



KING'S FUND

REPORT OF A
WORKING PARTY
ON CHIROPRACTIC

CHAIRMAN
THE RT HON SIR THOMAS BINGHAM

King Edward's Hospital Fund for London

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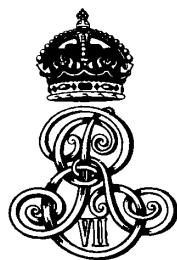
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FOREWORD

It gives me great pleasure to commend this report by a King's Fund Working Party, chaired by Sir Thomas Bingham, now Master of the Rolls, on proposals for the statutory registration and regulation of chiropractic.

Few people realise that at the moment anyone can claim to be a chiropractor in the United Kingdom, whether the individual concerned has undergone arduous professional training or has had very little preparation of any kind. Yet that is the current position in Britain not only in chiropractic but in every other branch of complementary medicine. Only now is this anomaly being tackled in osteopathy – a profession closely analogous to chiropractic – as a result of an earlier King's Fund Working Party report, leading to a private member's bill introduced by Mr Malcolm Moss MP in the current parliamentary session.

The medical profession itself was essentially unregulated in Britain until 1858. It was then recognised that the public ought to be protected, in view of the fact that people literally place their lives in their physicians' hands and have little ability to judge their professional competence, conduct and integrity. The Medical Act has come to provide the gold standard for recognition as a profession and for regulation in the public interest. It is high time that this was extended to those branches of complementary medicine that share certain key features with orthodox medicine. These features are:

1. that the therapeutic practice concerned rests on solid foundations in science and in examinable knowledge and skills;
2. that it can be demonstrated by objective standards to cure or to alleviate pain and suffering when practised skilfully, and that it has power to do harm in the wrong hands;
3. that there is a significant public demand for it; that the public requires help in differentiating reliable from unreliable practice, and would be best protected by publicly accountable self-regulation by the profession concerned.

These features do not apply equally to all branches of complementary medicine, but they do apply to chiropractic, as to osteopathy. Indeed, chiropractic has set an important precedent in terms of its openness to scientific enquiry through the Medical Research Council's randomised controlled trial of the treatment of low back pain which compared chiropractic treatment with orthodox hospital outpatient

treatment – and incidentally found in favour of the former¹. Nothing else will do so much to advance the scientific standing of complementary medicine as this willingness to subject it to the same standards of enquiry as medicine itself.

Not surprisingly there have been some methodological criticisms of the study, but I cannot help wondering whether those criticisms would have been so strident if the conclusions had been in favour of orthodox treatment, as many of us had expected. In any case controversy about a research study is natural and healthy. It is the lack of willingness to investigate (or to take seriously) that is the real danger.

It is my hope that chiropractic will quickly follow osteopathy onto the UK statute book. That does not of course mean that either treatment will automatically be available on the National Health Service, because of the very tight limits on NHS funding. But it would mean that the public will be protected, as it needs to be. The legislation required is virtually identical in the two cases and can also provide a useful model for other branches of complementary medicine as and when they satisfy the same criteria as chiropractic and osteopathy now do.

Robert J Maxwell
Secretary/Chief Executive
The King's Fund

1. TW Meade *et al.* Low back pain of mechanical origin: Randomised comparison of chiropractic and hospital outpatient treatment. *British Medical Journal* 1990; 300: 1431-7.

WORKING PARTY ON CHIROPRACTIC

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Ms Marcia Fry¹³ (from July 1992)
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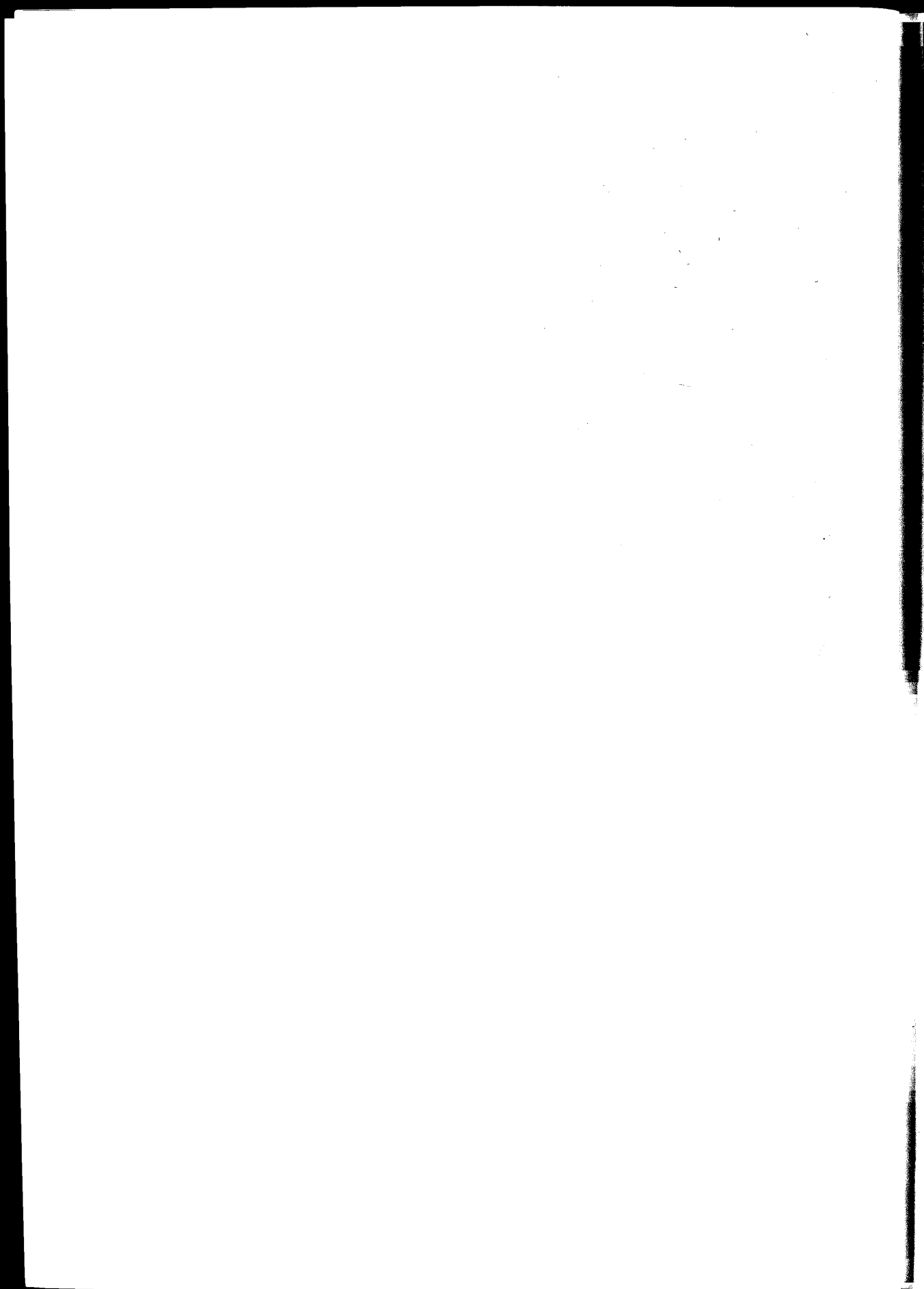
[(1) The Master of the Rolls: (2) Medical Journalist: (3) Practising chiropractor, Chairman Chiropractic Registration Steering Group, Vice-President the British Chiropractic Association: (4) Practising chiropractor, Director Witney School of Chiropractic: (5) Consultant Radiologist, the Robert Jones and Agnes Hunt Hospital, Oswestry: (6) Practising chiropractor, Vice-President European Chiropractic Union: (7) Practising chiropractor, sometime Director of the McTimoney School of Chiropractic: (8) Emeritus Professor of Clinical Neurology, University of Newcastle upon Tyne, Chairman of the Education Committee of the General Medical Council: (9) Past President of the Royal College of Surgeons of England: (10) Past President of the General Medical Council, lately Warden of Green College, Oxford: (11) Principal (Grade 7) Department of Health: (12) Registered osteopath, Chairman the General Council and Register of Osteopaths: (13) Senior Principal (Grade 6) Department of Health: (14) Senior Medical Officer Department of Health: (15) Retired civil servant.]

* Also served on the Working Party on Osteopathy



TERMS OF REFERENCE

‘Having regard to the growing public demand for chiropractic treatment and the increasing support, both professional and political, for early legislation to establish a statutory register to regulate the education, training and practice of chiropractic for the benefit and protection of patients, to consider the scope and content of such legislation, to make recommendations and to report.’



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SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

I. There are three schools of chiropractic in the United Kingdom:

- (i) The Anglo-European College of Chiropractic at which students follow a four year full-time degree course. This is followed by a further year's pre-registration training in clinical practice with a recognised principal; and
- (ii) The McTimoney and Witney Schools of Chiropractic at which students study on a part-time basis leading to a diploma in chiropractic. Diplomates of these schools also spend a further year practising with a recognised principal before registration.

Paragraphs 4-6

II. A new five year course of full-time study, leading after four years to a BSc(Hons) degree in Human Sciences, and after a further year to a diploma in chiropractic, will be introduced at the Anglo-European College from the beginning of the 1993/4 academic year.

Paragraph 5

III. Currently in the United Kingdom there are about 785 chiropractors on the voluntary registers maintained by the British Association of Applied Chiropractic, the British Chiropractic Association and the Institute of Pure Chiropractic

Paragraph 6

IV. In 1991 the British Association of Applied Chiropractic, the British Chiropractic Association and the Institute of Pure Chiropractic agreed that for the future there should be common standards of education and training for chiropractors in the United Kingdom and together formed the Chiropractic Registration Steering Group. Subsequently this Group agreed that within five years of legislation to regulate the education, training and practice of chiropractic coming into force all schools of chiropractic in the United Kingdom should achieve a levelling of standards throughout the profession equivalent to those of the European Council on Chiropractic Education as at 1 January 1992.

Paragraph 8

V. The decision of the Medical Research Council to conduct a comparative study of the management by chiropractors and hospital out-patient departments of low back pain in patients at 11 centres reflected the growing public demand for chiropractic treatment, a marked shift in the attitude of the medical profession towards chiropractic, the readiness of chiropractors to subject their treatment techniques to clinical trial and the willingness of chiropractors, consultants and general practitioners, and physiotherapists to work closely together.

Paragraph 9

VI. The establishment of the Chiropractic Registration Steering Group and their acceptance of minimum educational standards encouraged the King's Fund to appoint a Working Party to draw up measures for the statutory regulation of chiropractic in the United Kingdom and greatly simplified the Working Party's task.

Paragraph 10

VII. At the request of the Chairman of the Working Party the Chiropractic Registration Steering Group, after studying the Report of the Working Party on Osteopathy, indicated the changes they thought would be needed to meet the differing circumstances of chiropractors. Their suggestions formed the basis of a consultative letter of 6 March 1992 in which the Working Party on Chiropractic sought the comments of Government Departments, chiropractic organisations with a voluntary registering function in the United Kingdom, the principal organisations representative of the medical, dental, and nursing professions, the Council for the Professions Supplementary to Medicine and organisations representing the interests of patients, consumers and educationalists.

Paragraph 11

VIII. Our recommendations seek to reflect, in so far as they relate to the circumstances of chiropractors, changes made to the Osteopaths Bill originally introduced by Lord Walton of Detchant, as amended in Committee by the House of Lords and in the revised version of that Bill introduced by Mr Malcolm Moss MP, as amended in Committee in the House of Commons and currently under consideration in Parliament. We recommend that note should be taken of any further amendments which may be made to this Bill during its passage through Parliament.

Paragraph 12

IX. Our consultative letter was favourably received by virtually all recipients.

Paragraph 14

X. None of those we consulted questioned the need for legislation to regulate the education, training and practice of chiropractors.

Paragraph 15

XI. We are of opinion that legislation to regulate the practice of a profession such as chiropractic which offers manipulative techniques which, if wrongly applied, could be harmful is necessary for the protection of patients. Although the profession is small in number, demand for chiropractic treatment is growing and the number of students in training increasing at such a rate that the profession is likely to double in size in the next five years.

