The Royal College of
Chiropractors

Chiropractic Quality Standard

Clinical Governance

About The Royal College of Chiropractors' Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, promoting the services that you provide, tendering for NHS contracts, or education at a local and national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

Chiropractic Quality Standard

Clinical Governance

Contents

Quality Statements		4
Scope of Quality Standard		5
Quality Measures		5
Chiropractic Quality Statement 1:	Education, Training and CPD	6
Chiropractic Quality Statement 2:	Evidence Based Care	7
Chiropractic Quality Statement 3:	Clinical Audit	8
Chiropractic Quality Statement 4:	Safety & Risk Management	9
Chiropractic Quality Statement 5:	Policy Development	10
Chiropractic Quality Statement 6:	Patient Experience and Involvement	11
Chiropractic Quality Statement 7:	Clinical Effectiveness	12
Chiropractic Quality Statement 8:	Patient Communication	13
Chiropractic Quality Statement 9:	Information Governance	14
Chiropractic Quality Statement 10:	Leadership & Staff Management	15
Chiropractic Quality Statement 11:	Interprofessional Learning & Working	16
List of Sources		17

Quality Statements

1. **Education, Training and CPD:** Chiropractors are responsible for continually updating and improving their knowledge, skills and performance in line with their own clinical practice, and the Code of Practice and Standards of Proficiency of the General Chiropractic Council (GCC). Areas for development are self-directed, identified by the use of clinical audit, outcomes measures, patient experiences, personal reflection and professional aspirations. This on-going programme is collated in a personal development plan.
2. **Evidence Based Care:** Chiropractors integrate the best research evidence with clinical expertise and patient values in order to provide patients with the highest standards of evidence based care. In addition, chiropractors commit to support and facilitate research efforts with the aim of improving the available evidence-base.
3. **Clinical Audit:** Chiropractors carry out audit across the range of clinical activities in order to compare their processes and clinical practice to that of identified standards. The results of audit enable the identification of shortcomings, stimulate quality improvement interventions, and consequently improve clinical outcomes and the quality of care provided.
4. **Safety & Risk Management:** Chiropractors ensure that appropriate working and clinical practices, as well as a suitable environment, are in place to avoid harm coming to patients. This includes supporting a culture of safety involving teamwork, openness, honesty and candour in reporting actual, or potential, safety incidents. Chiropractors are committed to learn from any adverse events.
5. **Policy Development:** Chiropractors establish, review and update a set of operational policy and procedure documents to set standards and expectations (including statutory requirements) for a variety of different aspects of clinical practice. These include statements on records management, referrals, complaints, consent, health and safety, incident reporting, risk management, equality and diversity, diagnostic imaging, audit, and patient outcomes.
6. **Patient Experience and Involvement:** In order to improve the services that they provide, chiropractors use patient-reported experience measures (PREMs) to obtain and respond to the views of patients and, wherever possible, to involve patients in decisions made about the services they provide.
7. **Clinical Effectiveness:** Chiropractors deliver care that provides a clear benefit to patients based on the best evidence and outcomes. To achieve this, chiropractors collect and evaluate patient-recorded outcome measures (PROMs) and partake in regular clinical audit in order to improve their clinical practice.
8. **Patient Communication:** Chiropractors provide their patients with high quality, up-to-date, clear and understandable information to ensure they are involved and well-informed at all stages, and therefore able to consent and make informed decisions about their care.
9. **Information Governance:** Chiropractors handle all personal and patient information securely, effectively and according to statutory requirements in order to deliver the best possible care.
10. **Leadership & Staff Management:** Chiropractors provide robust leadership in their practice environment and take responsibility for organisational strategy and planning to maximise the provision of high quality care. Included in this role is the selection, training and supervision of skilled staff, working in an efficient team, with clear lines of responsibility, and in a well-supported environment.
11. **Interprofessional Learning & Working:** Chiropractors engage in interprofessional learning and endeavour to understand the role and scope of care provided by other healthcare professionals to support the provision of multi-disciplinary and collaborative care for the benefit of patients.

The Royal College of Chiropractors

Scope of Quality Standard

This quality standard encompasses the key aspects of clinical governance within chiropractic practice by which thequality and safety of patient care can be continually monitored, maintained and improved. Clinical governance relates to the structures, processes and systems in place to manage the quality of the service provided, and needs to be appropriate to that organisation. These quality statements are therefore general, but nevertheless provide aspirational, but achievable, markers of high-quality, cost-effective patient care.

For the management of specific clinical conditions, this standard should be read in conjunction with other chiropractic quality standards published by the Royal College of Chiropractors.

Quality Measures

The quality measures accompanying each quality standard aim to improve the structure, process and outcomes of care. They are not a new set of targets or mandatory indicators for performance management, but might be used to form the basis of future audit. They also specify what each statement means to each stakeholder (provider, commissioners, patients).

