392 – CHIROPRACTIC REGULATION

With Steven Bruce and Nick Jones

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Steven Bruce 0:00

This evening's guest is Nick Jones, who's been the chief exec, aka the registrar, at the general chiropractic council for almost seven years. Welcome to the APM studio, Nick, first time in a studio, I think, isn't it last time you were online when we did well,

Nick Jones 2:39

thank you, Steve. It's great to be here

Steven Bruce 2:41

it's kind of you had to make the trip through some roadworks, I think, which added to the journey. On LinkedIn, the only thing you list as your profession is being the Chief Exec of the general chiropractic Council. On your website, there's a limited bit about you, so I'm curious to know what your background is as the registrar. Can you enlighten us?

Nick Jones 3:02

I'll have a go. It's my favorite subject, talking about myself. So I didn't follow a career in science based discipline, but more a social science based discipline. So I on leaving university, my first job was as a trainee housing officer, right in

Steven Bruce 3:22

What was your degree

Nick Jones 3:24

social science in northwest of England, and after a couple of years, I decided I wanted to change the world, and moved to London and got involved in a very innovative and new scheme to house homeless people, homeless families, rather so often coming in from as asylum seekers, and ensuring that they had somewhere nice to live, safe for their children, and access to schools and those other important, important things. And the reason I mentioned that is that was the after I did that for a few years, I got involved in developing and bidding for new things, which involved putting proposals to what was then, I think, the Department of Environment, now the Department of Communities and Local Government, or the office of Deputy Prime Minister. In other words, the department for housing. And that was my first brush with regulation, in a sense, because they had to approve the proposal. And I recall vividly I got not hauled up, but very deep level of questioning about the proposal, and I had a visceral kind of reaction against that. He was a bureaucrat sitting in air Ivory Tower, sort of undermining the proposals that we'd been put together. This will be resonating with a few chiropractors, and that's why I mentioned it, because I think there's a there's a sort of, everybody goes through that to some extent, and there's a reaction. It is a bit visceral. And I think that I work through that to such an extent that I then saw a role at the regulator for social housing, which got me into the world of regulation. So if anything, my CV is as a regulator. Now, that sounds a bit dry, and that sounds as if, you know, it's a heavy handed bureaucracy, and that's what turns me on. It's not, I think sitting in the center, as it were, as you do as a national regulator, and the GCC is a regulator for the United Kingdom, sitting in the center gives you an opportunity to to put the right levers in the system and to put some incentives in the system to generate improvement on behalf of patients and and the public. Yeah, so that that's kind of where I get my my passion in working with different sectors and professions in doing that. So having worked at the social housing regulator and then went to work as to work in the was the predecessor of the Care Quality Commission. And there's a variety of different organizations before the Care Quality Commission came came about, and that was a fantastic opportunity to look at health care in its widest sense. So starting to think about, how do you inspect GP premises, mental health units, the private sector, social care,

Steven Bruce 6:38

the CQC, and therefore its predecessors, is probably held in the same regard by the medical profession as Ofsted by the teaching profession, isn't it? They hate it. And actually, there was a report sent out by the general osteopathic council only a few days ago saying that 35% of the osteopathic profession associate the word fear with the General Council.

So you had an experience on the other end of the regulator. What do you do to try and mitigate that?

Nick Jones 7:08

Yeah, I think you're right. It's a natural sort of reaction, which is why I emphasize this visceral experience that I had. And I think we spend a lot of our time thinking about how we can be approachable, how we can be customer facing. We don't always get

Steven Bruce 7:23

that right. Who's your customer,

Nick Jones 7:26

the public,

Steven Bruce 7:28

exactly. That's, of course, is often lost on practitioners, indeed.

Nick Jones 7:32

And what I say on that, I say I've said it quite a lot this year, in relation to some work we've been doing around thinking about our new standards, is that we don't work in the chiropractor's interests, but we try not to work against it, right? We've been established by Parliament, so going back to your point about the fear or the hatred of regulatory bodies, its parliament is established by statute, and our job is to regulate proportionately sensitively, taking into account the views of of of all the stakeholders, and to try and do that in a humane and effective way, and to try and establish a tone that is approachable and enables people to see that you know you you have a job to do. And. And and of course, if you end up in the bit that is not very pleasant, it isn't very pleasant. And whilst there are some things we can do in that regard, in terms of providing support, the

Steven Bruce 8:34

bit isn't very pleasant. By that, you're referring to the fitness to practice process, which can ultimately lead to the Professional Conduct Committee and effectively a court hearing. Yeah.

Nick Jones 8:42

And what, and what I say on that is, again, it's a it's one of the bits in the Act which is very clear about the process that needs to, needs to be followed. At the GCC we've there are now approaching 4000 registrants. It's, it's increasing every year, which is, which is good to see. And there are hundreds and hundreds of 1000s of interactions and patient experiences every year, many 1000s every day. And I think we fairly consistently receive about 7070, complaints a year, which the GCC is bound to investigate.

