



Code of Professional Conduct for Chiropractors

The code sets out the standards expected of chiropractors in their dealings with the public, colleagues and public authorities.

The provision of healthcare is based on trust nurtured through the rigorous education of healthcare professionals, quality assurance of their performance and acknowledgement that safety is paramount.

Modern healthcare requires practitioners to base their professional actions and advice foremost on scientific evidence and it is incumbent on them to stay up to date with the evidence base. In addition, the clinician may draw upon their accumulated clinical experience and must have regard to the wishes of the individual patient or those who speak for that patient.

Those professions that have the trust of society occupy a privileged status in the community and with that status comes a responsibility to conform to standards of conduct and behaviour. This Code sets out the required standards in the chiropractic profession as providers of responsible professional healthcare.

The Code does not seek to define scope of practice for a chiropractor (which may vary from country to country depending on the healthcare regulations in force). Where chiropractic is regulated by statute, this Code cannot supersede the legislative requirements and should be read in conjunction with those requirements and those of health authorities or elsewhere by the law. In countries without statutory regulation, the intention of this Code is to ensure a minimum consistent standard of professional behaviour throughout European states.

The fundamental principle of the Code is that the wellbeing of the patient is paramount and must be seen to be so in the exercise of chiropractic care. Chiropractors also have a duty to promote and protect their profession.

There are four sections:

- Working with patients
- Working with colleagues
- Probity
- Health and safety at work

WORKING WITH PATIENTS

Clinical care

The process of care starts from the moment that the patient first contacts the clinic. Good care will pay attention to the manner in which the patient enquiry is received, the respect and sympathy shown to them and the extent to which they are made to feel valued. The public face of the clinic, and its reputation, will be affected by the courtesy and professionalism of the reception staff, the general appearance of all the facilities concerned and an understanding that patients are often worried and nervous. Feedback should be solicited anonymously on the whole life-cycle of care.

1. Good clinical care shall include:
 - 1.1. Adequately assessing the patient's condition, taking account of the case history (including the nature of the presenting complaint, medical history and psychosocial factors), the patient's views and where necessary, examining the patient;
 - 1.2. Providing or arranging advice, investigations or treatment where necessary;
 - 1.3. Referring to another healthcare professional when this is in the best interests of the patient.
2. When chiropractors provide care they shall do so:
 - 2.1. Within the limits of their competency;
 - 2.2. With regard to a requirement that the welfare of the patient is paramount;
 - 2.3. In keeping with the evidence from reputable science;
 - 2.4. With a view to improving health and quality of life, whether or not a cure is attainable.
3. Chiropractors shall ensure that their records are a fair record of the clinical encounter, accurate, legible and attributable. They shall be compliant with the European Union General Data Protection Regulation (GDPR). They should include any factors relevant to the patient's ongoing care, including their general health. All records should be understandable to another chiropractor who may be called upon to assume the care of the patient.
4. Chiropractors should themselves be available to their patients and shall

ensure reasonable access to assessment and care. Where a chiropractor is unavailable through illness or absence from the practice, access to another chiropractor should be provided.

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

Health promotion and self-care

6. Chiropractors should encourage patients to take personal responsibility for their health and to care for themselves. They should advise patients on appropriate self-help measures.
7. Chiropractors should support health promotion initiatives that reduce reliance on health professionals. This may include advising patients on the impact of lifestyle choices on their health and wellbeing.

Raising concerns about patient safety

8. Where chiropractors have concerns about the safety of patients (such as, for example, possible domestic abuse) they have a duty to report those concerns to the appropriate body after having made every effort to ascertain the facts.
9. If chiropractors have such concerns, they shall document them along with the steps they have taken to try to resolve them.

Equality and diversity

10. Chiropractors shall act in accordance with legislation to ensure fair access to assessment and care. They shall not discriminate on the grounds of colour, race, age, disability, ethnic origin, lifestyle choices, gender, sexuality, marital status, socioeconomic status, religion or beliefs. All patients have the right to request attendance of a chaperone of their own choice during consultation and examination.

Keeping up to date

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

12. Chiropractors shall engage in continuing professional development activities that develop their skills and knowledge.
13. Chiropractors should be aware of, and comply with, codes of practice relevant to their jurisdictions.
14. To enhance the quality of the care they provide, chiropractors are encouraged to liaise with colleagues and patients and conduct clinical and practice audit. They should be prepared to modify their practice where it is clear that any particular intervention is not working.

Teaching, training, appraising and assessing.