Chiropractic Quality Statement 1: Education, Training and CPD

Quality Statement	**Chiropractors are responsible for continually updating and improving their knowledge, skills and performance in line with their own clinical practice, and the Code of Practice and Standards of Proficiency of the General Chiropractic Council (GCC). Areas for development are self-directed, identified by the use of clinical audit, outcomes measures, patient experiences, personal reflection and professional aspirations. This on-going programme is collated in a personal development plan.**
Quality Measure	**Structure:** 1) Evidence of continual education and training, documented in a CPD portfolio. 2) Evidence of a personal development plan, including consideration of the results ofclinical audit, outcomes measures, and patient experiences, as well as personal reflection and professional aspirations. **Outcome**: 1) Compliance with the General Chiropractic Council (Continuing Professional Development) Rules Order of Council 2004. 2) Meeting the aims outlined in the Personal Development Plan.
Description of what the quality statement means for each audience	**Service Providers** should ensure that theyare continually updating and improving their knowledge, skills and performance in line with their own clinical practice, and the Code of Practice and Standards of Proficiency of the GCC. Clinical audit, outcomes measures, patient experiences, personal reflection and professional aspirations should all be used to identify areas for development, and this should be documented in a personal development plan. **Commissioners** should ensure that chiropractors are registered with the General Chiropractic Council and can thereby be assured of compliance with the statutory legislation requiring the annual completion of a satisfactory CPD record. **Patients** should expect chiropractors to be continually updating their knowledge, skills and performance in line with their own clinical practice and the requirements of the General Chiropractic Council.
Source	The General Chiropractic Council (Continuing Professional Development) Rules Order of Council 2004 - Statutory Instrument 2004 No. 1877 (July 2004) [http://www.gcc-uk.org/UserFiles/Docs/Continuing%20professional%20development%20rules%202004.pdf] Continuing Professional Development for Chiropractors - General Chiropractic Council (March 2014) [http://www.gcc-uk.org/UserFiles/Docs/Registrations/Continuing%20professional%20 development%20guidance%20draft%20Jul14.pdf] The General Chiropractic Council,Code of Practice and Standard of Proficiency (D2, S3.2) - Effective from June 2010[http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] The Effectiveness of Continuing Professional Development - General Medical Council / Academy of Medical Royal Colleges (2010) [http://www.gmc-uk.org/Effectiveness_of_CPD_Final_Report.pdf_34306281.pdf] Continuing Professional Development, Guidance for all Doctors - General Medical Council (June 2012) [http://www.gmc-uk.org/Continuing_professional_development___guidance_for_all_doctors_0612.pdf_56438625.pdf] Continuing Professional Development of Medical Doctors, WFME Global Standards for Quality Improvement – World Federation for Medical Education (2003) [http://wfme.org/standards/cpd/16-continuing-professional-development-cpd-of-medical-doctors-english/file]

Chiropractic Quality Statement 2: Evidence Based Care

Quality Statement	**Chiropractors integrate the best research evidence with clinical expertise and patient values in order to provide patients with the highest standards of evidence based care. In addition, chiropractors commit to support and facilitate research efforts with the aim of improving the available evidence-base.**
Quality Measure	**Structure:** 1) Evidence of practicing evidence based care, integratingthe best research evidence with clinical expertise and patient values. 2) Evidence of providing support and facilitating research efforts. **Process:** Proportion of patients that are managed with evidence based care by integrating the best available research evidence with clinical expertise and patient values. **Numerator:** the number of patients in the denominator who are managed with evidence based care by integrating the best available research evidence with clinical expertise and patient values. **Denominator:** the total number of patients presenting from chiropractic care.
Description of what the quality statement means for each audience	**Service Providers** ensure that they are providing evidence based care, integratingthe best research evidence with clinical expertise and patient values, as well as supporting and facilitating research efforts. **Commissioners** should seek evidence that chiropractors are providing evidence based care. **Patients** should expect chiropractors to provide evidence based care that incorporates the best available research evidence with the chiropractors clinical expertise, but alsotakes into account their own personal beliefs and preferences.
Source	The General Chiropractic Council,Code of Practice and Standard of Proficiency (S2.1, S3.2) - Effective from June 2010[http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] Equity and Excellence: Liberating the NHS, Department of Health (July 2010) [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file /213823/dh_ 117794.pdf] Evidence Based Medicine: What It Is and What It Isn't - Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. BMJ312 (7023): 71–2 (January 1996) [http://www.bmj.com/content/312/7023/71] Evidence Based Medicine. How to Practice and Teach EBM, 3rd Ed - Sharon E Straus, W Scott Richardson, Paul Glasziou, R Brian Haynes – Churchill Livingstone (2005) Evidenced Based Practice, Curriculum Statement – Dr Veronica Wilkie, Royal College of Practitioners (February 2009) [https://trainee.gpeportfolio.rcgp.org.uk/Common/Resources/Curriculum/Curriculum-Statement-2010.aspx]

Chiropractic Quality Statement 3: Clinical Audit

Quality Statement

Chiropractors carry out audit across the range of clinical activities in order to compare their processes and clinical practice to that of identified standards. The results of audit enable the identification of shortcomings, stimulate quality improvement interventions, and consequently improve clinical outcomes and the quality of care provided.

