implemented.⁴

2. Why are FCPs needed?

One in five people (20%) consult a GP about a MSK problem every year⁵ and MSK problems are addressed in one in eight (12%) GP appointments.⁶ The FCP role not only reduces existing GP staff workload and increases practice capacity, but supports faster access to advice and self-care expertise for MSK triage across a streamlined MSK pathway.⁴

Chiropractors are competent, regulated and ready to provide FCP services.

3. Who can provide First Contact Practitioner services?

A First Contact Practitioner (FCP) service is provided by a registered health professional who is the first point of contact for patients, providing new expertise and increased capacity to general practice and providing patients with faster access to the right care. FCPs are qualified autonomous clinical practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral, where appropriate.⁴

In its FCP documentation⁴, NHS England highlights that an FCP need not be a physiotherapist. FCP services can be applied to other practitioners who are able to demonstrate compliance with the Health Education England (HEE) and NHS England Musculoskeletal Core Capabilities Framework for First Point of Contact Practitioners⁷ (such as Chiropractors). This document demonstrates that Chiropractors are competent, regulated and ready to provide FCP services.

CASE STUDY: CHIROPRACTIC FCP SERVICE, FRIARSGATE GP PRACTICE, WINCHESTER



Chiropractor Hannah Fairris has been providing a full-time FCP service at the Friarsgate GP Practice in Winchester since October 2018. Current data from the service shows that 75% of patients are able to manage their conditions themselves after their first appointment and only 6% of patients have needed to return for follow-up.

Marc Dryden, Practice Manager, noted that *"Referral rates are significantly lower than any other service, with a high proportion of patients able to self-manage their conditions because they are seen so quickly."*

Senior GP Partner at the Friarsgate Practice, Niki Wright, reported that *"Having reviewed every patient's notes in the first three months of this service, there is absolutely no doubt the patients received more expert care than if they had seen a GP! This is a fantastic example of primary care building a multidisciplinary team."*

Since establishing the service, Hannah has helped to upskill the practice team in MSK triage, and will be involved with Winchester University's physiotherapy post-graduate training in primary musculoskeletal care.

"In my experience, Chiropractors bring competence and autonomy. They also represent a new work force for this role, largely un-tapped in the NHS"

"..there is absolutely no doubt the patients receive more expert care than if they had seen a GP!"

"Referral rates are significantly lower than any other service, with a high proportion of patients able to self-manage their conditions"

CASE STUDY: CHIROPRACTIC FCP SERVICE, GROVE SURGERY, CHRISTCHURCH



Chiropractor Neil Osborne has been providing an FCP service at Grove Surgery, Christchurch, Dorset for almost 2 years. In a survey of 250 consecutive patients, to which 186 responded, 98% were happy to see the Chiropractor rather than their GP, 81% did not need to see their GP afterwards and 98% very happy with the advice given.

Dr Mufeed Niman, Dorset GP, reported: *"We have been using a Chiropractor in an FCP role for a couple of years, and it works well. In my experience, Chiropractors bring competence and autonomy. They also represent a new work force for this role, largely un-tapped in the NHS."*

4. Musculoskeletal core capabilities framework for first point of contact practitioners⁷

The development of this framework was commissioned by HEE and NHS England, building upon work previously undertaken by the Arthritis and Musculoskeletal Alliance (ARMA) and its member organisations, including the Royal College of Chiropractors and the British Chiropractic Association.

The capabilities within the framework are applicable to all health professionals with a role as a first point of contact for adults presenting with undiagnosed MSK conditions, and the framework sets out a standard for consistent, safe and effective practice across a range of practitioners working as part of a multi-professional team.⁷

5. Skills and competencies of Chiropractors

Chiropractic is not a treatment but a statutorily regulated healthcare profession. The title 'Chiropractor' is protected by law and it is a criminal offence for anyone to describe themselves as a Chiropractor without being registered with the General Chiropractic Council (www.gcc-uk.org).

