

European Consensus Statement on Chiropractic Education, Skills and Competencies

*A shared European reference framework
for graduate outcomes*

Developed by the European Consensus Group on Chiropractic Education

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Foreword

Across Europe, chiropractic education is delivered within diverse higher education, healthcare, regulatory and quality assurance systems. This diversity supports innovation and institutional autonomy, but it also makes a shared account of graduate capability important for patients, educators, competent authorities, employers and the profession.

This Consensus Statement defines a common European reference point for the knowledge, skills, competencies and professional behaviours expected of newly qualified chiropractors. Its purpose is to strengthen patient safety, educational quality, transparency and collaboration while respecting national law, university governance and different legitimate models of accreditation and quality assurance.

The European Chiropractors' Union convened this work with European education leaders and relevant professional and quality assurance stakeholders. The resulting framework is intended to be practical: clear enough to communicate externally, rigorous enough to inform education and quality assurance, and sufficiently adaptable to remain relevant across different national systems.

Espen Ohren

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Acknowledgements

The development group acknowledges the Royal College of Chiropractors for permitting the Outcomes for Chiropractic Graduates 2026 to be used and adapted as a foundational resource, and for contributing professional expertise during the development process. This acknowledgement does not imply formal institutional endorsement of the resulting European framework.

Executive Summary

The European Consensus Statement on Chiropractic Education, Skills and Competencies defines the core outcomes expected at the point of graduation from a chiropractic educational programme in Europe. It is organised across four domains: primary care responsibilities, clinical competencies, communication skills and professionalism.

The Statement adapts, with permission, the 2026 Outcomes for Chiropractic Graduates developed by the Forum of Chiropractic Deans and published by the Royal College of Chiropractors [1]. The source framework was reviewed and modified by the European Consensus Group to reflect European higher education, quality assurance, professional regulation, healthcare delivery and relevant policy contexts. It is a consensus-based reference framework, not a curriculum, accreditation decision, legal scope-of-practice instrument or substitute for national requirements.

Educational institutions, quality assurance bodies, competent authorities, professional organisations, employers, students and the public may use it to support transparent expectations of graduate capability. Patient safety is a core organising principle across all four domains.

01

Primary care responsibilities

02

Clinical competencies

03

Communication skills

04

Professionalism

Background and Rationale

European chiropractic programmes operate across different academic, regulatory and healthcare environments. A shared outcomes framework can improve comparability and transparency without requiring uniform curricula or displacing national authority. The project therefore sought to retain the clarity of an established graduate-outcomes framework while strengthening its relevance to European higher education, quality assurance, patient safety, public health, interprofessional practice, digital health and diverse populations.

The purpose of the European Consensus Statement on Chiropractic Education, Skills and Competencies is to define the knowledge, skills, competencies and professional behaviours expected of graduates of chiropractic educational programmes in Europe.

The Statement is intended to:

- support high standards in chiropractic education across Europe,
- strengthen patient safety and quality of care,
- support evidence-based and patient-centred practice,
- provide a shared European reference framework for educational outcomes and competencies,
- support collaboration between educational institutions,
- strengthen professional credibility and healthcare integration,
- and support the continued development of chiropractic within European healthcare systems, including workforce integration, community-based care, care for ageing populations and collaboration across health systems.

Patient safety should be understood as a core organising principle throughout this Consensus Statement. The competencies are intended to support safe, evidence-informed, person-centred and accountable care, including appropriate risk recognition, referral, communication, documentation, quality improvement and learning from patient safety systems where available [8].

Purpose, Intended Audiences, Scope and Status

The Statement provides a common European reference for defining and communicating graduate outcomes. Its intended audiences include chiropractic educational institutions and students; national competent authorities, regulators and quality assurance bodies; professional associations; employers and postgraduate educators; healthcare partners; patients and the public; and organisations involved in workforce, education and professional policy.

The Statement describes core competencies expected at the point of graduation. It does not prescribe a detailed curriculum, teaching method, programme structure or single assessment model. It does not determine legal scope of practice, confer professional authorisation, registration or licensure, replace national higher education accreditation or institutional governance, or itself constitute an accreditation decision.

Application must remain consistent with the law, regulation, healthcare system and educational framework of the relevant country. Institutions may set additional outcomes and higher requirements.

The Statement is intended to support curriculum development; assist educational institutions in defining graduate competencies and outcomes; support students in understanding expected

competencies at graduation; support healthcare professionals, regulators and the public in understanding the role and competencies of chiropractors; support employers and postgraduate educators; and strengthen shared understanding of contemporary chiropractic practice within Europe.

European Higher Education and Quality Assurance Context

The Statement uses the language and principles of the European Higher Education Area where these support transparency and comparability. The Bologna Process [2], the Qualifications Framework for the European Higher Education Area (QF-EHEA) [3], the European Qualifications Framework for lifelong learning (EQF) [4], the European Credit Transfer and Accumulation System (ECTS) [5], and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) [6] provide relevant language for outcomes, level, workload, recognition and quality assurance.

These frameworks do not create a European licence to practise chiropractic. National qualification frameworks, accreditation arrangements, competent authorities, professional regulation, university governance and degree-awarding powers remain determinative within their jurisdictions.