Steven Bruce 9:27

And that's, again, I'm not here to sing the praises of the GCC or otherwise, but I think that is something, again, which is often lost on the practitioners, is that if someone makes a complaint, you have no choice but to go through the laid down procedure. It's not as though you can say this is clearly spurious or malicious, you have to go through the procedure, and we'll get onto the procedures a bit later on, I'm sure, because fitness to practice will be a big issue for chiropractors, as it is for osteopaths, I suspect that people will wonder about the balance of your care for the public or developing the profession. But one question we we have been asked already is, do you think it's appropriate, ideal or best, that someone who is not a chiropractor is regulating the profession effectively administering, administering the regulation. You don't separate the rules.

Nick Jones 10:19

It doesn't have to be a non chiropractor. It can. It could be a chiropractor, of course, there's a recruitment process which which would test the competencies that the council has established at any given time. I think one of the reasons why there's been some changes in the Professional Regulation framework since the since the establishment was that there's a general fear of the profession regulating itself, which is why there's all sorts of checks and balances involved ensuring that there are laypeople on the committees. But of course, they work best when there are people from the profession involved as well. So for example, the General Council has an equal mix of registrant registrants and non registrants, or lay people, as they're called in the in the business. And I think that provides for a really good framework to enable a chiropractic voice and a non chiropractic voice acting, if you like, on

behalf of patients and the public. So people who have seen chiropractors and people who have not yet thought about seeing a chiropractor.

Steven Bruce 11:29

It's always puzzled me slightly that, and I habitually, for the sake of convenience, refer to the GCC as the General Council for chiropractors and the gosc as a general Council when I'm talking to but it's not is it? The General Council is actually the body you've just spoken about, and what influence that widow, yeah, all right, What influence does that have over the GCC?

Nick Jones 11:51

Well, again, the General Council is established in statute. It says there will be a council of 12 with an equal mix, as I said before, and the council has the duty to set the strategy of the organization, what its focus should be, to agree policies, standards, for example. So when the GCC revises education standards or the code of practice, then it's the council who will agree those, and they also hold the executive and particularly me as the chief executive and registrar to account so the Council meets on a quarterly basis, and I produce the reports my team produces the reports that enables the council to hold us to account now, in terms of involvement in fitness to practice at an early stage, or, as you say, the later stage, when there's a formal a formal process, then there is very little involvement. I have very little involvement in that. There is a system that's established. There's independent committees, and that independence is protected at all costs. And those decisions will will go through as the executive our job in fitness to practice, for example, is to ensure that the cases is handled well and the committees have the information it needs to carry out its work. We don't have any animus. Towards the chiropractor, where that process goes on, although I imagine it feels like it that the GCC is out to get me, as it were, but that's not our role. You said before. Our responsibility is to take a complaint, and there are very few exceptions to us not being able to look at it. I'd like a bit more flexibility there, and there's been some steps over the last few years. We talk about regulatory reform, and that's been on the blocks now for 10 years,

Steven Bruce 13:53

Because both yours and ours, is an Act of Parliament which takes a lot of work to change, and even the rules under which you operate to take a parliamentary decision to change. So it's not easy to get parliamentary time.

Nick Jones 14:05

You're absolutely right. And they the act was, was both acts were established in 1994 and they've changed very little

Nick Jones 14:16

They're identical. They are identical, except for the word, there's a few, there's a few changes around that they don't, for example, mention patient, they don't mention the internet. They don't mention a whole range of things

Steven Bruce 14:31

They mention the public, though, don't they in terms of protecting the public? Yeah, one of the words that was taken out of both acts is the concept of promoting the word promoting the professions was taken out, and your responsibility is now developing the profession. What the hell does that mean?

Nick Jones 14:46

Yeah, well, it's a flexible concept. So we, we, we spend a lot of time thinking about developing the profession. And there's a you, there's a kind of a spectrum, from making sure that the education establishments are a good standard, that there are enough of them that we're working with them to ensure that the graduate outcomes are strong and effective, and graduates are coming out that are almost ready for work. But beyond that, there's things like the continuing professional development. There's the work that we can do behind the scenes somehow, to to to maybe think about how chiropractors or some could be integrated, perhaps in the public health framework and so on. So there's a range of things that we do, but I think it's a broad concept.

Steven Bruce 15:37

Well, I'm going to challenge you on that, because on a number of occasion, you said you think about things. What do you actually do to promote CPD or education or practice?

Nick Jones 15:45

Well, we do a lot. We spend a lot of time and effort producing supplementary guidance and support to ensure that chiropractors are and I know the osteopathic Council do the same, ensure that beside the kind of code framework, there's a lot of supporting documentation and material on our website, on other platforms and so on, just to emphasize what needs to be done in certain areas. And we see that as a really sort of positive, a positive step, and something that, you know, we've really grown and developed over the last few years

Steven Bruce 16:30

I'm gonna have to read a few questions out, or we won't get through them. Christina says, Have you ever had chiropractic treatment? No, right? That's interesting. Why have you always been perfectly fit? Or you scared stiff of chiropractors?