In the UK, chiropractic students complete a clinical internship and graduate with an MSc or MChiro qualification. The GCC sets the standards for undergraduate education and the standards of professional conduct for individuals working as Chiropractors^{8,9}. The Royal College of Chiropractors (www.rcc-uk.org) publishes quality standards for evidence-based chiropractic practice.

Chiropractic is well established as a community-based, primary contact healthcare profession and, in private practice, individuals commonly self-refer. Chiropractors graduate with the necessary interpersonal and communication skills to engage effectively with individuals, have strong empathy skills and are sensitive to individuals' needs.

Chiropractors are trained to be safe, responsible, autonomous practitioners. They have well-developed diagnostic and patient management skills. They are accustomed to using multidisciplinary approaches and routinely make referrals to, or co-manage care with, other healthcare professionals with whom they often work in multidisciplinary settings.

Chiropractors formulate and implement effective management plans, focusing on how they can have a positive impact on the health and wellbeing of their patients. They are skilled at fostering shared decision making and supportive self-management, and helping patients understand all the options for care.

Chiropractors take responsibility for continually updating and improving their knowledge, skills and performance, participating in a statutory CPD process. Areas for development are self-directed, identified by the use of personal development planning, clinical audit, outcomes measurement, patient experiential measurement and professional reflection.

5.1 FCP capabilities demonstrated by Chiropractors

Table 1 sets out the skills and competencies = *capabilities* that Chiropractors typically exhibit and can be expected to demonstrate when being considered for, and undertaking, a First Contact Practitioner role.

Table 1. Capabilities of Chiropractors relevant to the provision of First Contact Practitioner musculoskeletal services

| EFFECTIVE COMMUNICATION SKILLS |
|---|
| <p>Chiropractors are able to:</p> <ul style="list-style-type: none"> • Use a range of media to convey information clearly and effectively to others, signposting to accessible information and resources as appropriate; • Use effective listening skills and different communication styles to engage appropriately with others, according to their needs, providing advice, explanation and reassurance; • Respect and draw on the skills of professional colleagues, sharing information appropriately to foster best care; • Ensure own beliefs and values do not prejudice interactions with others. <p><i>Sources:</i> <i>General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors⁸ (Section F).</i> <i>General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.⁹ (Sections 2, 5, 6).</i> <i>Royal College of Chiropractors Quality Standard: Chronic Pain.¹⁰</i> <i>Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.¹¹</i> <i>Royal College of Chiropractors Quality Standard: Supportive Self-Management.¹²</i> <i>Royal College of Chiropractors Patient Partnership Quality Mark.¹³</i> <i>Chiropractic competencies and skills: Management of low back and radicular pain.¹⁴</i> <i>National Low Back and Radicular Pain Pathway.¹⁵ (Boxes 2,3).</i> <i>Royal College of Chiropractors PRT Postgraduate Training Programme.¹⁶</i></p> |
| PROVISION OF PERSON-CENTRED CARE |
| <p>Chiropractors are able to:</p> <ul style="list-style-type: none"> • Recognise and understand the impact of an individual’s MSK condition on all aspects of their life, and the lives of those around them, and their needs and preferences in respect of care; • Provide healthy lifestyle advice and signpost to relevant resources; • Support individuals to engage in self-management strategies, recognising their ability to understand and manage aspects of their own care; • Actively involve individuals in decision-making about their care, helping them identify their priorities and understand their options, including associated risks and benefits; • Plan care that addresses all appropriate clinical outcomes and aims to address individuals’ needs and focuses on what is most important for them and their carers. <p><i>Sources:</i> <i>General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.⁸ (Section F).</i> <i>General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.⁹ (Sections 2, 5).</i> <i>Royal College of Chiropractors Quality Standard: Chronic Pain.¹⁰</i> <i>Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.¹¹</i> <i>Royal College of Chiropractors Quality Standard: Supportive Self-Management.¹²</i> <i>Chiropractic competencies and skills: Management of low back and radicular pain.¹⁴</i> <i>National Low Back and Radicular Pain Pathway.¹⁵ (Boxes 2,3)</i></p> |