Quality Measure

Structure:

1) Evidence of an audit policy.

2) Evidence of completed audits, across a range of clinical activities, together with relevant changes implemented to improve clinical outcomes or the quality of care provided.

Outcomes:

1) Compliance with an audit policy.

2) Improvement of clinical outcomes.

Description of what the quality statement means for each audience

Service Providers ensure that they have an audit policy and carry out audit across the range of clinical activities in order to identify shortcomings, stimulate quality improvement interventions, and improve clinical outcomes and the quality of care provided.

Commissioners should seek evidence of clinical audit activity across a range of clinical activities and, where necessary, the provision ofquality improvement interventions to improve clinical outcomes and the quality of care provided.

Patients should expect chiropractors to carry out clinical audit across a range of clinical activities, to monitor performance against set standards and, when necessary, to implement changes to improve the quality of care provided.

Source

Principles for Best Practice in Clinical Audit - NICE (2002) [http://www.uhbristol.nhs.uk/files/nhs-ubht/best_practice_clinical_audit.pdf]

High Quality Care for All, Now and for Future Generations - NHS England [http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/]

Clinical Audit: A Simple Guide for NHS Boards & Partners – Healthcare Quality Improvement Partnership (January 2010) [http://www.hqip.org.uk/assets/Guidance/HQIP-Clinical-Audit-Simple-Guide-online1.pdf]

Clinical Governance for Complementary and Alternative Medicine in Primary Care – Report to the Department of Health and the King's Fund (October 2004) [http://homeopati.dk/uploads/Artikler/artikler%20om%20alternativ%20behandling/Artikel%20Clinical%20Governance.pdf]

Good Medical Practice – General Medical Council (March 2013) [http://www.gmc-uk.org/guidance/good_medical_practice.asp]

Chiropractic Quality Statement 4: Safety & Risk Management

Quality Statement

Chiropractors ensure that appropriate working and clinical practices, as well as a suitable environment, are in place to avoid harm coming to patients. This includes supporting a culture of safety involving teamwork, openness, honesty and candour in reporting actual, or potential, safety incidents. Chiropractors are committed to learn from any adverse events.

Quality Measure

Structure:

1) Evidence of health and safety, incident reporting, and risk management policies.

2) Evidence of relevant clinical risk assessments.

3) Evidence of responding to, and learning from, adverse events.

Outcome: A positive culture of safety awareness and openness.

Description of what the quality statement means for each audience

Service Providers should ensure that they have safety and risk management policies in place, as well as an open and honest culture towards reporting, responding and learning from actual, or potential, safety incidents.

Commissioners should seek evidence that chiropractors have safety and risk management policies in place, as well as a commitment to openness and honesty when dealing with patient safety.

Patients should expect chiropractors to have safety and risk management policies in place, and a commitment to openness and honesty when dealing with patient safety.

Source

The General Chiropractic Council, Code of Practice and Standard of Proficiency (E4, E5, E6, E7, S2.1, S2.6, S3.2) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf]

Essential Standards of Quality and Safety – Care Quality Commission (May 2010) [http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf]

High Quality Care for All, Now and for Future Generations - NHS England (June 2008) [http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/]

Essential Standards of Quality and Safety – Care Quality Commission (May 2010) [http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf]

The NHS Constitution for England – The Department of Health (August 2014) [https://www.gov.uk/government/publications/the-nhs-constitution-for-england]

Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry – Robert Francis (February 2013) [http://www.midstaffspublicinquiry.com/report]

Openness and Honesty: The Professional Duty of Candour – Joint Statement from the Chief Executives of Statutory Regulators of Healthcare Professionals (October 2014) [http://www.gmc-uk.org/Joint_statement_on_the_professional_duty_of_candour_FINAL.pdf_58140142.pdf]

Safeguarding Vulnerable Adults – a Tool Kit for General Practitioners – The British Medical Association (October 2011) [http://web.bma.org.uk/pressrel.nsf/wall/DE99DE079FECAEF280257 8DA0037A83B?OpenDocument]

Safeguarding Adults: The Role of Health Service Practitioners – The Department of Health (March 2011) [https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services]

Risk Assessment: A Brief Guide to Controlling Risks in the Workplace – Health and Safety Executive (2014)