Nick Jones 17:05

I've enjoyed good health, so I take care with my personal fitness and so on. I've never been, never had a serious illness or anything like that. I've been very, very lucky. But I work at it, and I have it's I've wondered, if I needed it, how I'd put that chiropractor in that position. So that would be very awkward and that's part of the consideration

Steven Bruce 17:32

Go and see an osteopath! because they won't know you, the questioner here says, I mean, it'd be quite useful, because then you'd know what goes on. You wouldn't, you'd know what goes on in one chiropractor

Nick Jones 17:47

I've spent quite a lot of time visiting clinics, the patients have been very generous in allowing me to observe, I've spoken to, obviously, lots and lots of chiropractors. So, you know, I've got a, I've got a rough idea what goes on,

Steven Bruce 18:02

I'm sure you have, I mean, you can't have done seven years nearly in the pro in your job without

knowing roughly what goes on.

Steven Bruce 18:11

Nikki says I should ask you about why the CPD year has been reduced to 11 months. And I've been puzzled by that as well. You used to give people a month's grace to get their reports done after the end of the year. Now they've got to have it all in on the deadline of the end of the year. What's the reason

Nick Jones 18:27

we haven't changed anything. What we've done is to be slightly stricter in the interpretation of the when it needs to be. That's her point by by doing that, it means still a month's grace. But we, we, we really did it to just even out the year a bit for our teams. So a month ahead meant that it was starting to get into the retention period, which is obviously a very heavy time for our people. And I'm really, really conscious of our our need to be as efficient as we can be to ensure that we we're spending the the the fee, pound, as carefully as we can. So part of that is with, as I mentioned before, we're increasing numbers. That means there's a an increase in workload, and it's really important we just think about some of those things to even out the the year for our team. And we're a small organization, and we, we obviously need to care for them, have their well being in mind as well. So that said, just to finish on the point, at the similar point last year, there were fewer submissions that had been made. So we're we think that we've worked hard on our communication, and that's been successful in terms of getting the message out there. And we're terrifically grateful to all registrants who go to the trouble of, you know, submitting their record, doing so a little bit early.

Steven Bruce 19:59

So what happens then, to the person who's who gets their last four hours of CPD in that last month and hasn't got time.

Nick Jones 20:05

It's not what. It's not that, if we haven't shortened the time, it's, it's just that we've asked for that submission bit to to come in and you know, it's, it's not so hard and fast in that regard.

Steven Bruce 20:21

Okay, so you're saying you can be flexible in practice. If you fail to get the.

Nick Jones

we're always flexible

Steven Bruce

Okay. I mean, on that, it doesn't come across that way. To the to the practitioners. They all feel that they're under pressure for this. So some of them will be reassured.

Nick Jones 20:37

I hope so. And I just want to emphasize the point that that CPD itself. It probably feels a little bit like, you know, another requirement from the from the regulator. I think, speaking

Steven Bruce 20:52

as a person who provides it, I hope not, but no.

Nick Jones 20:56

And you know, your values will be that this is, this is part and parcel of being a registered professional that we're learning all the time, and the more in which we can communicate that sort of tone, the better. I think there are some, a small minority, who see it as burdensome. This is not the business of the regulator to check on to check on this, but we need to keep working on that and communicating

Steven Bruce 21:25

and I would certainly go along with that. I've heard the same from the osteopathic profession. But I think if you want to hold your head in the crowd of professional medical providers around the country, healthcare providers, you know, you've got to be able to show that you're trying to keep current with the latest research into whatever it is you provide.

Nick says that he doesn't agree that regulators shouldn't work for the chiropractors, osteopaths as well. Yes, sure, they set and uphold standards, but you should also see yourselves as protecting correctly practising therapists from rogue therapists purporting to be something they're not. It's a mind change thing, and may well engender better feeling towards the regulator from those correctly operating therapists.

Well, you do do that to a certain extent, don't you? First of all, you can't call yourself a chiropractor if you aren't registered. But also, that's the point of the fitness to practice process is that anyone who isn't doing it properly will suffer some sort of sanction. I'm not sure. Nick, I mean, Nick, if you can come back to us with something perhaps a little bit more concrete. I mean, what do you mean by a rogue therapist?

