

Forum of Chiropractic Deans



The Royal College of
Chiropractors



Outcomes for Chiropractic Graduates 2022

Forum of Chiropractic Deans

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Contents

Introduction	4
1. Primary Care Responsibilities	
1.1 Overarching responsibility to patients	6
1.2 Identification of health needs	6
1.3 Clinical knowledge	6
1.4 Research evidence	6
1.5 Evidence Based Practice	6
1.6 Patient-centred care	6
1.7 Medications	6
1.8 Nutrition	7
1.9 Distinct populations	7
1.10 Public Health	7
1.11 Dealing with emergencies	7
1.12 Safeguarding	8
1.13 Limitations	8
1.14 Ceasing care	8
1.15 Interdisciplinary collaboration	8
2. Clinical Competencies	
2.1 Assessment	9
2.2 Imaging	10
2.3 Risk management	10
2.4 Formulating diagnoses	10
2.5 Planning care	10
2.6 Management	11
2.7 Evaluating care	11
3. Communication Skills	
3.1 Therapeutic relationship	12
3.2 Privacy	12
3.3 Shared decision-making	12
3.4 Consent	12
3.5 External communications	13
3.6 Concerns and complaints	13
4. Professionalism	
4.1 Regulatory standards	14
4.2 Personal development	14
4.3 Reflective practice	14
4.4 Monitor and appraise practice	14
4.5 Clinical records	14
4.6 Confidentiality	14
4.7 Equality	14
4.8 Professional accountability and ethics	15
4.9 Personal behaviour	15
4.10 Professional boundaries	15
4.11 Conflicts of interest	15
4.12 Candour	15
4.13 Promotion	15



Introduction

The purpose of Outcomes for Chiropractic Graduates

Outcomes for Chiropractic Graduates defines the knowledge, skills and competencies that are expected of newly qualified chiropractors in the UK. Through doing this, it:

- Provides a clear framework for new and established programme providers in terms of core curriculum design, helping them produce graduates whose knowledge, skills and competencies meet the needs of the profession.
- Enables chiropractic students to understand what they will need to know and be able to do at the point of graduation, thus enabling them to play an active role in directing their own learning.
- Facilitates the identification of knowledge, skills and competencies that are postgraduate/relate to special interests.
- Enables patients, the public, health professionals, health & care organisations and commissioners to understand and recognise what chiropractors know and are able to do.
- Ensures postgraduate trainers and employers have a clear understanding and clear expectations of graduates' attributes and can support and facilitate a smooth transition to autonomous professional practice.
- Helps enable those returning to practice to identify and address professional learning needs.
- Helps enable overseas graduates to recognise the knowledge, skills and competencies required for professional practice in the UK.

The GCC's standards and Outcomes for Chiropractic Graduates

The General Chiropractic Council (GCC) protects the public by setting and regulating professional standards. For registered chiropractors, these standards are defined in *The Code*. For chiropractic students and educators, they are defined in *Education Standards: Criteria for chiropractic programme content and structure*. These Education Standards are set out in two parts: The first part takes a broad approach in defining the learning outcomes of graduates, guiding but not specifying how those outcomes are met. The second part defines the criteria institutions must meet in a range of areas including programme structure, teaching & learning methods, provision of resources and the learning environment.

Outcomes for Chiropractic Graduates is informed by the Musculoskeletal Core Capabilities Framework¹, and closely maps to the IFOMPT Educational Standards in Orthopaedic Manipulative Therapy². It is aligned with the GCC Code, and supplements the GCC Education Standards by defining the core of what chiropractic graduates need to know and be able to do at the point of graduation. Individual chiropractic programmes may also incorporate competencies in addition to those defined as core by this document.

Responsibility for delivering Outcomes for Chiropractic Graduates

Chiropractic programmes provide the education that enables newly-qualified chiropractors to meet all the outcomes, and therefore to be fit to practise safely and competently as a chiropractor, when they graduate.

Chiropractic students have ultimate responsibility for their own learning and should refer to *Outcomes for Chiropractic Graduates* during their undergraduate education to understand what is expected of them at the point of graduation.