Paragraph 17

XII. Chiropractic is statutorily regulated in most countries where it is practised. Alone among English speaking nations, Great Britain and Northern Ireland are content to rely on voluntary arrangements.

Paragraph 18

XIII. Voluntary arrangements of this kind do not work in practice. Voluntary registering bodies have no effective sanctions against unlicensed, untrained or professionally negligent practitioners. They cannot prevent such practitioners from continuing to practise even though it is against the interest of patients for them to do so.

Paragraph 18

XIV. So long as membership of a registering body is not compulsory there can be no guarantee that practitioners who hold themselves out to be chiropractors have received adequate training.

Paragraph 19

XV. Statutory regulation of the education, training, practice, ethics and discipline of chiropractors would:

- (i) remove public confusion about differences of approach and techniques favoured by the voluntary registering bodies;
- (ii) facilitate the establishment of a readily comprehensible complaints procedure; and
- (iii) prevent, as and when the Osteopaths Bill comes into force, practitioners without adequate training who fail to secure registration as osteopaths from claiming instead to be chiropractors.

Paragraphs 20-21

XVI. Neither the chiropractic nor the osteopathic profession is yet ready to join forces under a single regulatory body. We see no positive advantage, therefore, in proposing a single Bill covering chiropractors and osteopaths, whether or not under an umbrella Council similar to the Council for the Professions Supplementary to Medicine. Nor do we consider it practicable to legislate for more than one profession at a time so long as Government takes the view that legislation to regulate professions complementary to medicine is more suited to a Private Member's than to a Government sponsored Bill.

Paragraph 22

XVII. Many of the functions performed and part of the annual membership fee charged by the voluntary registering bodies would be transferred to any regulatory body established by statute.

Paragraph 22

XVIII. We have invited chiropractors and osteopaths to explore the practicability of sharing staff, premises and facilities if and when Parliament approves legislation regulating both professions. We do not, however, recommend to the Privy Council that the lay members of the General Council whom they would appoint should be common to both.

Paragraph 23

XIX. Amendment of the Professions Supplementary to Medicine Act 1960 could only be achieved by means of a Government sponsored Bill and only after prolonged consultation with and negotiation between the interested professional organisations. There can be no guarantee that the consultative process would produce the general consensus about the way forward which would be the sine qua non of a Government Bill. We are not persuaded that this course would be a practicable means of regulating chiropractic and remain firmly of the view that a Bill on similar lines to that of the Osteopaths Bill offers the best prospect of early progress.

Paragraphs 24 and 25

XX. We recommend that steps should be taken to establish a statutory Register of Chiropractors and that this Register should be published in full at regular intervals and up-dated by means of annual supplements.

Paragraph 26

XXI. We recommend the establishment of a General Chiropractic Council to be responsible for monitoring and prescribing conditions of entry to the Register of Chiropractors, for performing and fully financing these and other functions imposed upon it in enabling legislation and in Rules made under that legislation and approved by the Privy Council. Such functions include:

- (i) power to appoint a Registrar and other officers;
- (ii) power to appoint the members of the four statutory Committees (i.e. an Education, an Investigating, a Professional Conduct and a Health Committee) and such other committees as the Council thinks necessary;
- (iii) the right to charge fees for initial registration and subsequent annual renewals; and
- (iv) the right to do anything which might be calculated to facilitate discharge of the General Council's statutory functions.

Paragraphs 27 and 28

XXII. The General Chiropractic Council should consist of

- (i) Group A: ten representatives of registered chiropractors elected from among themselves;
- (ii) Group B: six members appointed by the Privy Council, of whom five, including the first Chairman of the Council, shall be lay persons, and one a registered medical practitioner appointed after consultation with the Standing Conference of Medical Royal Colleges and their Faculties in the United Kingdom; and
- (iii) Group C: three members drawn from chiropractors or educationalists engaged in the education and teaching of students of chiropractic.

Paragraph 30

XXIII. To allow sufficient time for the establishment of Committees, the appointment of a Registrar and other officers, the visitation and inspection of schools, the validation and approval of syllabuses and qualifying examinations and the preparation of electoral and voting arrangements we recommend that the first Group A members should be appointed by the Privy Council, after consultation with the British Association of Applied Chiropractic, the British Chiropractic Association, the Institute of Pure Chiropractic and the Scottish Chiropractic Association, to serve for a term of three years from the day on which the register opens and to be replaced at the end of that term by the same number of registered chiropractors elected from among themselves in accordance with electoral arrangements drawn up by the first General Council and approved by the Privy Council.

Paragraph 31

XXIV. The Privy Council should ensure that the Group A members appointed by them to serve on the first General Council are chosen not as delegates of particular organisations but for the knowledge and expertise which as individuals they can bring to the work of the Council so that they reflect a cross-section of good professional opinion and experience.

Paragraph 32

XXV. Arrangements for the election of Group A members should provide inter alia for:

- (i) one member to represent chiropractors practising in Scotland;
- (ii) one member to represent chiropractors practising in Wales;
- (iii) one member to represent chiropractors practising in Northern Ireland; and
- (iv) seven to represent chiropractors practising in England. All ten members elected under these arrangements shall serve for a term of five years and shall be eligible for re-election for further terms of five years.

Paragraphs 30 and 31

XXVI. The Council will have to decide whether for the purposes of electing Group A members to divide England into constituencies. Whatever they decide, no Group A member should be required to reside or practise in the constituency for which he or she seeks election. The electorate for any constituency should comprise only those registered chiropractors who reside or practise therein. No registered chiropractor may have more than one vote at any election even though he or she practises in more than one constituency or practises in a constituency different from that in which he or she lives. In order to ensure a balanced representation of practising chiropractors no more than three of the Group A members should be resident or practise in Greater London.

Paragraph 33

XXVII. By-elections should be held to fill any vacancy occurring among Group A members during the first four years of the Group's term of office. In the event of a vacancy occurring in the last year of a five year term the Council shall have discretion to hold a by-election, to fill the vacancy by appointment, or to leave the vacancy unfilled until the next general election of Group A members.

Paragraph 33

XXVIII. Group B members should serve for a term of five years and may be reappointed for further terms of five years. The Privy Council is invited to take note of the view of the Consumers' Association that before appointing Group B members of the Council they should consult consumer organisations.

Paragraphs 34 and 35

XXIX. Initially the three Group C members should be appointed by the Privy Council after consultation with the Secretaries of State for Education, Health, Scotland, Wales and Northern Ireland. They shall hold office for a term of four years from the day on which the Register opens at the end of which they shall be replaced by three chiropractors or educationalists engaged in the education and training of students of chiropractic nominated by the Education Committee. These, together with the member nominated by the Secretary of State for Education, shall serve for a term of five years and be eligible for renomination for further terms of five years.

Paragraphs 30 and 36

XXX. The first Chairman of the General Chiropractic Council shall be one of the lay members appointed by the Privy Council. He or she shall hold office until the first meeting of the General Council following the first election of Group A members. At that meeting the General Council shall elect a Chairman from the membership of the Council. The Chairman so elected shall hold office for the duration of his or her term of office as a member of the Council. The retiring Chairman may be re-elected if he or she is re-elected or re-appointed to membership of the Council, provided that his or her term of office as Chairman does not exceed 7 years in total. The Chairman of the General Council, other than the first Chairman, may be removed from office on a majority vote of the Council.

Paragraph 34

XXXI. All members of the General Council and its Statutory Committees, including co-opted members, shall retire on reaching their seventieth birthdays.

Paragraph 37

XXXII. The Council may by majority vote resolve that any member who fails through ill-health or otherwise to attend 4 consecutive meetings of the Council shall cease to be a member of the Council.

Paragraph 37

XXXIII. There is no case for affording representation on the Council to practitioners resident or practising overseas.

Paragraph 38

XXXIV. One of the main functions of the General Chiropractic Council will be to decide on the conditions of entry to the Register. It will need to reflect current standards within the profession and the agreement of the organisations with a registering function that the minimum standards of education and training should be equivalent to those of the European Council on Chiropractic Education at 1 January 1992. We recommend that, with effect from the day on which the Register opens, full registration should be granted to any applicant who:

- (i) pays the appropriate fee; and
- (ii) produces to the Registrar evidence that he or she is of good character;
- (iii) produces to the Registrar evidence that he or she is in good health both physically and mentally; and
- (iv) produces to the Registrar evidence that he or she holds the minimum qualification for full registration recognised by the General Chiropractic Council.

Paragraph 39

XXXV. As a condition of continued recognition of a qualification a school of chiropractic must satisfy the Education Committee that it is making substantial progress in raising its educational standards to the 1992 ECCE minimum or such equivalent as the General Council, on the advice of the Education Committee may have determined. In any instance where the Education Committee is not satisfied by the degree of progress achieved by a school the Registrar should admit to the Conditional Register on the conditions described in paragraph 43(i), (iii) and (iv) a diplomate or graduate of the school concerned who:

- (i) pays the appropriate fee;
- (ii) completed his or her training before the day on which the Register opens;
- (iii) applies for registration within two years of the day on which the Register opens; and
- (iv) is unable to satisfy the alternative requirements for full registration described in paragraph 41.

XXXVI. Full registration should also be granted to any applicant who, though unable to meet the minimum educational standard for registration, within two years following the day on which the Register opens:

- (i) pays the appropriate fee;
- (ii) produces to the Registrar evidence of good character;
- (iii) produces to the Registrar evidence that he or she is in good health both physically and mentally; and
- (iv) produces to the Registrar evidence that for a total of five out of the seven years immediately preceding the day on which the Register opened he or she

has spent a substantial part of his or her working time in the lawful, safe and competent practice of chiropractic.

Paragraph 41

XXXVII. In addition we recommend that for a limited period of 2 years from the day on which the Register opens the Registrar should entertain applications for admission to a Conditional Register from practitioners who, though unable to meet any of the requirements for full registration:

- (i) pay the appropriate fee;
 - (ii) produce to the Registrar evidence that they are of good character and in good physical and mental health; and
 - (iii) produce to the Registrar evidence that for a total of four out of the six years preceding the day on which the Register opened they spent a substantial part of their working time in the lawful, safe and competent practice of chiropractic;
 - (iv) agree to undergo a test of competence if required to do so; and
 - (v) undertake to complete within five years of the day on which the Register opened such additional training and experience as the Registrar may specify.
- The Conditional Register to which such applicants are admitted shall be closed five years after the day on which the Register is first opened.

Paragraph 43

XXXVIII. Provision should also be made for the establishment of a temporary or provisional Register for qualified chiropractors undertaking a pre-registration year of clinical practice with a recognised principal.

Paragraph 44

XXXIX. Transitional provisions will need to be made covering the eligibility for registration of those students graduating on or after the day on which the Register opens from a school of chiropractic in the United Kingdom which, at the time of application, does not meet the European Council of Chiropractic Education's minimum educational standards as they were at 1 January 1992 or such equivalent as the General Chiropractic Council may on the advice of the Education Committee have determined. We recommend that for a period of five years from the day on which the Register opens, provided the Education Committee is satisfied that the school of which the applicant is a diplomate or graduate is making substantial progress towards raising its educational standards to the required minimum, the Registrar should admit to the Provisional Register any applicant in this category who:

- (i) pays the appropriate fee; and
- (ii) produces to him evidence of good character and good physical and mental health; and
- (iii) produces to him evidence that he or she has passed the final examination of his school of chiropractic.

Paragraph 45

XL. The powers of the General Chiropractic Council should be wide enough to enable them to require registered chiropractors when practising to take out professional indemnity insurance.

Paragraph 42

XLI. The Department of Trade and Industry should ensure that nothing in any Bill to regulate the education, training and practice of chiropractors should conflict with the 1st and 2nd EEC Diploma directives on the mutual recognition of professional qualifications.

Paragraph 46

XLII. The primary aim of legislation is to protect patients from risks of incompetent diagnosis and treatment by unqualified practitioners. There is no reason why chiropractors should not continue to be subject to competition policy.

Paragraph 47

XLIII. Any practitioner whose initial application for registration is refused shall have a right of appeal on a point of fact or law to the General Chiropractic Council and on a point of law to the High Court of Justice in England and Wales, the Court of Session in Scotland and the High Court of Justice in Northern Ireland as appropriate.