The European Council on Chiropractic Education (ECCE) is recognised as the profession-specific European quality assurance and accreditation reference for chiropractic education [7]. The Consensus Statement also recognises that chiropractic programmes may operate within national higher education accreditation systems, national professional regulation or competent-authority arrangements, and university or institutional governance frameworks.

ECCE accreditation may complement these systems, but does not replace national higher education accreditation, competent authorities or professional regulators, university governance, institutional academic autonomy, degree-awarding authority, or national professional authorisation, registration or licensure requirements.

A detailed mapping of these European frameworks, their contribution and their boundaries is provided in Appendix A.

How This Statement Was Developed

The project was initiated, convened and coordinated by the European Chiropractors' Union. With permission, the Consensus Group used 'Outcomes for Chiropractic Graduates 2026', developed by the Forum of Chiropractic Deans and published by the Royal College of Chiropractors, as its principal baseline [1].

The framework was adapted, reviewed and modified through structured written review and two Consensus Group meetings. The process tested relevance, omissions, proportionality and wording in relation to European higher education, quality assurance, professional regulation, healthcare delivery and policy contexts.

Baseline RCC/FCD 2026	Draft v0.1 Initial review	Meeting 1 16 June	Draft v0.5 Focused revision
Meeting 2 25 August	Draft v0.8 Approved 4 September	Version 1.0 15 October	

Consensus Rule and Result

Consensus required the absence of unresolved substantive objection among those participating in the final review. It was based on explicit responses; non-response was not treated as agreement. Draft v0.8 was circulated on 27 August 2026 and all participating Consensus Group members confirmed approval by email by 4 September 2026 at 17:00 CEST. No unresolved substantive objection remained.

Methodological Boundaries

The process was expert- and stakeholder-led and was not a population survey, psychometric validation study or formal European regulatory procedure. The Statement does not claim legal harmonisation of chiropractic practice. The complete process, source-handling approach, editorial assurance and limitations are documented in Appendix B.

European Consensus Group on Chiropractic Education

The following individuals participated in the development and review of the European Consensus Statement. Roles, affiliations and countries reflect their positions during the consensus process. Confirmed participants have consented to publication of their details.

Institutional affiliations identify the context and capacity in which members participated. Participation in the Consensus Group does not in itself constitute institutional endorsement of the final publication.

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How to Interpret and Use the Statement

The competencies are outcomes to be demonstrated at graduation and should be read together rather than as isolated tasks. Terms such as 'must understand' and 'must be able to' indicate the level of responsibility expected of a newly qualified chiropractor, applied within competence and national scope.

The Statement may inform programme design, curriculum mapping, assessment strategies, periodic programme review, quality assurance dialogue, graduate preparation and communication with external stakeholders. It should not be used as a checklist detached from integrated clinical judgement, professional behaviour and patient safety.

References to digital information, patient records and data protection should be applied in accordance with relevant national requirements and applicable European law, including the General Data Protection Regulation where applicable [10].

Competency Framework at a Glance

The four domains are distinct for navigation, curriculum mapping and assessment, but inseparable in professional practice. Patient safety, evidence-informed care, communication and accountability operate across the complete framework.

01 Primary care responsibilities	02 Clinical competencies
03 Communication skills	04 Professionalism

01

APPROVED COMPETENCY DOMAIN

PRIMARY CARE
RESPONSIBILITIES

DOMAIN CONTENTS

- | | |
|--|---|
| 1.1 Overarching Responsibility to Patients | 1.2 Identification of Health Needs |
| 1.3 Clinical Knowledge | 1.4 Research Evidence |
| 1.5 Evidence-Based Practice | 1.6 Patient-Centred Care |
| 1.7 Medications | 1.8 Nutrition, Lifestyle and Health Promotion |
| 1.9 Distinct Populations | 1.10 Public Health |
| 1.11 Dealing with Emergencies | 1.12 Safeguarding |
| 1.13 Limitations | 1.14 Ceasing Care |
| 1.15 Interprofessional Collaboration | |

Newly qualified chiropractors must demonstrate appropriate competencies in primary healthcare practice within the scope permitted by relevant national legal and regulatory frameworks.

1.1 Overarching Responsibility to Patients

Newly qualified chiropractors must understand their responsibility to place the health interests, wellbeing and safety of patients first and to promote patient welfare at all times.

1.2 Identification of Health Needs

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

1.3 Clinical Knowledge

Newly qualified chiropractors must possess detailed knowledge of:

- neuromusculoskeletal disorders,
- pain syndromes,
- related functional disorders,
- and other pathologies that may mimic, coexist with, or influence musculoskeletal presentations.

1.4 Research Evidence

Newly qualified chiropractors must understand and be competent to critically evaluate scientific and clinical evidence to inform professional practice.

They must be able to:

- apply scientific principles,
- critically evaluate theories and hypotheses,
- access and interpret current evidence and clinical guidance,
- understand levels and hierarchy of evidence,
- critically evaluate strength and limitations of evidence,
- apply evidence to clinical questions and decision-making,
- and recognise the importance of ensuring practice is consistent with contemporary evidence.

1.5 Evidence-Based Practice

Newly qualified chiropractors must understand and apply evidence-based care by integrating:

- best available research evidence,
- clinical expertise,
- and patient preferences and values.