Keeping Outcomes for Chiropractic Graduates current

The Forum of Chiropractic Deans (FCD), which comprises leaders of the UK's chiropractic programmes and the Royal College of Chiropractors, has the primary objective of harmonising chiropractic undergraduate education and training outcomes in the UK.³ It is thus the FCD's role to keep Outcomes for Chiropractic Graduates up to date in consultation with the profession and the General Chiropractic Council such that it reflects the current requirements of contemporary practice.

¹ Health Education England, NHS England & Skills for Health (2018) Musculoskeletal Core Capabilities Framework for First Point of Contact Practitioners. <https://www.skillsforhealth.org.uk/info-hub/musculoskeletal-2018/> (accessed 16/05/2022)

² International Federation of Orthopaedic Manipulative Physical Therapists (IFOMPT) Inc (2016) Educational Standards in Orthopaedic Manipulative Therapy. <https://www.ifompt.org/site/ifompt/IFOMPT%20Standards%20Document%20definitive%202016.pdf> (accessed 16/05/2022)

³ The FCD's objectives include fostering discussion and cooperation among leaders of the UK chiropractic programmes in order to improve and harmonise chiropractic education, and to facilitate the exchange of information, and the potential sharing of teaching resources, among institutions.



1. Primary Care Responsibilities

Newly qualified chiropractors must demonstrate appropriate competencies in primary care practice.

1.1 Overarching responsibility to patients

Newly qualified chiropractors must understand their responsibility to put the health interests of their patients first and to promote patients' health and welfare at all times.

1.2 Identification of health needs

Newly qualified chiropractors must be able to assess and identify the health needs of patients using appropriate enquiry and assessment, adapted to the circumstances of the individual.

1.3 Clinical knowledge

Newly qualified chiropractors must possess a thorough and detailed knowledge of neuromusculoskeletal disorders and pain syndromes, and other pathologies that may mimic them or co-exist with them.

1.4 Research evidence

Newly qualified chiropractors must understand and be competent to critically appraise scientific and clinical evidence to inform clinical practice. They must be able to:

- a. apply scientific principles
- b. critically evaluate historical hypotheses
- c. access current clinical evidence and guidance
- d. understand the hierarchy of evidence
- e. critically evaluate the strength of evidence and the weight that should be attached to it
- f. use research evidence to investigate clinical questions
- g. recognise the importance of ensuring that practice is consistent with the best current evidence

1.5 Evidence Based Practice

Newly qualified chiropractors must understand and be able to apply evidence-based care by incorporating the best available evidence from research, their own clinical experience, and the preferences of the patient.

1.6 Patient-centred care

Newly qualified chiropractors must be able to offer personalised care by engaging, enabling, and supporting patients to have more control over decisions about their health.

1.7 Medications

Newly qualified chiropractors must understand the actions, complications and side-effects of commonly used medications, and those used in the management of neuromusculoskeletal conditions.

1.8 Nutrition

Newly qualified chiropractors must understand the key concepts surrounding good nutritional advice, and be able to advise patients and make appropriate referrals in order to help improve their health and welfare.

1.9 Distinct populations

While newly qualified chiropractors must be competent to treat a broad range of different patient populations, they must also be able to recognise that certain patient cohorts and presentations require further postgraduate training and are therefore outside their scope of practice, necessitating appropriate referrals.

1.9.1 Older adults

Newly qualified chiropractors must be able to assess and manage a range of circumstances specific to the elderly population, including the loss of mobility, osteoporosis, deteriorating balance and falls, cognitive decline and multiple long-term conditions.

1.9.2 Athletes

Newly qualified chiropractors must be able to assess and manage uncomplicated minor sports injuries, while recognising when referrals to more experienced colleagues or other healthcare professionals are necessary. The management of athletic performance and pitch/track-side care requires additional, postgraduate training.

1.9.3 Pregnant patients

Newly qualified chiropractors must be able to assess and manage a range of musculoskeletal presentations in patients who are pregnant, while recognising when referrals to more experienced colleagues or other healthcare professionals are necessary. The management of conditions specific to pregnancy requires additional postgraduate training.