Paragraph 48

XLIV. We favour the issue of Notes for Guidance on ethical conduct in preference to a code of rules.

Paragraph 51

XLV. The General Chiropractic Council should make it clear in any Notes for Guidance of registered chiropractors which they may issue that:

- (i) Chiropractors should not take or use the title 'doctor' in connection with their clinical practice unless either they are also registered medical practitioners or they make it clear to the public that they are not medically qualified; and

- (ii) 'unacceptable professional conduct' inter alia embraces substandard practice and deficient performance and may also cover substandard or ill-equipped practice premises.

Paragraph 51

XLVI. The General Chiropractic Council should be required to appoint:

- (i) an Investigating Committee responsible for investigating all complaints or allegations of unacceptable professional conduct by a registered chiropractor and for deciding whether the supporting evidence is prima facie sufficient to warrant the preferment of charges. (If Parliament empowers the General Osteopathic Council to appoint a 'preliminary screener' to conduct an initial sift of complaints similar powers should be given to the General Chiropractic Council);
- (ii) a Professional Conduct Committee responsible for the hearing of charges of unacceptable professional conduct preferred against a registered chiropractor at the instance of the Investigating Committee and, where such charges are found to be proved, for imposing appropriate penalties; and
- (iii) a Health Committee responsible for hearing cases referred to it by the Investigating or the Professional Conduct Committee where there is evidence of ill-health prima facie sufficient to warrant either suspending a practitioner's right to practise or requiring him or her as a condition of continuing registration to comply with certain conditions.

Paragraph 53 and Appendix III

XLVII. The General Council should be required to appoint:

- (i) a barrister, advocate or solicitor of at least ten years' standing as a Legal Assessor; and
- (ii) registered medical practitioners to act as Medical Assessors to the Investigating, Professional Conduct and Health Committees and to any person whom the General Council may appoint to act as a 'preliminary screener'. Rules for the conduct of proceedings before the Professional Conduct and Health Committees should also be drawn up by the Council and approved by the Privy Council.

Paragraph 54

XLVIII. Every case of unacceptable professional conduct or professional incompetence should be investigated thoroughly, dealt with expeditiously and the decision of the Professional Conduct Committee published at the conclusion of the case and in the Annual Report of the Council.

Paragraph 55

XLIX. The range of penalties available to the Professional Conduct Committee should be limited to:

- (i) admonishment;
- (ii) imposition of conditions of continuing registration;
- (iii) temporary suspension from the Register (including power to extend a period of suspension); and
- (iv) deletion from the Register.

Paragraph 56

L. The Health Committee should have power to:

- (i) impose conditions of continued registration;
- (ii) suspend a practitioner's right to practise for such period not exceeding three years as seems appropriate; and
- (iii) extend such suspension where after a further hearing it seems advisable in the public interest to do so.

Paragraph 57

LI. The Professional Conduct and Health Committees should have power to redirect to each other cases referred to either of them by the Investigating Committee.

Paragraph 58

LII. Where the Professional Conduct or the Health Committee imposes a penalty other than temporary suspension or deletion from the Register the Education Committee should consider whether it is in the public interest for the practitioner concerned to continue to be approved to supervise trainees.

Paragraph 58

LIII. Any registered chiropractor who is aggrieved by a decision of the Professional Conduct or Health Committee should have a right of appeal to the Judicial Committee of the Privy Council.

Paragraph 59

LIV. Now and increasingly in the future it is the terms 'chiropractic' and 'chiropractor' which will be recognised and respected by the public and by other health care professionals as a guarantee of professional competence, conduct and integrity.

Paragraph 60

LV. It should be a criminal offence for an unregistered person to take or use the title 'chiropractor', 'chiropractitioner', 'chiropractic practitioner', 'chiropractic physician' or in any way describe his or her work as 'chiropractic', with or without qualification, provided that members of other professions (for example, osteopaths and physiotherapists) are not prevented from using chiropractic techniques.

Paragraph 61

LVI. We commend the foregoing proposals to all practising chiropractors, the principal medical, educational and consumer organisations, Her Majesty's Government and both Houses of Parliament as a practicable basis for legislation to regulate the education, training and practice of chiropractic in the United Kingdom.

Paragraph 62

WORKING PARTY ON CHIROPRACTIC REPORT

Introduction

1. Chiropractic is concerned with the diagnosis, treatment and prevention of biomechanical disorders of the musculo-skeletal system, particularly involving the spine. Like osteopathy it is not an alternative to conventional medicine, but is a complementary discipline which offers patients an additional treatment option for conditions affecting the structure and functions of the body which are biomechanical in origin and which are likely to respond to manual methods of treatment. Chiropractic treatment consists of a wide range of gentle and specific manual techniques. Diagnostic procedures include the thorough taking of case histories, orthodox clinical examination and testing including, where necessary, X-rays and laboratory tests as well as specialised procedures to assess spinal biomechanics.

History and recent developments

2. Chiropractic, which originated in the United States of America in the last decade of the nineteenth century, was based on the premise that reduced 'nerve flow' led to disease. Like osteopathy, which also originated in the United States, it sought to treat patients by manipulation of the spine and the musculo-skeletal system. Chiropractic was bitterly opposed by the American medical profession and did not achieve legal recognition in all states of the union until 1974. Indeed, as recently as 1965 almost half of the chiropractors in Louisiana were convicted of practising medicine illegally, even though in 1947 the profession had established a Council on Chiropractic Education (CCE) intended to develop minimum educational standards for chiropractors nationwide. The CCE was granted full accreditation by the Federal Government in 1974, thus enabling it to lay down minimum standards of training in chiropractic and diagnostic studies. Today, in addition to the American Council on Chiropractic Education, there are parallel Councils in Canada, Australasia and Europe. Broadly, however, American CCE standards have served as the benchmark for all other Councils.

3. Before 1965 European chiropractors were in the main trained at schools of chiropractic in North America. Although for many years the profession had contemplated the establishment of a school of chiropractic in the United Kingdom, it was not until 1965 that the Anglo-European College of Chiropractic at Bournemouth admitted its first students.
4. At the beginning of the 1991-1992 academic year 374 students, just over half of them British nationals, were following a four year full-time degree course at the Anglo-European College. This degree course, validated in 1988 by the Council for National Academic Awards, was the first degree course in complementary medicine to be recognised in this country.
5. Since 1992 graduates of the Anglo-European College have been required to undertake a further year's post-graduate training in clinical practice with a recognised principal prior to full registration by the British Chiropractic Association. This graduate education programme was begun on a voluntary basis in 1990; there are comparable requirements for chiropractors trained at the McTimoney and Witney Schools of Chiropractic (see paragraph 6 below). A new five year course leading, after four years, to a B.Sc.(Honours) degree in Human Sciences and, after a further year, to a post-graduate diploma in chiropractic, will be introduced at the Anglo-European College of Chiropractic from the beginning of the 1993/1994 academic year.
6. The British Chiropractic Association (founded in 1925) maintains a Register of chiropractors in membership; currently it has about 525 members. In addition to the British Chiropractic Association, two other chiropractic organisations in the United Kingdom have a registering function. These are the Institute of Pure Chiropractic (IPC), whose members are graduates of the McTimoney School of Chiropractic in Oxford, and the British Association of Applied Chiropractic (BAAC) whose members come from the Witney School of Chiropractic, also in Oxford. The IPC has about 200 members and the BAAC about 60 members. Students of both the McTimoney and the Witney Schools currently follow part-time courses of study leading to a diploma in chiropractic. The main differences between the three organisations are essentially differences of emphasis in education and training, the use of X-rays and treatment techniques. All three schools of chiropractic in this country have had, or are currently holding, talks with universities about affiliation and validation of education programmes.

7. The aims of chiropractic education are to provide students with:
 - (i) a sound, integrated, pre-clinical and clinical knowledge base;
 - (ii) the ability to diagnose a patient's complaint;
 - (iii) the ability to recognise when to consult or refer a patient to other health-care professionals; and
 - (iv) specialised training in clinical biomechanics.

A wide range of manual treatment techniques is taught.

8. In 1991 the British Chiropractic Association, the Institute of Pure Chiropractic and the British Association of Applied Chiropractic, having agreed that for the future there should be common standards of education and training for chiropractors in the United Kingdom, joined together to form the Chiropractic Registration Steering Group. In 1991 the Steering Group agreed that all schools of chiropractic in the United Kingdom, within five years of legislation coming into force, should achieve a levelling of standards throughout the profession equivalent to those required of schools of chiropractic by the European Council on Chiropractic Education on 1 January 1992.¹
9. The results of the first clinical trial of chiropractic in this country were published in the British Medical Journal on 2 June 1990. The trial (the first large scale comparative study of orthodox and complementary medical treatment of a particular condition) organised by the Medical Research Council compared chiropractic management with hospital out-patient management of low back pain in patients at eleven centres. The decision to conduct this trial reflected steadily growing public demand for chiropractic treatment, a marked shift in the attitude of the medical profession towards chiropractic, the readiness of chiropractors to subject their treatment techniques to clinical trial and the willingness of chiropractors, hospital consultants, general medical practitioners and state registered physiotherapists to work closely together.
10. The establishment of the Chiropractic Registration Steering Group and their acceptance of minimum standards of education and training for chiropractors in the United Kingdom not only encouraged the Management Committee of the King's Fund to appoint a Working Party to draw up practical measures for achieving statutory regulation of the education, training and practice of chiropractic in this country but also greatly simplified our task.

(1) A summary of ECCE minimum educational standards will be found at Appendix II

The Working Party's approach to its task

11. The groundwork undertaken by the Working Party on Osteopathy, of which the majority of the present Working Party were members or observers, provided us with a model set of proposals for legislation translated into appropriate parliamentary language in the shape of a draft Bill. Accordingly, at a preliminary meeting with members of the Chiropractic Registration Steering Group in the autumn of 1991 our Chairman, with the agreement of the King's Fund, invited the Group to study the Report of the Working Party on Osteopathy and the draft Bill annexed to the Report and to indicate the changes which, in their view, would be needed to meet the differing circumstances of chiropractors. This they were able to do, enabling us at our first meeting to draw up a set of provisional proposals on which to seek, in a consultative letter of 6 March 1992, the comments of those Government Departments which seemed to us to be primarily concerned, the main chiropractic organisations in the United Kingdom with a registering function, the principal organisations representative of registered medical practitioners, (for example, The Standing Conference of Medical Royal Colleges and their Faculties in the United Kingdom, the British Medical Association and the General Medical Council), the General Dental Council, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, and the Council for the Professions Supplementary to Medicine, as well as organisations representing patients, consumers and educationalists.¹
12. We did not consider it necessary to examine closely the many different statutes regulating other self governing professions as we were able to follow the progress of the Osteopaths Bill which Lord Walton of Detchant, a member of our Working Party, introduced in the House of Lords on 17 December 1991. This Bill was read a Second time on 31 January 1992 and completed its Committee stage on 11 March shortly before Parliament was dissolved. Noting that the Lords approved some 67 amendments to the Bill we agreed to take account of these, where they seemed relevant to the slightly different circumstances of chiropractors. More recently we have had an opportunity of studying the text of the Osteopaths Bill introduced into the House of Commons by Mr Malcolm Moss MP on 10th June 1992 and read a second time on 15th January 1993. We have sought to reflect in our recommendations the further changes which this Bill made to Lord Walton's Bill, where these seem to us to be relevant to the circumstances of chiropractic in this country. *We recommend that note should be*

(1) A full list of all the bodies concerned will be found at Appendix I.

taken of any further amendments which may be made to the Osteopaths Bill during its passage through Parliament.

13. The Chiropractic Registration Steering Group, who acted as our link with the profession, was able to supply us with all the factual information we needed about chiropractors and teaching arrangements in this country. With their help we were able to dispense with the need for a factual questionnaire to chiropractic organisations.
14. Our consultative letter was favourably received by virtually all recipients, subject only to a few comments on detailed points. Where it seemed right to us to do so we modified our provisional proposals.