Chiropractic Quality Statement 5: Policy Development

Quality Statement	**Chiropractors establish, review and update a set of operational policy and procedure documents to set standards and expectations (including statutory requirements) for a variety of different aspects of clinical practice. These include statements on records management, referrals, complaints, consent, health and safety, incident reporting, risk management, equality and diversity, diagnostic imaging, audit, and patient outcomes.**
Quality Measure	**Structure:** Evidence of policy and procedure documents to include; records management, referrals, complaints, consent, health and safety, incident reporting, risk management, equality and diversity, diagnostic imaging, audit, and patient outcomes. **Outcome:** A set of up to date and reviewed clinic policy and procedure documents.
Description of what the quality statement means for each audience	**Service Providers** ensure that they have a set of up to date policy and procedure documents, include statements on records management, referrals, complaints, consent, health and safety, incident reporting, risk management, equality and diversity, diagnostic imaging, audit, and patient outcomes. **Commissioners** should seek evidence that chiropractors have a set of up to date policy and procedure documents, include statements on records management, referrals, complaints, consent, health and safety, incident reporting, risk management, equality and diversity, diagnostic imaging, audit, and patient outcomes. **Patients** should expect chiropractors to have a complete set of up to date policy and procedure documents, include statements on records management, referrals, complaints, consent, health and safety, incident reporting, risk management, equality and diversity, diagnostic imaging, audit, and patient outcomes.
Source	The General Chiropractic Council, Code of Practice and Standard of Proficiency (A3, A4, A6, B4, B8, E1, E5, E6, E7) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] Development & Approval of Policy & Procedure Documents: policy & Corporate Procedures – NHS England, NHS Commissioning Boards (April 2013) [http://www.england.nhs.uk/wp-content/uploads/2013/05/pol-1001.pdf] Data Protection Act 1998 [http://www.legislation.gov.uk/ukpga/1998/29/contents] Equality Act 2010 [http://www.legislation.gov.uk/ukpga/2010/15/contents] Children Act 2004 [http://www.legislation.gov.uk/ukpga/2004/31/contents] Mental Capacity Act 2005 [http://www.legislation.gov.uk/ukpga/2005/9/contents] Health and Safety at Work Act 1974 [http://www.legislation.gov.uk/ukpga/1974/37/contents] IonisingRadiation (Medical Exposure) Regulations 2000 and Amendments [http://www.legislation.gov.uk/all?title=ionising%20Radiation%20%28Medical%20Exposure%29]

Chiropractic Quality Statement 6: Patient Experience and Involvement

Quality Statement	**In order to improve the services that they provide, chiropractors use patient-reported experience measures (PREMs) to obtain and respond to the views of patients and, wherever possible, to involve patients in decisions made about the services they provide.**
Quality Measure	**Structure:** 1) Evidence of patient experience data collection. 2) Evidence of patient involvement in decisions made about the services provided. **Outcomes:** 1) An improvement in patient experience. 2) Changes made as a result of patient involvement.
Description of what the quality statement means for each audience	**Service Providers** should use patient-reported experience measures (PREMs) to both gather, and respond, to the views of patients and to involve patients in decisions made about the services they provide. **Commissioners** should seek evidence that chiropractors are collecting patient experience data and acting on the responses, as well asinvolving patients in decisions made about the services that they provide. **Patients** should expect chiropractors to ask them about their experience of the services they receive, and involve them in decisions made about the services they provide.
Source	The General Chiropractic Council, Code of Practice and Standard of Proficiency (B1, B2, B3, B4, B5, B6, B7, B8) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138] Equity and Excellence: Liberating the NHS, Department of Health (July 2010) [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file /213823/dh_ 117794.pdf] NHS Patient Experience Framework - The Department of Health (February 2012) [https://www.gov.uk/government/publications/nhs-patient-experience-framework] Transforming Participation in Health and Care – NHS England (September 2013) [http://www.england.nhs.uk/ourwork/patients/participation/] Transforming Patient Experience: The Essential Guide – NHS Institute for Innovation and Improvement [http://www.institute.nhs.uk/patient_experience/guide/home_page.html] The Quality of Patient Engagement and Involvement in Primary Care – The Kings Fund (2010) [http://www.kingsfund.org.uk/projects/gp-inquiry/patient-engagement-involvement] High Quality Care for All, Now and for Future Generations - NHS England (June 2008) [http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/]