1.6 Patient-Centred Care

Newly qualified chiropractors must be able to provide personalised and patient-centred care by:

- engaging patients in decisions regarding their health,
- supporting informed choice,
- recognising patient preferences and values,
- and promoting active participation in care and self-management.

1.7 Medications

Newly qualified chiropractors must understand the actions, complications, interactions and side-effects of commonly used medications relevant to neuromusculoskeletal healthcare and broader patient management.

1.8 Nutrition, Lifestyle and Health Promotion

Newly qualified chiropractors must understand key principles of nutrition, lifestyle and health promotion relevant to musculoskeletal health and broader patient wellbeing. They must be able to:

- provide appropriate evidence-informed advice within their competence,
- support healthy behaviour change, health promotion and self-management,
- and recognise when referral to other healthcare professionals is appropriate.

1.9 Distinct Populations

Newly qualified chiropractors must recognise that certain patient populations and clinical presentations may require additional postgraduate competencies, interdisciplinary management, or referral to appropriately qualified healthcare professionals.

1.9.1 Older Adults

Newly qualified chiropractors must understand the physiological, functional and psychosocial changes associated with ageing and their implications for safe, effective and person-centred musculoskeletal care. This includes consideration of:

- reduced mobility, balance, strength and functional independence,
- osteoporosis, sarcopenia, frailty and reduced physiological reserve,
- falls risk and falls prevention,
- polypharmacy,
- cognitive decline,
- multimorbidity and coexisting long-term conditions, and the impact of social isolation, loneliness or reduced social support on health, wellbeing and access to care.

1.9.2 Athletes

Newly qualified chiropractors must be competent to assess and manage uncomplicated sports-related neuromusculoskeletal presentations among professional and amateur athletes, across the life course, while recognising circumstances requiring referral or additional postgraduate competencies.

1.9.3 Pregnant Patients

Newly qualified chiropractors must be able to assess and manage common neuromusculoskeletal presentations associated with pregnancy while recognising situations requiring referral or additional expertise.

1.9.4 Children

Newly qualified chiropractors must be able to modify their clinical approach in order to assess and manage uncomplicated musculoskeletal conditions in children, recognising when referral to other healthcare professionals, or to chiropractic colleagues with the necessary postgraduate competencies, is appropriate.

They must also be able to recognise medical emergencies, safeguarding concerns and other clinical concerns in children, and make appropriate referrals.

1.9.5 Patients with Disabilities

Newly qualified chiropractors must be able to adapt communication, assessment and management approaches to meet the diverse needs of patients, including those with physical, sensory, cognitive, intellectual, communication or other disabilities, ensuring equitable, accessible and person-centred care.

1.10 Public Health

Newly qualified chiropractors must understand their role in promoting public health, prevention, health literacy, self-management and wellbeing, including reducing health inequalities and supporting population health through person-centred musculoskeletal care.

They must be able to:

- support healthy behaviour change,
- promote physical activity, healthy lifestyles and self-management,
- recognise biological, psychological, social, cultural, environmental and economic determinants of health,
- support health literacy and shared decision-making by communicating information in an accessible and appropriate way,
- identify opportunities for primary, secondary and tertiary prevention across the life course,
- recognise mental health and social factors that may influence pain, disability, recovery, access to care and wellbeing; collaborate with other health, social care and community services where this supports holistic care; signpost or refer patients to appropriate healthcare, public health or community resources when this may improve health and wellbeing; and contribute appropriately to local or national public health priorities within the scope of chiropractic practice.

1.11 Dealing with Emergencies

Newly qualified chiropractors must be competent to:

- recognise emergency situations,
- initiate appropriate emergency procedures,
- provide basic first aid,
- and arrange urgent or emergency referral where indicated.

1.12 Safeguarding

Newly qualified chiropractors must understand safeguarding responsibilities within the context of relevant national legal and professional frameworks.

They must be able to:

- recognise vulnerability,
- identify signs of abuse, neglect or exploitation,
- understand local safeguarding procedures,
- and take appropriate action to protect children, young people and vulnerable adults.
- They must also understand the appropriate use of chaperones and advocates within clinical practice.

1.13 Limitations

Newly qualified chiropractors must understand the importance of practising within the limits of their competencies, education and scope of practice as defined by relevant professional and regulatory frameworks.

They must recognise when:

- consultation,
- referral,
- co-management,
- or additional expertise is required.

1.14 Ceasing Care

Newly qualified chiropractors must understand when chiropractic care is no longer in the best interests of the patient, including when:

- care is ineffective,
- care is contraindicated,
- another healthcare professional is more appropriate,
- the patient wishes to cease care,
- or professional boundaries are at risk of being breached.

1.15 Interprofessional Collaboration

Newly qualified chiropractors must understand the role of other healthcare professionals and the importance of collaborative healthcare delivery within national and regional healthcare systems.

They must be able to:

- communicate appropriately with other healthcare professionals,
- participate in multidisciplinary care where appropriate,
- make appropriate referrals,
- and understand professional responsibilities within collaborative healthcare environments.