EFFECTIVE HISTORY-TAKING SKILLS

Chiropractors are able to:

- Elicit a comprehensive, objective history, assessing the nature of an individual's symptoms and the impact on their life activities;
- Explore psychosocial risk factors, identifying any barriers to recovery;
- Critically appraise complex information, identifying significant factors, including those that may relate to non-MSK conditions;
- Produce accurate records in compliance with all usual requirements.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Sections C, F, H).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 2, 5).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Box 2).

*Royal College of Chiropractors PRT Postgraduate Training Programme.*¹⁶

EFFECTIVE PHYSICAL ASSESSMENT, INVESTIGATION AND DIAGNOSTIC SKILLS

Chiropractors are able to:

- Obtain informed consent and, using appropriate tools and screening/diagnostic methods, carry out thorough, appropriate physical examination appreciating the importance of dignity and respect for cultures, attitudes and values;
- Apply relevant observational, biomechanical, orthopaedic and neurological assessment techniques, systematically and effectively;
- Identify and justify the need for further investigations, including any diagnostic tests, and ensure that they are in the best interests of the patient, applying IR(ME)R and IRR training as appropriate;
- Recognise biological, physiological and pathological factors;
- Recognise the significance of presenting features and understand, interpret and record assessment findings and the results of all tests and investigations in compliance with all usual requirements;
- Application of clinical reasoning and problem solving to formulate and communicate a differential diagnosis/working diagnosis, and rationale for care.
- Recognise the varying aetiologies of MSK problems and act appropriately;
- Identify and stratify risk;
- Refer appropriately.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Sections C, D).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 2, 5).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²

*Royal College of Chiropractors Patient Partnership Quality Mark.*¹³

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3).

*Royal College of Chiropractors PRT Postgraduate Training Programme.*¹⁶

EFFECTIVE PREVENTION & LIFESTYLE INTERVENTION SKILLS

Chiropractors are able to:

- Recognise the impact of multifarious factors on outcomes for individuals with MSK conditions, and those around them;
- Advise individuals on adapting living and working environments to promote safety and avoid work loss in respect of MSK conditions and injuries;
- Promote physical activity, good diet and nutrition, stress management, and positive social interaction in the context of MSK health;
- Use evidence-based approaches to facilitate positive behaviour change in respect of smoking, obesity and inactivity, including appropriate signposting and referral, to promote good health and wellbeing.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Sections 1, 2, 5).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*⁹

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3)

SUPPORTING SELF-MANAGEMENT AND BEHAVIOUR CHANGE

Chiropractors are able to:

- Support individuals to actively engage in prevention and self-management strategies, recognising their ability to manage and participate in making decisions in aspects of their own care, using evidence-based approaches to facilitate positive behaviour change;
- Encourage individuals to consider and discuss their needs, priorities, preferences and concerns;
- Educate patients to improve health literacy and patient activation
- Advise individuals on the possible effects of their MSK condition, and their response to it, on life and work, including strategies to retain and improve participation;
- Understand and recognise the associations between MSK conditions and wider health issues;
- Assist individuals to manage the psychosocial elements of their MSK conditions, referring as appropriate;
- Signpost individuals to relevant self-help guidance and support.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Section F).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 1, 2).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3)

*Royal College of Chiropractors PRT Postgraduate Training Programme.*¹⁶

UNDERSTANDING PHARMACOTHERAPY

Chiropractors are able to:

- Understand the role of common medications used in managing MSK conditions;
- Understand the side-effects of common medications that may emulate MSK conditions;
- Advise individuals on the medicines management of their MSK condition, including benefits and limitations and advantages/disadvantages in the context of other care options, addressing any concerns appropriately;
- Signpost individuals to appropriate additional information and advice, as needed;
- Refer appropriately where required.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Section G).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 1, 2).