Chiropractic Quality Statement 7: Clinical Effectiveness

Quality Statement	**Chiropractors deliver care that provides a clear benefit to patients based on the best evidence and outcomes. To achieve this, chiropractors collect and evaluate patient-recorded outcome measures (PROMs) and partake in regular clinical audit in order to improve their clinical practice.**
Quality Measure	**Structure:** Evidence of the collection and evaluation of patient-recorded outcome measures. **Process:** Proportion of patients in which outcome measures have been collected and evaluated. **Numerator:** the number of patients in the denominator in which outcome measures have been collected and evaluated. **Denominator:** the total number of patients presenting from chiropractic care.
Description of what the quality statement means for each audience	**Service Providers** should ensure that they have processes in place to collect and evaluate patient-recorded outcome measures, and use the information gained to improve clinical practice. **Commissioners** should seek evidence that chiropractors are collecting and evaluating patient-recorded outcome measures, and using the information gained to improve clinical practice. **Patients** should expect chiropractors to ask them about they are responding to care and use that information to improve clinical practice.
Source	The General Chiropractic Council,Code of Practice and Standard of Proficiency (S3.2) - Effective from June 2010[http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] Equity and Excellence: Liberating the NHS, Department of Health (July 2010) [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file /213823/dh_ 117794.pdf] Patient Reported Outcome Measures could help Transform Healthcare – Black N. BMJ 2013: 346 (January 2013) [http://www.bmj.com/content/346/bmj.f167] Getting the Most Out of PROMS – The Kings Fund (2010) [http://www.kingsfund.org.uk/publications/getting-most-out-proms] High Quality Care for All, Now and for Future Generations - NHS England (June 2008) [http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/] Clinical Governance for Complementary and Alternative Medicine in Primary Care – Report to the Department of Health and the King's Fund (October 2004) [http://homeopati.dk/uploads/Artikler/artikler%20om%20alternativ%20behandling/Artikel%20 Clinical%20 Governance.pdf]

Chiropractic Quality Statement 8: Patient Communication

Quality Statement	**Chiropractors provide their patients with high quality, up-to-date, clear and understandable information to ensure they are involved and well-informed at all stages, and therefore able to consent and make informed decisions about their care.**
Quality Measure	**Structure:** Evidence of high quality, up-to-date, clear and understandable patient information for all stages of care. **Outcome:** Patients report receiving high quality information that enables them to make informed decisions about their care.
Description of what the quality statement means for each audience	**Service Providers** should ensure that they provide a range of high quality, clear and understandable patient information for all stages of patient care. **Commissioners** should seek evidence of a range of high quality, clear and understandable patient information for all stages of patient care. **Patients** should expect to be given high quality, clear and understandable information in order to give consent and make informed decisions about their care.
Source	The General Chiropractic Council, Code of Practice and Standard of Proficiency (B3, S1.1, S2.1, S3.1, S3.3) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] Patient Information – NHS Institute for Innovation and Improvement [http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_information.html] Assessing the Quality of Information to Support People in making Decisions about their Health and Healthcare – Picker Institute (November 2006) [http://www.pickereurope.org/assets/content/pdf/Project_Reports/Health-information-quality-web-version-FINAL.pdf] General Guideline for Medial Practitioner on Proving Information to Patients – Australian Government National Health and Medical Research Council (April 2004) [https://www.nhmrc.gov.au/guidelines/publications/e57] Consent: The Basics – Medical Protection Society (April 2013) [www.medicalprotection.org/mps-consent-publication-the-basics.pdf] High Quality Care for All, Now and for Future Generations - NHS England (June 2008) [http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/] Good Medical Practice – General Medical Council (March 2013) [http://www.gmc-uk.org/guidance/good_medical_practice.asp]

Chiropractic Quality Statement 9: Information Governance

Quality Statement	**Chiropractors handle all personal and patient information securely, effectively and according to statutory requirements in order to deliver the best possible care.**
Quality Measure	**Structure:** Evidence of policies and procedures relating to the handling of personal and patient information. **Outcomes:** 1) A set of up to date and reviewed clinic policy and procedure documents. 2) Compliance with statutory information governance requirements.
Description of what the quality statement means for each audience	**Service Providers** should ensure that they have, and comply with, a set ofup to date policy and procedure documents relating to information governance (including confidentiality, data protection, and security). **Commissioners** should seek evidence that chiropractors have a set of up to date policy and procedure documents relating to information governance (including confidentiality, data protection, and security). **Patients** should expect chiropractorsto have, and comply with, a set of up to date policy and procedure documents relating to information governance (including confidentiality, data protection, and security).
Source	The General Chiropractic Council, Code of Practice and Standard of Proficiency (A5, A6, A7, A8, A9, A10, B6, B7, B8, S1.1, S1.2) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] The Information Standard – NHS England [http://www.england.nhs.uk/tis/] The Caldicott Guardian Manual 2010 – Department of Health (March 2010) [http://systems.hscic.gov.uk/infogov/links/2010cgmanual.pdf] The Information Governance Review – Department of Health (March 2013) [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900 774_InfoGovernance_accv2.pdf Data Protection Act 1998 [http://www.legislation.gov.uk/ukpga/1998/29/contents] Information Governance – Health & Social Care Information Centre [http://systems.hscic.gov.uk/infogov] Good Medical Practice – General Medical Council (March 2013) [http://www.gmc-uk.org/guidance/good_medical_practice.asp]