02

APPROVED COMPETENCY DOMAIN

CLINICAL COMPETENCIES

DOMAIN CONTENTS

- 2.1 Assessment

2.3 Risk Management

2.5 Planning Care

2.7 Evaluating Care
- 2.2 Imaging

2.4 Formulating Diagnoses

2.6 Management

Newly qualified chiropractors must demonstrate appropriate competencies in clinical practice within the scope permitted by relevant national legal and regulatory frameworks.

2.1 Assessment

2.1.1 Case History

Newly qualified chiropractors must be competent to obtain, interpret and document a comprehensive patient case history.

They must be able to:

- take a detailed history of the presenting complaint, including location, onset, duration, timing, progression and functional impact,
- recognise influencing and contributing factors,
- recognise symptom characteristics including severity, frequency, pattern and associated symptoms,
- consider previous episodes, investigations and management,
- recognise psychosocial, behavioural and contextual factors influencing patient presentation,
- identify secondary complaints and relevant comorbidities,
- assess lifestyle factors including occupation, physical activity, sleep, nutrition, smoking, alcohol and other relevant health behaviours,
- obtain an appropriate medical and surgical history,
- review medications, supplements and other relevant interventions,
- consider relevant family history,
- and appropriately use validated questionnaires, screening tools and outcome measures.

2.1.2 Physical Examination

Newly qualified chiropractors must be competent to perform and interpret findings from comprehensive physical examinations.

They must be able to:

- measure and interpret relevant vital signs,
- undertake general clinical observation,
- assess posture, movement patterns and gait,
- assess active and passive ranges of motion,
- palpate and assess relevant tissues and structures,
- perform musculoskeletal, biomechanical, orthopaedic and functional assessments,
- undertake neurological assessment of peripheral and central nervous system function,
- perform appropriate abdominal, cardiovascular and respiratory assessments where indicated,
- and accurately record examination findings.

2.1.3 Screening Assessments

Newly qualified chiropractors must be able to perform and interpret appropriate screening assessments for relevant conditions and risks.

This may include assessment relating to:

- osteoporosis, sarcopenia, frailty and reduced physiological reserve,
- inflammatory conditions,
- hypermobility,
- falls risk and falls prevention,
- vascular risk,

- and other clinically relevant conditions.

2.1.4 Investigations

Newly qualified chiropractors must be competent to determine when further investigations are clinically indicated and consistent with evidence-based practice and relevant professional guidance.

They must:

- understand how appropriate investigations may be arranged within relevant healthcare systems and legal frameworks,
- understand the indications, limitations, risks, patient burden and resource implications of investigations,
- understand the role of laboratory testing, imaging and other diagnostic procedures,
- collaborate with other healthcare professionals where appropriate,
- and interpret reports and investigation findings relevant to chiropractic practice.

2.2 Imaging

2.2.1 Radiation Protection and Responsibilities

Newly qualified chiropractors must understand relevant national legal and professional responsibilities relating to the use of ionising radiation and imaging referrals.

2.2.2 X-ray Imaging

Newly qualified chiropractors must understand:

- indications and contraindications for radiographic imaging,
- principles of radiation safety,
- and the interpretation and clinical relevance of imaging reports.

Where permitted within relevant national legal and regulatory frameworks, chiropractors must understand their responsibilities when acting as imaging referrers.

2.2.3 Advanced Imaging

Newly qualified chiropractors must understand the role, indications and interpretation of reports relating to advanced imaging modalities including:

- magnetic resonance imaging (MRI),
- computed tomography (CT),
- ultrasound imaging,
- dual-energy x-ray absorptiometry (DEXA),
- and other relevant imaging procedures.

2.3 Risk Management

Newly qualified chiropractors must be competent to assess clinical risk and apply appropriate risk management measures.

They must be able to:

- recognise indicators of serious pathology and situations requiring urgent or emergency referral,
- recognise psychosocial and behavioural factors influencing patient presentation and outcomes,
- identify contraindications and precautions relating to chiropractic care or specific management approaches,
- apply patient safety principles within clinical practice,

- and appropriately participate in patient safety reporting and learning systems where available.

2.4 Formulating Diagnoses

Newly qualified chiropractors must be able to analyse and critically evaluate information obtained through patient assessment and apply clinical reasoning to:

- formulate working diagnoses,
- develop differential diagnoses,
- establish clinical rationale for care,
- and determine prognosis and management considerations.

2.5 Planning Care

2.5.1 Plan of Care

In partnership with patients, and where relevant in communication with other healthcare professionals, newly qualified chiropractors must be able to formulate and document individualised, evidence-based plans of care.

Plans of care should include:

- proposed management approaches,
- goals and expected outcomes,
- review processes,
- timelines where appropriate,
- and consideration of patient preferences and values.

2.5.2 Care Plan Considerations

While developing plans of care, newly qualified chiropractors must understand:

- the relevance of coexisting conditions,
- the importance of encouraging active care and self-management,
- the importance of functional improvement and participation in daily activities,
- contextual factors influencing patient outcomes,
- shared decision-making principles,
- the appropriate use of trial care approaches,
- appropriate frequency and duration of care,
- and the role of formal review and outcome monitoring.

2.6 Management

2.6.1 Therapeutic Options

Newly qualified chiropractors must be able to provide evidence-based, multimodal management approaches.