1.9.4 Children

Newly qualified chiropractors must be able to modify their clinical approach in order to assess and manage uncomplicated neuromusculoskeletal conditions in children, recognising when referrals to other healthcare professionals, or chiropractic colleagues with the necessary postgraduate competencies, are appropriate. They must also be able to recognise medical emergencies and clinical concerns in all children and make appropriate referrals.

1.10 Public Health

Newly qualified chiropractors must be competent to play an active role in promoting wellness and disease prevention, and to use their position as primary healthcare providers to support national public health initiatives. They must be able to:

- a. promote positive health behaviours
- b. support, signpost and/or refer patients, as appropriate, with regard to a range of public health priorities, including:
 - i. physical activity
 - ii. adult obesity
 - iii. smoking
 - iv. alcohol
 - v. mental wellbeing
 - vi. immunisation

1.11 Dealing with emergencies

1.11.1 Emergency procedures

Newly qualified chiropractors must be competent to recognise emergency situations and apply appropriate procedures. They must be able to:

- a. understand the need to have emergency procedures in place
- b. develop and implement appropriate emergency procedures

1.11.2 First aid

Newly qualified chiropractors must have the knowledge and skills to provide first aid to colleagues and patients, including in circumstances specific to a clinical chiropractic environment.

1.12 Safeguarding

1.12.1 The rights of the child

Newly qualified chiropractors must understand the provisions of the Children Act 1989 and the Children Act 2004 (or devolved national variations), including the right of every child to protection from abuse or exploitation and the right to inquiries to safeguard their welfare.

1.12.2 Vulnerable Adults

Newly qualified chiropractors must be able to recognise vulnerable adults who, due to disability, age, or illness, are unable to take care or protect themselves against abuse, harm, or exploitation.

1.12.3 Local regulations

Newly qualified chiropractors must understand, and be able to act in accordance with, local Safeguarding regulations with respect to protecting the best interests of children and vulnerable adults who are at risk due to abuse or neglect.

1.12.4 Chaperones

Newly qualified chiropractors must understand the role, importance and use of chaperones, when appropriate, in providing reassurance of a safe environment.

1.13 Limitations

Newly qualified chiropractors must understand the importance of working within the limits of their skills and competencies, as acquired through objective, high-quality, evidence-based training, and how that defines their scope of practice. They must understand when to consult with or formally refer to more experienced colleagues or other suitably qualified health professionals.

1.14 Ceasing care

Newly qualified chiropractors must understand when to cease providing chiropractic care when it is no longer in the best interests of the patient, for example when:

- a. the patient requests ceasing care
- b. chiropractic care is not effective or contraindicated
- c. clinical circumstances suggest that management by another health professional is more appropriate
- d. professional boundaries have been, or are at risk of being, breached

1.15 Interdisciplinary collaboration

1.15.1 UK health system

Newly qualified chiropractors must understand the UK health and care system and the role that other health professionals play in providing services that can support patients.

1.15.2 Local health services

Newly qualified chiropractors must be able to investigate and inform themselves of local NHS and voluntary services in which they can draw upon to help support their patients.

1.15.3 Referral

Newly qualified chiropractors must be able to make appropriate referrals for investigations and/or management/co-management when it is in the best interests of their patients.

1.15.4 Multidisciplinary Team

Newly qualified chiropractors must understand their responsibilities within a multidisciplinary team.

2. Clinical Competencies

Newly qualified chiropractors must demonstrate appropriate competencies in clinical practice.