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3)

UNDERSTANDING INJECTION THERAPY AND SURGICAL INTERVENTIONS

Chiropractors are able to:

- Understand the role and evidence-base for joint injections and surgical interventions used in managing MSK conditions;
- Advise individuals on the benefits and limitations and advantages/disadvantages of these interventions in the context of other care options;
- Support individuals in exploring the suitability of these interventions in relation to their care;
- Refer appropriately where required.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Section G).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 1, 2).

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3).

EFFECTIVE MANUAL THERAPY SKILLS

Chiropractors are able to:

- Understand the role and evidence-base for manual therapy interventions used in managing MSK conditions;
- Advise individuals on the benefits and limitations and advantages/disadvantages of these interventions in the context of other care options;
- Explore, with individuals, their suitability for manual therapy interventions;
- Prescribe and apply individualised manual therapy interventions according to local requirements and resources.

Sources:

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 2, 5).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²

*Royal College of Chiropractors Quality Standard: Acute Neck Pain.*¹⁷

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2 & 3).

EFFECTIVE REHABILITATION INTERVENTION SKILLS

Chiropractors are able to:

- Understand the role and evidence-base for rehabilitation interventions used in managing MSK conditions;
- Advise individuals on the benefits and limitations and advantages/disadvantages of these interventions in the context of other care options;
- Provide advice on strategies to restore function, recognising that some individuals may require additional support;
- Prescribe individualised rehabilitation programmes and advise on strategies to support adherence;
- Explore, with individuals, their suitability for rehabilitation interventions, including possible referral to non-clinical or specialist clinical services;

Sources:

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Section 2).

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

EFFECTIVE CARE PLANNING SKILLS

Chiropractors are able to:

- Actively involve individuals in the development of appropriate, individualised, evidence-based care plans that address needs and preferences, and match care pathways;
- Initiate care plans, involving referral to others as appropriate;
- Advise on relevant aspects of pain management, including psychological implications, and refer for support as appropriate;
- Discharge individuals with advice when appropriate.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Section C).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Section 2).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²

*Royal College of Chiropractors Patient Partnership Quality Mark.*¹³

*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3).

APPROPRIATE REFERRAL, COLLABORATION AND CO-MANAGEMENT SKILLS

Chiropractors are able to:

- Recognise and work within the limits of their own knowledge, skills and competence;
- Refer appropriately to, or seek expertise from, other healthcare professionals, when needed;
- Work effectively as part of a collaborative, multidisciplinary team, to optimise care;
- Advise individuals and carers on relevant, non-clinical services to support the management of their condition.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Sections A, G).

*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 2,5,6).

*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰

*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹

*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²
*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴
*National Low Back and Radicular Pain Pathway.*¹⁵ (Boxes 2,3).
*Royal College of Chiropractors PRT Postgraduate Training Programme.*¹⁶

EVIDENCE BASED PRACTICE IN SERVICE DELIVERY AND DEVELOPMENT

Chiropractors are able to:

- Apply relevant national guidance and best evidence in care and service delivery;
- Critically evaluate and appraise scientific research papers to inform clinical decision making and improve patient care;
- Monitor and evaluate practice through collection and analysis of PROM and PREM data and participation in clinical audit;
- Contribute to service development and evaluation and research activities, acting appropriately to correct service deficiencies;
- Work in partnership with individuals to improve the design and quality of care services;
- Apply management and leadership skills, including mentorship;
- Participate in relevant, self-reflective, self-directed, continuing professional development according to professional needs and normal requirements.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Section C).
*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 2,3).
*Royal College of Chiropractors Patient Partnership Quality Mark.*¹³
*Royal College of Chiropractors Clinical Management Quality Mark.*¹⁷
*Royal College of Chiropractors Quality Standard: Clinical Governance.*¹⁹
*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴

PROFESSIONAL VALUES

Chiropractors:

- Are accountable for all aspects of practice;
- Adhere to all regulatory, legal, ethical and professional requirements;
- Demonstrate safe, effective, autonomous practice;
- Participate in research where practicable, and remain up-to-date and evidence-aware through mandatory continuing professional development activity;
- Optimise service delivery in the best interests of patients;
- Work effectively in teams, recognising and drawing on the professional expertise of others in the best interests of patients.

