



The Royal College of
Chiropractors

Chiropractic Practice Standard
Communication with Patients

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About this Chiropractic Practice Standard

The Royal College of Chiropractors' Clinical Practice Standards are evidence-based documents designed to help chiropractors meet their obligations in the provision of patient care and/or the governance of their services. For each area of practice, they:

- Highlight relevant elements of the General Chiropractic Council's Code as requirements
- Provide expected standards of practice informed by evidence, and
- Provide additional helpful guidance
- Provides a benchmark for normal practice

This clinical practice standard is concerned with communication with patients.

Good communication is the cornerstone of a chiropractor's interaction with their patients. The GCC's Code requires chiropractors to communicate properly and effectively with patients in order to establish and maintain a professional relationship and encourage patients to take an informed role in their care.

This Clinical Practice Standard focuses on those areas of chiropractic practice where good communication is key, and highlights the principles and expected standards of practice in a chiropractic care setting.

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1. Key Aspects of Communication

Requirements

- Chiropractors must take account of their patients' communication needs and preferences (F4: The Code, GCC).
- Chiropractors must listen to, be polite and considerate at all times with patients (F5: The Code, GCC).
- Chiropractors must listen to patients and acknowledge their views and decisions whilst treating patients fairly and without discrimination and recognise diversity and individual choice (A1, A4: The Code, GCC).

Expected Standards of Practice

- Demonstrate empathy and compassion while using effective verbal and non-verbal interpersonal skills to communicate clearly, effectively and sensitively with patients.¹
- For all communications, ensure that factors such as physical or learning disabilities, sight, speech or hearing problems and difficulties with reading, understanding or speaking English are addressed so that the patient is able to participate as fully as possible in consultations and care.²
- Adapt how you engage with others (including those with cognitive and sensory impairments) through using different verbal and non-verbal communication styles, and in ways that are responsive to individuals' communication and language needs and preferences.¹
- Respond to individuals' communication and information needs and support the use of accessible information as needed, accessing interpreters as required.¹
- Ensure that accents, dialect, and the use of idiom are considered when considering how best to communicate and be sure to avoid the use of jargon so to aid patient understanding and encourage questions.²
- Maintain eye contact (if culturally appropriate), position yourself at the same level as the patient and ask how the patient wishes to be addressed and respect this.²
- Listen to and discuss any fears or concerns the patient has in a non-judgemental and sensitive manner.²
- Seek to strengthen therapeutic relationships through validation of your patient's views or behaviours, and provide reassurance that you will work with the patient to achieve the best outcome.

2. Clinical Aspects

2.1 Taking a Case History

Requirements

- Chiropractors are required to obtain and document an appropriate case history for each patient 'using suitable methods to draw out the necessary information' (C1: The Code, GCC). They must 'listen to patients and acknowledge their views and decisions' (A1: The Code, GCC).

Expected Standards of Practice

- Ensure that the environment in which you discuss confidential and sensitive matters with a patient is conducive to such discussions and that privacy is respected throughout.²
- Apply active listening techniques - listening and communicating are two-way, active processes.¹
- Use open-ended questions to encourage discussion.²
- Listen to and address any health beliefs, concerns and preferences that the patient has, and be aware that these affect how and whether they engage with treatment.²
- Modify conversations to optimise engagement and understanding, informed by assessing individuals' and carers levels of activation and health literacy.¹

Guidance

- Body position and posture can be used to show intention. Well-maintained posture, an open body position and good eye contact portray good intention and engagement. Slouching, facing away from your patient and looking disinterested may all be perceived as disengagement.
- Communicate clearly and sensitively with patients, especially when discussing sensitive issues e.g. cauda equina questions relating to bladder and bowel habits.
- Open-ended questions can encourage discussion and assist in developing therapeutic alliance. It may be necessary for chiropractors to modify conversations to optimise engagement and understanding. Modifications should avoid jargon and over complicated explanations.¹
- Use active listening to focus your attention and acknowledge what the patient is saying so to gain the necessary information for a full assessment, including identification of red/yellow flags and understand individual patient goals.¹ Take the time to explore the patient's goals fully, as well as the emotional impact of their condition.
- Explore the patient's thoughts and beliefs around their current condition, what has caused it, and their expectations regarding care.
- Summarise the key points of the conversation back to the patient using suitable language, allowing them to correct any errors in your summary.
- Consider keeping clinical notes brief when listening so as to allow good conversational flow and maintain engagement, however you should allow time later to expand notes if necessary. If histories are particularly complex it may be suitable to ask patients to pause briefly so that you can make notes, but you should highlight this is to ensure you have all the information you need and nothing gets missed.