The case for legislation

15. None of those we consulted questioned the need for legislation. Some, however, including the British Medical Association, saw merit in a single Bill covering the regulation of chiropractic and osteopathy, while others, notably the Chartered Society of Physiotherapy and the Universities of East Anglia and Salford, encouraged us to press for amendment of the Professions Supplementary to Medicine Act 1960. We discuss these proposals in paragraphs 24 and 25 below.
16. In paragraphs 17 to 20 of their Report the Working Party on Osteopathy set out the case for legislation to regulate the education, training and practice of osteopaths. Although in our view similar considerations apply *mutatis mutandis* to the need for legislation to regulate chiropractic, we think it desirable to set out the case for legislation here, lest it be thought that statutory regulation of a profession with less than 1,000 members in this country, most of whom are covered by one of three voluntary registration schemes, is unnecessary.
17. We particularly endorse the statement of Dr Robert Maxwell, the Chief Executive of the King's Fund, at the press conference called to mark publication of the Report of the Working Party on Osteopathy that legislation to regulate the practice of a profession which offers manipulative techniques which, if wrongly applied, could have harmful consequences, is necessary for the protection of patients. Chiropractic is such a profession. Moreover, though the profession may be small in numbers, demand for chiropractic treatment is

(1) *Which?* November 1992 pp 45-49.

growing. (A recent survey among readers of 'Which?' showed that the number of readers who visit an alternative or complementary therapist each year has doubled since 1986 so that today chiropractic is the second most frequently used complementary therapy.)¹ In response to this growing demand the number of students in training is increasing at such a rate that the profession is likely to double in size within the next five years. The need for statutory regulation of the education, training and practice of chiropractors, therefore, is becoming ever more important, if only to reduce, so far as practicable, the risk of harm arising from inadequately or poorly trained chiropractors either:

- (i) failing to diagnose serious underlying disease, for the the treatment of which medical rather than chiropractic treatment is clearly more appropriate; or
- (ii) continuing to treat patients inappropriately for conditions that will not benefit from chiropractic treatment.

18. Chiropractic is statutorily regulated in most countries, 17 in all, where it is practised. Great Britain and Northern Ireland, almost alone among English-speaking nations, has made no statutory provision for the regulation of chiropractic, being content to rely on voluntary arrangements among practitioners. Such voluntary arrangements, though well intended, do not work in practice, since the voluntary registering organisations have no effective sanction either against unlicensed or untrained practitioners, or against a practitioner who is adjudged to be guilty of unacceptable professional conduct. A voluntary registering body cannot prevent an unlicensed or professionally negligent practitioner from continuing to practise, even though it is against the interest of patients for him or her to do so.
19. At best membership of a voluntary organisation offers only a limited degree of assurance to the general public that a practitioner has been trained to an acceptable standard. So long as such membership is not compulsory there can be no guarantee that practitioners who hold themselves out to be chiropractors have received adequate training. Statutory regulation of education and training would give patients who consult a chiropractor greater assurance of the practitioner's competence, safety and effectiveness.
20. The existence of more than one registering body is inevitably confusing to patients who cannot be expected to understand subtle differences of approach and technique favoured by members of separate organisations. In our view it would be greatly to the benefit of both patients and practitioners for common standards of education, training, practice, ethics and discipline of chiropractors

to be regulated under a statute. Not only would statutory regulation provide a sound framework for interprofessional co-operation, by enabling doctors and other health-care professionals to identify properly qualified chiropractors, thus encouraging cross-referral of patients, but it would also facilitate the establishment of a readily comprehensible complaints procedure. This has now become possible through the recent agreement of the main registering bodies, which is greatly to be welcomed, to work towards a single common standard of education and training.

21. The case for statutory regulation of chiropractic will become stronger as and when the provisions of the Osteopaths Bill now before Parliament come into force. It seems to us essential for the protection of the public that practitioners who fail to secure registration as osteopaths should not be able with impunity to take or use the title of chiropractor, unless they have had adequate training in chiropractic.
22. Some of the respondents to our consultative letter were concerned that the cost of maintaining separate organisations for two relatively small professions, whose education and clinical practice have a great deal in common, could be so great that both might founder. Accordingly they thought that consideration should be given to the desirability of a Bill regulating both professions under an umbrella Council similar to the Council for the Professions Supplementary to Medicine. We gave careful consideration to this suggestion, but concluded that it would not be practicable at the present time. In our view neither the chiropractic nor the osteopathic profession in this country is yet ready to join forces under a single regulatory body. That being so, we can see no positive advantage in proposing a single Bill establishing separate Councils (and Education, Investigating, Professional Conduct and Health Committees) for chiropractors and osteopaths, whether or not under an umbrella Council similar to the Council for the Professions Supplementary to Medicine. Indeed so long as Government adheres to the frequently expressed view of its spokesmen that legislation to regulate the education, training and practice of professions complementary to medicine is more suited to a Private Member's than to a Government Bill we take the view that it would not be practicable to legislate for more than one profession at a time. A Bill covering both professions on the lines indicated above would, we are satisfied, be far too long and complex for a Private Member's Bill. Moreover, bearing in mind that the Osteopaths Bill has already made considerable progress in Parliament we would hesitate to propose

(1) The British Chiropractic Association currently charges fully registered practitioners an annual membership fee of £910 per year.

grafting on to it at this stage what in effect would be the equivalent of a second Bill. On the question of cost it is not, we think, generally appreciated that many of the functions performed and part of the, not insubstantial, annual membership fee¹ charged by the chiropractic organisations with a registering function would transfer to any regulatory body or bodies established by statute.

23. If and when Parliament approves separate Bills to regulate the education, training and practice of osteopaths and chiropractors there is no reason why the two professions should not agree to the sharing of staff, premises and facilities. With that in mind we have invited them to explore the practicability of such an arrangement. We do not, however, recommend to the Privy Council that the lay members whom it would fall to them to appoint (See Paragraph 30(ii) below) should be common to both Councils because of the heavy workload that this would impose upon individual members.
24. The Chartered Society of Physiotherapy sought to persuade us that considerable economies would accrue if we were to recommend amendment of the Professions Supplementary to Medicine Act 1960, instead of a separate Bill to regulate chiropractors alone. They pointed out that over the last 30 years the staff of the CPSM had accumulated considerable experience of maintaining a Register and of the impact of EEC directives on self-governing professions. We are not persuaded that this course would afford a satisfactory or practicable means of regulating the chiropractic profession. Amendment of the PSM Act 1960 in such a way as to meet the aspirations of the seven professions currently regulated under that Act as well as those of chiropractic could only be achieved by means of a Government Bill, and that only after a prolonged period of consultation with and negotiation between the interested professional organisations.
25. In our view there can be no guarantee that the consultative process would produce that general consensus about the way forward which Government would wish to see before committing itself to introducing legislation to amend the PSM Act 1960. As the necessary consensus among chiropractors about the way forward already exists and there is in our opinion an urgent need to replace the present system of voluntary registration (with its inherent limitations) with compulsory statutory regulation we remain firmly of the view that a Bill to regulate chiropractic on similar lines to that of the Osteopaths Bill now before Parliament offers the best prospect of early progress. We set out in succeeding paragraphs our recommendations on the scope and content of such a Bill.

Need for Register of Chiropractors

26. We are satisfied, and none of the organisations we consulted dissented from our view, that statutory regulation of chiropractic should be based, as are the statutory schemes regulating medicine, dentistry, and most other health-care professions in this country, on the maintenance of a register open to public inspection.

We recommend, therefore, that:

- (i) *steps should be taken, as soon as practicable, to establish a statutory register of chiropractors;*
- (ii) *this register should be published in full at regular intervals, and up-dated by means of annual supplements; and*
- (iii) *should show in relation to each registered chiropractor whether he or she is registered with full, provisional or conditional registration and the school or institution at which he or she qualified.*

Need for a General Chiropractic Council

27. The statutes regulating other professions usually provide for the establishment of a governing Council responsible for maintaining and prescribing conditions of entry to the Register. Such Councils are bodies corporate responsible for performing and fully financing the functions imposed on them by the enabling statute and Rules made under the provisions of that statute and approved by the Privy Council. These functions include:
- (i) power to appoint a Registrar and other officers;
 - (ii) power to appoint the members of the Statutory Committees described in paragraphs 50 to 52 and Appendix III below as well as such other Committees as the Council thinks necessary;
 - (iii) the right to charge fees for the initial registration and the subsequent annual renewal of such registrations; and
 - (iv) the right to do anything which in its opinion might be calculated to facilitate the proper discharge of its statutory functions.
28. The Chiropractic Registration Steering Group, after studying the recommendations of the Working Party on Osteopathy and the provisions in the Osteopaths Bill relating to the size, composition and functions of a General

Council and its Statutory Committees, assured us that these provisions, suitably modified to meet the slightly different circumstances of chiropractic, would be acceptable to the profession. We accept their judgement.

29. The Steering Group, having regard first to the fact that chiropractic, albeit growing in size, is a small profession, and secondly to the burden of financing the functions of a General Council that would fall on registered chiropractors, urged us, while retaining the same basic structure and arrangements proposed for osteopaths, to recommend a reduction in the overall size of the General Council and its Statutory Committees. Although the workload of the General Chiropractic Council and its Statutory Committees is likely to be less intensive, at least initially, than that of the General Osteopathic Council, as the profession grows in numbers work load is bound to increase. It seems to us, therefore, since Parliament is unlikely to look with favour on periodic requests for amending legislation, that the size of the Council should, from the outset, be sufficient to enable it to discharge its functions effectively for the foreseeable future. As the Osteopaths Bill provides for the constitution and membership of the General Osteopathic Council to be amended by Order in Council, *we recommend that similar provision for varying the size and composition of a General Chiropractic Council should be made in a Chiropractors Bill.* We think that our proposals strike a reasonable balance between potential workload and cost.

Constitution of a General Chiropractic Council

30. We recommend that the General Chiropractic Council should consist of:
- (i) *Group A.* Ten members elected by registered chiropractors from among themselves, of whom one shall be elected to represent chiropractors practising in Scotland, one to represent chiropractors practising in Wales, one to represent chiropractors practising in Northern Ireland and seven to represent chiropractors practising in England. We suggest below that there should be no condition of residence (see Paragraph 33(iii)). Subject to our recommendation in Paragraph 31 below about membership of the first Council, Group A members of the Council should serve for a term of five years and may offer themselves for re-election for further terms of five years;
 - (ii) *Group B.* Six members, of whom five, including the first Chairman of the Council, should be laymen appointed by the Privy Council and one a registered medical practitioner, also appointed by the Privy Council after consultation with the Standing Conference of Medical Royal Colleges

and their Faculties in the United Kingdom. These appointed members should hold office for a term of five years and may be reappointed for further terms of five years; and

- (iii) *Group C.* Three members drawn from chiropractors or educationalists engaged in the education and teaching of students of chiropractic. Initially these Group C members should be appointed by the Privy Council after consultation with the Secretaries of State for Education, Health, Scotland, Wales and Northern Ireland. They should hold office for a term of four years after which they should be replaced by three chiropractors or educationalists engaged in the education and training of students of chiropractic nominated by the Education Committee, one of the four Statutory Committees which the General Council will be required to appoint. [The constitution and functions of these Committees are described in Appendix III]. These Group C members should hold office for a term of five years and should be eligible for reappointment for further terms of five years. (See also Paragraph 36 below.)