2.1 Assessment

2.1.1 Case History

Newly qualified chiropractors must be competent to obtain and document a thorough case history from patients. They must be able to:

- a. take a detailed history of the presenting complaint, including its location, onset, duration, timing, progression and functional impact
- b. recognise influencing factors (including predisposing, aggravating and relieving factors)
- c. recognise pain and symptom characteristics (including its quality, severity, frequency, and pattern, together with any radiations and paraesthesia)
- d. take account of past history and management of the presenting complaint (including previous episodes, investigations and management)
- e. understand and recognise psychosocial and contextual factors, including attitudes, beliefs, behaviours, concerns, expectations, relationships, and environments
- f. identify any secondary complaints
- g. take account of lifestyle and exercise habits, including details of occupation, diet, alcohol consumption, smoking, recreational drug use and physical activity
- h. take a medical history, by means of a detailed systems review, including history of trauma, hospitalisations and surgery
- i. understand co-existing conditions and their relevance to patients
- j. undertake a review of medications and supplements being taken and understand their implications
- k. take a family history and recognise any relevance to patients
- l. use patient questionnaires, screening tools and validated outcome measures

2.1.2 Physical examination

Newly qualified chiropractors must be competent to perform and interpret the findings of a comprehensive physical examination of a patient. They must be able to:

- a. measure vital signs
- b. make and record general observations (including gross movements, symmetry, gait and posture)
- c. assess ranges of motion (active and passive)
- d. palpate and assess muscle tone
- e. perform muscle, biomechanical, orthopaedic and functional testing of the spine and peripheral joints
- f. undertake a neurological evaluation, including testing of the peripheral and central nervous systems
- g. undertake an abdominal examination
- h. assess the cardiovascular and respiratory systems
- i. record all examination findings (positive, negative, and equivocal)

2.1.3 Screening assessments

Newly qualified chiropractors must be able to carry out and interpret screening assessments for a variety of different conditions and risks, including (but not limited to):

- a. osteoporosis
- b. hypermobility
- c. signs of vascular fragility
- d. falls

2.1.4 Investigations

Newly qualified chiropractors must be competent to determine when further investigations are clinically indicated and when their use is consistent with evidence-based guidelines. They must:

- a. understand how to make appropriate requests and referrals for a range of different investigations, including laboratory tests, imaging modalities, electrical conduction studies, and other specialised procedures.
- b. be able to interpret reports and the results of any investigations requested.

2.2 Imaging

2.2.1 Ionising radiation

Newly qualified chiropractors must understand their responsibilities under the Ionising Radiation (Medical Exposure) Regulations 2017 (or devolved national variations).

2.2.2 X-ray imaging

Newly qualified chiropractors must be competent to act as the referrer (as defined by the Ionising Radiation (Medical Exposure) Regulations 2017), and to understand x-ray reports.

2.2.3 Advanced imaging

Newly qualified chiropractors must be able to understand imaging reports in relation to ultrasound (USS), magnetic resonance imaging (MRI), computer tomography (CT) and dual-energy x-ray absorptiometry (DEXA).

2.3 Risk management

Newly qualified chiropractors must be competent to assess risk and apply appropriate risk management measures. They must be able to:

- a. use the patient assessment findings to risk assess patients and recognise indicators of more serious pathology (red flags) for which urgent or emergency referral is indicated.
- b. recognise when psychological factors (yellow flags) are dominating the patient presentation and when appropriate referrals are required.
- c. use the patient assessment findings to risk assess patients and identify those for which chiropractic care, or certain management approaches, are contraindicated.
- d. use incident reporting and learning systems, and report patient safety incidents.

2.4 Formulating diagnoses

Newly qualified chiropractors must be able to analyse and critically evaluate the accumulated findings of a patient assessment and apply robust clinical reasoning to formulate a working diagnosis or rationale for care, differential diagnoses, and prognosis.

2.5 Planning care

2.5.1 Plan of care

In partnership with patients, newly qualified chiropractors must be able to formulate and document a plan of care, including the proposed management, a timescale, and when a formal review will be carried out.