2.2 Physical Examination

Requirements

- When carrying out a physical examination, chiropractors 'must document the results of the examination in the patient's records and fully explain these to the patient' (C2: The Code, GCC).
- If undertaken, all investigations must be consented to by the patient and chiropractors must ensure that investigations are appropriate, in the patient's best interests and minimise risk to the patient (C8: The Code, GCC).

- If the assessment or care might be considered intimate or where the patient is a child or a vulnerable adult, consider and explain the need, during the assessments and care, for another person to be present to act as chaperone (D4: The Code, GCC).

Expected Standards of Practice

- Chiropractors should be able to appropriately obtain individuals' consent to physical examination, respect and maintain their privacy, dignity and comfort, as far as practicable, and comply with infection prevention and control procedures.¹
- Chiropractors should be able to use their communication skills to aid adaptations to their practice so to meet the needs of different groups and individuals (including those with particular needs such as cognitive impairment or learning disabilities), working with chaperones, where appropriate. The patient should remain informed of what is happening throughout.¹

Guidance

- Risk stratification tools form a part of non-verbal communication between chiropractor and patient.³ These include examples such as STarT Back⁴, Bournemouth Questionnaire^{5a,5b} and MYMOP⁶ which can assist in patient assessment and shared decision making when deciding appropriate levels of care with the patient.

2.3 Report of Findings and Care Planning

Requirements

- Chiropractors must fully explain clinical assessment findings to the patient and document the results of the examination in the patient's records (C2: The Code, GCC).
- Information should be shared with the patient in an accurate, relevant and clear way to enable the patient to make informed decisions about their health needs and relevant care options (E1: The Code, GCC).
- Chiropractors must discuss with patients different care options, including alternatives and the role of other healthcare professionals even if these are not provided locally, together with the risks and benefits and efficacy of different approaches (F1: The Code, GCC).
- Chiropractors should encourage patients to ask questions to aid understanding and allow for informed consent. You must answer fully and honestly, bearing in mind patients are unlikely to possess clinical knowledge (F1: The Code, GCC).
- Develop, apply and document a diagnosis and plan of care in full agreement with the patient. All subsequent modifications to the plan of care must be discussed and agreed with the patient and properly documented (C4: The Code, GCC). Select and apply appropriate evidence-based care which meets the preferences of the patient at that time (C5: The Code, GCC).

Expected Standards of Practice

- Summarise information to ensure the patient has understood the most important information.²
- Avoid using jargon. Use words the patient will understand, define unfamiliar words and confirm understanding by asking questions.²
- Convey information and discuss issues in ways that avoid negative descriptors and assumptions.¹

- Give the patient information, and the support they need, to make use of the information, in order to promote their active participation in care and self-management.²
- Discuss personalised risk, benefits and consequences in the context of each person's life and what matters to them.⁷ If valid and reliable information on risk, benefit and consequence specific to the person is not available, continue to use shared decision making.⁷
- Give the patient information about relevant treatment options even if these are not provided locally.²
- Make a joint decision or plan about the treatment or care, and agree together when this will be reviewed. Keep records of what care and support has been agreed, which is later reviewed.^{7,8}

2.4 Informed Consent

Requirements

- Chiropractors must share with the patient accurate, relevant and clear information to enable the patient to make informed decisions about their health needs and relevant care options. You must also take into consideration a patient's capacity to understand (E1: The Code, GCC)
- Obtain and record consent from a patient prior to starting their care and for the plan of care (E2: The Code, GCC)
- Check with the patient that they continue to give their consent to assessments and care (E3: The Code, GCC). and that consent of a patient is voluntary and not under any form of pressure or undue influence (E4: The Code, GCC)
- Ensure patients understand they have the right to change their mind at any time (F2: The Code, GCC). This may include withdrawing consent for an element or all care without judgement, discrimination or financial loss (A4, B6, E3, E4: The Code, GCC).
- Check regularly with the patient that they continue to give their consent to assessments and care (E3: The Code, GCC).
- Seek parental consent first if a child is to be seen without someone else being present, unless the child is legally competent to make their own decisions (E5: The Code, GCC).

