

Consulting the Profession: A Survey of UK Chiropractors, 2004

General
Chiropractic
Council



Protecting patients
Setting standards
Promoting the profession

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I. Introduction

Rationale

The General Chiropractic Council (GCC) is a UK-wide statutory body with regulatory powers, established by the Chiropractors Act 1994. The GCC has four main duties:

1. To protect the public by establishing and operating a scheme of statutory regulation for chiropractors, similar to the arrangements that cover other health professionals.
2. To set standards of chiropractic education, conduct and practice.
3. To ensure the development of the profession of chiropractic, using a model of continuous improvement in practice.
4. To promote the profession of chiropractic so that its contribution to the health of the nation is understood and recognised.

In order to achieve the fourth duty of the GCC, its Council agreed that the GCC should first engage with all chiropractors in the UK to establish their views on the direction chiropractic could take in the future. The Communication Strategy Working Group was responsible for facilitating the delivery of the objective and agreed that the best means of achieving this was through a postal survey. The postal survey would be undertaken to establish what future promotion should take place, whilst also learning the breadth of practice methods and views held by chiropractors on a range of issues including current GCC activity on its other three duties.

Objectives

This was the first consultation of its type that the GCC had undertaken with the whole profession. It was agreed therefore by the Communication Strategy Working Group that as many areas as possible should be covered in this survey and these were

1. the working patterns of chiropractors
2. the level of patient care

3. whether or not the profession is interested in increasing access to chiropractic care by working with the NHS
4. to what extent the profession has been and is currently working with the NHS
5. what level of satisfaction there was with GCC communication

The results from the survey will be used to determine and inform future promotion carried out by the GCC on behalf of the profession, and help identify new areas of research. On a practical level the information given will be used to update GCC publications informing the public about chiropractic.

Design

The survey was drawn up by the Communications Strategy Working Group which consists of GCC staff, members of Council and representatives from all the professional associations and the College of Chiropractors.

A draft survey was piloted amongst 100 chiropractors, 20 distributed by each of the professional associations and the Chiropractic Patients Association to limit any biases. With the survey a second questionnaire was given asking for views on the survey. The pilot succeeded in gaining a 45% response within two weeks of its distribution. The results of the pilot were used to refine the questions and remedy ambiguities.

The final survey was posted to all UK chiropractors on the 27 April 2004 and they were given one month to complete and return the survey. The professional associations were asked to encourage their members to participate and letters of encouragement were also sent from the GCC.

Limitations

The GCC accepted that to encourage honest replies, it would be necessary to keep the survey anonymous. This was tested in the pilot of the survey where completion of personal details was left optional. It was found that asking for personal details caused concern for many of the respondents as it confused the message and purpose of the survey. The final decision therefore was to maintain chiropractor's anonymity as it was deemed more important to gather opinions which held true.

The limitation from making the survey anonymous is that no follow up can be made to create focus groups with those who have succeeded in areas which the GCC wishes to explore. To overcome this it was agreed that a follow up survey would be carried out on the areas of interest to the GCC at which point chiropractors will be asked to provide their identity.

Results

At the time of the survey there were 2,024 registered chiropractors in the UK, of these 854 responded (41.83% of the profession) and a further six responded after the deadline for returns, resulting in a total response rate of 42.49%.

55% of respondents were male and the predominant age of respondents was between 26 and 45.

Please note, all views expressed within the document are those given by respondents to the survey and are not a reflection of the views held by the GCC.

2. Results

In the report, the results from the survey are broken down into the following sections:

A Chiropractors

- Professional Association membership
- Gender and age groups
- Length of time in practice

B Chiropractors' practice

- Type of work carried out by chiropractors
- The premises in which chiropractors work and if they share with other healthcare practitioners
- Where chiropractors treat patients
- Which healthcare professionals refer patients to chiropractors
- The beliefs held by chiropractors of what chiropractic can offer
- Do chiropractors receive patients via healthcare professionals in the NHS?
- Have chiropractors tried to seek referrals from GPs?
- Would chiropractors be willing to be involved with a private organisation?
- To what extent do chiropractors want to be involved with the NHS?

C Profile of patients and practice

- Number of patients seen in an average week
- Source of new patients
- Range of conditions treated or managed by chiropractors
- Condition of patients seen in the last working month
- Age groups treated
- Getting an appointment with a chiropractor
- Time spent with a patient on the first and subsequent visits
- Reassessment of patients
- Writing to GPs and referrals to other healthcare professionals
- Referrals to other healthcare professionals
- New patients referred to other healthcare professionals
- Client base referred on to other healthcare professionals
- Means of assessing a patient
- Techniques used in chiropractic
- X-rays
- Open plan treatment rooms
- Techniques used in practice

D The opinions of UK chiropractors

- Definition of 'holistic' chiropractic
- Defining chiropractic care
- Evidence based practice principles

E Promotion

- Promotion carried out by chiropractors

F GCC communication

- GCC Newsletter
- Effective means for the GCC to communicate news to registrants
- Preferred method of receiving news
- GCC website
- Sections of the GCC website most visited and information chiropractors would like
- GCC leaflet *What can I expect when I see a chiropractor?*
- Post Council Bulletin

G General comments

- Feedback from the profession

A Chiropractors

This section asked chiropractors to identify their professional association membership, gender, age and length of time in practice. Detailed results are given in tables 1-3, the main conclusions were however:

Professional Association membership:

- Less than 1% said that they are not a member of a professional association.
- 18% didn't specify membership of their professional association.
- The majority of respondents' membership was with the BCA, 20% of which belong to more than one professional association.

Gender and age:

- 55% of the respondents were male.
- The majority of responses came from those aged between 26 and 45.

Length of time in practice:

- Almost half of the respondents had been in practice less than 10 years.

Table I. Professional Association membership

Following is the list of professional associations that chiropractors who responded to the survey belonged to. In many cases, chiropractors belong to more than one professional association.

Association	Number belonging to the Association	Number belonging to more than one association	The other associations they also belonged to
BCA	466 (54.56%)	96	ACA, AIC, American Chiropractic Neurology Association, BCCP, BCSC, BRCP, CASA, CLEP, CoC, DKF, ECU, FICS, ICAK-UK, ICA, MCC, Nutrition Society, SCA, SOTO Europe, UCA
MCA	104 (12.17%)	22	BCA, CoC, CoD, CST, ICA, MCC, SOTO Europe
SCA	45 (5.27%)	15	ACA, BCA, CoC, FCER, NCA, UCA
UCA	78 (9.14%)	13	Australian and International Association, ASRF, BCA, BCSC, CoC, ECU, FIACA, ICA, ICU, MCC, SCA, WCA
Miscellaneous	8 (0.94%)		AMCST, Banstead Clinical Studies Society, British Sports Council, CAI, FHT, ICA, Osteomyelographers, Royal College of Veterinary Surgeons
None	3 (0.36%)		
Didn't specify	150 (17.56%)		

Table 2. Gender and age groups

This is the breakdown of the respondents' age groups and gender:

Age range	Male	Female	Total
20-25	23	30	53 (6.26%)
26-30	69	57	126 (14.75%)
31-35	87	58	145 (16.97%)
36-40	78	63	141 (16.51%)
41-45	70	44	114 (13.34%)
46-50	58	34	92 (10.77%)
51-55	42	28	70 (8.19%)
56-60	27	9	36 (4.21%)
61-65	8	3	11 (1.28%)
65+	11	1	12 (1.4%)
Didn't specify	2	3	54 (6.32%)
Total	474	329	854

Table 3. Length of time in practice

Length of time in practice (years)	Number
0-2	61 (7.14%)
2-3	65 (7.61%)
3-4	54 (6.32%)
4-5	37 (4.33%)
Total 0-5	217 (25.4%)
5-6	39 (4.56%)
6-7	41 (4.80%)
7-8	36 (4.21%)
8-9	37 (4.33%)
9-10	38 (4.44%)
Total 6-10	191 (22.36%)
10-11	40 (4.68%)
11-12	14 (1.63%)
12-13	31 (3.62%)
13-14	33 (3.86%)
14-15	21 (2.45%)
Total 11-15	139 (16.27%)
15-16	18 (2.1%)
16-17	24 (2.81%)
17-18	18 (2.10%)
18-19	22 (2.57%)
19-20	10 (1.17%)
Total 16-20	92 (10.77%)
20-21	14 (1.63%)
21-22	11 (1.28%)
22-23	7 (0.82%)
23-24	9 (1.05%)
24-25	6 (0.7%)
Total 21-25	47 (5.5%)

Length of time in practice (years)	Number
25-26	12 (1.40%)
26-27	4 (0.46%)
27-28	6 (0.7%)
28-29	3 (0.35%)
Total 26-30	27 (3.16%)
29-30	2 (0.23%)
30-31	4 (0.46%)
31-32	2 (0.23%)
32-33	2 (0.23%)
33-34	4 (0.46%)
34-35	4 (0.46%)
Total 31-35	16 (1.87%)
35-36	1 (0.11%)
36-37	2 (0.23%)
37-38	2 (0.23%)
39-40	1 (0.11%)
Total 36-40	6 (0.7%)
42-43	2 (0.23%)
Total 41-45	2 (0.23%)
Didn't specify	117 (13.7%)

B Chiropractors' practice

Tables 4-16 provide detailed analysis of the responses given in relation to chiropractors' practice. The main conclusions are however:

Type of work carried out by registered practitioners:

- 99% of the respondents are practice based, of which 81% are solely practice based.
- 14% of the respondents work in education and practice.