2.5.2 Care plan considerations

While developing a plan of care, newly qualified chiropractors must understand:

- a. The relevance of co-existing conditions

- b. the benefits of encouraging active care and other self-management strategies
- c. the importance of functional improvement and the ability to perform activities of daily living
- d. the potential benefits and adverse effects of different contextual factors
- e. the importance of shared decision-making and addressing the patient goals
- f. the appropriateness of considering a trial of care
- g. The appropriate frequency and duration of care
- h. the importance of planned reviews and the use of outcome measures to objectively monitor patient progress

2.6 Management

2.6.1 Therapeutic options

Newly qualified chiropractors must be able to provide an evidence-based, multimodal package of care; they must be able to provide a range of different therapeutic options, including:

- a. manual therapies (including a range of different manipulative, mobilisation and soft tissue techniques)
- b. tailored exercise and rehabilitation prescription
- c. education and advice
- d. signposting and social prescribing
- e. co-management approaches

2.6.2 Psychologically informed care

Newly qualified chiropractors must be able to provide psychologically-informed care, incorporating behavioural change approaches, goal-orientated techniques, appropriate education and advice, and relevant self-management strategies.

2.6.3 Selecting and adapting care

Newly qualified chiropractors must be able to select and adapt care that is:

- a. safe for the individual patient, being mindful of contra-indications.
- b. includes the best available evidence, mindful of indications and non-indications.
- c. consistent with chiropractic and other relevant guidelines and standards (for example the Royal College of Chiropractors' Quality Standards).
- d. takes into account the preferences of the patient.

2.6.4 Referring and delegating care

Newly-qualified chiropractors must be able to recognise when the care offered by another health provider, either exclusively or alongside their own care, better suits the needs and preferences of the patient; they must be able to delegate aspects of care while retaining responsibility for the patient, as well as formally refer patients to a suitably qualified health professional as required.

2.7 Evaluating care

Newly qualified chiropractors must be competent to monitor the progress of patients. They must be able to:

- a. keep the diagnosis under review and adapt the care provided as necessary.
- b. carry out formal reviews, including the use of validated outcome measures, to assess the effectiveness of their care plans, such that any necessary changes in management can be implemented.



3. Communication Skills

Newly qualified chiropractors must demonstrate appropriate communication skills.

3.1 Therapeutic relationship

Newly qualified chiropractors must understand the therapeutic alliance and be competent to communicate effectively with patients. They must be able to:

- a. demonstrate respect, compassion and care
- b. recognise and acknowledge their preferences and values, including cultural values
- c. demonstrate cultural competency to communicate with a diverse range of patients
- d. actively listen to, and acknowledging, their opinions and concerns
- e. use language to empathise, reassure and inspire trust
- f. use verbal and non-verbal skills to put them at ease, develop rapport and facilitate dialogue
- g. be sensitive to identify and respond to different emotional states
- h. use language and approaches appropriate to patients of different ages
- i. use techniques appropriate for patients presenting with disabilities

3.2 Privacy

Newly qualified chiropractors must recognise the need and be able to treat patients with dignity and respect, ensuring they are given the privacy and opportunity to discuss freely and openly the things that concern them.

3.3 Shared decision-making

Newly qualified chiropractors must be able to facilitate shared decision-making by providing patients with all the information that they need, and support them, to make informed choices about their care.

3.4 Consent

3.4.1 Acquiring Consent

Newly qualified chiropractors must be able to obtain and record informed consent.

3.4.2 Provision of information

In order to provide consent and undertake effective decision making, newly qualified chiropractors must be able to provide patients with detailed and clear evidence-based information regarding:

- a. the assessment findings and diagnosis (including being open and honest about uncertainty)
- b. any proposed care plan (including the type, amount, and duration of any care)
- c. the risks, side-effects, and benefits of any proposed treatment
- d. management options and alternatives (including not having any care)
- e. the prognosis with and without treatment

3.4.3 Investigations & referrals

Newly qualified chiropractors must be able to explain to patients the need for any proposed investigations and referrals, together with alternative options, and ensure their consent is obtained before proceeding.

3.4.4 Ongoing consent

Newly qualified chiropractors must be able to ensure that patients are kept fully informed about the progress of their care, particularly when their condition and/or management changes, and that they continue to obtain informed consent for treatment.

3.4.5 Adult capacity

Newly qualified chiropractors must understand the provisions of the Mental Capacity Act 2005 (or devolved national variations) and be able to assess whether patients have the capacity to consent to care.