Nick Jones 22:29

No, I think where Nick may be coming from is, you know where we talked earlier on about, you know who we see as our customer. And of course, Parliament expects us to protect the public. This, the whole framework of Professional Regulation is around protection of of the public. But of course, we can't do our work, and we can't do our work well unless we have a really strong and positive dialog with registrants and the representatives of registrants. However, however, that whatever that looks like. And you know, we listen, we have to listen, and we we have to act on that. We don't always respond in the way that bit like the CPD question. Maybe people see us as inflexible, but, but at least we understand the issues and we can react but it but when we're taking action Against practitioners who are holding themselves out as chiropractors. And mercifully, there are very few of those. There are slightly more where they've perhaps deregistered and haven't been quite as diligent as they might be in terms of updating, not just their own website presence, but these third party things which seemed to go on for years and years, things like yell.com where it shows as the chiropractor in this place. And I think people latch on to that. It's quite difficult for any individual to get those sorts of things changed, but, but where we see Rogue practitioners holding themselves out as chiropractors, it's very serious matter, and it's a breach of the law. So therefore you can expect us to to take, to take action on that. And as you say, Steve, when, when it comes to poor practice, whether that's rogue or not, when it comes to poor practice, we don't have an inspection framework. We don't really know what goes on all the time. We're not geared up for that. So the only route in which that kind of gets surfaced is via the complaint system. And of course, there are many complaints which are dealt with before they come to us in the clinics complaint system or dealt with by the

professional associations. But I think when they come to us, then obviously society expects us to look at that and to take robust action, where, where necessary.

Steven Bruce 00:24:26

Do you think it's a problem for the profession that you've got so many professional bodies, trade bodies, as you might call them. I mean, there's only, there's only really one for the osteopathic profession, which makes it obvious who people should get in touch with.

Nick Jones 00:24:39

Yeah, I It's for the profession. That's the first thing I should say. Equally, I look upon the osteopathic council with a little bit of envy, in dealing with the Institute, which seems a more straightforward sort of, sort of relationship, as I say, it's for the it's for the profession.

Steven Bruce 00:25:04

And I think it's probably pure chance that there's only one for the osteopathic profession. I don't know. I don't think any deliberate policy that's been pursued, no.

Nick Jones 00:25:10

And I think these things happen. You know, they come about, don't they, and it's quite difficult to then shift into,

Steven Bruce 00:25:15

yeah, sure, different. It'll be nice if your trade bodies got on a bit better together, I think

Nick Jones 00:25:22

I've certainly observed over the last few years some really good dialog between them and so on. So it's not always how you might perceive it to be.

Steven Bruce 00:25:34

Christina says, Why can't chiropractors claim as CPD things that develop their profession any longer. And I think she means by that, learning how to run your business or learning how to do your marketing. I think it was, what, three or four, maybe longer than that, that you stopped them being allowed to claim that.

Nick Jones 00:25:50

I think it we're not anti business, but I think we deal with individual registrants, and it's important that, you know, the focus is on care, clinical care, and that encompasses quite a broad set of things anyway.

Steven Bruce 00:26:09

So I did get a sense that at one point, some people were claiming an awful lot of marketing training, or whatever else

Nick Jones 00:26:16

Possibly before my time. CPDs cropped up a couple of times. Now, I think this goes back to the flexibility that we have. So you mentioned that the rules around CPD have been established now for 25 years. They're not as I would like to have them, right? You know, I would really enjoy our dialog with the profession about you know, what does it mean to keep your professional development updated and continuing in a modern day in a modern day setting? What would work for you as a profession? How can we work with you on establishing a scheme that can give confidence to patients and the public about how well you're keeping up to date. You know, I often think when I'm stepping on the tarmac at Stansted, I hope to God, the pilots kept their development up to date. You know, it's, it's a very real thing in that regard, isn't it? And I think society expects people in clinical settings to have kept their practice up to date? Is this current CPD system perfect? Far from it. You know, I really understand that, but it's the one we've got and without parliamentary time. And I'm afraid the osteopaths and the chiropractors are probably at the end of the queue.

Steven Bruce 00:27:42

Yes, in that regard, the osteopaths, of course, had a major change in the CPD system a few years ago, about six years ago now, I think, which has led to, obviously, there were some concerns to start with, but I think it's a system which is easier for the general osteopathic council to manage, because they do less of it themselves now. So. They still have to do the

audits and so on. And I don't know whether that's a route you might follow if you could, but obviously you can't, unless you've got that parliamentary

Nick Jones 00:28:06

No, we don't. We don't want to raise hopes until we've got, you know, more prospects of being able to make those changes. Well,

Steven Bruce 00:28:14

I was gonna go on this later in the show, but since we started to talk about CPD, of course, a lot of this is about meeting the professional standards set out in the chiropractic code. Now, at the moment, you've got a chiropractic code with 55 standards in it, and your proposed document, which I've got here, wants to move to an extra two principles and go to 81 standards? Why? Why on earth would you go to 81 standards? Osteopathy has 29 the GMC has 35

Nick Jones 00:28:50

Well, we had a good look at the current code of practice, and we undertook a scoping review to see what was, what

Steven Bruce 00:28:58

was this someone with too much time on his hands?