Expected Standards of Practice

- Provide information in the patients preferred format to assist in decision making, gaining informed consent and goal setting.⁷
- Engage with individuals and carers and respond appropriately to questions and concerns about their MSK condition and its impact on their current situation and potentially in the future.¹
- Accept and acknowledge that people may vary in their views about balance of risks, benefits and consequences of treatments, and that they may differ from those of their healthcare professionals.⁷
- Take reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments.^{9,10}
- Ensure the patient remains informed especially in the event of any adjustments to management including, but not limited to, introduction of new treatment modalities.¹¹

Guidance

- When discussing decisions about tests, treatments and interventions, do so in a way that encourages people to think about what matters to them, and express their needs and preferences.⁷
- Ask the patient if they want to involve family members, friends, carers or advocates to assist in active engagement, help make decisions about their care and remember information provided during consultations.⁷
- Your advisory role involves talking to the patient to make sure they understand the risks and benefits of their treatment, so that they can make an informed decision. Simply providing the information or getting a signature on a consent form may not be enough to evidence proper consent, but can be helpful as part of the consent process.⁹

2.5 Treatment, Reassessment & Referral

Requirements

- Always obtain a patient's consent if it becomes necessary for the purposes of examination and treatment during care, for you to adjust and/or remove items of the patient's clothing (E6: The Code, GCC).
- Chiropractors 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 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 (C4: The Code, GCC).
- Follow appropriate referral procedures when making a referral or a patient has been referred to you; this must include keeping the healthcare professional making the referral informed. You must obtain consent from the patient to do this (C7: The Code, GCC).
- Justify and record your reasons for either refusing care or discontinuing care for a patient. You must explain, in a fair and unbiased manner, how they might find out about other healthcare professionals who may be able to offer care (B8: The Code, GCC).

Expected Standards of Practice

- Use language sensitively to engage with the impact of persistent pain and disability on individuals' lives, including on their relationships, self-esteem and ability to participate in what they want to do (including paid and unpaid work).¹
- Signpost individuals appropriately and effectively to sources of information and support.¹

Guidance

- Consider using methods such as 'Chunk and Check' in which information is broken down into manageable pieces and checked with patients on a regular basis, rather than providing information only once.⁷
- Patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) can be used to guide conversations around care and progression as well as assisting practitioners with assessment and management of a patient so to provide the most appropriate care.

- Chiropractors should understand and be able to communicate appropriate referrals including routine, urgent and emergency referrals and use available tools to assist in this process, such as the RCC Emergency Referral Form.¹²

3. Professional Duties

3.1 Patient Information

Requirements

- Chiropractors must provide and display clear information about their patient fees and charging policies (F2: The Code, GCC). In addition to being visible in their clinic, chiropractors might also make this information available on their clinic website.
- Chiropractors must provide information to patients about who is responsible for their care (F6: The Code, GCC), and where necessary explain the roles of clinical support staff if applicable.

Expected Standards of Practice

- Healthcare practitioners including chiropractors have a legal duty of care towards patients and so should be transparent when communicating fee structures.¹³

Guidance

- It is common practice and encouraged to publish fees on your website. This may assist in transparency and provides a reference point for patients should they need to re-check fees at a later date.

3.2 Personal Behaviours

Requirements

- Healthcare professionals must ensure their behaviour and language is professional at all times, including outside the workplace, thus upholding and protecting the reputation of, and confidence in, their profession and justifying patient trust (B5: The Code, GCC).

Expected Standards of Practice

- Use of all forms of communication, including social media and networking websites, must be appropriate and responsible.¹⁴
- Chiropractors must be polite and considerate working in partnership with colleagues, sharing skills, knowledge and experience, where appropriate, for the benefit of the patient.
- Patients and carers expect you to:
 - Introduce yourself
 - Actively listen
 - Ask open-ended questions and use the information provided to understand the patient, their problem and what it means to them
 - Acknowledge the patient, their existing management, and reassure them that what they are experiencing is understandable
 - Be non-judgemental

- Check if there is anything else the patient wishes to talk about
- Give patients the opportunity to be an equal partner in the conversations
- Work with patients and carers in a way that provides mutual trust
- Sensitively allow the patient an idea of how long is available for conversation²

3.3 Patient Needs and Preferences

Requirements

- Chiropractors must take into account patient communication needs and preferences (F4: The Code, GCC), being mindful of patients' privacy, dignity and cultural differences (A2: The Code, GCC) and recognising diversity and individual choice (A3: The Code, GCC).