15. Where chiropractors are involved in teaching, training, appraising or assessing they shall ensure that the information they provide is accurate. They should indicate if theories have not been verified or subjected to academic or scientific investigation or research.
16. Where chiropractors are involved as teachers, they should ensure that they develop the skills, attitudes and practices of a competent teacher.
17. If commenting on a colleague, for whatever purpose, chiropractors shall be honest and objective. They should not unfairly criticise a colleague nor use language that unjustly casts doubt on his/her character or integrity.

The chiropractor-patient partnership

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

19. In order to optimise the chiropractor-patient relationship chiropractors shall:
- 19.1. Be polite and considerate;
 - 19.2. Show respect for cultural differences;
 - 19.3. Treat everyone with dignity;
 - 19.4. Be honest;
 - 19.5. Treat each patient as an individual;
 - 19.6. Respect privacy and the patient's right to confidentiality;
 - 19.7. Support patients in maintaining their health.

Communicating with patients

20. Clear communication is central to the relationship between chiropractors and their patients. Patients should be involved in their care and chiropractors should encourage them to take an active role.
21. Chiropractors shall take account of any special needs when communicating with patients. These may include physical or learning disabilities.
22. Informing patients about assessment and care
- 22.1. Chiropractors shall explain to patients what will happen during their assessment and care. They should also tell them about the results of the assessment and seek agreement to the proposed plan of management and when their care will be reviewed.
 - 22.2. Prior to starting treatment, chiropractors shall tell their patients about the relevant risks and benefits of the treatment they will provide and any other options for care.
 - 22.3. Chiropractors shall tell their patients when there is a need to refer to another healthcare professional.
 - 22.4. Chiropractors should not discharge patients purely on the grounds that they have raised issues about their care or have complained about their chiropractor; however, in some circumstances such complaints may render the ongoing chiropractor-patient relationship unworkable.

23. Informing patients about practice policies and protocols

23.1. Chiropractors shall ensure that information on fees and fee structures are clear and easily accessible by patients.

23.2. Chiropractors shall do nothing that puts at risk the necessary trust of patients as the basis for successful care. This is especially true of the manner in which payment for care is discussed. Schemes which introduce overtly commercial practices such as pre-payment methods are best avoided

23.4. Chiropractors shall tell their patients how information about them will be recorded, stored and protected, including who will have access to that information. Records shall be managed to enable compliance with GDPR provisions.

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

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

24. Informing patients about chiropractors' work with colleagues

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

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

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

25. Sharing information with other health professionals

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

26. Preparing reports for third parties

- 26.1. Where reports are required by third parties, consent shall be obtained from the patient for disclosure of information to take place.
- 26.2. The disclosure of information should be limited to information requested by the third party, allowing for situations where other information is material to that requested.
- 26.3. Chiropractors shall ensure that they understand the reason for the request for information and are encouraged to discuss the request with the patient.

Children and young people

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

28. Chiropractors shall seek advice from relevant authorities where they think that the rights and welfare of children have been denied or abused.
29. Chiropractors should consider how information provided to children and young people may be understood and adapt their communication to take account of this.
30. Chiropractors shall identify when there is a need for another person to be present when they are assessing or caring for patients. This is particularly relevant in the case of children, where another person (who may be a parent or guardian) should be present unless express consent is given for the child or young person to be seen in the absence of a chaperone.

Vulnerable adults

31. Chiropractors shall consider whether a patient is vulnerable by virtue of their health and circumstances and take steps to ensure that their wellbeing is safeguarded during the provision of assessment and care. This includes consideration of the capacity of patients to understand information provided to them and the validity of consent in relation to this.
32. Chiropractors working with vulnerable adults should consider whether it is appropriate for another person to be present when providing assessment and care.

Dealing with relatives, carers and partners

33. Chiropractors shall be considerate to relatives, partners and others close to the patient, and be sensitive and responsive in providing information and support, including after a bereavement.
34. In providing information, chiropractors shall be mindful of confidentiality and the implications of disclosing information about patients to others.

Openness and honesty

35. Chiropractors shall be open and honest with their patients.
 - 35.1. Chiropractors shall not misrepresent the gravity of a patient's condition.

- 35.2. Chiropractors shall not withhold information that may influence the patient to decline assessment or care. This includes information on risks or side effects of treatment.
- 35.3. All information provided shall be tailored to the patient's specific needs and be delivered in the best interests of the patient.
- 35.4. Chiropractors shall recognise when a patient's condition is beyond their scope of practice and communicate this to patients openly and honestly.