Nick Jones 00:29:01

no, not at all. It's important that, I mean, the fundamental role of the regulator is to establish standards, and those standards have to be right for the for the environment in which that those standards operate. And whilst there's much positive about the current standards, the 2016 code of practice. We thought that there were some bits that were weren't fully addressed, mainly as a consequence of the passage of time. So things get a little bit out of date. I think what you're saying is, you know, in looking at them, you should take the opportunity to reduce and so on. But we couldn't see any opportunities to think about kind of taking some out. They just seemed so fundamentally important. But we did want to establish some new principles around safety and the philosophy of safe care and

the importance of safe care, and also a new principle around kind of collaboration, recognizing recognizers do that, recognizing that health care is a collaborative enterprise, both with the patient and with other providers

Steven Bruce 00:30:09

but don't doctors do that, and they've only got 35 standards?

Nick Jones 00:30:12

Well, it's different, different standards for different, different professions. I would argue there aren't too many. We've, we're, we've just finished the consultation exercise for that, Steve, we were very pleased to see we've received over 100 submissions. We'll be looking at those carefully, and we'll be seeing whether or not, you know, there's a, there's an argument that comes back. We've got too many, or these, they're too detailed, or what, but essentially, it's the council's decision on this, and they'll be they'll be coming to their views at the end of the year.

Steven Bruce 00:30:48

I'm not going to challenge you on this, but do you seriously imagine that any chiropractor knows the current chiropractic standards by heart, let alone 81

Nick Jones 00:30:58

No, of course, I know that that's not the case, but I think they know broadly what it encompasses, and they at this time of the cycle, if you like, they'll understand some of the changes. So those on the call will have heard me talk about the philosophy of safe care and about the importance of collaborative health and care. And you know, they will be, hopefully piqued their interest in thinking, well, what are the GCC up to? But I absolutely know this is not front and centre of everyone's minds all the time. But equally, as a registered health and care professional, one needs to be have an awareness of the of the standards.

Steven Bruce 00:31:45

So you've introduced two new principles. One is called B and the other is called H. They replace two existing ones, but those just get shunted elsewhere, and there's a certain amount of renaming and reshuffling of deck chairs involved in this. But what about principal H, particularly h4 which is demonstrate leadership. How on earth does a sole practitioner demonstrate leadership? And why is that important in healthcare? Who are they leading?

Nick Jones 00:32:10

Well,we've done a lot of work on that to demonstrate why that's important. So there's a section on the GCC website which talks about the importance of personal leadership as well as leading within a within a team, we think that's what's personal leadership. Well, it's demonstrating that you embrace the requirements of being a modern health and care professional, and you embrace the standards that fall within that

Steven Bruce 00:32:38

I speak as a military man, I can't see any leadership in that at all

Nick Jones 00:32:40

Well, I tend not to agree.

Steven Bruce 00:32:44

Of course, you know, I'm very happy for you not to agree. It seems to me that a lot of people will be thinking, this is another 50 odd sticks with which to beat the profession, when something goes wrong, when a patient complains. Well, you didn't demonstrate enough leadership in your in my appointment. Actually, it's there. We should have done.

Nick Jones 00:33:00

yeah, it comes back to come back something I said at the beginning, which is around establishing the tone and the framework in which registrants operate, if you like. I think you know as a concept, I accept that patients might not automatically assume that you know, seeing a sole practitioner, as it were, there's going to be leadership, but it, you know, we have to think about other environments in which which registrants work. So not just in clinical practice, they also work in education. They work their researchers and so on. So it's

a, it's a broader, it's a broader concept. So this, I think it is one that works in a clinical practice.

Steven Bruce 00:33:37

So this means, then that the educational establishments will now be told to teach leadership, or are chiropractors just supposed to know this. And I know from my own experience, it's not easy to learn leadership. It's not a natural skill,

Nick Jones 00:33:48

no, and it's not part of the curriculum. It's not part of the education standards, but registrants who are working in education institutions have a duty, it seems to me, to demonstrate leadership on behalf of the of the profession. So it's an it's an it's a newish concept. I would say that it's an increasingly important one in all aspects of health and care, and one in which, you know, again, we'll have a good look at the responses and see what they say. And some of the feedback we've had is some of these things are quite difficult to measure and assess. I kind of accept that to one level, but I think as well, it's what what do patients expect when they're walking into into a clinic? So some of the standards are slightly less measurable than others. We kind of defend that for now, and I think, I think they'll, they'll withstand the test of time, but we'll see.

Steven Bruce 00:34:48

Well, the consultation period has ended, hasn't it? Just last week? It's just recently ended. You can download the code of professional practice. This is the proposed document, the consultation paper, from the GCC website. It's worth a look. Definitely worth a look. There's nothing you can do about it now, but it's worth a look. I certainly found it an interesting read, mainly because I was struck by the huge number of principles compared to other professions.