Chiropractic Quality Statement 10: Leadership & Staff Management

Quality Statement	**Chiropractors provide robust leadership in their practice environment and take responsibility for organisational strategy and planning to maximise the provision of high quality care. Included in this role is the selection, training and supervision of skilled staff, working in an efficient team, with clear lines of responsibility, and in a well-supported environment.**
Quality Measure	**Structure:** Evidence of robustleadership and management through documentation such as employment and training policies, practice management procedures and a practice development plan. **Outcome:** A high level of practice efficiency, and both patient and staff satisfaction.
Description of what the quality statement means for each audience	**Service Providers** should ensure that they provide robust leadership in their practice environment and take responsibility for organisational strategy and planning to maximise the provision of high quality care. Included in this role is the selection, training and supervision of skilled staff, working in an efficient team, with clear lines of responsibility, and in a well-supported environment. **Commissioners** should seek evidence of chiropractors providing robust leadership and a clearorganisational strategy (including the selection, training and supervision of skilled staff) to maximise the provision of high quality care. **Patients** should expectchiropractors to provide robust leadership and a clear organisational strategy (including the selection, training and supervision of skilled staff) to maximise the provision of high quality care.
Source	The General Chiropractic Council, Code of Practice and Standard of Proficiency (C4, C7, E5, E6, F2, F3, F4, S1.1, S1.2) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] Leadership and Management for all Doctors – General Medical Council (January 2012) [http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp] Medical Leadership Competency Framework: Enhancing Engagement in Medical Leadership, 3rd Edition – NHS Institute for Innovation and Improvement / Academy of Medical Royal Colleges (July 2010) [http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf] Management in Healthcare: Why Good Practice Really Matters – Centre for Economic Performance, The London School of Economics and Political Science (October 2010) [http://cep.lse.ac.uk/textonly/_new/research/productivity/management/PDF/Management_in_Healthcare_Report.pdf]

Chiropractic Quality Statement 11: Interprofessional Learning & Working

Quality Statement	**Chiropractors engage in interprofessional learning and endeavour to understand the role and scope of care provided by other healthcare professionals to support the provision of multi-disciplinary and collaborative care for the benefit of patients.**
Quality Measure	**Structure:** Evidence of interprofessional learning and collaboration to provide multi-disciplinary care for the benefit of patients. **Outcome:** The provision of multi-disciplinary care provided by collaboration with other healthcare professionals
Description of what the quality statement means for each audience	**Service Providers** should engage in interprofessional learning and endeavour to understand the role and scope of care provided by other healthcare professionals to support the provision of multi-disciplinary and collaborative care for the benefit of patients. **Commissioners** should seek evidence of chiropractors providing multi-disciplinary care provided by collaborating with other healthcare professionals for the benefit of patients. **Patients** should expect chiropractors to provide multi-disciplinary care provided by collaborating with other healthcare professionals for the benefit of patients.
Source	The General Chiropractic Council, Code of Practice and Standard of Proficiency (A8, F1, F4, S2.7, S2.8, S3.4, S3.5) - Effective from June 2010 [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf] Interprofessional Education in Allied Health: A Systematic Review - Olson R, Bialocerkowski A. Medical Education 2014: 48: 236-246 (February 2014) [http://onlinelibrary.wiley.com/doi/10.1111/medu.12290/abstract] Framework for Action on Interprofessional Education & Collaborative Practice – Department of Human Resources for Health, World Health Organisation (2010) [http://www.who.int/hrh/resources/framework_action/en/] Interprofessional Collaboration: Effects of Practice-Based Intervention on Professional Practice and Healthcare Outcomes (Cochrane Review) – Zwarenstein M, Goldman J, Reeves S. The Cochrane Database of Systematic Reviews 2009, Issue 3 (July 2009) [http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000072.pub2/abstract] How Interprofessional Learning Improves Care – Barwell J, Arnold F, Berry H. Nursing Times; 109: 21,14-16 (May 2013) [http://www.nursingtimes.net/Journals/2013/05/30/p/q/j/290513-How-interprofessional-learning-improves-care.pdf] The impact and effectiveness of inter-professional education in primary care – an RCN literature review – The Royal College of Nursing (2006) [https://www.rcn.org.uk/__data/assets/pdf_file/0004/78718/003091.pdf] Clinical Governance for Complementary and Alternative Medicine in Primary Care – Report to the Department of Health and the King's Fund (October 2004) [http://homeopati.dk/uploads/Artikler/artikler%20om%20alternativ%20behandling/Artikel%20 Clinical%20 Governance.pdf]