Sharing premises with other healthcare practitioners:

- Almost half of the respondents work alongside other chiropractors.
- 31% specified working with other complementary and alternative medicine practitioners.
- 11% work alongside medical Drs for some of their practice.

Where chiropractors treat patients:

- 89% of the respondents treat patients at their practice.
- 21% of the respondents treat patients at their home although only 5% do this exclusively.
- 12% of the respondents treat patients at the patient's home when necessary.
- 4% of the respondents treat patients at a GP surgery and 2% at a NHS health centre.

Patients received from other healthcare practitioners within the last working month:

- 76% (the greatest proportion) were received from GP recommendations.
- 55% were received from other chiropractors.
- 42% from other CAM practitioners.

What can chiropractic offer? Belief vs reality of practice:

- The main offerings of chiropractic are believed to be, by the respondents: treatment, relieving symptoms and conditions caused by disorders; maintenance care, which helps to prevent the return of disorders; and diagnosis and management of a condition.

Patients received from Drs/GPs or other healthcare professionals in the NHS:

- Although it was reported that a significantly higher proportion currently receive patients from the NHS than before (70%/39%), the reverse is true in terms of funding, far fewer are now funded by the NHS.
- 54% of respondents have actively tried to seek referrals from GPs.

Working with private organisations and the NHS:

- 75% of respondents said that they would be willing to be involved with a private organisation such as Boots, BUPA and Tesco to provide private care.
- 65% of respondents said they are either very interested or fairly interested in working with GPs/consultants in the NHS.
- 28% of respondents asked to receive more information from the GCC about working with GPs/consultants in the NHS.
- 82% of respondents are willing to see patients whose care is funded by the NHS.
- 80% of respondents are willing to be involved with a Primary Care Trust to provide chiropractic service in primary care.
- The majority of those that said they are happy to work with the NHS would like to remain self-employed with a contract basis only arrangement.

Table 4. Type of work carried out by registered chiropractors

Chiropractors were asked to identify the type of chiropractic work they are engaged in. The options given were practice, practice based research, education and other.

Work	Number	% of Respondents
Practice	847	99.18%
Practice Based Research	63	7.37%
Education	118	13.81%
Other*	24	2.81%
Didn't specify	2	0.23%
Practice, Practice Based Research and Education	25	2.92%
Education and Practice	116	13.58%
Education and Practice Based Research	25	2.92%
Practice and Practice Based Research	32	3.74%
Practice only	693	81.14%
Practice Based Research only	1	0.11%
Education only	1	0.11%
Other only*	5	0.58%

*Under the Other section the following list was given for the 'other' type of work carried out:

- part-time practice and clinical supervision
- further training: studying for additional MSc for publication, student MSc (Paeds), Post Grad study ICSSD, manipulation research, academic research, development of communication skills
- PRTS Trainer
- public health awareness
- occupational health
- GCC examiner
- CPD CoC faculty course co-ordinator
- consultant to industry
- not practising
- write newsletters on chiropractic issues
- teaching (dental school) – chiropractic, ergonomics for dentists
- volunteer work
- patient education
- mentoring
- expert testimony
- lecturing

Table 5. Sharing premises with other healthcare practitioners

Chiropractors were asked if they currently shared premises with any other healthcare practitioners, in their capacity as a chiropractor:

Response	Number
No	227 (26.5%)
Yes with a:	
Chiropractor	421 (49.3%)
Medical Dr	96 (11.24%)
Osteopath	69 (8.07%)
Physiotherapist	81 (9.48%)
Acupuncturist, Homeopath or Medical Herbalist	264 (30.9%)
Other complementary/alternative medicine practitioners	269 (31.49%)
Other*	287 (33.6%)

*Other:

- Medical professionals: dentists, radiographers, neurosurgeon, physiotherapist, private medical consultants, pharmacists, clinical psychologist
- Massage therapists: sports massage therapists; remedial massage therapists, rehabilitation massage therapists
- CAM Practitioners: podiatrist; chiropodist; nutritionists, reflexologists, aromatherapists, hypnotherapists, kinesiologists, homeopath, reiki healer, shiatsu therapist, acupuncturist, Bowen practitioner, iridologist, Alexander technique instructor, cranial sacral therapists, beauty and holistic therapist
- NHS health centre, health visitors, councillors, life coaches, disabled therapy centre
- Pilates instructor
- Slimming clinic
- Anorgy therapist
- CBT
- Colonic irrigation
- Phlebotomist
- Naturopath

Table 6. Where do chiropractors treat patients

Chiropractors were asked to identify in the last working month, the percentage of their patients that had been treated at a number of locations.

Location	Number of chiropractors who treat patients at the location	Number of chiropractors who conduct 100% of their work in this place
Your practice	759 (88.87%)	523 (61.24%)
Your home	183 (21.42%)	46 (5.38%)
Private health centre	22 (2.57%)	1 (0.11%)
Patient's home	99 (11.59%)	0
Outpatient hospital	0	0
GP surgery	38 (4.44%)	5 (0.58%)
Gym	19 (2.22%)	0
NHS health centre	13 (1.52%)	1 (0.11%)
Other*	37 (4.33%)	6 (0.70%)

*Here is the list of alternative locations at which respondents practise chiropractic.

- college clinic
- occupational health department
- sports club: rugby and cricket; football team grounds; professional football and rugby grounds; sports field, Microsoft IT Shiplake College – students sports injury
- complementary health centre
- industry: company's occupational health department
- associate's practice
- satellite clinic, premise in alternative medicine 'clinic'/therapy centre
- 3 drug rehabilitation centres
- HM Prisons
- on holiday or at relatives' houses

Table 7. Patients received

Chiropractors were asked to identify if they had received patients from a list of healthcare practitioners within the last working month.

Healthcare professional	Number of chiropractors who received patients referred from another healthcare professional, in the last working month	% of Respondents
Chiropractor	466	54.56%
GP	646	75.64%
Consultant in private practice	127	14.87%
NHS consultant	10	12.52%
Osteopath	34	3.98%
Physiotherapist	123	14.40%
Acupuncturist, homeopath or medical herbalist	181	21.19%
Other complementary/ alternative medicine practitioners	362	42.38%
Other*	178	20.84%

*Other:

- massage therapists – remedial massage, sports massage
- health professionals: midwife, NHS nurse, dentists, health visitors, pharmacist, orthodontist, chiropodist, podiatrist (HPC registered), paediatrician
- sports therapist and sports injury specialist
- physiotherapist
- health instructors: pilates, personal trainer, rehabilitation instructor, yoga teachers, fitness teachers, health clubs, local sports clubs, local gym
- CAM practitioners: kinesiologist, nutritionist, holistic therapist, cranio sacral therapist, Bowen therapist, aromatherapist, shiatsu therapist, reflexologist
- patients
- college and association
- life style councillor
- vets
- shoe shop
- A.P.I.L. (medico/legal)
- newspaper articles
- insurance company
- WPM
- none

Table 8. What can chiropractic offer?

Chiropractors were asked to tick the options which they believed were:
a) what they thought chiropractic could offer
b) In reality, which of the options did they practice.

	A	B
Diagnosis and management of a condition	773 (90.51%)	749 (87.7%)
Treatment, relieving symptoms and conditions caused by disorders	803 (94.02%)	783 (91.68%)
Maintenance care, which helps to prevent the return of disorders	797 (93.32%)	767 (89.81%)
Wellness care, promoting general health and helping to prevent the occurrence of disorders	659 (77.16%)	535 (62.64%)
Optimising a patient's health despite incurable conditions	659 (77.16%)	550 (64.40%)
Advice to enable the patient to maintain their own wellbeing	803 (94.02%)	778 (91.10%)
To discuss with the patient the above options of care, which they then choose from	727 (85.12%)	627 (73.41%)
Other*	82 (9.6%)	74 (8.66%)

*Here is the list of what chiropractors believe chiropractic can offer, and what they practice:

- Holistic wellbeing
- Assessment and management of a condition/psychosocial assessment and interventions
- Optimising a patient's health despite incurable conditions with patient's full understanding of prognosis only
- Optimising function of the neuro musculoskeletal system removing subluxations enabling the body's own natural healing mechanisms to express themselves
- Detection, reduction and correction of the vertebral subluxation complex
- The option to have treatment that doesn't include medication
- Cost-effective healthcare
- Injury prevention
- Rehabilitation care
- Assist patients requiring NHS/private mainstream treatment advice
- Education and advice on nutrition, exercise, ergonomics, life style, general health, weight loss, maintenance/wellness to reduce the severity and duration of disorders, general medical advice, views on healthcare other than allopathic medical model, for their children
- Massage
- Referrals: to allopathic and CAM practitioners; other specialists if the condition is beyond chiropractic scope of practice; for special investigations i.e. MRI, lab tests
- Support and understanding

Table 9. & 10. Patients received from Drs/GPs or other healthcare professionals in the NHS

Chiropractors were asked the following questions:

- a) as a chiropractor do you currently receive patients from Drs/GPs or other healthcare professionals in the NHS?
- b) If yes, are they paid for by the NHS in part? In total?
- c) How is the contract arranged between your practice and the NHS?
- d) In the past have you ever received patients from Drs/GPs or other healthcare professionals in the NHS?
- e) If yes, were they paid for by the NHS in part? In total?
- f) How was the contract arranged between your practice and the NHS?