This may include:

- manual therapies,
- spinal and extremity manipulation and mobilisation techniques,
- soft tissue approaches,
- exercise and rehabilitation prescription,
- education and advice,
- behavioural and self-management support,

- co-management approaches,
- and referral or signposting where appropriate.

2.6.2 Psychologically Informed Care

Newly qualified chiropractors must understand the role of psychological, behavioural and social factors in health, pain, disability and recovery, and be able to incorporate psychologically and socially informed approaches within evidence-based practice.

2.6.3 Selecting and Adapting Care

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

- is safe and appropriate for the individual patient,
- recognises patient diversity and individual circumstances,
- incorporates current evidence,
- aligns with relevant professional guidance and standards,
- and takes account of patient preferences and goals.

2.6.4 Delegating and Coordinating Care

Newly qualified chiropractors must recognise when:

- another healthcare professional,
- another chiropractor,
- or interdisciplinary management
- would better support the needs of the patient.

They must understand:

- referral responsibilities,
- collaborative care principles,
- and the importance of maintaining professional accountability when coordinating care.

2.7 Evaluating Care

Newly qualified chiropractors must be competent to monitor patient progress and evaluate outcomes of care.

They must be able to:

- reassess and review patient status,
- monitor response to care,
- review diagnoses and management approaches where appropriate,
- utilise validated outcome measures where relevant,
- adapt management plans when indicated,
- and recognise when alternative management or referral is appropriate.

03

APPROVED COMPETENCY DOMAIN

COMMUNICATION SKILLS

DOMAIN CONTENTS

- | | |
|-------------------------------------|--|
| 3.1 Therapeutic Relationship | 3.2 Privacy and Dignity |
| 3.3 Shared Decision-Making | 3.4 Consent |
| 3.5 External Communications | 3.6 Concerns and Complaints |
| 3.7 Interprofessional Communication | 3.8 Cultural and Linguistic Competence |

Newly qualified chiropractors must demonstrate appropriate communication skills within professional healthcare environments and across diverse patient populations and healthcare systems.

Communication must support:

- patient-centred care,
- shared decision-making,
- patient safety,
- professional collaboration,
- informed consent,
- and effective interdisciplinary healthcare delivery.

3.1 Therapeutic Relationship

Newly qualified chiropractors must understand the importance of the therapeutic relationship and be competent to communicate effectively, professionally and compassionately with patients.

They must be able to:

- demonstrate respect, empathy, compassion and professionalism,
- recognise and respect patient preferences, beliefs, values and cultural backgrounds,
- communicate appropriately with diverse patient populations,
- actively listen and respond appropriately to patient concerns,
- use language and communication approaches that promote understanding and trust,
- establish rapport and facilitate meaningful dialogue,
- recognise and respond appropriately to emotional and psychological factors,
- adapt communication according to patient age, capacity and individual circumstances,
- and communicate effectively with patients with disabilities or communication barriers.

3.2 Privacy and Dignity

Newly qualified chiropractors must understand the importance of protecting patient dignity, privacy and confidentiality.

They must be able to:

- provide appropriate opportunities for patients to communicate openly and safely,
- maintain patient privacy during assessment and care,
- and create respectful and inclusive clinical environments.

3.3 Shared Decision-Making

Newly qualified chiropractors must be able to support shared decision-making by ensuring that patients:

- receive appropriate information,
- understand management options,
- and are supported in making informed choices regarding their healthcare.

They must recognise the importance of:

- patient autonomy,
- patient preferences,
- informed choice,

- and collaborative healthcare planning.

3.4 Consent

3.4.1 Acquiring Consent

Newly qualified chiropractors must be able to obtain and appropriately document valid consent.

They must ensure that consent is:

- informed,
- voluntary,
- appropriately understood,
- and consistent with relevant national legal and professional frameworks.

3.4.2 Provision of Information

In order to support informed consent and shared decision-making, newly qualified chiropractors must be able to communicate evidence-based information regarding:

- assessment findings,
- diagnoses or clinical impressions,
- uncertainty where present,
- proposed management plans,
- expected benefits and limitations,
- risks and potential adverse effects,
- alternative management options,
- referral options where appropriate,
- and prognosis with and without care.
- Information should be communicated clearly and appropriately according to patient needs and circumstances.

3.4.3 Investigations and Referrals

Newly qualified chiropractors must be able to explain:

- the purpose of investigations,
- reasons for referral,
- potential alternatives,
- and relevant implications,
- and obtain appropriate patient consent before proceeding where required.

3.4.4 Ongoing Consent

Newly qualified chiropractors must recognise that consent is an ongoing process.

They must ensure that patients:

- remain appropriately informed throughout care,
- understand changes in management approaches,
- and continue to provide valid consent where care plans evolve.

3.4.5 Capacity and Vulnerability

Newly qualified chiropractors must understand relevant national legal and professional frameworks relating to:

- patient capacity,

- vulnerability,
- consent,
- safeguarding,
- and decision-making responsibilities.

They must recognise situations requiring:

- additional support,
- involvement of carers or advocates,
- or referral to other healthcare professionals or services.

3.5 External Communications

Newly qualified chiropractors must be able to communicate effectively and professionally, both verbally and in writing, with:

- patients,
- colleagues,
- other healthcare professionals,
- insurers,
- educational institutions,
- regulatory authorities,
- and other relevant organisations and stakeholders.