You've probably answered this question already in a different form, but Nikki wants to know why we chiropractors can't move towards a more straightforward system, such as nurses, whose registration lasts three years at a time, and they don't have to submit an annual review every year. I suspect the answer is parliamentary time again, not that you've chosen to do that anyway.

Nick Jones 00:35:37

I think we've looked in the past at having a three year CPD cycle, if you like, and that's something that you know, we're simply not allowed to introduce. I would love, and the council would love more flexibility in terms of establishing those rules for for, you know that heading towards 2030 as we are, so you know what? What does that look like over the next, over the next few years?

Steven Bruce 00:36:09

So, I mean, if those things are worth pursuing, even though there isn't parliamentary time freely available to get it done, what's the process for you? I mean, are you sticking a marker in the parliamentary box to say we want to do this, that at some point you can change the system?

Nick Jones 00:36:27

There's a danger here. I could bore on for another 10 minutes talking about the history of professional regulatory reform. I'll try not to other than to say that the arrangements that are in place to enable the regulation of physician associates and anesthesia associates by the GMC is the basis that could be applied to other regulators in due course. And in other words, the framework has been established now as a consequence of many years of discussion and so on. The problem with Professional Regulation of healthcare is that it doesn't really attract ministers that much when they're dealing with fires elsewhere. The NHS, for example, obviously consumes a great deal of ministerial time. The reform of Professional Regulation isn't necessarily a vote winner, so that said, officials have been working hard on it, and ministers, where necessary, put their signature on the bottom of it. So the prospect of change is quite high, if it can be applied to the the other, the other regulators and that process can now, I think, begin because we've got a new government in place, but also because the GMC who who enjoy this new flexibility, what's called the order to regulate those two professions. Yeah. Yes, that's now in place. And the idea is that that's a template which can be applied to opticians. It can be applied to osteopaths, chiropractors and so on. And it's whether or not the there is a will in government to make those changes. I hope so. I really hope so. But in any event, the GCC, like all good public bodies, establishes a strategy. What's the focus for the next view is, where do we want to put our discretionary effort? And our own strategy has just come to an end for 2022 24 and that was about establishing some solid frameworks in place, getting the patient voice involved in the GC sees activity a bit more, making sure we made good on our commitment to provide supporting guidance and information for the benefit of registrants and therefore the benefit of patients. So that's that's kind of coming to a close now, and we're thinking about our strategy to 2030 I know it sounds grandiose and so on in terms of thinking about a strategy, but actually, maybe we do want to spend a little bit more time thinking about, you

know, and having a dialog with the profession about what some of these new arrangements might might look Like in order to develop the profession.

Steven Bruce 00:39:22

To give you a chance to talk a bit more about the purpose of the council, I know you've got a number of factors that it might be worth just clarifying to let people know what the council, the general chiropractic Council, is there to do. Obviously, we've talked about one which is protecting patients. We've talked about another which is developing the profession. What else are your main activities? Because you only have 18 people employed at the GCC, I think, is that right?

Nick Jones 00:39:47

That's right. There are 18 of us. So we, we, we punch, I think, above our weight in that we have the same duties and the same responsibilities that the Nursing and Midwifery Council has now the Nursing Midwifery Council. They register practically 1% of the UK population. I think it's coming up to 900,000 nurses and and midwives, and everything they do, their responsibilities that they have are the same as as but

Steven Bruce 00:40:19

They've got more staff to do it because they're wealthier,

Nick Jones 00:40:23

of course, and I can say that they've got more people in their in house catering team than we have at the GCC as a whole

Steven Bruce 00:40:32

What else are you guys doing at the GCC?

Nick Jones 00:40:36

we have a statute establishes what we have to do. So we have to, as you say, regulate and develop the profession, whatever that, whatever that looks like, fundamentally setting the standards. So not just in the code of professional practice, but also the standards for education providers, and those were improved and introduced a couple of years ago, and at the last Council meeting in September, yes, September, losing track of time the last Council meeting in September, we were able to report having conducted reviews of each of those establishments that they have successfully implemented those new education standards with a view to ensuring that registrants being coming out of those institutions are fit to practice, essentially, so that's in place. We have a duty to remove registrants who are unfit to practice, which is why it's called the fitness to practice process to establish whether or not yes, people, people are unfit. I mentioned before, there are about 70 complaints which are processed and considered every year that take longer than I'd like.

Steven Bruce

I think the median time is 108 weeks.

Nick Jones

Well, that's from end to end. Yes, complaint to the Professional Conduct Committee considerations, but

Steven Bruce 00:41:58

that is the time that the registrant will know about it and worry about it, indeed. And it's a ghastly experience. It's an hideous experience. How do you shorten the time? Two years is an unbelievable time to live under the threat of being removed from the register.