Table 9. Receiving patients from the NHS

	Currently	Previously
Yes	596 (70%)	329 (38.61%)
No	248 (29%)	163 (19.00%)
Didn't specify	10 (1%)	362 (42.39%)
Total	15	55
Part	12	23

In response to question C and F the following responses were given:

Table 10. Comments given

	Currently	Previously
Total	<ul style="list-style-type: none"> ● Bulk ● Per patient ● Patient pays and is reimbursed. ● Invoice health authority for each treatment ● 7 treatments per patient (some at reduced rate) ● Differing contracts ranging from 7, 6 and 4 treatments per patient. ● Working in GP surgery part time on an annual budget. ● PCT contract with cost per case and bulk contract. ● Only one patient is seen on NHS – down to patients persistence. ● Employed by PCT ● No contract, referred when needed. ● Currently negotiating contract with PCT 	<ul style="list-style-type: none"> ● Bulk ● Per patient ● By fund holding practice ● Cover x-rays and set number of treatments ● Per treatment ● 5 Treatments and then letter sent to GP for their decision on action to be taken. ● Various number of set treatment sessions given, 3, 6, 7, 8... ● 3 hours/12 patients a week ● 2 clinic sessions per week regardless of number of patients ● NHS Practice for four and a half years.
Part	<ul style="list-style-type: none"> ● Paid a retainer for 1 day per week. ● Treat NHS staff. ● Per patient 	<ul style="list-style-type: none"> ● Bulk ● Per patient ● Up to a set number of treatments per patient ● GP surgery allocated fixed sum of money for 3 years Initial consultation and examination paid for

Table 11. Have you ever tried to seek referrals from GPs?

Yes	461 (54%)
No	379 (44.4%)
Didn't specify	14 (1.6%)

Table 12. Would you be willing to be involved with a private organisation such as Boots, BUPA, Tesco etc. to provide private care?

Yes	638 (74.7%)
No	75 (8.79%)
Don't know	132 (15.46%)
Didn't specify	9 (1.05%)

Table 13. To what extent do you want to be involved working with GPs/Consultants in the NHS?

Very interested	285
Fairly interested	273
Would like some information	240
Not interested	7 (1 would like some information)

Table 14. 15. 16. Involvement in the NHS

Chiropractors were asked three questions:

- Would they be willing to see patients whose chiropractic care is funded by the NHS?
- Would they be willing to be involved with a Primary Care Trust in providing a chiropractic service in primary care?
- Would they be willing to be funded by the NHS? Part-time employment, full-time employment, self-employed with a contract basis only, or not at all.

Table 14. Involvement with NHS and PCT

	Patients funded by NHS	Involved with a PCT
Yes	698 (81.74%)	640 (74.94%)
No	135 (15.8%)	156 (18.27%)
Didn't specify	21 (2.46%)	58 (6.79%)

For answers A and B respondents were given room to express their views and the following were given:

Table 15. Comments given on involvement with NHS and PCT

	Yes	No
A	<p>Reasons</p> <ul style="list-style-type: none"> ● Make available to all regardless of ability to pay ● Steady work load ● Decrease NHS waiting list of people with back pain ● So I'm not a salesman ● Increase recognition of chiropractic ● Help profession grow ● Help educate members of other health professions about chiropractic ● Relieve financial burden on patient ● To work more closely with GPs and consultants ● See patients in the early stages of their condition 	<p>Reasons</p> <ul style="list-style-type: none"> ● Red tape ● NHS is disease focussed, chiropractors are health focussed ● Don't want to be pigeon holed as back pain specialists ● NHS would determine the amount of care ● Cash flow ● Patients take less responsibility ● Lead to long waiting lists ● NHS is inefficient ● Can't practice wellness care ● Loss of independence ● Chiropractic becomes under political influence

- Could save the NHS a lot of unnecessary cost of MRI imaging and surgery

Concerns

- If fee remains the same
- Autonomy of chiropractor not compromised
- Attitude of non paying patients – may be less proactive and may not follow home advice after care
- Administrative burden too great
- Funding should be negotiated nationally
- Want to see patients in my own practice
- NHS may be slow to pay
- Fear of contract cancelling
- No limit on number of treatments

B

Reasons

- PCT's have a duty to provide patient choice
- Because they hold the purse strings
- To promote what we do
- To be the first port of call instead of the last ray of hope

Table 16. Working for the NHS

Full-time employment	42
Part-time employment	162
Self-employed with a contract basis only	612
Not at all	175

C Profile of patients and practice

Tables 17-36 provide detailed analysis of the responses given in relation to the respondents' profile of patients and practice. The main conclusions are:

Patients seen in an average week:

- The number of new patients seen in an average week was predominantly between 1 and 10.
- The number of total patients seen in an average week was between 21-40 for 20% of the respondents, following that between 41-60 for 19% of respondents and the next two categories to receive the most number of replies were 61-80 for 16% and 81-100 for 15%.

Source of new patients:

- When patients are looking for a chiropractor, their main sources of finding one are from recommendations from other patients, yellow pages and the practice sign of the chiropractor.

Age groups of patients treated by chiropractors:

- Most patients seen by the respondents are between the ages of 21 and 60.
- 60% of respondents said that they treat children from the age of 0-5.
- 81% of chiropractors treat children from the age of 6-15.

Getting an appointment with a chiropractor:

- For an urgent appointment patients would be able to see a chiropractor on the same day with 44% of the respondents, and the following two days with 36%.
- For a non urgent appointment 60% of the respondents said that patients would be able to see a chiropractor within 1-4 days.

Time spent with a patient/re-assessment:

- The most common time a chiropractor spends with a patient on the initial visit is between 31-60 minutes.
- The most common time a chiropractor spends with a patient on a subsequent visit is between 0-15 minutes followed closely by 16-30 minutes.
- In response to what visit interval chiropractors re-assess their patients, the most common intervals were 1 visit for 27% of respondents, and between 4 and 5 for 22%.

Writing to GPs and referrals to other healthcare professionals:

- With the patient's consent, 24% of respondents routinely write to the patient's GP after the initial assessment and a problem has been identified, and 49% do this with selected patients.
- When referring a patient to a GP, 50% of respondents routinely contact the GP by phone or writing, and 41% do this for selected patients.
- Around 60% of respondents said that they refer between 1-20% of their patients to other healthcare professionals when chiropractic has not been successful or is inappropriate.
- Most respondents do not refer many new patients to other healthcare professionals following diagnostic triage.

- When chiropractic is not effective for a patient 61% of respondents said they refer between 1-20% of their patients to a GP.
- When chiropractic has gone as far as it can in helping a patient 49% of respondents said they refer between 1-20% of their patients to a GP.

Means of assessing a patient:

- 68% of respondents always require patients to undress down to their underwear on the initial visit and 42% on subsequent visits.

X-rays:

- 61% of respondents believe that an x-ray is justified for only 1-20% of their patients.
- 63% of respondents do not take the x-ray of their patients.
- 58% of respondents refer their patients directly for imaging.
- 67% of respondents refer patients for imaging via their GPs.
- 69% of respondents interpret the x-ray.

Open plan:

- 8% of respondents use a treatment area where more than one patient is present at the same time.
- 2% of respondents do not provide separate changing rooms for the open plan area, this is due to the fact that they do not require their patients to undress.
- Less than 1% of respondents do not provide individual consulting rooms.

Techniques used in practice:

- The main techniques used in practice are chiropractic adjustments, soft tissue therapy such as massage and rehabilitation exercise.

Table 17. 18. Patients seen in an average week

Chiropractors were asked:

- a) How many new patients do you personally see in an average week?
- b) How many patients (not including new patients) do you personally see in an average week?

In any given week the number of new patients seen ranged from 0-80 whilst the total number of patients seen ranged from 1 to 250. The breakdown is given in Tables 17 and 18.

Table 17. Number of new patients seen in a week

Number of new patients seen	Number of chiropractors in this category
0	12 (1.4%)
1-5	458 (53.63%)
6-10	331 (38.76%)
11-15	30 (3.51%)
16-20	10 (1.17%)
21-25	2 (0.23%)
26-30	1 (0.12%)
70	1 (0.12%)
80	1 (0.12%)
Didn't specify	8 (0.94%)

Table 18. Total number of patients seen in an average week

Total number of patients seen in a week	Number of chiropractors in this category
1-20	98 (11.47%)
21-40	172 (20.14%)
41-60	164 (19.2%)
61-80	134 (15.69%)
81-100	129 (15.11%)
101-120	51 (5.98%)
121-140	24 (2.82%)
141-160	29 (3.37%)
161-180	9 (1.06%)
181-200	17 (2%)
201-220	2 (0.23%)
221-240	1 (0.12%)
241-260	4 (0.47%)
Didn't specify	20 (2.34%)

Table 19. Source of new patients

Chiropractors were asked to identify the source of their new patients and the numbers they received from the source. The results give the total number of chiropractors who identified from the list the sources of new patients, and where noted by the chiropractor the number received from this source is given.

Source	Yes	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91-100
GCC Website	48	48									
Book version of the GCC register	7	7									
Patient contact with the GCC	7	7									
GCC patient information leaflet	3	3									
Sign/Location of your practice	498	407	9	5							
Advertising in local papers	217	142	15	2							
Yellow Pages	679	545	29	4	3						
Thomson Directories	124	95	1								
NHS Direct	20	16									
Word of mouth/ patient referrals	816	360	224	56	26	9	5	2	3	1	2
Chiropractic Patients Association	11	8									
Professional Association*	113	113									
Other chiropractic clinics	275	230									
Don't know	80	59	2								
Other**	131										

*The Professional Associations listed were: British Chiropractic Association, Business Network International, Cranio Sacral Website, McTimoney Chiropractic Association, United Chiropractic Association, Police Force, SOTO Europe, Lawn Tennis Association.