Group A members

- 31. The time needed to arrange for the establishment of Committees, the appointment of a Registrar and other officers (both necessary preliminaries to the registration of practitioners), the visitation and inspection of training schools, the validation and approval of syllabuses and qualifying examinations and the preparation of a scheme for the election of the ten Group A members is unlikely to be less than two and could be as long as three years from the day on which enabling legislation comes into force. In order to allow sufficient time for the completion of these preliminaries *we recommend that the first Group A members should be appointed by the Privy Council after consultation with the British Association of Applied Chiropractic, the British Chiropractic Association, the Institute of Pure Chiropractic and the Scottish Chiropractic Association. These members should serve for a term of three years from the day on which the Register opens and should be replaced at the end of that term by the same number of registered chiropractors elected from among themselves in accordance with electoral arrangements drawn up by the first Council and approved by the Privy Council. Group A members of the first Council should be entitled to stand for election to the second Council. Elected members of the second and subsequent Councils would serve for a term of five years and should be eligible to stand for re-election for further terms of five years.*

32. Inevitably, there are fears among members of the smaller chiropractic organisations that the first General Council might lose sight of their particular interests. To some extent these fears for the future have been partly assuaged by the agreement of the principal chiropractic organisations in this country to form the Chiropractic Registration Steering Group and to agree within the Group on a timetable for the adoption by all chiropractic schools of common standards of education and training equivalent to those of the European Council of Chiropractic Education on 1 January 1992. Nevertheless we wish to ensure that the Group A members to be appointed by the Privy Council to serve on the first General Chiropractic Council are chosen not as delegates of particular organisations but rather for the knowledge and expertise which they as individuals can bring to the work of the Council so that, so far as practicable, they reflect a cross-section of good professional opinion and experience.
33. Under our proposals, responsibility for drawing up electoral arrangements will rest with the General Council, subject to the approval of the Privy Council. Nevertheless we would expect both Councils when considering the form and scope of the electoral scheme to have regard to the following points:
- (i) in drawing up arrangements for the election of the seven Group A members to be elected by chiropractors resident in England the Council will have to decide whether England should be divided into constituencies. Whatever they decide, we think it important in order to achieve a balanced representation of practising chiropractors that no more than three of the Group A members should be resident or practise in Greater London (that is, the area formerly administered by the Greater London Council);
 - (ii) by-elections should be held to fill any vacancy occurring among Group A members during the first four years of the Group's term of office. In the event of a vacancy occurring in the fifth year of a five year term the General Council should have discretion to decide for itself, having regard to the cost, whether to hold a by-election, to fill the vacancy by appointment or to leave the seat unfilled until the next general election of Group A members;
 - (iii) whether or not the General Council decides to divide England into constituencies Group A members should not be required to reside or practise in the constituency for which they seek election or are elected. The electorate, however, should comprise only those registered chiropractors who reside or practise in the constituency. While, for example, a chiropractor who lives or practises in England could stand for election by registered chiropractors in, say, Wales, only registered chiropractors who live or practise in Wales should be entitled to vote in any election to choose a representative for Wales;

- (iv) finally, a registered chiropractor should have only one vote at any election, even though he or she practises in more than one constituency or practises in a constituency different from that in which he or she lives.

As at present very few chiropractors are also registered medical practitioners we see no need to require that one of the ten seats on the General Council for Group A members should be set aside for a chiropractor who is also a registered medical practitioner.

The Chairman of the General Council

- 34. *We recommend that the first Chairman of the General Chiropractic Council should be one of the lay members appointed by the Privy Council. He or she should hold office until the first meeting of the Council after the first election of Group A members. At that meeting the Council should elect a Chairman from the membership of the Council. The Chairman elected by the Council should hold office for the duration of his or her term of office as an elected or an appointed member. If he or she is re-elected or reappointed to the Council, he or she may be re-elected Chairman, provided that his or her term of office does not exceed seven years in total.*

The Chairman of the Council, other than the first Chairman, may be removed from office on a majority vote of the Council.

- 35. Representations were made to us by the Consumers' Association that, before appointing Group B members of the Council, the Privy Council should consult consumer organisations. The Privy Council, who have considerable experience of the appointment of lay members of self governing professional bodies, will no doubt take note of and consider these representations.

Group C members

- 36. In response to our provisional proposals the Department of Education indicated that they would wish any Bill to regulate the education, training and practice of chiropractors to include provision for the Secretary of State for Education to appoint one member of the Education Committee. A similar provision is included in the Osteopaths Bill. If in due course Parliament approves this provision, it would seem right to make identical provision in a Chiropractors Bill. *We so recommend.*

Retiring age for Council members

37. *We recommend, as is the practice for most self-governing professions, that all members of the General Chiropractic Council, its Statutory Committees and any co-opted members shall retire on reaching their seventieth birthdays.*

Furthermore if a Council member fails through ill health or otherwise to attend four consecutive meetings of the Council, the Council should have power, by majority vote, to resolve that such member should cease to be a member of the Council and be replaced.

38. Finally, we are satisfied that there is no case for affording representation on the Council to practitioners resident or practising overseas. A chiropractor resident overseas who wishes to practise on a regular basis in the United Kingdom would have to apply for registration and once registered would be eligible to participate in the election of Group A members of the Council.

Arrangements for registration

39. One of the main functions of a General Chiropractic Council will be to decide on the conditions of entry to the Register. The General Council will determine the standard of proficiency which is required for the competent and safe practice of chiropractic. This will need to reflect the standard which currently exists within the profession. It will also need to reflect the agreement already reached by the chiropractic organisations with a registering function that the minimum standards of education and training (which are different from standards of competence) should be equivalent to those of the European Council on Chiropractic Education at 1 January 1992. The Anglo-European College of Chiropractic already meets the first of these standards and the McTimoney and Witney Schools are working towards raising their minimum educational standards to those of the ECCE within the agreed time-scale. Accordingly we recommend that on the day on which the Register opens full registration should be granted to any applicant who:
- (i) pays the appropriate fee;
 - (ii) produces to the Registrar evidence that he or she is of good character;
 - (iii) produces to the Registrar evidence that he or she is in good health both physically and mentally; and
 - (iv) produces to the Registrar evidence that he or she holds the minimum qualification for full registration recognised by the General Chiropractic Council.

40. We further recommend that as a condition of continued recognition of a qualification a school of chiropractic in the United Kingdom must satisfy the Education Committee that it is making substantial progress in raising its educational standards, as agreed, to the 1992 ECCE minimum or such equivalent as the General Chiropractic Council, on the advice of the Education Committee, may have determined. In any instance where the Education Committee is not satisfied with the degree of progress achieved by a school, the Registrar should admit to the Conditional Register on the conditions described in paragraph 43(i), (iii) and (iv) below, a diplomate or graduate of the school concerned who:
- (i) completed his or her training before the day on which the Register opens;
 - (ii) applies for registration within two years of the day on which the Register opens; and
 - (iii) is unable to satisfy the alternative requirements for full registration described in paragraph 41 below.
41. In the short term we believe there will be a need to provide also for the automatic admission to the Register of any chiropractor who pays the appropriate fee and who, though not able to meet the Council's minimum educational standard for registration, is able to produce to the Registrar
- (i) evidence of good character and good health; and
 - (ii) evidence that for a total of five out of the seven years immediately preceding the day on which the Register opens he or she has spent a substantial part of his or her working time in the lawful, safe and competent practice of chiropractic.

We note that the Osteopaths Bill has been amended to restrict the availability of this option to osteopaths to the two years immediately following the 'opening of the register'. We recommend a similar restriction for chiropractors.

42. The Department of Trade and Industry told us in response to our consultative letter that they would be unable to accept as a statutory requirement that entry to the Register should be conditional on a practitioner's holding or taking out professional indemnity insurance. We realise that the Medical Act 1983 does not require the holding of professional indemnity insurance as a prerequisite of admission to the Medical Register. Although we accept the concern of the Department of Trade and Industry about the effect of such a requirement on the insurance market, we remain of the opinion, especially as membership of chiropractic organisations with a registering function is already conditional on the possession of such insurance, that compulsory professional indemnity insurance is desirable for the benefit and protection of the public. We recommend, therefore, that the general powers of the General Chiropractic Council

should be drawn widely enough to enable them, should they deem it appropriate, to require registered practitioners, when practising, to take out professional indemnity insurance.

Conditional registration

43. The Chiropractic Registration Steering Group doubt whether there are many untrained or unqualified practitioners practising as chiropractors in this country. Nevertheless we think it would be a sensible precaution, for a limited period of up to two years from the date on which the Register opens, for the Registrar to entertain applications from unqualified practitioners who pay the appropriate fee and who are able to satisfy him that:
- (i) they are of good character and in good health;
 - (ii) for at least four out of the six years immediately preceding the day on which the Register opens they have spent a substantial part of their working time in the lawful, safe and competent practice of chiropractic;
 - (iii) they are willing to undergo a test of competence if required to do so; and
 - (iv) undertake to complete, within five years of the date on which the Register opens, such additional training and experience as the Registrar may specify.

We recommend that such applicants should be registered in a Conditional Register which would be closed five years after the date on which the Register is first opened.

Provisional registration

44. As students of chiropractic are already required to complete a pre-registration year of clinical experience under supervision *we think it necessary to make statutory provision for some form of temporary or provisional registration for chiropractors in their pre-registration year.* This would of course be completely separate from the Conditional Register described in paragraph 43 above in that the Council would continue to maintain it indefinitely whereas the Conditional Register would be closed at the end of five years.

Transitional arrangements for student in training

45. The General Chiropractic Council will also need to make transitional arrangements governing the eligibility for registration of students graduating on or after the date on which the Register opens from any school of chiropractic in the United Kingdom which, at the time of application, does not meet ECCE minimum educational standards or such equivalent as the General Chiropractic Council, on the advice of the Education Committee, may have determined. *We recommend that for a period of five years from the date on which the Register opens the Registrar should admit to the Provisional Register any diplomate or graduate, who qualified after the date on which the Register opens, at a school of chiropractic in the United Kingdom whose educational standards do not at the time of application meet ECCE minimum educational requirements or such other equivalent standard as the General Council on the advice of the Education Committee, may have determined, only where the Education Committee is satisfied that the school of which the applicant is a diplomate or graduate is making substantial progress in raising its educational standards to the required minimum. In any instance where the Education Committee is not satisfied with the degree of progress achieved by the school, the Registrar should admit the graduate or diplomate concerned to the Conditional Register on the conditions set out in paragraph 43(i), (iii) and (iv) above.*

EEC Directives

46. The Department of Trade and Industry told us that they were anxious to ensure that nothing in any Bill to regulate the education and training of chiropractors conflicted with the 1st and 2nd EC diploma directives on the mutual recognition of professional qualifications. We share their concern and look to them as the lead Department on EC directives for advice on ensuring that such conflict does not arise.
47. We also accept their view that chiropractors should continue to be subject to competition policy after the passage of legislation to regulate chiropractic in the same way as they are now. We would emphasise that the primary aim of statutory regulation is not to shield chiropractors from the effects of competition, but to protect patients from the risks of incompetent diagnosis and treatment by unqualified practitioners.

Right of appeal

48. *We recommend that any practitioner whose initial application for admission to the Register, the Conditional or the Provisional Register is refused should have a right of appeal on a point of fact or law to the General Chiropractic Council and on a point of law to the High Court of Justice in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland as appropriate.*

Secondary legislation

49. Not all the foregoing recommendations need be included in primary legislation. Matters of detail such as the manner in which applicants for admission to the Registers are required to produce evidence of good character, conditions for the approval of training schools and institutions, the validation of training courses and qualifying examinations and arrangements for the registration of practitioners trained overseas who wish to practise here are best dealt with in Rules made under the relevant legislation, subject to the approval of the Privy Council and, where necessary, Parliament. Such an arrangement is designed to facilitate the introduction of changes without the need for recourse to time-consuming amendment of primary legislation while still retaining parliamentary control of significant change.

Regulation of professional conduct

50. Another principal function of the Council of a self-regulating profession is to secure a high standard of professional conduct among registered practitioners. Detailed arrangements for ensuring this vary slightly from one profession to another. Common to most, however, are:
- (i) the promulgation of ethical notes for the guidance of practitioners;
 - (ii) machinery for investigations of unacceptable professional conduct; and
 - (iii) procedures governing the preferment of charges before, and the hearing of charges and the imposition of penalties by a suitably constituted domestic tribunal.

These procedures are designed to ensure that any registered practitioner accused of unacceptable professional conduct is fully informed of the complaint against him or her and is afforded a proper opportunity to answer it.

51. We favour the issue of Notes for Guidance on ethical conduct in preference to a code of rules. Such codes can be undesirably rigid, concentrating attention on the letter rather than the spirit of what constitutes unacceptable professional conduct. While it will be for the General Council to prepare, review and, where necessary, update such Notes, *we recommend that they should make it clear in any such Notes that:*

- (i) *chiropractors, under the provisions of the proposed legislation, should not take or use the title 'doctor' in connection with their clinical practice, unless they are also registered medical practitioners or make it clear to the public that they are not medically qualified; and*
- (ii) *'unacceptable professional conduct', inter alia, embraces substandard practice and deficient performance. It may also cover substandard or ill equipped practice premises and, in particular, failure to maintain X-ray equipment to an acceptable standard and failure to comply with the requirements of the Ionising Radiation Regulations 1988.*

We would also expect the Council, in preparing its own Notes for Guidance, to have regard to existing guidance published by the voluntary registering bodies.