Maintaining trust in the profession

36. Chiropractors shall not abuse their professional position to pursue a sexual or improper relationship with a patient or someone close to the patient. Improper behaviour may include words and gestures of a sexual nature.
37. If a chiropractor finds they are sexually attracted to a patient or that a patient is sexually attracted to them, they should seek alternative care for the patient as soon as is practicable.
38. Chiropractors shall not risk bringing the profession into disrepute by expressing express personal beliefs, religious or political views in any way that might cause distress or discomfort to a patient or their representative.
39. Chiropractors shall be covered by a professional indemnity insurance policy and carry adequate insurance to cover their practice, their employees and the public in the event of a claim.

Consent

40. Consent is an ongoing process, not a one-off event. Chiropractors shall ensure that they communicate with patients throughout the clinical encounter and should ensure that privacy is provided to facilitate this process.
41. Patients have a right to receive information about the assessment and care that is available to them presented in a way that is easy for them to follow and use. This allows patients to be involved in their care and make decisions that are appropriate for them. Consent may not be valid if the patient does not understand the nature of the information given to them about the proposed

assessment or care.

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

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

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

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

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

45. Capacity to consent

45.1. Capacity is the ability of a patient to understand, remember and consider information provided to them. Capacity is also 'decision-specific'. This means that patients may be capable of making some decisions but not others. Chiropractors shall assume that patients are competent and capable of making decisions unless there is clear evidence to suggest that they are not. Chiropractors shall consider any factors that may affect a patient's ability to give informed consent. These may include physical or learning disabilities.

45.2. Unexpected decisions do not prove that a patient is incompetent or lacks the required capacity to provide consent. They may, however, indicate that further information needs to be given to the patient.

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

46. Children

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

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

Providing access to patient health records

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

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

Confidentiality

49. Confidentiality is central to the trust between chiropractors and their patients.

Without being assured of confidentiality, patients may be reluctant to attend for treatment or give chiropractors information they need to make informed clinical decisions about their condition.

50. All chiropractors shall be conversant with, and act consistently with, the provisions of the General Data Protection Regulation (GDPR). Patients expect information they provide to their chiropractor to be kept confidential. This includes their personal details, information about their health and health care

needs, their management and any information disclosed to the chiropractor during the course of their assessment and care.

51. Chiropractors should not employ any style of practice that may compromise compliance with GDPR. Where external circumstances exist in which confidentiality cannot be assured (for example, on the sports field) chiropractors must confirm with patients that they are content to undergo assessment or care.
52. Chiropractors shall ensure that information contained on paper or electronically is kept secure and that access to non-authorised personnel is prevented.
53. There are exceptions to the rule of confidentiality. These include:
 - Where disclosure is required by statute
 - Where disclosure is clearly within the public interest
 - Where the patient is at risk of death or serious harm
 - Where an official with power to require disclosure makes an order.
54. Where disclosure takes place the reasons for the disclosure shall be recorded, and the nature and extent of the disclosure.

Discharging patients

55. Chiropractors shall regularly review and reassess the care they are providing to patients. They shall not treat patients unnecessarily and should be able to clinically justify decisions to continue care.
56. When care can no longer be justified on the basis of clinical need, chiropractors should discharge patients without delay.
57. When chiropractors discharge patients they should explain the reason for them discontinuing care. Chiropractors should not discharge patients purely on the grounds that they have raised issues about their care or have complained about their chiropractor; however, in some circumstances such complaints may render the ongoing chiropractor-patient relationship unworkable.

58. Unless a programme of care has ended and the patient is being discharged on clinical grounds, chiropractors shall ensure that, where it is practicable, information is provided to the patient about where care may be continued. This may involve referral to another health care professional (who may be a chiropractor). Chiropractors are encouraged to set out their reasons for discharging the patient, preferably in writing.

WORKING WITH COLLEAGUES

Working as part of a team

59. Where chiropractors work in teams, either with other chiropractors or other health professionals, they should respect the skills and contributions that others bring to the care of the patient.
60. Chiropractors shall communicate constructively with colleagues inside and outside the clinical team.

Colleagues' conduct and performance

61. If a colleague is perceived to have problems with performance, conduct or health that might impact patient well-being, fellow chiropractors should offer constructive help and understanding whilst respecting a colleague's right to privacy. In the final analysis, however, patient well-being should be the paramount interest.
62. Where chiropractors have concerns about the conduct, performance or health of colleagues they shall act without delay to address these concerns so that patients are protected.
63. If there are no local systems in place to report or address concerns, they should be addressed to the regulatory body. Where no regulatory body exists, concerns should be addressed to the relevant national association.

Respect for colleagues

64. Chiropractors shall treat their colleagues fairly and with respect. They shall not unfairly criticise them or discriminate against them. In particular, chiropractors shall not engage in behaviour that undermines patients' trust in the care they receive or in the judgement of those treating them.
65. Chiropractors should not allow their personal beliefs outside the scope of the profession to affect their professional relationships with colleagues or the manner in which they practice.