**Other includes: Local directory, advert at local gym, BUPA, PPP, Norwich Union, Business Network Group, Chiropractic Talks, Clinic Promotion days, Clinic website, Complementary Health Centre, Dentists, Friends, Osteopaths, Health Fairs, Leaflet Drop Offs, Local Papers, Midwives, Other therapists, Radio Advertising, Times Article, Yell.com.

Table 20. Range of conditions treated or managed by chiropractors

Chiropractors were asked to tick from a range of conditions, those that they believed can be treated or managed by chiropractic.

Condition	Number of chiropractors who believe this can be treated or managed by chiropractors
Back problems	832 (97.42%)
Neck and arm pain	830 (97.19%)
Low back and leg pain	830 (97.19%)
Joint problems	812 (95.08%)
Asthma	491 (57.49%)
Digestive disorders	461 (53.98%)
Infant colic	539 (63.11%)
Menstrual pains	542 (63.46%)
Spine, neck and shoulder problems	829 (97.07%)
Joint, posture and muscle problems	821 (96.14%)
Sciatica	826 (96.72%)
Sports injuries	772 (90.39%)
Tension headaches	825 (96.6%)
Migraine	776 (90.86%)
Other*	227 (26.58%)
All of the above	346 (40.52%)

*Range of other conditions treated/managed by some chiropractors:

- Arthritis
- Biomechanical disorders
- Growing pains
- Cervicogenic H/A
- Epilepsy
- Carpal tunnel
- Pregnancy care – pre and post natal problems
- Neurodevelopmental problems in children, ADD, ADHD, COCD, dyslexia, dyspraxia, nocturia, podiatric conditions, bed wetting, growth, behaviour, developmental
- Dyspraxia
- ME, FMS, MS
- Allergies/intolerances including hay fever, eczema
- Scoliosis and Kyphosis
- Menstrual irregularities
- Disc, whiplash
- RPT
- RSI
- TMJ
- SPD
- Plagiocephely
- Tinnitus, vertigo, dizziness, balance disorders, visual problems

- Fibromyalgia
- Enuresis
- Chronic upper respiratory infection
- Palliative relief for incurable conditions such as osteoporosis, cancer, multiple sclerosis
- Depression
- Post operative
- Hypertension, stress, chronic fatigue syndrome
- Vertigo
- Parkinson's
- Stroke
- Immune system
- Correct nervous system dysfunction to enable the body to heal itself – do not treat specific medical conditions
- Promotion of optimal health – wellbeing/preventative care

Table 21. Condition of patients received in the last working month

Chiropractors were asked to identify the percentage of their patients that they had seen in the last working month that came with the following symptoms:

Symptoms of less than 4 weeks duration (acute symptoms)

Symptoms of 4 to 8 weeks duration (sub-acute symptoms)

Symptoms of 8 to 12 weeks

Symptoms of more than 12 weeks duration (chronic symptoms)

Symptom free

Weeks	Percentage of patients received					
	None	1-20	21-40	41-60	61-80	81-100
0-4	70	331	252	152	40	9
4-8	98	473	244	33	6	0
8-12	142	534	160	15	3	0
12+	69	305	247	166	53	14
Symptom free	70	331	252	152	40	9

Table 22. Age groups treated

Chiropractors were asked to identify the age groups they treat giving the approximate percentage of their client base.

Age	Percentage of total patient base					
	None	1-20	21-40	41-60	61-80	81-100
0-5	332 (38.87%)	512 (59.96%)	7 (0.82%)	3 (0.35%)	0	0
6-15	169 (19.79%)	684 (80.09%)	1 (0.12%)	0	0	0
16-20	110 (12.88%)	740 (86.65%)	3 (0.35%)	0	0	1 (0.12%)
21-40	42 (4.92%)	210 (24.59%)	493 (57.73%)	94 (11%)	15 (1.76%)	0
41-60	42 (4.92%)	116 (13.58%)	508 (59.48%)	166 (19.44%)	22 (2.58%)	0
61+	64 (7.49%)	534 (62.53%)	237 (27.76%)	13 (1.52%)	6 (0.7%)	0

Table 23. Getting an appointment with a chiropractor

Chiropractors were asked how soon a new patient would be able to get an urgent and non-urgent appointment with them.

	Urgent appointment	Non-urgent appointment
Same day	374 (43.79%)	96 (11.24%)
1-2 days	306 (35.83%)	296 (34.66%)
2-4 days	92 (10.77%)	212 (24.82%)
1 week	29 (3.39%)	127 (14.87%)
More than 1 week	37 (4.33%)	80 (9.37%)
Didn't specify	16 (1.84%)	43 (5.04%)

Table 24. Time spent with a patient on the first and subsequent visits

Chiropractors were asked to identify the average time spent with a new patient on his/her first visit and on subsequent visits.

Time in minutes/hours	Initial visit	Subsequent visit
0-15	1 (0.11%)	446 (52.22%)
16-30	122 (14.28%)	318 (37.24%)
31-45	331 (38.75%)	84 (9.84%)
46-60	275 (32.2%)	5 (0.59%)
60-1h15	38 (4.46%)	
1h15-1h30	63 (7.37%)	
1h30-1h45	4 (0.48%)	
1h45-2h	18 (2.1%)	
3h	1 (0.11%)	
Didn't specify	1 (0.11%)	1 (0.11%)

Table 25. Reassessment of patients

Chiropractors were asked at what visit interval they re-assessed patients for whom they are providing on-going care. Many did not answer the question with the number of visit intervals so the information is split between visit intervals and length of time.

Visit interval/ Length of time	Number of chiropractors
1	229 (26.82%)
2-3	71 (8.32%)
4-5	192 (22.48%)
6-7	133 (15.57%)
8-9	28 (3.28%)
10-11	23 (2.69%)
12-13	62 (7.26%)
14-15	2 (0.23%)
15+	4 (0.47%)
Up to 1 week	17 (1.99%)
1-2 weeks	18 (2.11%)
3-4 weeks	13 (1.52%)
1-2 months	6 (0.7%)
3-4 months	16 (1.87%)
5-6 months	3 (0.35%)
Didn't specify	17 (1.99%)
Case by case	14 (1.64%)
On-going	5 (0.59%)
Patient decides	1 (0.12%)

Table 26.& 27. Writing to GPs and referrals to other healthcare professionals

Chiropractors were asked:

- a) With your patient's consent, do you write to their GP after they first come to see you and you have been able to identify the problem?
- b) Do you contact by phone or writing, a patient's GP when you refer the patient to their GP?

In the last working month, what percentage of your patients have been referred on to other healthcare professionals:

- c) ...Where chiropractic care has not been successful?
- d) ...Where chiropractic care is not appropriate?

Table 26. Writing to GPs

	A	B
Routinely	204 (23.89%)	424 (49.64%)
Selected Patients	420 (49.2%)	351 (41.1%)
GP referrals only (A only)	208 (24.36%)	N/A
Never	88 (10.3%)	73 (8.54%)
Didn't specify	3 (0.35%)	6 (0.7%)

Table 27. Referrals to other healthcare professionals

Range	C	D
0%	172 (20.14%)	230 (26.94%)
1-20%	581 (68.03%)	519 (60.77%)
21-40%	2 (0.24%)	4 (0.47%)
41-60%	7 (0.82%)	4 (0.47%)
61-80%	11 (1.29%)	1 (0.12%)
81-100%	26 (3.04%)	33 (3.86%)
Didn't specify	55 (6.44%)	63 (7.37%)

Table 28. New patients referred to other healthcare professionals?

Chiropractors were asked: What percentage of your new patients do you refer to the following list of healthcare professionals following diagnostic triage (initial assessment)?

	0	1-20%	21-40%	41-60%	61-80%	81-100%
GP	175 (20.49%)	656 (76.81%)	6 (0.7%)	4 (0.48%)	2 (0.23%)	11 (1.29%)
Hospital	711 (83.25%)	143 (16.75%)				
Physiotherapist	759 (88.88%)	93 (10.89%)	2 (0.23%)			1
Osteopath	838 (98.13%)	16 (1.87%)				
Paediatrician	820 (96.02%)	34 (3.98%)				
Orthopaedic Surgeon	626 (73.3%)	225 (26.35%)	3 (0.35%)			
Neurosurgeon	708 (82.9%)	145 (16.98%)	1 (0.12%)			
Rheumatologist	758 (88.76%)	95 (11.12%)	1 (0.12%)			
Neurologist	729 (85.36%)	124 (14.52%)	1 (0.12%)			
Regulated health professionals	771 (90.28%)	82 (9.6%)	1 (0.12%)			
Psychologist	794 (92.97%)	59 (6.91%)	1 (0.12%)			
Other*	715 (83.72%)	125 (14.64%)	8 (0.94%)	6 (0.7%)		

*Other healthcare professionals:

- Massage therapists: remedial, sports
- Podiatrist
- Radiologist
- Chiropractors
- Fitness therapists, Pilates instructors, yoga
- Nutritionist
- Homeopath
- Acupuncture, reflexology
- Cranio-sacral therapist, visceral manipulation
- Dentist
- Chinese herbalist
- Orthotics
- Kinesiologist
- Endocrinologist
- For MRI
- Counsellor

Table 29. & 30. Client base referred on to other healthcare professionals

Chiropractors were asked: what percentage of your total patient base do you refer to the following list of healthcare professionals following re-assessment...

a) ...when chiropractic is deemed not effective for patients problems?

b) ...when chiropractic has gone as far as it can?

Table 29. a) ... when chiropractic is deemed not effective for patients problems?