52. It is customary in legislation for self-governing professions for the initial investigation of a complaint against a registered practitioner to be undertaken by a Preliminary Proceedings or Investigating Committee, whose membership is entirely different from that of the Disciplinary or Professional Conduct Committee which would hear any charges which the Investigating Committee might formulate. More recently, for the better protection of both practitioners and public, statutory provision has been made for the establishment of Health Committees to deal with those practitioners who should not be allowed to practise for reasons of ill health.

53. *We recommend that, in addition to appointing the members of the Education Committee mentioned in paragraph 30 above, the General Chiropractic Council should be required to appoint the members of:*

- (i) *an Investigating Committee responsible for investigating all complaints or allegations that a registered chiropractor:*
 - (a) *is or has been guilty of unacceptable professional conduct;*
 - (b) *has been convicted in the United Kingdom of a criminal offence; or*
 - (c) *is unable to practise, or is impeded in practising, as a registered chiropractor by ill health;*

and for deciding whether the evidence advanced in support of such a complaint is prima facie sufficient to warrant the preferment of charges or cases.

We note that provision is made in the Osteopaths Bill now before Parliament for the General Osteopathic Council to be empowered to appoint a 'preliminary screener' to conduct an initial sift of complaints. If Parliament approves this we recommend that the General Chiropractic Council should be given similar powers;

- (ii) a Professional Conduct Committee responsible for the hearing of charges of unacceptable professional conduct preferred against a registered chiropractor at the instance of the Investigating Committee and, where such charges are found to be proved, for imposing appropriate penalties (see paragraph 56 below); and
- (iii) a Health Committee responsible for hearing cases referred to it by the Investigating Committee or the Professional Conduct Committee where it seems to them that there is *prima facie* evidence of ill health to warrant either suspending a practitioner's right to practise altogether or requiring him or her, as a condition of continuing registration, to comply with certain conditions (for example, to practise under supervision). The Health Committee would have power after a further hearing to extend a period of suspension in appropriate instances.

We give details of the constitution and functions of these Committees and of the Education Committee mentioned in paragraph 30 in Appendix III. The Council may of course appoint such other Committees as it thinks necessary for the effective discharge of its duties (for example, an X-ray Standards Committee).

54. We also recommend that the General Council be required to appoint:

- (i) a barrister, advocate or solicitor of at least ten years' standing as a Legal Assessor; and
- (ii) registered medical practitioners to act as Medical Assessors

to the Investigating, Professional Conduct and Health Committees and to any person whom the General Council may appoint to act as a 'preliminary screener'. Rules for the conduct of proceedings before the Professional Conduct and Health Committees should also be drawn up by the Council and approved by the Privy Council.

55. We would emphasise that while disciplinary arrangements for any statutorily regulated profession should be sensitive to complaints from the public, their primary purpose is the regulation of professional conduct. They should not, therefore, be regarded simply as a complaints procedure, except of course where, in the opinion of the Investigating Committee, evidence in support of a complaint against a registered chiropractor appears *prima facie* to justify a

charge of unacceptable professional conduct (including serious professional incompetence). We would expect every case of unacceptable professional conduct to be investigated thoroughly and dealt with expeditiously and the decision of the Professional Conduct Committee to be published at the conclusion of the case as well as in an Annual Report of the Council.

Range of penalties

56. We have considered carefully the range of penalties which the Professional Conduct Committee might be empowered to impose on practitioners against whom there is a finding of unacceptable professional conduct. We favour a range of penalties to enable the Professional Conduct Committee to tailor the penalty to the seriousness of the offence. We note, however, that the House of Lords amended the Osteopaths Bill to exclude from the range of penalties available to the Professional Conduct Committee power to impose a fine up to level 5 of the Scale of Fines in the criminal courts or, in cases where there is a finding of unacceptable professional conduct, power to order the practitioner concerned to pay the cost or part of the cost of the hearing. In view of this decision *we reluctantly recommend that the range of penalties available to the Professional Conduct Committee of the General Chiropractic Council should be limited to:*

- (i) *admonishment;*
- (ii) *imposition of conditions of continuing registration (for example, practise under supervision, attend refresher training course.);*
- (iii) *temporary suspension from the Register; and*
- (iv) *deletion from the Register.*

The Professional Conduct Committee should have power to extend orders imposing conditions of continuing registration or suspension of a chiropractor's right to practise.

57. *We recommend that the Health Committee should have power to:*

- (i) *impose conditions of continued registration;*
- (ii) *extend the duration of such conditions;*
- (iii) *suspend a practitioner's right to practise for a period not exceeding three years as may seem appropriate; and*
- (iv) *extend such period of suspension, where after a further hearing it seems advisable in the interests of the public to do so.*

58. We think it right that:

- (i) *the Professional Conduct and Health Committees should have power to redirect to each other cases referred to either of them by the Investigating Committee;*

- (ii) *where the Investigating, the Professional Conduct or the Health Committees is satisfied that it is necessary for the protection of members of the public to suspend immediately a registered chiropractor's registration, it should have power to order the Registrar to do so for a period of up to two months from the date on which the order is made; and*
- (iii) *where the Investigating Committee or the Professional Conduct Committee is satisfied that a criminal offence of which a registered chiropractor has been convicted is not materially relevant to his or her fitness to practise chiropractic it should be free to take no further action.*

We considered also whether the Professional Conduct and Health Committees should be specifically empowered in appropriate cases to withdraw the approval of a registered chiropractor's right to supervise trainees in their pre-registration year. We concluded that it would not be appropriate for inclusion in a range of penalties. *We recommend instead that, in any instance where the Professional Conduct or the Health Committee imposes a penalty other than temporary suspension or deletion from the Register, the Education Committee should be required to consider whether it is in the public interest for the practitioner concerned to continue to be approved to supervise trainees.*

Right of appeal

59. In accordance with general practice among other statutorily regulated professions *we recommend that any registered chiropractor who is aggrieved by a decision of the Professional Conduct or Health Committee should have a right of appeal to the Judicial Committee of the Privy Council.*

Restriction of title

60. There was widespread support among respondents to our consultative letter for the need to restrict use of the title 'chiropractor'. Without some such restriction statutory registration is unlikely in our judgment to be any more effective than the present unsatisfactory voluntary system which offers no effective safeguards for patients against unqualified practitioners. We are conscious, however, of the difficulties that would arise if we were to recommend that it should be a criminal offence for anyone who is not registered with the General Chiropractic Council to carry on in any way some or all the activities normally performed by chiropractors. Similar difficulties were faced by the Working Party on

Osteopathy who concluded that it would be very hard to implement fairly and effectively a restriction on the use of osteopathic techniques by practitioners in fields closely allied to osteopathy. They had in mind particularly chiropractors and physiotherapists. In this instance we are considering particularly osteopaths and physiotherapists. It will come as no surprise, therefore, that we have reached a similar conclusion, namely that now and increasingly in the future it is the terms 'chiropractic' and 'chiropractor' which will be recognised and respected by the public (as indeed is already the case in those countries where chiropractic is a statutorily regulated profession) but most importantly by other health care professionals, as a guarantee of professional competence, conduct and integrity.

61. *Accordingly we recommend that it should be a criminal offence for an unregistered person to take or use the title 'chiropractor', 'chiropractitioner', 'chiropractic practitioner', 'chiropractic physician' or in any way describe his or her work as 'chiropractic', with or without qualification, provided that members of other professions (for example, osteopaths and physiotherapists) should not be prevented from using chiropractic techniques. This approach, if adopted, would mean that an unqualified practitioner could carry out manipulative treatments and call himself or herself a 'manipulative therapist', but could not call himself or herself a chiropractor or in any way describe his or her work as chiropractic, even with some qualifying description.*

Conclusion

62. In conclusion, we commend the foregoing proposals to all practising chiropractors, to the principal medical, educational and consumer organisations we have consulted, to Her Majesty's Government and both Houses of Parliament as a practicable and widely accepted basis for legislation to regulate the education, training and practice of chiropractic in the United Kingdom.

T.H. Bingham (Chairman)
Annabel Ferriman
Ian Hutchinson
Shelagh James-Hudson
Iain McCall

Antony Metcalfe
Caroline Ritherden
David Shaw
Ian Todd
Walton of Detchant

Norman Illingworth (Secretary)
March 1993

APPENDIX I

Organisations and individuals consulted or from whom communications were received by the Working Party

Chiropractic organisations and individuals

The Chiropractic Registration Steering Group

The British Chiropractic Association
The British Association of Applied Chiropractic
The Institute of Pure Chiropractic
The Scottish Chiropractic Association
Dr M.B. Howitt Wilson

Medical organisations and individuals

The British Medical Association
The General Medical Council
The Royal College of General Practitioners
The Standing Conference of Medical Royal Colleges and their Faculties
in the United Kingdom

Statutorily regulated bodies

The Council for the Professions Supplementary to Medicine
The General Dental Council
The United Kingdom Central Council for Nursing, Midwifery and Health Visiting

Government departments

The Department for Education
The Department of Health
The Department of Health and Social Services Northern Ireland
The Home Office
The Lord Chancellor's Department
The Privy Council
The Scottish Home and Health Department
The Department of Trade and Industry
The Welsh Office

Consumer organisations

The Association of Community Health Councils
The Consumers' Association
The Patients' Association

Educational organisations and individuals

The Council for National Academic Awards
The Committee of Vice-Chancellors and Principals of the Universities
of the United Kingdom
The University of East Anglia
The University of Salford and Salford College of Technology

Professional organisations

Chartered Society of Physiotherapy

APPENDIX II

European Council on Chiropractic Education (ECCE) minimum educational standards: summary

1. Accreditation procedures

- 1.1. There are four stages leading to accreditation: viz:
 - (a) a written application from the college concerned;
 - (b) a self-evaluation report by the college;
 - (c) an on-site inspection by an ECCE inspection team; and
 - (d) a review of the course by the Commission on Accreditation.
- 1.2. Accreditation of a college may be:
 - (a) with recommendations;
 - (b) without recommendations;
 - (c) conditional upon meeting particular requirements.
- 1.3. If a college is not accredited various recommendations are made. Once accreditation is given there is continuing assessment and re-accreditation, based on self-evaluation by the college, annual reports to the ECCE and further inspections at least once every five years. Colleges whose applications are rejected have a right of appeal to an appeal panel.
- 1.4. The ECCE also provides consultative assistance to colleges before they seek accreditation, to help them develop the standards required for accreditation by ECCE.

2. Chiropractic Education

2.1. Chiropractic education is divided into three successive stages: viz:

(I) *Pre-chiropractic studies*

Biology, chemistry and physics to a standard at least as high as that required for entrance to a university to study for a science based degree.

(II) *Chiropractic studies*

Four academic years each of nine months' duration at an institution accredited by the ECCE.

The syllabus includes the following subjects:

Genetics
Anatomy
Physiology
Biochemistry
Microbiology
Pathology
Biomechanics
Physical, clinical and laboratory diagnosis
Radiography and radiology
Gynaecology
Obstetrics
Paediatrics
Geriatrics
Dermatology
Otorhinolaryngology
Psychology
Psychosomatics
Dietetics
Orthopaedics
Physical therapy
Principles and practice of chiropractic
Adjustive technology
Research methods and procedures.

Notes:

1. Anatomy shall include or be complemented by dissection or prosection of human material.

2. Courses offered shall be taught at the depth currently found in programmes preparing other primary health care professionals for 'entry to the health care system'.
3. In diagnostic subjects such as ailments of the nervous and locomotor systems, including rheumatology, training should be to a higher level than that usually given to general practitioners.
4. Contact and laboratory hours will correspond to normal practice in European university education.

(III) Post-graduate studies

A 12-month pre-registration course for graduates including six months practising under the supervision of an approved principal, attendance at further courses and tutorials and the writing and defence of a thesis.