3.4.6 Child capacity and parental responsibilities

Newly qualified chiropractors must understand the provisions of the Children Act 1989 and Gillick Competence (or devolved national variations of these provisions), particularly with reference to capacity and parental responsibilities.

3.5 External communications

Newly qualified chiropractors must be able to communicate effectively, both orally and in writing, with colleagues, other health professionals, statutory authorities, insurers and legal representatives.

3.6 Concerns and complaints

Newly qualified chiropractors must understand the need to make clear to patients how to raise concerns about their care, and the process by which they can make complaints.



4. Professionalism

Newly qualified chiropractors must act professionally.

4.1 Regulatory standards

Newly qualified chiropractors must be familiar with, and understand the requirement to abide by the “standards of conduct, performance and ethics for chiropractors” (The Code) published by the GCC.

4.2 Personal development

Newly qualified chiropractors must understand the importance of lifelong learning and the requirement to engage in continuing professional development (CPD). They must be able to:

- a. recognise their own limitations and be able to use different methods to identify learning needs
- b. plan appropriate activities to address their learning need
- c. reflect on and evaluate the value, quality, relevance and effectiveness of any CPD undertaken

4.3 Reflective practice

Newly qualified chiropractors must understand the importance of self-awareness and be able to describe, evaluate and analyse learning activities, and synthesise learning plans, in order to develop as effective reflective practitioners.

4.4 Monitor and appraise practice

Newly qualified chiropractors must be able to regularly monitor and take necessary action to enhance the quality of care they provide by using a variety of methods and tools to assess the clinical effectiveness of their care, and identify areas for improvement, including:

- a. Clinical Audit
- b. Patient Reported Outcome Measures (PROMs)
- c. Patient Reported Experience Measures (PREMs)
- d. Case-Based Discussions (CBDs)

4.5 Clinical records

Newly qualified chiropractors must understand the importance of keeping, and be able to keep contemporaneous detailed and accurate clinical records that are truly representative of all patient interactions and contain all clinically relevant information.

4.6 Confidentiality

Newly qualified chiropractors must understand their obligations under the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR).

4.7 Equality

4.7.1 Equality Act

Newly qualified chiropractors must understand the provisions of the Equality Act 2010 (or devolved national variations) and deal with all patients equally and without discrimination.

4.7.2 Health inequalities

Newly qualified chiropractors must understand health inequalities within patient populations and be able to act to reduce the impact of these where possible.

4.8 Professional accountability and ethics

4.8.1 Integrity

Newly qualified chiropractors must understand the need to be open and honest and act with integrity at all times, maintaining high standards of professional conduct, both within and outside the workplace.

4.8.2 Professional standing

Newly qualified chiropractors must understand that they should never abuse their professional standing by causing alarm, putting patients under pressure to make decisions, or imposing their own views.

4.8.3 Over-dependence

Newly qualified chiropractors must understand the need to avoid treatment that is excessive or patients becoming over-dependant on passive care that is not promoting their health and wellbeing.

4.9 Personal behaviour

Newly qualified chiropractors must understand the need, and be able to apply and maintain, the highest standards of personal and professional behaviour in all interactions and communications, ensuring they do not bring the chiropractic profession into disrepute or undermine public confidence in the profession.

4.10 Professional boundaries

Newly qualified chiropractors must understand the need and be able to establish and maintain clear personal and professional boundaries between themselves and their patients, recognising the responsibilities and power imbalance that exists between health providers and their patients.

4.11 Conflicts of interest

Newly qualified chiropractors must be able to identify where conflicts of interest may arise, and be open and honest in declaring them, putting the interests of patients before their own interests, or those of any colleague, business, organisation, family member or friend.

4.12 Candour

Newly qualified chiropractors must understand their duty of candour and the need to inform patients if something goes wrong with their care which causes, or has the potential to cause, harm or distress.

4.13 Promotion

Newly qualified chiropractors must understand the relevant guidance and legislation in terms of how they promote themselves, the profession, and the services they offer.



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