	0	1-20%	21-40%	41-60%	61-80%	81-100%
GP	181 (21.19%)	523 (61.24%)	19 (2.22%)	22 (2.59%)	33 (3.86%)	76 (8.9%)
Hospital	759 (88.88%)	93 (10.89%)	2 (0.23%)			
Physiotherapist	740 (86.65%)	103 (12.06%)	9 (1.05%)	1 (0.12%)		1 (0.12%)
Osteopath	829 (97.07%)	24 (2.81%)	1 (0.12%)			
Paediatrician	829 (97.07%)	25 (2.93%)				
Orthopaedic Surgeon	649 (76%)	196 (22.95%)	6 (0.7%)	2 (0.23%)		1 (0.12%)
Neurosurgeon	710 (83.14%)	135 (15.81%)	7 (0.82%)	2 (0.23%)		
Rheumatologist	758 (88.76%)	93 (10.89%)	3 (0.35%)			
Neurologist	750 (87.82%)	99 (11.59%)	5 (0.59%)			
Regulated health professionals	758 (88.76%)	85 (9.95%)	8 (0.94%)	3 (0.35%)		
Psychologist	797 (93.33%)	56 (6.55%)	1 (0.12%)			
Other*	717 (83.96%)	121 (14.17%)	9 (1.05%)	1 (0.12%)	3 (0.35%)	3 (0.35%)

*Other include

- Acupuncturist
- Remedial massage therapist
- Sports massage therapist
- Other chiropractors with different specialisms
- Nutritionist, herbalist
- Chinese Dr
- Fitness therapist
- Pilates instructor
- Bio-mechanical assessment
- Chiropodist
- Colonic hydrotherapist
- Homeopath
- Craniopath
- Podiatrist
- Dentist
- Orthopaedic physician
- Bowen technique practitioner
- Shiatsu
- Naturopath
- Kinesiologist
- MRI scans
- Alexander technique practitioner
- Meditation
- Radiographer

Table 30. b) ...when chiropractic has gone as far as it can?

	0	1-20%	21-40%	41-60%	61-80%	81-100%
GP	292 (34.19%)	421 (49.30%)	18 (2.1%)	32 (3.75%)	28 (3.28%)	63 (7.38%)
Hospital	818 (95.78%)	36 (4.22%)				
Physiotherapist	752 (88.06%)	89 (10.41%)	8 (0.94%)	3 (0.35%)	1 (0.12%)	1 (0.12%)
Osteopath	822 (96.25%)	32 (3.75%)				
Paediatrician	836 (97.89%)	17 (1.99%)	1 (0.12%)			
Orthopaedic Surgeon	675 (79.04%)	163 (19.09%)	11 (1.29%)	2 (0.23%)	1 (0.12%)	2 (0.23%)
Neurosurgeon	726 (85%)	120 (14.06%)	5 (0.59%)	2 (0.23%)	1 (0.12%)	
Rheumatologist	778 (91.1%)	73 (8.55%)	3 (0.35%)			
Neurologist	778 (91.1%)	74 (8.67%)	2 (0.23%)			
Regulated health professionals	755 (88.41%)	82 (9.6%)	7 (0.82%)	7 (0.82%)	2 (0.23%)	1 (0.12%)
Psychologist	813 (95.2%)	41 (4.8%)				
Other*	710 (83.14%)	126 (14.75%)	8 (0.94%)	4 (0.47%)	4 (0.47%)	2 (0.23%)

*Other – as listed for previous table

Table 31. Means of assessing a patient

Chiropractors were asked: When you are providing physical treatment, do you require your patients to undress down to their underwear, and provide a gown...

- a) ...on the initial visit?
- b) ...on subsequent visits?

	A	B
Always	578 (67.68%)	363 (42.5%)
Usually	175 (20.5%)	212 (24.83%)
Sometimes	68 (7.96%)	171 (20.02%)
Never	27 (3.16%)	91 (10.65%)
Didn't specify	6 (0.7%)	17 (1.99%)

Table 32. Techniques used in chiropractic

Chiropractors were asked: With what percentage of your patients do you use or offer advice on the following interventions?

	0-20%	21-40%	41-60%	61-80%	81-100%	Didn't specify
Adjustment/manipulation	3 (0.35%)	4 (0.47%)	13 (1.52%)	46 (5.39%)	767 (89.81%)	21 (2.46%)
Therapeutic exercise	51 (5.97%)	49 (5.74%)	110 (12.88%)	154 (18.03%)	454 (53.16%)	36 (4.22%)
Activities of daily living (eg postural advice)	31 (3.63%)	21 (2.46%)	66 (7.73%)	115 (13.47%)	591 (69.2%)	30 (3.51%)
Nutrition	300 (35.13%)	92 (10.77%)	137 (16.04%)	58 (6.79%)	114 (13.35%)	153 (17.92%)
Psychosocial	281 (32.9%)	85 (9.95%)	89 (10.42%)	30 (3.52%)	99 (11.59%)	270 (31.62%)
Lifestyle	150 (17.56%)	62 (7.26%)	146 (17.1%)	79 (9.25%)	319 (37.35%)	98 (11.48%)
Other*	19 (2.22%)	8 (0.94%)	11 (1.29%)	12 (1.41%)	30 (3.51%)	774 (90.63%)

*Other includes:

- Vitamins
- Cryotherapy
- Massage
- Rehabilitation
- Orthotic therapy
- Stretches
- Thermotherapy
- Activator
- DROP
- Mobilisation
- Acupuncture
- Herbal/homeopathy
- Soft tissue work
- TPT
- Thumper
- Cranio-sacral therapy
- Dry needling
- Glucosamine sulphate
- Analgesia
- Ice
- EMS Galvanic current modality
- Meditation/relaxation where physical/mental tension is underlying factor
- Strapping
- Life coaching and NLP
- SOT
- Blocking
- Fibromyalgia mapping
- Pathomechanics

Table 33. & 34. X-rays

Chiropractors were asked:

- a) For what percentage of your patients is an x-ray justified?
- b) Do you take x-rays of your patients?
- c) Do you refer patients direct for imaging?
- d) Do you refer patients for imaging via GPs?
- e) Do you interpret the x-rays?

Table 33. a) X-ray justified?

Range	Number of chiropractors
0%	9 (1.05%)
1-20%	525 (61.48%)
21-40%	99 (11.59%)
41-60%	51 (5.98%)
61-80%	47 (5.5%)
81-100%	34 (3.98%)
Didn't specify	89 (10.42%)

Table 34. b, c, d, e) X-rays

	B	C	D	E
Yes	294 (34.43%)	499 (58.43%)	568 (66.51%)	593 (69.44%)
No	542 (63.47%)	306 (35.83%)	246 (28.81%)	241 (28.22%)
Didn't specify	18 (2.1%)	49 (5.74%)	40 (4.68%)	20 (2.34%)

Table 35. Open plan treatment rooms

Chiropractors were asked:

a) In your clinic do you use a treatment area with more than one patient being present at the same time (ie open plan)?

If yes,

b) ...do you provide separate changing rooms from the open plan area?

c) ...do you provide individual consulting rooms?

	A	B	C
Yes	68 (7.96%)	39	68
No	779 (91.22%)	21	4
Didn't specify	7 (0.82%)	22	13

Table 36. Techniques used in practice

Chiropractors were asked: To understand the breadth of the repertoire of interventions used, please can you indicate if you use any of the following:

	Number of chiropractors
Chiropractic adjustments	849 (99.41%)
Physical therapy modalities (eg interferential, ultrasound, short wave diathermy)	310 (36.29%)
Soft tissue therapy such as massage	730 (85.48%)
Rehabilitation exercise	744 (87.11%)
Rehabilitation gym	155 (18.15%)
Dry needling	200 (23.42%)
Other*	242 (28.33%)
Didn't specify	6 (0.7%)

*Other techniques used include:

- Nutritional advice: vitamins, supplements, oxygen supplementation.
- Medications: allergy testing, Bach flowers, homeopathy
- Lifestyle: posture, ergonomics in the workplace, exercise, advice on stretching muscles.
- Psychosocial: emotional support, counselling, cognitive behavioural therapy.
- Techniques: SOT, NOT, PR, ART, Block, AK, TBM, Kinesiology, PIR, PNF, EFT EMO Trance, HFRT, Taping, Activator, Stimulator, Mobilisation, Cryotherapy, Thumper machine, Digital infrared thermal imaging, Isotonic compression, Celloid mineral therapy, Bio resonance, Cranial sacral therapy, Torque, Release technique, Flexion, Distraction, corrective tractioning, Trigger point work, Visceral manipulation
- Alternative therapies: Acupuncture, Reike, Shiatsu, Lymphatic massage, Percussion of fascia, relaxation techniques, heat moist soak, heat/cold (ice packs), soft tissue release
- Orthotics
- Dental
- Podiatry
- Gynaecological
- Laser (works like dry needling)

D The opinions of UK chiropractors

Tables 37-39 provide detailed analysis of the responses given in relation to the respondents' opinions of UK chiropractors. The main conclusions are however:

Definition of holistic chiropractic

- 85% of respondents agree with the following statement of holistic chiropractic:

'Chiropractors take a holistic approach to your health and wellbeing; this means that they consider your symptoms in the context of your full medical history, your lifestyle and your personal circumstances.'

Definition of chiropractic care

- 64% of respondents believe the following to be the true definition of chiropractic care:

'The chiropractor shares responsibility for care with the patient. The patient should be encouraged to take an active role.'

Evidence based practice principles

- 90% of respondents support evidence based practice principles, 6% said they did not.

Table 37. Definition of 'holistic' chiropractic

Chiropractors were asked: do you agree with the following statement on the definition of 'holistic' chiropractic?