Sources:

*General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors.*⁸ (Sections A, G).
*General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure.*⁹ (Sections 2,5,6).
*Royal College of Chiropractors Quality Standard: Chronic Pain.*¹⁰
*Royal College of Chiropractors Quality Standard: Chronic Low Back Pain.*¹¹
*Royal College of Chiropractors Quality Standard: Supportive Self-Management.*¹²
*Chiropractic competencies and skills: Management of low back and radicular pain.*¹⁴
*National Low Back and Radicular Pain Pathway.*¹⁵
*Royal College of Chiropractors PRT Postgraduate Training Programme.*¹⁶

References

1. Global Burden of Disease Collaborative Network, "Global Burden of Disease Study 2016 (GBD 2016) Results," Institute for Health Metrics and Evaluation (IHME), Seattle, 2017.
2. Office for National Statistics (ONS) "Sickness Absence Report 2016," 2016.
3. NHS England. CCG Programme Budgeting Benchmarking Tool 2013/14
4. NHS England and NHS Improvement. Elective Care High Impact Interventions: First Contact Practitioner for MSK Services. May 2019.
5. Arthritis Research UK National Primary Care Centre, Keele University, "Musculoskeletal Matters: Bulletin 1," 2009
6. Arthritis Research UK National Primary Care Centre, Keele University, "Musculoskeletal Matters: Bulletin 2," 2009).
7. Health Education England, NHS England and Skills for Health. Musculoskeletal core capabilities framework for first point of contact practitioners 2018).
8. General Chiropractic Council Code: Standards of conduct, performance and ethics for chiropractors. June 2016.
<https://www.gcc-uk.org/UserFiles/Docs/Education/Amended%20Code%20Final%20-6.8.18.pdf>
9. General Chiropractic Council Education Standard: Criteria for chiropractic programme content and structure. September 2017.
<https://www.gcc-uk.org/UserFiles/Docs/Education/Education%20Standards%206.8.18.pdf>
10. Royal College of Chiropractors Quality Standard: Chronic Pain. August 2016.
<https://rcc-uk.org/quality-standards/>
11. Royal College of Chiropractors Quality Standard: Chronic Low Back Pain. February 2014.
<https://rcc-uk.org/quality-standards/>
12. Royal College of Chiropractors Quality Standard: Supportive Self-Management. November 2012. <https://rcc-uk.org/quality-standards/>
13. Royal College of Chiropractors Patient Partnership Quality Mark.
<https://rcc-uk.org/patient-partnership-quality-mark-ppqm/>
14. Chiropractic competencies and skills: Management of low back and radicular pain. 2015.
<https://rcc-uk.org/wp-content/uploads/2015/10/RCC-Chiropractic-Competencies-and-Skills--LBRP--2015.pdf>
15. National Low Back and Radicular Pain Pathway. 2017.
<https://www.ukssb.com/improving-spinal-care-project>
16. Royal College of Chiropractors PRT Postgraduate Training Programme
https://rcc-uk.org/wp-content/uploads/2019/05/PRT-book_Issue-4.pdf
17. Royal College of Chiropractors Clinical Management Quality Mark
<https://rcc-uk.org/cmqm/>
18. Royal College of Chiropractors Quality Standard: Acute Neck Pain. May 2013.
<https://rcc-uk.org/quality-standards/>
19. Royal College of Chiropractors Quality Standard: Clinical Governance. January 2015
<https://rcc-uk.org/quality-standards/>



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