The purpose of this period of post-graduate study is

- (i) to teach the graduate how to integrate his or her basic education into every day practice;
- (ii) to train the graduate in using the scientific vocabulary in use in his or her country;
- (iii) to prepare the graduate for participation in interprofessional communication within the national system of health care;
- (iv) to train the graduate in the business logistics and legal aspects of chiropractic, in local health problems and legislation;
- (v) to provide the graduate with knowledge about the therapeutic modalities of other health care professions and necessary standards of referral, and
- (vi) where necessary to prepare for state examinations.

3. Evaluation of the chiropractic student

In addition to the colleges' own internal examinations an external assessment of students by the European Board of Chiropractic Examiners takes place. A Clinical Proficiency examination is given by Board members at the colleges which students must pass prior to graduation. There is also an evaluation of fourth year student research projects by the Board.

4. Mature students

4.1. Mature students may be considered for admission to the Chiropractic Studies programme. Such students must:

- (a) demonstrate a strong character governed by high principles and a previous learning experience with potential to acquire along with the necessary professional knowledge the scientific basis which they may lack;
- (b) be aged at least 25 years;
- (c) hold a higher education degree (at least three years of university studies);
or
- (d) have completed an education enabling them to matriculate in a university study;
- (e) have good professional records; and
- (f) demonstrate a strong interest in chiropractic.

The admitting institution must also verify that the direct admission of such students will not affect adversely their legal right to practise after graduation.

5. Other prospective students

5.1. Other students with a scientific background identical to the content of the Pre-Chiropractic Studies programme may be accepted for training.

5.2. Alternatively where adequate scientific knowledge is demonstrated a student may be admitted directly to the Chiropractic studies programme.

5.3. Students eligible for either of these methods of admission must either:

- (a) hold a diploma or certificate of further education for which university entrance requirements are a prerequisite; or
- (b) have had a 'previous education' of university standard.

APPENDIX III

Constitution and function of committees

The Education Committee

1. The General Council shall appoint an Education Committee constituted as follows:

The Chairman of the General Council.

Four members appointed by the General Council from among Group A members.

All three Group C members of the General Council.

Two members appointed by the General Council from among Group B members.

In addition the Education Committee with the approval of the General Council may co-opt for a term of not more than three years at a time three members, being members of the teaching staff of chiropractic training schools or institutions other than those at which Group C members of the Council are employed.

No member of the Education Committee who regularly teaches or lectures at a particular training school or institution may be appointed as a visitor at that school.

The Committee shall elect its own Chairman, but the Chairman of the Council shall not be eligible for election as Chairman of the Committee.

The quorum of the Committee shall be five, of whom three must also be members of the General Council.

2. The General Council shall refer to the Education Committee for advice on *all* matters relating to chiropractic education, training and examinations and in particular the qualifications entitling a person to be registered.
3. The General Council may appoint persons to visit schools, institutions and other places where instruction leading to a registrable qualification is given to students of chiropractic, chiropractors whose names are entered in the Provisional Register and registered chiropractors following post graduate courses in chiropractic.
4. It shall be the duty of such visitors to report to the Education Committee as to the sufficiency of the instruction and the facilities provided in the places which they visit and as to any other matters relating to the instruction which may be specified by the Council either generally or in any particular case; but no visitor shall interfere with the giving of any instruction.
5. On the receipt of a report of a visitation the Education Committee shall send a copy to the governing body of the training school or institution concerned affording to it an opportunity of making to the Committee within such period as they may specify (not being less than one month) observations on the report or objections thereto.
6. The Council shall have power to remunerate members of the Council as well as non-members for acting as visitors.
7. Where it appears to the Education Committee and the General Council that the course of study and examinations leading to a registrable qualification in chiropractic are not such as to secure the possession by the graduates of the requisite knowledge and skill for the efficient practice of chiropractic the General Council, as soon as practicable after the expiration of the period specified in paragraph 5 above, shall send to the Privy Council a copy of any report together with any observations thereon or objections thereto together with the Council's comments on the report and on any such observations and objections. Subject to the approval of the Privy Council the General Council may order that any degree or diploma in chiropractic granted by the training school or institution shall not confer any right to be registered.
8. The foregoing powers may be exercised in respect of a specifically described degree or diploma in chiropractic granted by a university, training school or institution. Where such an order is made by the General Council no person

shall be entitled to be registered in respect of such degree or diploma granted after the time mentioned in the order.

9. The Privy Council may revoke such an order where they are satisfied on further representation from the General Council or otherwise that the governing body of the training school or institution concerned has improved to the satisfaction of the Education Committee the course of study and examinations, but such revocation shall not entitle a person to be registered in respect of a degree or diploma in chiropractic granted before the revocation. Any order under this paragraph may be granted subject to certain conditions being met.
10. If it appears to the General Council that a training school or institution has attempted to impose on any student an obligation to adopt or to refrain from adopting the practice of any particular theory of chiropractic as a test or condition of admitting him or her to examination or of granting a degree or diploma in chiropractic, the General Council may direct the institution concerned to desist from attempting to impose such an obligation. Where the institution concerned fails to comply the General Council, subject to the approval of the Privy Council, may order that recognition of its qualifications be withdrawn.

The Investigating Committee

1. The Investigating Committee shall consist of not fewer than six members of the Council of whom at least two shall be lay members and at least one shall (if practicable) be a registered medical practitioner. These members may co-opt up to three additional members, provided that each co-option shall be for a term of not more than three years at a time and shall be subject to the approval of the Council.
2. The Investigating Committee shall investigate individual cases under paragraphs 3 and 5 below in groups of not fewer than three members of whom at least one shall be a lay member and (in the case of an investigation under paragraph 5) one shall (if practicable) be a registered medical practitioner.
3. An Investigating Committee sub-group shall investigate any complaint, allegation or report of unacceptable professional conduct by any registered, provisionally or conditionally registered chiropractor. For that purpose it shall:

- (1) seek to obtain full details of the complaint, allegation or report;
 - (2) seek to ascertain what, if any, evidence exists to corroborate or contradict the complaint, allegation or report;
 - (3) inform the registered, provisionally or conditionally registered member of the complaint, allegation or report and invite his or her observations.
4. The Investigating Committee sub-group shall consider the information, evidence and observations which it has obtained under paragraph 3 above and shall consider whether an allegation of unacceptable professional conduct or conviction in the United Kingdom of a criminal offence should be laid against the registered, provisionally or conditionally registered chiropractor and, if so, what the substance of the allegation should be. If it considers that the case does merit proceedings before the Professional Conduct Committee it shall refer the case to the full Investigating Committee with a brief summary of its reasons for doing so. If the sub-group decides that an allegation should not be laid that decision and the brief reasons for it should be at once communicated to the registered, provisionally or conditionally registered chiropractor and to the Committee's informant, if any.
5. An Investigating Committee sub-group shall also consider any complaint, allegation or report that any registered, provisionally or conditionally registered chiropractor is by reason of any impairment of his physical or mental condition unfit to perform his or her professional duties as a chiropractor. For that purpose it shall carry out the duties specified in paragraph 3(1)(2) and (3) above.
6. The Investigating Committee sub-group shall consider the information, evidence and observations which it has obtained under paragraph 5 above and shall consider whether in all the circumstances the case merits formal enquiry by the Health Committee. If it considers that the case does merit formal enquiry it shall refer the case to the Investigating Committee with a brief summary of its reasons for doing so. If it considers that the case does not merit formal enquiry it shall so resolve and shall inform the registered, provisionally or conditionally registered chiropractor accordingly.
7. If, in the course of considering a case under paragraphs 3 and 4 an Investigating Committee sub-group consider that the case would more appropriately be considered under paragraphs 5 and 6 it may so decide and may treat the case as falling under those paragraphs. If, in the course of considering a case under paragraphs 5 and 6 an Investigating Committee sub-group consider that the case would more appropriately be considered under paragraphs 3 and 4 it may so

decide and may treat the case as falling under those paragraphs. No decision of the Committee or a sub-group thereof shall be invalidated by the absence of a member who is a registered medical practitioner.

8. Where an Investigating Committee sub-group refer a case to the Investigating Committee under paragraph 4 or paragraph 6 above the Investigating Committee shall consider the case and decide whether it should be referred to the Professional Conduct Committee or the Health Committee, as the case may be, and shall direct accordingly. Notice of such decision shall be given to the registered, provisionally or conditionally registered chiropractor in question. For purposes of carrying out its duties under this paragraph the Investigating Committee may, at the discretion of the Chairman, either meet or act on consideration of the relevant papers by individual members of the Investigating Committee.
9. The Investigating Committee may act where there is a quorum of 5 members, a majority of whom must also be members of the General Council. It shall act on a majority of those present and voting. If there is an equality of votes the Chairman of the meeting at which the vote is taken shall have a casting vote in addition to his vote as a member which he shall cast in favour of the chiropractor. The Committee shall not hold oral hearings. There shall be no appeal against the Committee's decisions. Save as specified herein the Committee may regulate its own procedure.

The Professional Conduct Committee

1. The Professional Conduct Committee shall consist of not fewer than five members of the Council of whom at least two shall be lay members and one, if practicable, a registered medical practitioner. These five members may co-opt up to six additional members, provided that each co-option shall be for a term of not more than three years at a time and shall be subject to the approval of the Council.
2. Upon the Investigating Committee deciding that a charge of unacceptable professional conduct should be laid against a registered, provisionally or conditionally registered chiropractor, it shall be the responsibility of the Professional Conduct Committee to determine whether the charge is established and, if so, what penalty (if any) should be imposed within the range prescribed in paragraph 53 of this report.

3. The Professional Conduct Committee shall conduct its proceedings in accordance with rules which shall be drawn up and approved by the Council and which will become binding upon approval by the Privy Council. The Professional Conduct Committee may regulate its own procedure insofar as the same is not governed by these rules but shall at all times ensure that the registered, provisionally or conditionally registered chiropractor against whom the charge is laid is fully informed of the case against him and is given a fair opportunity to meet it and to make submissions to the Professional Conduct Committee in mitigation of sentence.
4. The Professional Conduct Committee shall hear charges against registered, provisionally or conditionally registered chiropractors in public (save to the extent that the interests of any patient or informant shall, in the opinion of the Committee, require any part of any hearing to be conducted privately) and shall announce its decision in public. Such decision shall, if adverse to the registered, provisionally or conditionally registered chiropractor or (at his or her request) if favourable to him or her, be published in an annual report.
5. A registered, provisionally or conditionally registered chiropractor who is aggrieved by the Professional Conduct Committee's decision that a charge is established or by any penalty it imposes shall have a right of appeal to the Judicial Committee of the Privy Council.
6. The Professional Conduct Committee may act where there is a quorum of four members, three of whom shall be members of the Council. It shall act on a majority of those present and voting. If there is an equality of votes the Chairman of the meeting at which the vote is taken shall have a casting vote in addition to his vote as a member which he shall cast in favour of the chiropractor. The Committee shall hold an oral hearing in any case where it considers such a hearing to be necessary or the registered, provisionally or conditionally registered chiropractor requests it. At any such hearing the registered, provisionally or conditionally registered chiropractor shall be entitled to be legally represented.

The Health Committee

1. The Health Committee shall consist of not fewer than six members of the Council of whom at least two shall be lay members and at least 1 shall be a registered medical practitioner. These six members may co-opt up to three

additional members, provided that each co-option shall be for a term of not more than three years at a time and shall be subject to the approval of the Council.