Sharing information with colleagues

66. Responsibly sharing information with other health professionals is important for safe and effective patient care.
67. When a patient is referred to another health professional (whether or not they are a chiropractor), chiropractors should ensure that all relevant information is provided to the health professional receiving the referral.
68. Chiropractors are encouraged to provide the patient's general practitioner with information about the patient's attendance. Consent should be sought from the patient to provide this information.

Delegation and referral

69. All patients should know who has overall responsibility for their care. Delegation means asking someone other than that person to provide care on their behalf. If responsibility is delegated, the chiropractor will remain responsible for the overall management of the care. It is the chiropractor's responsibility to ensure that the person to whom care is delegated has the qualifications, experience, knowledge and skills to provide the care. Information shall be provided by the delegating chiropractor to facilitate effective delegation.
70. Referral means transferring the responsibility for care to a third party, usually temporarily and for a particular purpose, such as additional investigation care or treatment that is outside the chiropractor's competence. Any person to whom a chiropractor refers should be accountable to an appropriate (preferably regulatory) body.

PROBITY

Being honest and trustworthy

71. Probity is concerned with integrity and is at the heart of the professional practice of a chiropractor.
72. Patients have a right to trust chiropractors and it is the duty of chiropractors never to abuse that trust.
73. Chiropractors who have been the subject of criminal convictions or who have received a caution or have been refused membership of any other professional body should report these facts to their national association and/or statutory regulator.

Providing and publishing information about chiropractic services

74. If chiropractors publicise their practice or ask another person to do so on their behalf, they shall ensure that the materials that they use are honest, decent, legal, factual and verifiable.
75. Chiropractors shall not market their practices in a manner that undermines public trust and confidence in the profession. In particular, they shall comply with national standards for advertisement of healthcare services.
76. No claims about treatment or outcomes should be made that cannot be justified on the basis of scientific evidence. There shall be no guarantees of a cure.
77. No pressure should be placed on people to use chiropractic services, for example by arousing ill-founded fears about their current or future health.
78. Chiropractors shall not use any title in a way that might mislead the public as to its meaning or significance.

Handling requests from health professionals or regulators etc.

79. Chiropractors should respond promptly and courteously to requests for information from other health professionals and third parties. They should seek the consent of the patient (or their guardian if appropriate) for the information being provided where anonymity cannot be realistically claimed.
80. Where chiropractors have been asked to give evidence or produce statements they shall be honest in all spoken and written testimony. Where matters are outside the scope of practice or competence of the chiropractor, they shall declare this.
81. In writing reports chiropractors shall mention all relevant facts and only provide opinion on matters that are within their expertise.

Research

82. Chiropractors who are involved in research shall put the interests of the research subjects first. Research design should be consistent with accepted scientific and ethical principles.
83. In conducting research, chiropractors shall act with honesty and integrity and shall not misrepresent the findings of research.
84. Chiropractors shall keep the identity of research subjects confidential and shall obtain their express consent to be part of any trial or experiment.

Financial dealings

85. Chiropractors shall be open and honest in their financial arrangements with patients. In particular:
 - 85.1. Chiropractors shall make clear to patients information about fees and charges.
 - 85.2. Chiropractors shall not exploit the vulnerability or ignorance of patients about chiropractic care when making charges for care.
 - 85.3. Chiropractors shall not encourage patients either directly or indirectly to give or bequeath gifts of money.

86. Chiropractors shall be open and honest with employers, insurers and other organisations or individuals.

Conflicts of interest

87. Chiropractors shall always act in the patient's best interest when making referrals and providing care. They shall not ask for any inducement or gift that may affect or be seen to affect the way chiropractors treat or refer patients. Chiropractors shall not offer inducements to colleagues or other health professionals.
88. Chiropractors shall make clear to patients any financial or commercial interests they have in recommending products or services.

HEALTH AND SAFETY

89. Chiropractors are encouraged to monitor their own health and wellbeing to reduce risks to patients. This includes both physical and mental health.
90. Chiropractors shall manage and deal with risks to health and safety in the work environment and comply with any health and safety legislation.
91. Chiropractors should have in their practices contingencies for managing emergency situations involving either patients or hazardous materials and events.
92. In terms of controlling and managing infection risk chiropractors shall have systems in place to protect the health and wellbeing of their patients, employees and visitors to their place of work.
93. Chiropractors shall comply with legislation relating to the use of ionising radiation. In particular, chiropractors should not employ any technique or practice that requires the routine use of x-rays.

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