Nick Jones 00:42:12

Often we're in the hands of others. So there are what you call third party involvement that could be the police, for example. It could be the coroners. It could be others. So that's somewhat out of our out of our control. There are some kind of procedural things which which just have to take time. So you have to give the registrant time to respond to the allegations, and then you put those to the complainant, and then the complainant, the registrant, gets a chance to have a look at the that. And then there are things like administrative hurdles around getting the panel together and the defense team. There are a small number of defense organizations involved in chiropractic, and I believe in osteopathy.

And you know. Understandably, the registrants wants the defense council to be available on on that day. We're sometimes saying, Well, if you're not available, we still want to push ahead with it. So there are, there are kind of pressures in that regard. So as you say, two years is a long time. I would like that to be shorter, but it's quite difficult to do so that said, of the 70 in any given year, probably only about four or five of those will end up in what you might call a serious sanction at the end of the day. So it's a lot of effort to get to that place, important to get to that place. But it's

Steven Bruce 00:43:38

not for a moment, suggesting that the general chiropractor Council is at fault in this any more than the general osteopathic Council, because, of course, you don't know until the end of the process whether you're going to suffer a serious sanction or not. I've sat in procedures at both councils, but I've certainly seen some go through general osteopathic Council's Professional Conduct Committee, where the sanction at the end of it was ridiculous out of all proportion to what was being alleged and was then subsequently overturned. So it's a nerve wracking experience for everyone concerned,

Nick Jones 00:44:13

just to just to go back to the potential for reform. A key component of that reform is to essentially make that process much shorter. Have to balance the concerns raised by the complainant, but in essence, we think that across the across the piece, in other professions that we can dispatch or can deal with many, many more cases by what's called a case examiner approach, which is yes, which is a single official as it were

Steven Bruce 00:44:47

,and you're allowed to do this? Is this what the osteopathic council call screeners?

Nick Jones 00:44:52

No, no. This is, this is, this is subject on reform coming to pass. So this is some way off yet. You know, I'm holding this as a possibility at this stage. This is not cast iron, but, and some of the councils have got this power already, I go back to the fact that yes, chiropractors and osteopaths are at the end of the queue. So a case examiner essentially looks at the case and determines, with the complainant and the registrant what an appropriate sanction

might look like. It's not plea bargaining, but it's a slightly Well, it's a much quicker process and a more humane, humane process.

Steven Bruce 00:45:37

One of the things I came across recently with fitness to practice at the general osteopathic council was that people who had unwittingly allowed their indemnity insurance to lapse. And I think probably, I don't know if it's the same with chiropractors, but with osteopathic, indemnity insurance might not end at the same time as their registration year ends. And it's very easy to miss the emails, but they've got a certain procedure, section seven a, I think it's called where actually they don't have a PCC hearing. They just accept the decision. We know it's unacceptable professional conduct. It's going to be a sanction, but it's only going to be an admonishment because clearly it was unintentional. That must presumably relieve the weight on the PCC. So would help to speed the process. Do you do the same or similar?

Nick Jones 00:46:19

There are, there are certainly abbreviated procedures you can follow for those sorts of administrative things. It's often in discussion with the defense team that said very few of those, the majority are conduct issues and clinical care issues. So by the time it gets the Professional Conduct Committee, and I accept that there are some, you know, not found, probably an equal number found and not found, but that has to be determined based on the evidence and cross examination, okay, and so on. So, you know, there is a process it, it plays out. It's not pleasant. There's a good deal of research now emerging that it's it's not particularly effective, or was certainly unpleasant for all sides, and it's particularly difficult for complainants, let's say, in a sexual boundaries case, to have to make a complaint in the well, to experience it in the first place, to Then make a complaint about it to the regulator for that then to be raked over at an investigating committee stage, and then potentially to have to replay that evidence in person, under cross examination. Yes, so it's kind of, let's say it's found, then it's abuse, 1, 2,3, 4, 5 times that they've had to experience. So there has to be a better way.,

Steven Bruce 00:47:47

a very prominent defense barrister who you would know, told me when we were in conversation not long ago, that one thing that your council does differently to the GOSC, and this is not To say they’re better than you, or anything like that, is that when a complaint is made about advertising standards, the general osteopathic council says, Great, that's an

ICO responsibility/an ASA responsibility, they can deal with that. And of course, it is. But he says that they don't pursue it, whereas the GCC does pursue it. In addition to the Advertising Standards Authority, which must take up time and resources.

Nick Jones 00:48:24

Yeah, thankfully, I think we're through the worst of that. So when I joined the GCC, it was still dealing with a reasonably long tail, from a very long tail of complaints that had been made en masse, and most of those complaints did not end up at a formal stage. So I believe that the approach we've got now is that we have to consider it. our advice is and this comes back to slightly different arrangements that possibly even different legal advice that's been obtained. Goodness knows, we've tried, but our approach on advertising, is to take a fairly proportionate approach as much as we can, which is basically to say, this is the complaint. Put it before the investigating committee, and by the time it gets the investigating committee, hopefully it's been changed. So it's a similar sort of approach, but one that we think that that's the minimum we can deal with. It's quite serious. I think it's quite serious to potentially misrepresent what you should and shouldn't say as regards your clinic. It's not trivial,

Steven Bruce 00:49:37

but there is another body that deals with that.