They must be able to produce:

- clear,
- accurate,
- appropriate,
- and professional clinical communications and documentation.

3.6 Concerns and Complaints

Newly qualified chiropractors must understand the importance of:

- openness,
- professionalism,
- patient safety,
- and appropriate responses to concerns and complaints.

They must:

- understand relevant local and national procedures,
- ensure patients understand how concerns may be raised,
- respond appropriately and professionally to feedback and complaints,
- and recognise the importance of reflective learning and quality improvement arising from patient feedback and safety events.

3.7 Interprofessional Communication

Newly qualified chiropractors must be able to communicate effectively within multidisciplinary and interprofessional healthcare environments.

They must understand:

- the importance of collaborative communication,

- referral communication,
- shared clinical information where appropriate,
- and respectful professional dialogue between healthcare providers.

Communication should support:

- continuity of care,
- patient safety,
- collaborative management,
- and integration within broader healthcare systems.

3.8 Cultural and Linguistic Competence

Newly qualified chiropractors must recognise the importance of culturally competent and inclusive communication within diverse healthcare environments.

They must be able to:

- adapt communication appropriately across diverse cultural and linguistic contexts,
- recognise barriers to communication and healthcare access,
- support equitable patient engagement,
- and communicate respectfully and effectively with patients from diverse backgrounds and communities.

04

APPROVED COMPETENCY DOMAIN

PROFESSIONALISM

DOMAIN CONTENTS

- | | |
|---|--|
| 4.1 Professional and Regulatory Standards | 4.2 Lifelong Learning, Continuing Professional Development and Scholarship |
| 4.3 Reflective Practice | 4.4 Quality Improvement and Patient Safety |
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| 4.13 Candour and Openness | 4.14 Professional Promotion and Public Communication |
| 4.15 Professional Collaboration and Contribution | |

Newly qualified chiropractors must act professionally and demonstrate behaviours, attitudes and responsibilities consistent with safe, ethical, evidence-based and patient-centred healthcare practice.

Professionalism includes:

- accountability,
- integrity,
- ethical conduct,
- reflective practice,
- lifelong learning,
- professional judgement,
- and commitment to patient safety and quality improvement.
- Professional behaviour must be maintained across all professional interactions, environments and communication platforms.

4.1 Professional and Regulatory Standards

Newly qualified chiropractors must understand the requirement to practise in accordance with:

- relevant national legal and regulatory frameworks,
- professional standards and codes of practice,
- ethical responsibilities,
- and applicable healthcare legislation and guidance.

They must understand the importance of:

- maintaining public trust,
- acting professionally,
- and protecting patient welfare and safety.

4.2 Lifelong Learning, Continuing Professional Development and Scholarship

Newly qualified chiropractors must understand the importance of lifelong learning and continuing professional development (CPD).

They must be able to:

- recognise personal learning needs and limitations,
- identify areas requiring further development,
- participate in appropriate CPD activities,
- critically reflect upon learning activities,
- apply new knowledge appropriately within practice,
- maintain professional competence throughout their careers, and recognise the scholarly responsibilities of healthcare professionals, including the ability to find, interpret and apply research evidence and understand the limits of evidence.

4.3 Reflective Practice

Newly qualified chiropractors must understand the importance of reflective practice and self-awareness.

They must be able to:

- critically reflect on their clinical practice and professional behaviour,

- evaluate patient interactions and clinical decisions,
- learn from experience,
- identify opportunities for improvement,
- and integrate reflective learning into ongoing professional development.

4.4 Quality Improvement and Patient Safety

Newly qualified chiropractors must understand the importance of quality improvement and patient safety within healthcare practice.

They must be able to:

- contribute to continuous improvement of care,
- utilise outcome measures and patient feedback appropriately,
- participate in quality improvement activities where appropriate,
- learn from patient safety incidents and reporting systems,
- and support safe, effective and evidence-based healthcare delivery.

They should understand the value of:

- clinical audit,
- patient-reported outcome measures,
- patient-reported experience measures,
- reflective discussion,
- and systems designed to improve quality and safety in healthcare.

4.5 Clinical Records

Newly qualified chiropractors must understand the importance of maintaining clear, accurate, contemporaneous and professional clinical records.

Clinical documentation should:

- accurately reflect patient interactions,
- support continuity of care,
- support patient safety,
- comply with relevant legal and professional requirements,
- and facilitate effective communication where appropriate.

4.6 Confidentiality and Data Protection

Newly qualified chiropractors must understand their professional and legal responsibilities regarding:

- confidentiality,
- privacy,
- secure handling of patient information,
- and applicable national and European data protection legislation.

They must recognise circumstances where information sharing may be appropriate or required in the interests of:

- patient safety,
- safeguarding,
- or legal obligations.

4.7 Digital Health, Data Literacy and Emerging Technologies

Newly qualified chiropractors must understand the responsible use of digital health tools, clinical data, electronic records and emerging technologies, including AI-enabled tools where relevant. They must recognise professional, ethical, legal and patient safety responsibilities relating to data quality, confidentiality, transparency, bias, clinical accountability and appropriate communication when using digital systems in healthcare practice.