Chiropractic Quality Standard

Clinical Governance

List of Sources

1. **The General Chiropractic Council (Continuing Professional Development) Rules Order of Council 2004 - Statutory Instrument 2004 No. 1877 (July 2004)**
   [http://www.gcc-uk.org/UserFiles/Docs/Continuing%20professional%20development%20rules%202004.pdf]
2. **Continuing Professional Development for Chiropractors - General Chiropractic Council (March 2014)**
   [http://www.gcc-uk.org/UserFiles/Docs/Registrations/Continuing%20professional%20development%20guidance%20draft%20Jul14.pdf]
3. **Code of Practice and Standard of Proficiency (Fourth Edition) - General Chiropractic Council (June 2009)**
   [http://www.gcc-uk.org/UserFiles/Docs/COPSOP_2010.pdf]
4. **The Effectiveness of Continuing Professional Development - General Medical Council / Academy of Medical Royal Colleges (2010)**
   [http://www.gmc-uk.org/Effectiveness_of_CPD_Final_Report.pdf_34306281.pdf]
5. **Continuing Professional Development, Guidance for all Doctors - General Medical Council (June 2012)**
   [http://www.gmc-uk.org/Continuing_professional_development___guidance_for_all_doctors_0612.pdf_56438625.pdf]
6. **Continuing Professional Development of Medical Doctors, WFME Global Standards for Quality Improvement – World Federation for Medical Education (2003)**
   [http://wfme.org/standards/cpd/16-continuing-professional-development-cpd-of-medical-doctors-english/file]
7. **Equity and Excellence: Liberating the NHS, Department of Health (July 2010)**
   [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213823/dh_117794.pdf]
8. **Evidence Based Medicine: What It Is and What It Isn't - Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. BMJ312 (7023): 71–2 (January 1996)**
   [http://www.bmj.com/content/312/7023/71]
9. **Evidence Based Medicine. How to Practice and Teach EBM, 3rd Ed- Sharon E Straus, W Scott Richardson, Paul Glasziou, R Brian Haynes – Churchill Livingstone (2005)**
10. **Evidenced Based Practice, Curriculum Statement – Dr Veronica Wilkie, Royal College of Practitioners (February 2009)**
    [https://trainee.gpeportfolio.rcgp.org.uk/Common/Resources/Curriculum/Curriculum-Statement-2010.aspx]
11. **Principles for Best Practice in Clinical Audit - NICE (2002)**
    [http://www.uhbristol.nhs.uk/files/nhs-ubht/best_practice_clinical_audit.pdf]
12. **High Quality Care for All, Now and for Future Generations - NHS England (June 2008)**
    [http://www.england.nhs.uk/ourwork/qual-clin-lead/clinaudit/]
13. **Clinical Audit: A Simple Guide for NHS Boards & Partners – Healthcare Quality Improvement Partnership (January 2010)**
    [http://www.hqip.org.uk/assets/Guidance/HQIP-Clinical-Audit-Simple-Guide-online1.pdf]
14. **Clinical Governance for Complementary and Alternative Medicine in Primary Care – Report to the Department of Health and the King's Fund (October 2004)**
    [http://homeopati.dk/uploads/Artikler/artikler%20om%20alternativ%20behandling/Artikel%20Clinical%20Governance.pdf]
15. **Good Medical Practice – General Medical Council (March 2013)**
    [http://www.gmc-uk.org/guidance/good_medical_practice.asp]
16. **Essential Standards of Quality and Safety – Care Quality Commission (May 2010)**
    [http://www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf]
17. **The NHS Constitution for England – The Department of Health (August 2014)**
    [https://www.gov.uk/government/publications/the-nhs-constitution-for-england]

18. **Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry – Robert Francis (February 2013)**
[http://www.midstaffspublicinquiry.com/report]

19. **Openness and Honesty: The Professional Duty of Candour – Joint Statement from the Chief Executives of Statutory Regulators of Healthcare Professionals (October 2014)**
[http://www.gmc-uk.org/Joint_statement_on_the_professiona l_duty_of_candour_FINAL.pdf_58140142.pdf]

20. **Safeguarding Vulnerable Adults – a Tool Kit for General Practitioners – The British Medical Association (October 2011)**
[http://web.bma.org.uk/pressrel.nsf/wall/DE99DE079FECAEF2802578DA0037A83B?OpenDocument]

21. **Safeguarding Adults: The Role of Health Service Practitioners – The Department of Health (March 2011)**
[https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services]

22. **Risk Assessment: A Brief Guide to Controlling Risks in the Workplace – Health and Safety Executive (2014)**

23. **Development & Approval of Policy & Procedure Documents: policy & Corporate Procedures – NHS England, NHS Commissioning Boards (April 2013)**
[http://www.england.nhs.uk/wp-content/uploads/2013/05/pol-1001.pdf]

24. **Data Protection Act 1998**
[http://www.legislation.gov.uk/ukpga/1998/29/contents]

25. **Equality Act 2010**
[http://www.legislation.gov.uk/ukpga/2010/15/contents]

26. **Children Act 2004**
[http://www.legislation.gov.uk/ukpga/2004/31/contents]

27. **Mental Capacity Act 2005**
[http://www.legislation.gov.uk/ukpga/2005/9/contents]

28. **Health and Safety at Work Act 1974**
[http://www.legislation.gov.uk/ukpga/1974/37/contents]