2. All references by the Investigating Committee to the Health Committee shall first be considered by a sub-group of not less than 3 members of the Health Committee, one of whom shall be a registered medical practitioner. The sub-group shall have power to seek medical opinions, to invite the practitioner concerned to submit to medical examination and to ask whether he or she is willing to accept the medical examiner's recommendations. Only where the practitioner concerned refuses to submit to medical examination or to accept the medical examiner's recommendations shall the case be referred formally to the Health Committee. In such cases the Health Committee shall enquire whether the ability to practise as a chiropractor of the registered, provisionally or conditionally registered chiropractor whose case is so referred is seriously impaired because of his physical or mental condition, whether temporarily or permanently.
3. For purposes of such enquiry the Registrar shall lay before the Committee such materials as were before the Investigating Committee and the Investigating Committee's reasons for making the reference. The Health Committee may obtain such other evidence and opinions (including medical opinions) as it shall consider necessary to make a decision but it shall not reach a decision without giving the registered, provisionally or conditionally registered chiropractor (or his or her legal representatives):
 - (1) a summary of the material before the Health Committee (omitting, where appropriate, the name of any informant);
 - (2) a full opportunity to question adverse witnesses on whom the Health Committee may rely;
 - (3) a full opportunity to present his or her case, whatever it may be, and to call witnesses.
4. If the Health Committee concludes that the registered, provisionally or conditionally registered chiropractor is not unfit as aforesaid it shall so inform him or her and shall take no further action.
5. If the Health Committee concludes that the registered, provisionally or conditionally registered chiropractor is unfit as aforesaid it shall so inform him or her and shall thereupon consider whether, for the protection of the public, the registered, provisionally or conditionally registered chiropractor should:

- (a) be suspended from practice as a chiropractor, and if so whether indefinitely or for what period; or
- (b) be permitted to practise only subject to conditions, and if so whether indefinitely or for what period and subject to what conditions; and may order accordingly.

But the Health Committee may not make any order under paras 5(a) or 5(b) unless or until it has:

- (a) informed the registered, provisionally or conditionally registered chiropractor (or his or her legal representatives) of the Committee's finding of unfitness;
- (b) invited his/her observations and submissions on (a) and (b) above;
- (c) offered him or her an opportunity to present evidence or call witnesses relevant to (a) and (b) above;
- (d) considered what is the minimum period of suspension or conditional registration and, as the case may be, what are the least burdensome conditions reasonably necessary to satisfy the objects specified above.

Where the Health Committee resolves to suspend a practitioner's right to practise the suspension shall take effect immediately.

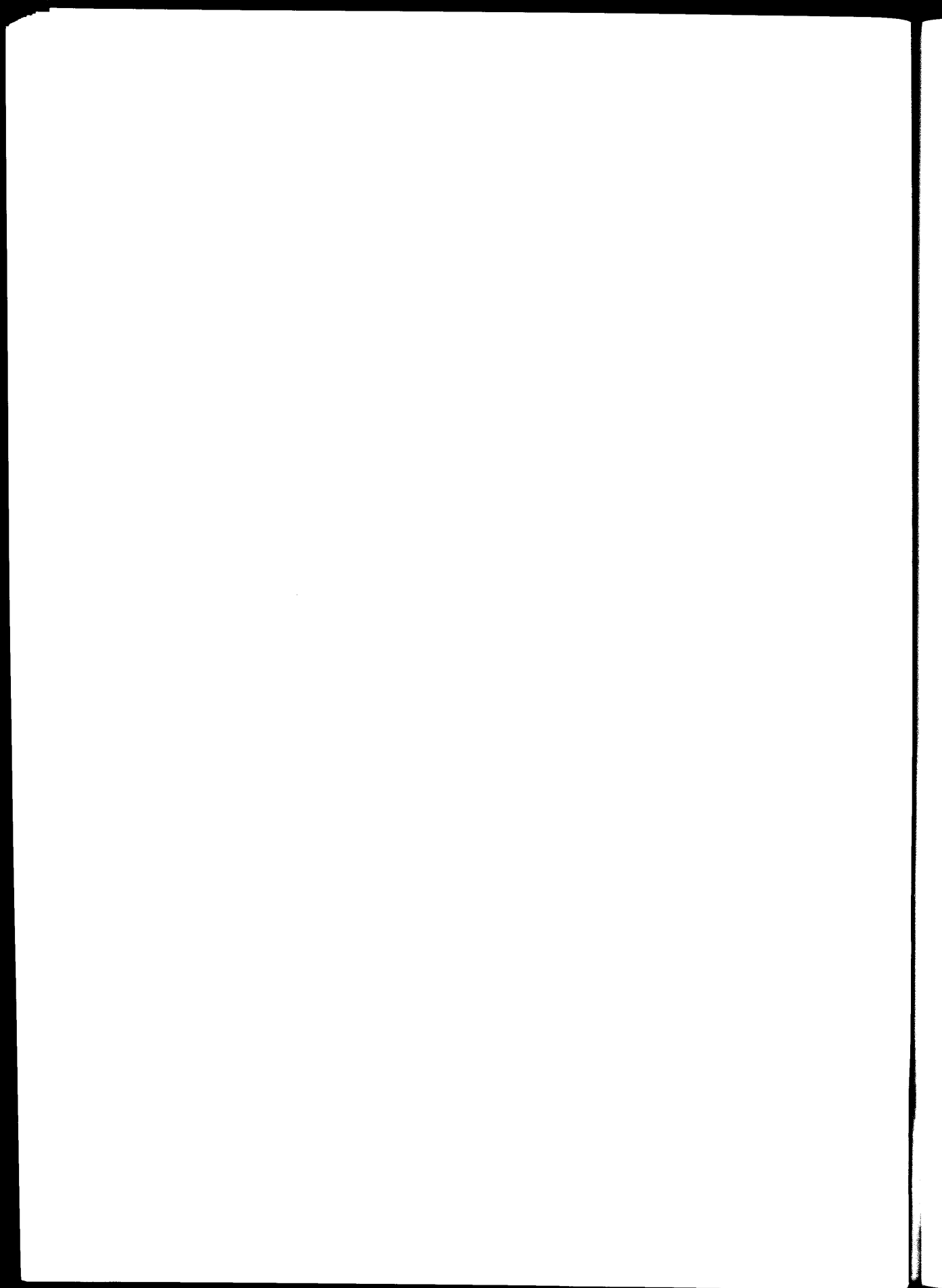
- 6. Notwithstanding any period of suspension or conditional registration imposed by the Health Committee under paragraph 5 above, the Committee may at any time before the expiry of such period either on its own motion or on application duly made revoke such order either forthwith or from such future date as it may specify if of opinion that the continuation of the order is no longer reasonably necessary to satisfy the objects specified above, it being clear at all times that the purpose of the Health Committee's orders is not to penalise the registered, provisionally or conditionally registered chiropractor but to safeguard the public. Where a chiropractor has made an application for revocation of an order of suspension or conditional registration which has been refused, the Committee shall not entertain a further such application within a period of 12 months from the date of the previous application.
- 7. If, when the period of any order of suspension or conditional registration has expired or is about to expire the Health Committee is of opinion that the impairment which led to the making of the order, or a similar or related impairment, continues and that the objects specified above reasonably require a continuation of the order, whether in the same or in a modified form, it may so order. But the Health Committee may not make an order under this paragraph unless or until it has:

- (a) informed the registered, provisionally or conditionally registered chiropractor (or his or her legal representatives) that continuation of the order, whether in the same or a modified form is under consideration;
- (b) invited his or her observations;
- (c) offered him or her an opportunity to present evidence or call witnesses;
- (d) considered what is the minimum period of further suspension or conditional registration and, as the case may be, what are the least burdensome conditions reasonably necessary to satisfy the objects specified above.

Orders under this paragraph may be repeated as often as the Health Committee consider them to be necessary for the protection of members of the public.

- 8. The Health Committee may act where there is a quorum of five members, of whom three must also be members of the General Council. It shall act on a majority of those present and voting. If there is an equality of votes the Chairman of the meeting at which the vote is taken shall have a casting vote in addition to his vote as a member. A registered, provisionally or conditionally registered chiropractor who is aggrieved by any decision of the Committee may appeal to the Judicial Committee of the Privy Council. Save as specified herein the Committee may regulate its own procedure.
- 9. In the case of a conditionally registered chiropractor the limit of five years specified in paragraph 36 of this report shall take effect whether or not he or she is for any part of that period or on its expiry subject to any order of suspension or conditional registration made by the Health Committee.

The Committee shall hold an oral hearing in any case where it considers such a hearing to be necessary or the registered, provisionally or conditionally registered chiropractor requests it. At any such hearing the registered, provisionally or conditionally registered chiropractor shall be entitled to be legally represented.



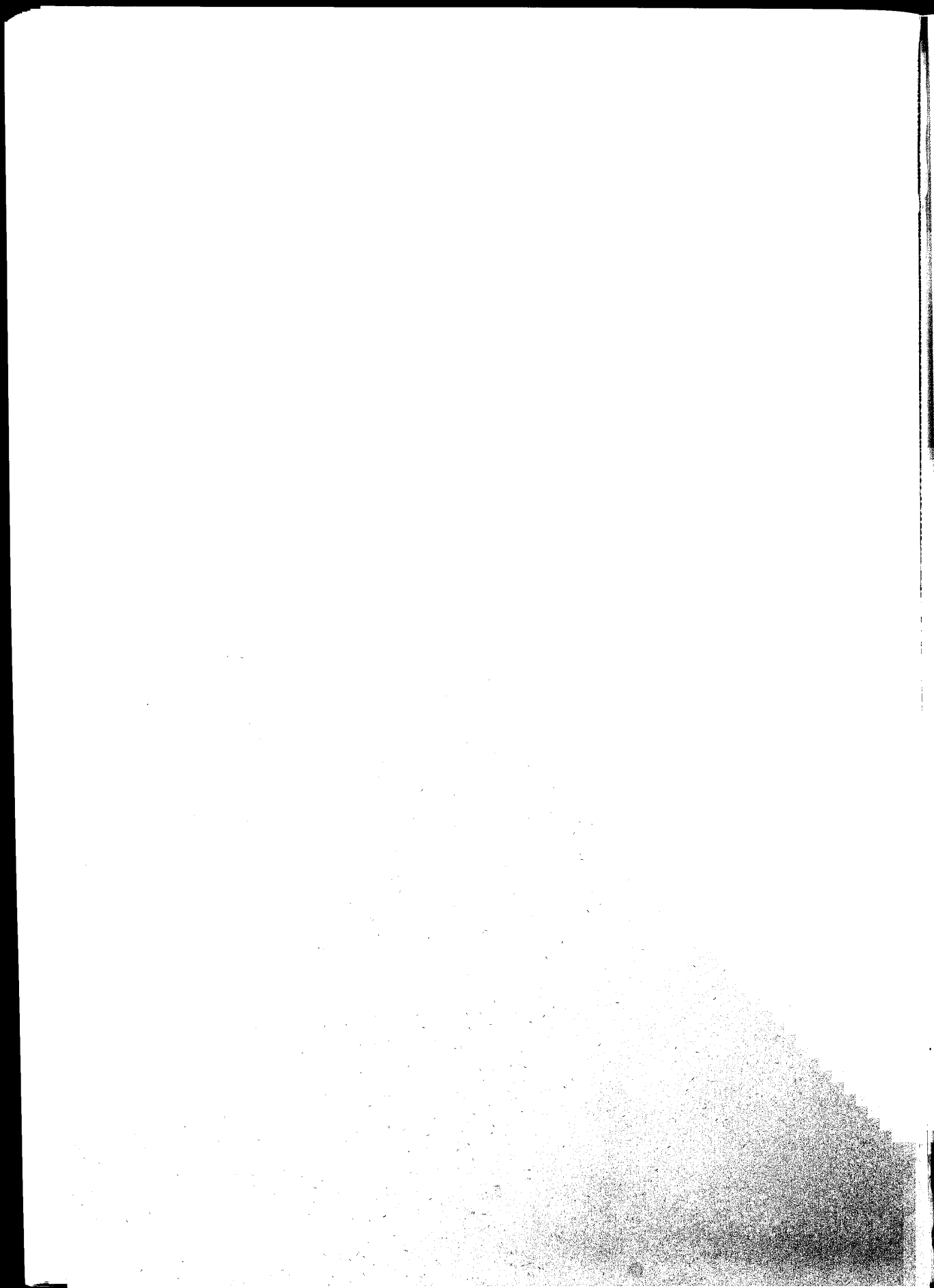
APPENDIX IV

Chiropractic registration steering group

Mr I Hutchinson (Chairman)
Mr C Cliff (Treasurer)
Ms B Minter (Secretary) (from March 1992)
Mr M Copland-Griffiths
Mr J Coulson
Ms S James-Hudson
Mr T Jay
Mr A Metcalfe
Ms C Ritherden (until March 1992)

Observers

Sir John Bailey
Mr P Ediss (until July 1992)
Ms C How
Mr N Hunt
Mr A Smith (from July 1992)



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