Expected Standards of Practice

- In the context of communication skills, patients and their carers expect practitioners to:
 - Be empathetic
 - Be interested in their patient, their life and what matters to them
 - See the patient as resourceful and capable
 - Explain that they want to work with the patient
 - Show respect and preserve patient dignity
 - Allow patients to tell their story from their own perspective and provide space for carers/family to do the same
 - Allow patients and carers to gather information needed and encourage them to ask questions
 - Be encouraging, acknowledging and respecting of the positive things the patient might have done/be doing
 - Help patients understand that some of their feelings are normal and they are not alone with them
 - Recognise when a patient might need help to continue the conversation and/or notice clues that might lead to further conversations
 - Help patients make decisions and respect these decisions
 - Sensitively bring up topics that the patient might find challenging
 - Use language and ways of working that the patient can understand and follow²

3.4 Confidentiality

Requirements

- Chiropractors must strictly maintain patient confidentiality when communicating publicly or privately, including in any form of social media or when speaking to or writing in the media, on social media, during talks and teaching (B4: The Code, GCC).
- Chiropractors must not disclose confidential personal information to third parties unless the patient has given their prior consent for this to happen (H1: The Code, GCC).
- Personal information should only be shared without patient consent if required to do so by law (H2: The Code, GCC).

Expected Standards of Practice

- As chiropractors handle patient information, much of which is sensitive, they must be registered, compliant and familiar with the Information Commissioners Office (ICO; www.ico.org.uk). Further, chiropractors should ensure they remain up-to-date with any changes made by the ICO and maintain an annual ICO membership.
- Chiropractors should clearly display GDPR policies within their clinic and are advised by the ICO to make this information available on their website.

Guidance

- The ICO is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.
- If collecting any information through a website, even if only IP addresses, chiropractors are obliged to clearly display a privacy policy on their website.

3.5 Advertising

Requirements

- Chiropractors must ensure that 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 (B3: The Code, GCC).

Guidance

- The Advertising Standards Authority (ASA) is the UK's independent regulator of advertising across all media. The purpose of the ASA is to make advertisements responsible as it is deemed that responsible advertisements are good for people, society and advertisers.¹⁵
- Information specific to Chiropractic is available online including a full list of medical conditions that chiropractors can claim to treat. It is important to note that the ASA update their information regularly and their decisions are evidence-based.¹⁵
- The Committees of Advertising Practice (CAP) consists of members who represent the advertising industry, covering advertisers, media owners and agencies. CAP offer authoritative advice and guidance on how to create campaigns that comply with ASA rules.

3.6 Complaints

Requirements

- Chiropractors must have a complaints procedure and display details about how to make complaints, including patients right to refer any unresolved complaints to the GCC (F2: The Code, GCC).
- Chiropractors must be polite and considerate with patients regarding any complaints they may have (F5: The Code, GCC).

Guidance

- Keep complaints procedures straightforward and up-to-date.
- Chiropractors should inform their Professional Association and/or insurer about complaints.

3.7 Duty of Candour

Requirements

- Chiropractors have a duty of candour to be open and honest with every patient. If something goes wrong with patient care which causes, or has the potential to cause, harm or distress. You must offer an apology, a suitable remedy or support, along with an explanation as to what has happened (B7: The Code, GCC).

Expected Standards of Practice

- Telling patients openly and honestly that something has gone wrong with their care is an essential part of a healthcare professional's practice. The obligation to do so is known as the professional duty of candour. It can be difficult for professionals to do for a variety of reasons, but they are expected to be candid by the public and regulators.^{16, 17}
- Every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause, harm or distress. This means that healthcare professionals must:
 - tell the patient (or, where appropriate, the patient's advocate, carer or family) when something has gone wrong
 - apologise to the patient (or, where appropriate, the patient's advocate, carer or family)
 - explain fully to the patient (or, where appropriate, the patient's advocate, carer or family) the short and long-term effects of what has happened.¹⁸

Guidance

- Depending on the severity of the incident, chiropractors should inform their association and/or insurer in the first instance.
- Chiropractors should report and thus share the learning from any clinical incidents/near misses both locally, and nationally via CPiRLS.¹⁹

3.8 Professional Boundaries

Requirements

- Chiropractors must not cross sexual boundaries and must avoid verbal and non-verbal communication that may be misconstrued or misinterpreted by a patient, staff, other healthcare professional or member of the public (D1: The Code, GCC).

Expected Standards of Practice

- Chiropractors must not display sexualised behaviour (acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desires) towards patients and/or their carers.²⁰

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Reference is also made to the General Chiropractic Council's Code throughout this document:

General Chiropractic Council (2016, amended 2019) The Code: Standard of conduct, performance and ethics for chiropractors. <https://www.gcc-uk.org/i-am-a-chiropractor/guidance/the-code> (Accessed 15 March 2022).

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