4.8 Equality, Diversity and Inclusion

Newly qualified chiropractors must understand the importance of equality, diversity, inclusion and equitable healthcare access.

They must:

- provide care without discrimination,
- recognise healthcare inequalities,
- support accessible and inclusive healthcare environments,
- recognise and mitigate personal biases,
- and respect diversity across patient populations and professional environments.

They must recognise the importance of:

- culturally competent healthcare,
- equitable treatment,
- and respect for human dignity and diversity.

4.9 Professional Accountability and Ethics

4.9.1 Integrity

Newly qualified chiropractors must act with honesty, integrity and professionalism at all times.

They must:

- communicate truthfully,
- maintain professional standards,
- avoid misleading claims,
- and act in the best interests of patients.

4.9.2 Professional Standing

Newly qualified chiropractors must understand that professional status must never be used inappropriately.

They must avoid:

- placing undue pressure on patients,
- exploiting vulnerability,
- promoting unnecessary care,
- or allowing personal interests to override patient welfare.

4.9.3 Avoiding Overdependence

Newly qualified chiropractors must understand the importance of encouraging patient independence, self-management and appropriate evidence-based care.

They must avoid creating unnecessary dependency on passive care approaches that do not support patient wellbeing or functional improvement.

4.10 Personal and Professional Behaviour

Newly qualified chiropractors must maintain high standards of personal and professional behaviour in all professional contexts.

They must:

- communicate respectfully and professionally,
- maintain appropriate conduct within clinical and professional environments,
- recognise the importance of maintaining physical and mental wellbeing,
- recognise circumstances affecting fitness to practise,
- and act appropriately where professional performance or patient safety may be affected.

Professional behaviour includes conduct:

- within clinical practice,
- educational settings,
- professional events,
- public communication,
- and digital and social media environments.

4.11 Professional Boundaries

Newly qualified chiropractors must understand the importance of establishing and maintaining appropriate professional boundaries.

They must:

- recognise the professional responsibilities and power imbalance that may exist within healthcare relationships,
- maintain clear personal and professional boundaries,
- recognise situations where boundaries may be compromised,
- and take appropriate action to protect patient welfare and professional integrity.

4.12 Conflicts of Interest

Newly qualified chiropractors must be able to recognise, declare and appropriately manage conflicts of interest.

They must ensure that:

- patient interests remain the primary consideration,
- professional judgement is not improperly influenced,
- and relationships with organisations, businesses, colleagues or other parties do not compromise ethical practice.

4.13 Candour and Openness

Newly qualified chiropractors must understand the importance of openness, honesty and professional candour.

They must:

- communicate openly when adverse events or errors occur,

- act appropriately where patient harm or distress may arise,
- support patient safety and transparency,
- and contribute to learning and improvement within healthcare systems.

4.14 Professional Promotion and Public Communication

Newly qualified chiropractors must understand relevant legal, ethical and professional responsibilities relating to:

- advertising,
- professional promotion,
- public communication,
- and digital communication.

They must ensure that public and professional communications are:

- accurate,
- evidence-based,
- appropriate,
- understandable,
- and consistent with professional standards and patient welfare.

4.15 Professional Collaboration and Contribution

Newly qualified chiropractors should recognise the importance of contributing positively to:

- professional development,
- healthcare collaboration,
- patient safety culture,
- educational advancement,
- and the continued development of chiropractic within contemporary healthcare systems.

They should understand the value of:

- interdisciplinary collaboration,
- professional engagement,
- mentoring,
- and constructive participation within professional communities and healthcare environments.

Responsibility for Implementation

Educational institutions are responsible for designing curricula, learning experiences and assessment systems that enable graduates to demonstrate the stated outcomes, practise safely and effectively, and enter professional practice within the scope permitted by relevant national legal and regulatory frameworks.

Students are responsible for active engagement in learning and for recognising the limits of their competence. Quality assurance bodies, regulators and competent authorities retain their respective statutory or professional functions. Employers and postgraduate educators should support transition to practice and continuing development. Implementation should be proportionate to national context and documented through appropriate educational governance.

Review and Maintenance

The European Chiropractors' Union will maintain the Statement and undertake a formal review no later than 2030. An earlier review may be initiated where developments in chiropractic education, evidence, patient safety, higher education policy, technology, professional regulation or healthcare delivery materially affect the Statement.

Review should involve educational institutions, relevant quality assurance and professional bodies, and other stakeholders appropriate to the issues under consideration. Each edition will state its approval date, next scheduled review and version history.

Funding and Competing Interests

The project was funded in full by the European Chiropractors' Union. Consensus Group members received no financial compensation for membership of the group, participation in meetings, review of drafts or provision of comments.

The ECU Secretary General undertook project coordination and editorial work as part of his ordinary paid duties and received his usual hourly remuneration; no additional personal project fee or external project funding was received.

All participants were invited to declare relevant professional, institutional or financial interests. No relevant competing interests were declared. Participants' institutional affiliations identify their roles during development and do not imply institutional endorsement.

Consensus Record

The substantive competency text was unanimously approved by all participating Consensus Group members through explicit email responses by 4 September 2026 at 17:00 CEST. No unresolved substantive objection remained.