'Chiropractors take a holistic approach to your health and wellbeing; this means that they consider your symptoms in the context of your full medical history, your lifestyle and your personal circumstances'.

	Number of chiropractors
Yes	724 (84.78%)
No*	101 (11.83%)
Didn't specify	29 (3.39%)

*Those that replied No were asked to state their own. Below is a sample of representative responses:

- A holistic chiropractor will adjust vertebral subluxation and thereby give the body's own innate intelligence the chance to heal itself and reach optimum health and wellbeing.
- We are not trained to treat either the mental or emotional problems suggested by the term.
- A chiropractor locates nerve interference in the body and removes it to enhance the function of the nervous system to allow the body to function optimally and allow healing to occur.
- It is a valid statement about chiropractic, but not a definition.
- Chiropractors take a holistic approach to your health and wellbeing; this means that they consider both physical and emotional wellbeing by integrating medical history and daily lifestyle analysis with respect to your presenting symptoms/complaint.
- Prefer: Chiropractic is the philosophy, science and art required with the detection, analysis and adjustment of subluxations. A subluxation is a skeletal misalignment, not gross enough to be considered a dislocation but significant enough to create an adverse amount of pressure on adjacent nerve fibres. This pressure interferes with neural integrity, the functioning of any body parts supplied by these nerve fibres and ultimately the body's innate ability to heal itself. Chiropractic, through the correction of subluxations, aims to restore neural integrity, thereby restoring proper functioning, enhancing and promoting the body's innate ability to heal itself.
- Symptoms!! I try to explain to my patients that my chiropractic is not a symptom based treatment as it is the last thing that occurs and 1st thing to go when there is a problem. This is only part of what I assess when looking at the whole patient. I also look at the interaction and communication between the brain, nervous system and rest of the body.
- Holistic chiropractic is concerned with the restoration of optimal health and function by detecting and reducing those impediments (structural, biomechanical or energetic) which can interfere with the body's natural healing processes.
- The ACC position on chiropractic is much more appropriate:
"Chiropractic is a health care discipline which emphasises the inherent recuperative power of the body to heal itself without drugs or surgery. The practice of chiropractic focuses on the relationship between structure (spine) and function (as concluded by the nervous system) and how that relationship affects the preservation and restoration of health. In addition, chiropractors recognise the value and responsibility of working in co-operation with other health care practitioners when in the best interest of the patient.
- Chiropractors (could) empower you to optimise your health. To this end they consider your past medical history, your present condition, way of life, and what you want for your health, this is a holistic approach.

Table 38. Defining chiropractic care

Chiropractors were asked: Which one of the following best describes your view of chiropractic care?

- 1 The chiropractor is primarily responsible for the care of the patient. The patient is a passive recipient of treatment.
- 2 The chiropractor shares responsibility for care with the patient. The patient should be encouraged to take an active role.
- 3 The patient is primarily responsible for his or her own care. The role of the chiropractor is to educate and support the patient.
- 4 Other (please specify).

	Number of chiropractors
1	0
1 and 2	1 (0.12%)
2	546 (63.93%)
2 and 3	30 (3.51%)
3	240 (28.1%)
1,2 and 3	2 (0.23%)
Didn't specify	9 (1.07%)
Other	26 (3.04%)

Chiropractors listed their preferred description of chiropractic care:

- Chiropractor is concerned for patient's health but patient is responsible for their health.
- Chiropractor locates and adjusts subluxations and educates patients.
- Depends on the patient.
- 50:50 effort by the patient and the chiropractor.
- Help patient help themselves.
- Chiropractor is the facilitator of patient's own self healing ability.
- Patient must take an active role while the chiropractor educates and supports the patient.
- Patient needs to be given adequate information so that he/she can make an informed decision of the role they want to take.

Table 39. Evidence based practice principles

Chiropractors were asked: Do you support evidence based practice principles?

	Number of chiropractors
Yes	766 (89.70%)
No	51 (5.97%)
Didn't specify	37 (4.33%)

E Promotion

Tables 40-41 provide detailed analysis of the responses given in relation to the respondents' promotion of chiropractic. The main conclusions are however:

Promotion:

- 53% of respondents have given talks to Drs/GPs or other healthcare professionals to promote chiropractic.
- The majority of the talks given were on a one to one basis or at practice meetings.
- Other forms of promotion that respondents had undertaken included sending reports and holding open days at the clinic.

Table 40. & 41. Promotion

Chiropractors were asked:

a) Have you ever given talks to Drs/GPs or other healthcare professionals to promote chiropractic?

If yes,

b) Were talks given ...on a one to one basis...

Table 40. a) given talks to Drs/GPs or other healthcare professionals.

	Number of chiropractors
Yes	453 (53.04%)
No	396 (46.37%)
Didn't specify	5 (0.59%)

Table 4I. b) were talks given on...

	Between		
	Yes	0-10	10-20
On a one to one basis	183	46	1
At NHS conferences	33	4	1
At practice meetings	268	43	1
At postgraduate centres	146	23	0
Other*	148		

*Other type of chiropractic promotion to Drs/GPs or other healthcare professionals undertaken include:

- Letters to GPs, PCT's and local hospitals to create a dialogue and to write about their patients
- Sending reports, articles, promotional literature, referral slips and newsletters
- Talks given at: birthing conference, local hospital in the orthopaedics department, in clinics, to students, school of nursing U.E.A., post graduate course for GPs and allied health professionals, seminars, spine convention to neurosurgeons and orthopaedic surgeons, schools, health groups, sports centres, National Occupational Health Conference for British Aerospace
- Talks given to: midwives, GPs to educate not promote chiropractic, physiotherapists, group of podiatrists/medical students, personal trainers, CPD for dental groups, local care groups/homes, student nurses, police and fire service medical consultants, and health authorities
- Open days in clinics
- Treatment given to medical GPs
- Work in a multidisciplinary team and hold monthly meetings
- GP registrars observing treatment sessions
- Health fairs
- Radio interviews
- Referral of patients to GPs
- Approached PCT re: NHS funding/inclusion and x-ray referral (they had never heard of chiropractic!)
- NHS consultant work
- Reduced fee for allied health professionals
- Patient support groups including GPs
- Run an annual course on psychosocial aspects of back pain

F GCC Communication

Tables 42-49 provide detailed analysis of the views held by respondents on the GCC's general communication. The main conclusions are however:

GCC Newsletter:

- In answer to all questions regarding the newsletter (is it frequent enough, interesting, informative, relevant, detailed enough) the majority of replies came in as 'satisfied'. However for the remainder of replies those who were 'happy' and 'very happy' with it tipped the balance over those who were unhappy.

Effective means for the GCC to communicate news to registrants:

- The majority of respondents indicated that the most effective means for the GCC to communicate news was primarily via the newsletter.
- The majority of respondents said they would like to receive/have access to GCC news via email and the GCC website.

GCC Website:

- The majority of respondents visit the GCC website monthly or every six months.

GCC leaflet 'What can I expect when I see a chiropractor?':

- 20% of respondents were unhappy with the leaflet.
- 24% of respondents were indifferent to the leaflet.
- 10% didn't make any comment.

Post Council Bulletin:

- 33% of respondents were happy with the post council bulletin.
- 39% thought it was satisfactory but expressed their lack of enthusiasm for its content.

Table 42. GCC Newsletter

Chiropractors were asked: Is the GCC newsletter... interesting... (indicating with a number the level of satisfaction where 1 = very happy and 5 = very unhappy)

	Interesting	Informative enough	Relevant	Detailed enough	Frequent
1 (Very happy)	46 (5.39%)	75 (8.78%)	95 (11.12%)	100 (11.7%)	202 (23.65%)
2 (Happy)	155 (18.15%)	241 (28.22%)	225 (26.35%)	205 (24%)	200 (23.42%)
3 (Satisfied)	357 (41.8%)	295 (34.54%)	287 (33.6%)	304 (35.6%)	223 (26.11%)
4 (Unhappy)	133 (15.58%)	114 (13.35%)	108 (12.65%)	92 (10.77%)	80 (9.37%)
5 (Very unhappy)	65 (7.61%)	33 (3.86%)	42 (4.92%)	51 (5.99%)	49 (5.74%)
Ticked box and no comment made	64 (7.49%)	62 (7.27%)	63 (7.38%)	68 (7.96%)	66 (7.73%)
Didn't specify	34 (3.98%)	34 (3.98%)	34 (3.98%)	34 (3.98%)	34 (3.98%)

Table 43. & 44. Effective means for the GCC to communicate news to registrants

Chiropractors were asked to rank in order of preference from a list of options to ascertain:

- What do you feel are the most effective means for the GCC to communicate general news to chiropractors?
- How would you like to receive/have access to GCC news?

Table 43. Most effective means for the GCC to communicate news.