29. **Ionising Radiation (Medical Exposure) Regulations 2000 and Amendments**
[http://www.legislation.gov.uk/all?title=ionising%20Radiation%20%28Medical%20Exposure%29]

30. **NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012)**
[http://guidance.nice.org.uk/cg138]

31. **Patient Reported Outcome Measures could help Transform Healthcare –Black N. BMJ 2013: 346 (January 2013)**
[http://www.bmj.com/content/346/bmj.f167]

32. **NHS Patient Experience Framework - The Department of Health (February 2012)**
[https://www.gov.uk/government/publications/nhs-patient-experience-framework]

33. **Transforming Participation in Health and Care – NHS England (September 2013)**
[http://www.england.nhs.uk/ourwork/patients/participation/]

34. **Transforming Patient Experience: The Essential Guide – NHS Institute for Innovation and Improvement**
[http://www.institute.nhs.uk/patient_experience/guide/home_page.html]

35. **The Quality of Patient Engagement and Involvement in Primary Care – The Kings Fund (2010)**
[http://www.kingsfund.org.uk/projects/gp-inquiry/patient-engagement-involvement]

36. **Getting the Most Out of PROMS – The Kings Fund (2010)**
[http://www.kingsfund.org.uk/publications/getting-most-out-proms]

37. **Patient Information – NHS Institute for Innovation and Improvement**
[http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_information.html]

38. **Assessing the Quality of Information to Support People in making Decisions about their Health and Healthcare – Picker Institute (November 2006)**
[http://www.pickereurope.org/assets/content/pdf/ Project_Reports/Health-information-quality-web-version-FINAL.pdf]

39. **General Guideline for Medial Practitioner on Proving Information to Patients – Australian Government National Health and Medical Research Council (April 2004)**
[https://www.nhmrc.gov.au/guidelines/publications/e57]

40. **Consent: The Basics – Medical Protection Society (April 2013)**
[www.medicalprotection.org/mps-consent-publication-the-basics.pdf]

41. **The Information Standard – NHS England**
[http://www.england.nhs.uk/tis/]

42. **The Caldicott Guardian Manual 2010 – Department of Health (March 2010)**
[http://systems.hscic.gov.uk/infogov/links/2010cgmanual.pdf]

43. **The Information Governance Review – Department of Health (March 2013)**
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf]

44. **Information Governance – Health & Social Care Information Centre**
[http://systems.hscic.gov.uk/infogov]

45. **Leadership and Management for all Doctors – General Medical Council (January 2012)**
[http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp]

46. **Medical Leadership Competency Framework: Enhancing Engagement in Medical Leadership, 3rd Edition – NHS Institute for Innovation and Improvement / Academy of Medical Royal Colleges (July 2010)**
[http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHS Leadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf]

47. **Management in Healthcare: Why Good Practice Really Matters – Centre for Economic Performance, The London School of Economics and Political Science (October 2010)**
[http://cep.lse.ac.uk/textonly/_new/research/productivity/management/PDF/Management_in_Healthcare_Report.pdf]

48. **Interprofessional Education in Allied Health: A Systematic Review - Olson R, Bialocerkowski A. Medical Education 2014: 48: 236-246 (February 2014)**
[http://onlinelibrary.wiley.com/doi/10.1111/medu.12290/abstract]

49. **Framework for Action on Interprofessional Education & Collaborative Practice – Department of Human Resources for Health, World Health Organisation (2010)[http://www.who.int/hrh/resources/framework_action/en/]**

50. **Interprofessional Collaboration: Effects of Practice-Based Intervention on Professional Practice and Healthcare Outcomes (Cochrane Review) – Zwarenstein M, Goldman J, Reeves S. The Cochrane Database of Systematic Reviews 2009, Issue 3 (July 2009)[http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000072.pub2/abstract]**

51. **How Interprofessional Learning Improves Care – Barwell J, Arnold F, Berry H. Nursing Times; 109: 21,14-16 (May 2013)**
[http://www.nursingtimes.net/Journals/2013/05/30/p/q/j/290513-How-interprofessional-learning-improves-care.pdf]

52. **The impact and effectiveness of inter-professional education in primary care – an RCN literature review – The Royal College of Nursing (2006)**
[https://www.rcn.org.uk/__data/assets/pdf_file/0004/78718/003091.pdf]

53. **Core Competencies for Interprofessional Collaborative Practice – Interprofessional Education Collaborative, Washington, DC (November2011)**
[http://www.aacn.nche.edu/education-resources/ipecreport.pdf]

The Royal College of
Chiropractors

Publication Date: January 2015

The Royal College of Chiropractors
Chiltern House
45 Station Road
Henley on Thames
Oxfordshire
RG9 1AT, UK

T: +44 (0)1491 340022
E: admin@rcc-uk.org
W: www.rcc-uk.org