Participation in the Consensus Group reflects individual contribution to the development and approval of the substantive competency text. It does not constitute an institutional or organisational

endorsement. The planned launch at the WFC Global Education Conference does not imply endorsement by the World Federation of Chiropractic.

Editorial Responsibility and Version Control

The European Chiropractors' Union holds responsibility for final editorial preparation, version control, publication and maintenance. Editorial changes made after approval must not alter the substantive meaning of the consensus competencies without renewed review.

Corrections that do not change substantive meaning may be issued transparently through an updated correction record. Any change to a competency requirement, scope statement or consensus conclusion requires documented review and a new version identifier.

Approved source	Draft v0.8 approved 4 September 2026
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Appendix A European Framework Mapping

This mapping explains how European terminology is used in the Statement. It is descriptive and does not establish automatic qualification equivalence, programme accreditation or authority to practise.

Framework	Contribution	Boundary
Bologna Process and European Higher Education Area	Overarching context for comparable and compatible higher education systems	Context, not professional authorisation
QF-EHEA	Qualification cycles and learning outcomes	Supports level transparency; does not establish automatic equivalence
EQF	Knowledge, skills, responsibility and autonomy	Supports comparison and national framework mapping
ECTS	Learner workload, accumulation and transfer	Describes programmes; this Statement does not allocate credits
ESG	Internal and external quality assurance	Frames programme design, assessment, review and quality culture
ECCE	Profession-specific chiropractic quality assurance	Relevant according to institutional and national context
National systems	Accreditation, governance, competent authorities and practice rights	Remain determinative within each jurisdiction

Appendix B Development, Consensus and Editorial Assurance

The project was initiated, convened and coordinated by the European Chiropractors' Union following organisational approval to develop a European consensus statement on graduate education, skills and competencies.

Baseline Selection

With permission, 'Outcomes for Chiropractic Graduates 2026', developed by the Forum of Chiropractic Deans and published by the Royal College of Chiropractors, was selected as the principal baseline because it provided a current, coherent four-domain graduate-outcomes structure developed through a recent profession-wide process [1].

European Adaptation

Draft v0.1 retained the baseline architecture and introduced preliminary European adaptations. Written review and two Consensus Group meetings tested relevance, omissions, proportionality and wording, with particular attention to public health, patient safety, diverse populations, interprofessional care, digital health, research and scholarship, and European governance. Interprofessional collaboration was considered in the context of contemporary collaborative healthcare principles [9].

Stage	Purpose and outcome
Baseline	RCC/FCD Outcomes for Chiropractic Graduates 2026 selected as the principal source framework.
Draft v0.1	Preliminary European adaptation circulated for structured review.
Meeting 1	16 June 2026: mandate, baseline, process and priority themes confirmed.
Draft v0.5	Written feedback integrated and substantive questions isolated for decision.
Meeting 2	25 August 2026: focused decisions taken on unresolved wording and scope.
Draft v0.8	Circulated on 27 August 2026 and unanimously approved by participating Consensus Group members by 4 September 2026.
Version 1.0	Editorial, methodological, reference, accessibility and publication preparation around the protected competency text.

Consensus Rule and Result

Consensus was defined as the absence of unresolved substantive objection among those participating in the final review. Non-response was recorded as non-response and not as agreement.

Draft v0.8 was circulated on 27 August 2026 with a deadline of 4 September 2026 at 17:00 CEST. All participating Consensus Group members approved it by email within the stated period. No unresolved substantive objections remained, and Draft v0.8 was recorded as unanimously approved.

Source and Evidence Handling

The RCC/FCD framework was treated as the principal adaptation source. Other sources were cited directly only where this European publication independently relied on their concepts, terminology or normative framework. Sources that informed the RCC/FCD work were not automatically treated as direct sources for this Statement.

Editorial Assurance

The approved v0.8 competency text was protected during final editorial preparation. Checks covered fidelity to the approved text, terminology, internal structure, references, accessibility, version control and consistency between print and digital editions. Any post-approval change that would alter the substantive meaning of the competencies requires renewed review.

Limitations

The process was expert- and stakeholder-led and was not a population survey, psychometric validation study or formal European regulatory procedure. Participation and response records are reported transparently. The Statement does not claim legal harmonisation of chiropractic practice and will require periodic review as education, evidence, technology and healthcare systems evolve.

Appendix C Publication and Version Record

Draft v0.1	Initial European adaptation circulated for comment
Draft v0.5	Written comments integrated for focused discussion
Draft v0.8	Substantive competency text approved 4 September 2026
Final publication preparation	Version 1.0 circulation candidate issued 14 September 2026
Version 1.0	First edition, 15 October 2026
Correction history	None at first publication
Next review	2030, or earlier if material change requires it

ECU will retain the approved source document, publication master, digital PDF and final print-production file in the project archive. Any subsequent correction or revised edition will carry its own dated version record.

ECU Publication Statement

This publication is issued by the European Chiropractors’ Union (ECU) in support of its mission to improve health and well-being across Europe by supporting the development and integration of chiropractic care within healthcare systems. It reflects ECU’s E.P.I.C. principles—Evidence-Based, People-Centred, Interprofessional and Collaborative—and its vision of chiropractic as a trusted healthcare profession committed to patient safety, high-quality care, professional integrity and collaboration across healthcare.

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