	Yes (ticked only, didn't score)	1 (Very Good)	2 (Good)	3 (Satisfactory)	4 (Not at all)	Didn't specify
Newsletter	(19.32%)	487 (57.03%)	96 (11.24%)	38 (4.45%)	28 (3.28%)	40 (4.68%)
Information Note	26 (3.04%)	73 (8.55%)	266 (31.15%)	196 (22.95%)	87 (10.19%)	206 (24.12%)
Website	41 (4.8%)	64 (7.49%)	152 (17.8%)	136 (15.93%)	286 (33.49%)	175 (20.49%)
Post Council Bulletin	20 (2.34%)	34 (3.98%)	114 (13.35%)	235 (27.52%)	241 (28.22%)	210 (24.59%)

Table 44. Preferred method of receiving news

	Yes (ticked only, didn't score)	1 (Favourite)	2	3	4	5	6 (Least favourite)	Didn't specify
E-mail	90 (10.54%)	393 (46.02%)	115 (13.47%)	46 (5.39%)	41 (4.8%)	26 (3.04%)	30 (3.51%)	113 (13.23%)
Local meetings	19 (2.22%)	55 (6.44%)	115 (13.47%)	234 (27.4%)	139 (16.28%)	50 (5.85%)	42 (4.92%)	200 (23.42%)
Website	39 (4.57%)	70 (8.2%)	280 (32.79%)	127 (14.87%)	79 (9.25%)	58 (6.79%)	27 (3.16%)	174 (20.37%)
Open house drop-in sessions at the GCC	9 (1.05%)	8 (0.94%)	14 (1.64%)	55 (6.44%)	102 (11.94%)	275 (32.2%)	171 (20.03%)	220 (25.76%)
Targeted conferences/ seminars	39 (4.57%)	33 (3.86%)	79 (9.25%)	137 (16.04%)	205 (24%)	140 (16.4%)	38 (4.45%)	183 (21.43%)
Other*	18 (2.12%)	114 (13.35%)	18 (2.1%)	14 (1.64%)	3 (0.35%)	5 (0.58%)	54 (6.32%)	628 (73.54%)

*Other includes:

Newsletter (65)

Post (62)

Phone

National forum to enable chiropractors to question the GCC

Visit to local post graduate seminars

Teleseminars

Telephone

Leaflets

Bulletins

Through the Professional Association

Table 45. 46. & 47. GCC Website

Chiropractors were asked:

- Do you use the GCC website (daily, weekly...)?
- Which sections of the website do you use?
- Is there any information that is currently not on the website that you would like to see?

Table 45. How often do you use the GCC website

Daily	0
Weekly	45 (5.27%)
Monthly	199 (23.3%)
Every 6 months	243 (28.45%)
Once a year	123 (14.4%)
Never	238 (27.87%)
Didn't specify	6 (0.7%)

Table 46. Which sections of the website are most popular

About the GCC	107 (12.53%)
General information	302 (35.36%)
Clinical effectiveness	173 (20.26%)
CPD proposals	276 (32.32%)
Chiropractic education	189 (22.13%)
GCC documents	182 (21.31%)
Proceedings and findings	290 (33.96%)
GCC accounts	41 (4.8%)
Find a chiropractor	292 (34.19%)
About chiropractic	65 (7.61%)
Other	1 (0.12%) (test of competence)
Didn't specify	256 (29.98%)

Table 47. Information not on the website that you would like to see?

Yes*	108 (12.64%)
No	432 (50.59%)
Didn't specify	314 (36.77%)

*Those that replied yes specified:

- All the clinics that a chiropractor works in
- Fewer details of 'allegations and findings' prior to being found guilty
- Available courses run by the Professional Associations
- Research – statistics on the growth of complementary health, research bulletin board with abstracts of latest relevant research articles, articles published about chiropractic, clinical effectiveness papers, and CCP practice evidence
- Details about modifying practice in light of recent disciplinary hearings, more details on why a chiropractor has been disciplined
- GCC promotion of chiropractic
- Promotion of chiropractic to general public
- Job vacancies
- Difference between MCA and BCA, the public should know there are two styles of chiropractic differing in velocity of adjustment and acute care vs wellness care
- Don't encourage a patient to report a chiropractor – the GMC doesn't
- Links to chiropractors websites
- Press releases
- Financial transparency
- How to get contracts with GPs
- Timetable for conferences run world-wide
- EU issues that concern healthcare
- More detail on the history and philosophy of chiropractic
- Details of CPD approved courses, conferences etc.
- Be more specific about conditions chiropractic treats
- Greater access and accountability to members of council
- More pro chiropractic e.g. effects of subluxation, comparisons between the safety of chiropractic with other medical interventions, positive feedback from clients

Table 48. GCC leaflet ‘What can I expect when I see a chiropractor?’

Chiropractors were asked if they were happy with the content of the leaflet that is distributed to the public and to state their reason.

1 (Very happy)	152 (17.79%)
2	232 (27.17%)
3	208 (24.36%)
4	86 (10.07%)
5 (Very unhappy)	87 (10.19%)
Didn't specify	89 (10.42%)

Comments included:

1 (Very happy)	<ul style="list-style-type: none"> ● Concise, handy size, relevant information. ● Describes how I practice perfectly and explains how regulated the profession is i.e. why I can't always provide exactly what the public expects. ● A better cover i.e. more visual and much brighter showing real people would make it even better. ● Patients and healthcare professionals find it useful and informative. ● Great to have something professional from a professional body – to send to other professionals. ● We should be described as Doctors of Chiropractic and nothing else. ● Gives patients useful information on what to expect when seeing a chiropractor.
2	<ul style="list-style-type: none"> ● The number of treatments specified for acute/chronic condition makes it sound like any more treatments specified is wrong – every patient responds differently. Extend the time quoted for follow up's. ● It is helpful for patients to see we are under a council and are a recognised profession. ● Subluxations should be mentioned and explained. ● People may be put off by the undressing sentence – we have to work within different cultural tolerances even if it is not ideal. ● I do not display it in my clinic due to wording of sentence 'You will be given privacy to undress down to your underwear and will be offered a gown to wear for the rest of the visit'. This infers that this situation is unconditional – some cases may not require this and some patients feel embarrassed wearing a gown. I feel the sentence should read: 'Your chiropractor may require you to undress down to your underwear and wear a gown on your first visit. If this is necessary you will be given privacy while undressing.' ● It gives the patients a good guide to best practice principles (i.e. using 1 room per patient and gowns) and explains what chiropractors do. ● It doesn't really explain why adjusting spinal joints is therapeutic and current explanation is a little outdated. ● It is rather dull – I understand it is serious material but it is so badly presented

- Patients enjoy having something to refer to. It helps when explaining and educating new patients.
- Must include differences re: McTimoney and conventional chiropractic more clearly
- I feel information regarding different forms of chiropractic and information on similar professions e.g. osteopathy would be useful as these are areas that are extremely confusing to the general public
- It must allow for chiropractic use of instruments such as activator and other modalities.

3

- Can not recall what I read, thus it mustn't have been too inspiring.
- It is too formal. Makes no compelling point on why anyone should actually see a chiropractor. Wording too general and wishy-washy. If I were a patient, I would put it down after the 2nd paragraph.
- Content is satisfactory as it tries to represent the wide variety of chiropractic approaches available in the UK, but as a result appears vague. I can understand it is extremely difficult to reach a balance.
- GCC should provide a short précis of the various techniques of chiropractic (patients often ask about the differences in approach/technique/philosophy).
- Use of gown – although I always ask patients to undress down to underwear I have patients who prefer to use a gown and the choice is theirs.
- Too geared towards non McTimoney type chiropractic.
- It is presented in so cautious a manner as to put off all but the most familiar or determined. It appears to presuppose danger and risk in the treatment where this is so small as to be superseded by road accidents.
- 'How many visits do I need – suggests termination of care – comparing this to US insurance guidelines – inadequate. The beauty of chiropractic is that we can fix before broken – the patient may not be aware of this – premature cessation of care – recurrence leading to public perception of chiropractic not working.
- Should have space for the chiropractor to insert their own practice address.
- It is detailed and succinct but I believe that it lacks enthusiasm and attractiveness. Improve the design, and include photos.
- The leaflet is good but I feel there is a gap in the major area of subluxations affecting nerves. This is after all the basis of our philosophy.
- Very limiting to e.g. appointment schedules and conditions. It doesn't need to be there.
- I have never had a new patient who has read one.

4

- Bit heavy reading. Make it more vitalistic/health focussed. Dull presentation (seems like a government document).
- You can not set down in stone what happens. Patient's perception has a lot to do with the experience even when its' down in black and white.
- Not representative of chiropractic. Other worldwide bodies have a much clearer picture of chiropractic. I hope this consultation shows that and is used wisely.
- Nowhere to put info about oneself/clinic.
- Not sufficiently reflective of wellness care practise. Should emphasise subluxation care more. Too symptom driven.

- Unhappy about patient having to undress to underwear, it might put some people off. We can treat through clothes if a patient is particularly sensitive.
- Boring and negative.
- Does not reflect my practice.
- Illustrates a limited scope of chiropractic services rather than the broad services chiropractic can offer
- The number of recommended visits is too low. 20 year condition takes more than 8 sessions.
- Certain sections are misleading, over emphasised, and could be better expressed. Criteria to be considered: informative, reassuring and adhering to SOP/COP.

Most logical order of headings:

1. what is chiropractic
2. can anyone use the title chiropractor?
3. why might I go to a chiropractor?
4. do I need to contact my GP?
5. what happens when I visit a chiropractor for the first time?
6. will the treatment hurt?
7. how many visits will I need?
8. do I have to pay?

Examples of specific sections needing review:

- a) list 'chiropractors primarily treat – first 2 are misleading.
- b) 'what happens when I visit.... Suggested wording 'you will usually be required to undress down to your underwear, to enable the chiropractor to carry out an accurate examination. Your privacy and dignity will be respected at all times and a gown will be provided. With your consent, the chiropractor will carry out a comprehensive physical examination, which will include palpation, and neurological and orthopaedic tests if necessary.
- c) how many visits... Suggested wording: This will depend on a number of factors, your age, the nature of the problem, how long you have had it, your lifestyle, your general state of health. Subsequent visits will last an average of 20 minutes.

-
- Chiropractic is very broad in the base of information and types of care. This brochure doesn't represent the care and effort I go to provide treatment to patients.
 - Re: insistence on gowns – I feel it is entirely appropriate to ask a patient to undress to their underwear and to assess without a gown as a huge amount of relevant information can be gleaned from visual assessment. Obviously this would need to be done sensitively and with permission.

5 (Very unhappy)

- Lacks the pizzazz to encourage people to try chiropractic.
- I am very unhappy with the definition of chiropractic in "what is chiropractic".
- Not based on any published evidence. Represents the BCA's opinions, not fact.
- It is not supportive of wellness chiropractic.
- Don't like the 'how many visits will I need?' section telling patients 3-6 visits is all that is needed. Very pain orientated. All sounds influenced by BCA.

- It was obviously compiled by persons who knew nothing about our profession, nor the practice of clinical chiropractic.
- 'The GCC should not try to be so heavy handed in defining chiropractic. Remember the roots of chiropractic are not in Britain.
- Too prescriptive.
- 'It is typical of your bonsai type of chiropractic that the GCC is promoting i.e. pain based/medical model and it does not inform the public of the traditional chiropractic methods i.e. corrections of vertebral subluxation. It is currently based on personal opinion of a very small group of chiropractors not research based
- It gives the wrong impression of what chiropractic is and tries to achieve. It short changes the benefits of chiropractic care and limits its scope.
- Makes us out to be musculoskeletal specialists.
- Don't think there is a great need for such a publication.
- Boring, lacks enthusiasm.

Didn't specify

- Haven't seen it
 - We educate patients in a different way.
 - Welsh chiropractors are impressed that it is available in Welsh.
-

Table 49. Post-Council Bulletin of interest

Chiropractors were asked: is the new Post-Council Bulletin outlining the results from the council meeting of interest to you?

1 (Very happy)	102 (11.94%)
2	183 (21.43%)
3	329 (38.52%)
4	90 (10.54%)
5 (Very unhappy)	52 (6.09%)
Didn't specify	98 (11.48%)

Comments broken down within the category they ticked:

1 (Very happy)	<ul style="list-style-type: none"> ● Like to know what is happening immediately ● Transparency ● Need more detail ● Nice to be informed
2	<ul style="list-style-type: none"> ● Useful to keep up to date with activities of council ● Like to read bulletin but prefer to receive it by email ● Stop all this expense and start promoting chiropractic ● Good to have an overview of topics discussed ● Important to see workings of the GCC
3	<ul style="list-style-type: none"> ● Up to a point ● Presentation is far from grabbing and language is rather dry ● Detail is dull but we should know what is going on ● Not detailed enough ● Essential but not thrilling ● Only interested in the things which directly affect me and my practice, all the 'behind the scenes' information would be useful once a year in a general mail. ● I'm not enthusiastic about GCC communications in general as they have an air of draconian about them, lacking softness. ● Prefer to check the website for news.
4	<ul style="list-style-type: none"> ● Difficult to be excited about such legalistic and administrative information. ● Minutes are by their nature dull. ● Too little information/explanation of what is happening. Be good to know who is dealing with what so that we can contact someone personally re: the issue. ● Can't recall having seen it. ● Seem irrelevant and wordy. ● Dull and dry as sawdust.

5 (Very unhappy)

- Doesn't provide information that I find useful.
 - Uninterested.
 - It is all politics and doesn't talk about chiropractic.
 - GCC do nothing for the profession apart from hinder it.
 - Lacks detail.
 - Poor presentation.
-

Didn't specify

- Don't read them.
 - We get so much information that it is hard to find the time to read it.
-

G General comments

In the survey, chiropractors were asked if they would like to comment on the survey or anything they felt hadn't been covered. 249 (29%) of the respondents made additional comments. Following is a breakdown of the general comments made with the number of respondents who expressed the opinion.

The survey

- 15 respondents said that this was a good questionnaire, they were pleased to have the opportunity of expressing their views anonymously to the GCC and it went some way to restore faith that the GCC listens to what the profession wants.
- 11 respondents were concerned that the focus of the survey was on symptoms, reflecting that to give symptom relief you are not giving adequate care as symptoms arise when you have a problem which is established over a period of time. It was also said that they would like to know how the GCC is representing the neurological approach to chiropractic.
- 10 respondents made the point that the paper used for the survey was expensive and was not a good use of resources by the GCC. They went further indicating that this was representative of how the GCC behaved.

GCC

- 53 respondents expressed the view that fees for registration were too high and that factors such as working part time or joining the profession half way through the year should be reflected in the amount of fees that are paid.
- 23 respondents believe that the GCC is not supportive of chiropractic and chiropractors and that not enough focus is given to the good work that is being carried out by chiropractors on a daily basis. It was said that a more positive approach to good practice, through seminars and lectures could help chiropractors work within what are quite new guidelines and rules.
- 16 respondents said that they found the GCC to be unapproachable and unfriendly on the phone. In addition to this they went on to say that the tone of communication was threatening. It was also said by a few that Council members should be more visible within the profession so that chiropractors could communicate with them directly.
- 11 respondents made the point that fees for new graduates need to be reviewed as they are at present too high.
- 10 respondents would like the fee of £75 for the change of address to be abolished and questioned how such a fee could be justified. They also said that the fee for moving from conditional to full registration was exceptionally high and should also be reviewed.

Promotion

- 51 respondents made the point that they would like to see a greater proportion of their fees spent on promoting the profession to the general public and asked for the GCC to fund a national campaign. A number were pleased with some of the advertising that had taken place but asked that this was carried out more regularly. It was said that they didn't feel there had been any change in public perception and GPs knowledge of chiropractic since the GCC had come into being.
- 24 respondents explained that in relation to whether or not a patient is required to undress down to their underwear and wear a gown for assessment, this is the preferred way but they do not require the patient to do this. It was felt that stressing this point in the literature would prohibit some people to visit a chiropractor and the point that they can be assessed clothed should be made.
- 10 respondents asked that the GCC do more to ensure that GPs are educated on what chiropractic is and can offer. It was suggested that this is done at university level so that chiropractic could be fully utilised. It was also thought to be one of the most effective ways of promoting chiropractic and the profession.

A point raised by 6 respondents and made more loosely by several others was that chiropractic is at odds with medicine (basic approach to health) and being closely linked with the NHS will cause the profession to become mere spinal technicians. It was also said that the general population is moving away from the allopathic model of healthcare towards a more vitalistic and holistic model focussed on the pursuit of true health and wellness and in their opinion the chiropractic profession was best placed to lead this 'wellness revolution'. It was therefore felt that it was in this direction that the GCC should focus its attention to avoid being just another drugless management of back pain.

Policy

- 16 respondents would like the GCC to take a firmer position on and against open plan practices and pre-billing practices which were thought to involve unreasonable sums of money. It was felt that this method of practice was going to damage the reputation of the profession and would have a negative impact on the future strategy of working with the NHS if GPs could not guarantee the style of patient management.
- 13 respondents called for the GCC to differentiate between the various styles of chiropractic. The reasons given for this were that when asked by patients what the differences are they are not sure what they can say and this leads to confusion. It was also said that some GPs will not refer patients to chiropractors because they do not understand the difference between the styles of practice. They said that they look forward to the GCC reflecting and promoting the diversity of technique and philosophy of chiropractic in the UK.
- 12 respondents asked that the GCC did not publish on its website the names of chiropractors under investigation until proven guilty.
- 11 respondents were against 'wellness care' and linked the approach taken by some practices to offer free examinations in shopping malls and recommend to patients that they require on-going care to prevent any disorders occurring. It was said that this was unethical and must be stopped.

- 8 respondents asked that the GCC accounts were more visible and provided a further breakdown of costs associated with the GCC performing its function and costs related to wages. It was also asked how would the profession benefit from any investments made by the GCC (the building) and why the GCC was placed in such a costly area of London.
- 7 respondents were concerned that educational standards were not being protected by the GCC. It went further by stating the void between McTimoney and BCA chiropractors was widening further and that the McTimoney group need to be brought into line.

NHS

- 6 respondents reiterated the fear expressed before that being involved with the NHS could mean that the focus on wellness and vitality will be replaced with managing pain. Another point was raised that by working with GPs there was a fear that the chiropractor would lose control over what treatment the patient should receive and that restrictions would be placed on their practice methods. In addition to this, the fear is that chiropractors will only be used once all else fails as is done at present. It was felt that if more was done to educate GPs on the benefit of chiropractic, then some of these problems could be alleviated, but if chiropractic was made available on the NHS with present levels of knowledge held by GPs then there would be concern that this partnership could not work to its full potential.
- 4 specifically expressed the view that they are delighted the GCC is focussing on making chiropractic available on the NHS.

Other general comments made by individuals included:

- The GCC should work more closely with the GMC, BCA and the profession.
- The GCC produces too much paperwork which is time consuming to read.
- CPD will require too much work on the part of the chiropractor, taking the focus away from the patient.
- There are not enough CPD seminars in the UK.
- I practice using evidence based principles, however I can not exclusively practise in this way as it is limiting.
- The message that the GCC protects patients is negative and makes patients believe they need protecting.
- The GCC is inefficient and slow, being required to complete the entire annual retention form each year is a waste of time. We should be sent the records you hold on us and we update anything that has changed.

3 Acknowledgements

The survey was drawn up by the General Chiropractic Council (GCC) Communication Strategy Working Group, membership of which is as follows:

- British Chiropractic Association (BCA)
- Chiropractic Patients Association (CPA)
- College of Chiropractors
- McTimoney Chiropractic Association (MCA)
- Scottish Chiropractic Association (SCA)
- United Chiropractic Association (UCA)
- GCC Council and GCC Staff