Nick Jones 00:49:39

There is, but equally, we think that that's ours as well.

Steven Bruce 00:49:41

Okay, now I've got a very lengthy question here. It's anonymous. It is a lady who says that she felt that in a previous webinar that you've done, you seem to feel very much that the patient has all the rights and the chiropractor none. the GCC job is one of regulation gave the impression that meant protecting the patients from chiropractors. But this she felt, was dismissive of female chiropractors working alone. Chiropractors must discuss in detail the reasons for discontinuing treatment for a patient and/or denying treatment in the first place. So a female chiropractor alone in a building with a male patient who is enjoying her discomfort or fear must sit down and tell him that this is a problem and expect him to leave. She points out that one of the common responses to a woman being raped is to freeze with

all subsequent issues with the legal system. She says we have just done a cycle of compulsory EDI training, and yet the GCC seem unaware of the women within the profession and their needs. Now, okay, she's not neglecting the fact that men can also be in a situation, but women are more commonly she's got some other points in here. I think she is a relatively small and she's upper middle aged lady. I can say that because she's younger than me and she's got 20 experience. No complaints, she says. She says it's a sensible precaution to only offer new male patients daytime appointments when other people are in the building and within shouting distance.

Of course, if it makes her feel comfortable, that must make for better treatment. I thought if a patient makes me feel uncomfortable, she says, which has happened a handful of times over the years, and it's been very, very scary, she suggested to them she's not the right person for their problem and refer them to a male practitioner with a consequent minor risk to her reputation. So how do you respond to that? What does the nub of it is, how free as a female practitioner to say to a person, you need to see someone else without having to go into detail, why?

Nick Jones 00:52:00

I recognize this as a as a very challenging issue. I don't recall kind of alluding to this or covering this topic in any of the webinars. It might be implicit in something I said, but it was not my intention to dismiss anything in relation to that It's tough, isn't it, being a lone practitioner is a difficult place to be, it seems to me, not one I have any experience of. And the clinician is made vulnerable by their circumstances. And I haven't got any you know, offhand responses about what to do. But this has come up in the consultation on the code of practice. It came up at some of the webinars about cessation of practice. And there's somehow a belief that you can't end the arrangement with a with a patient, for fear that the GCC will be on on your back. I think our position is that. That it is for the clinician to determine what's the therapeutic relationship right, and to be able to discuss that in collaboration. That's the print, the new principle in collaboration with the with the patient.

Steven Bruce 00:53:13

The new principle, as in the code that's not yet approved,

Nick Jones 00:53:15

That's right. So there is already stuff in the code about, you know, discussing with patients, yes, exactly, discussing with the patient. This kind of emphasizes that that therapeutic

relationship in a wider way. So I haven't got any, I haven't got any pearls of wisdom on this. Other than that, it is absolutely for the practitioner to work with the patient as far as possible. But of course, when it comes to personal safety, that has to take priority

Steven Bruce 00:53:41

absolutely, and, I suspect that that would be well thought of if you ever got to the complaint stage. But clearly, that particular practitioner needs to show some leadership and have a talk to herself.

Nick Jones 00:53:55

I won't respond to that.

Steven Bruce 00:53:58

I hope she will take that in the vein it was intended. An osteopaths has asked, Do you have the same rules as osteopathy that the word chiropractor is protected, but not chiropractic techniques?

Nick Jones 00:54:11

It's tricky that one, and I think the whole issue of Section 32 as we know it, which is the section in the Act. We prefer that people don't claim to use chiropractic techniques if they aren't registered, but it's a bit like, for example, someone who has a chiropractic qualification from an approved program. We can't deny that. So they could have deregistered, but have that on their website. It's true, we can't escape from that, from that fact. So it is quite tricky for us to take, you know, really formal action under Section 32 we've, we've taken a few over the last few years, yeah, but it is, it is a very tricky area, and again, with more freedom and flexibility through being able to establish our own rules, then in future, that could give us a bit more, a bit more teeth

Steven Bruce 00:55:14

To put another slant on that. I mean, I wonder how much the profession would appreciate it if you went down the route of pursuing everybody who misused the word chiropractic at any

point in their websites, because it was cost a lot of money, wouldn't it? And you're not a wealthy organization

Nick Jones 00:55:30

but it might send a signal to those who aren't chiropractors that might you know the regulator is active,

Steven Bruce 00:55:35

But lawyers are good at doing what lawyers do and the BCA learned a lesson over Simon Singh on that one. And I'm not saying that they were wrong to do it, but it ended badly for them

Nick Jones 00:55:47

I know that this is an issue that chiropractors see and they it's a visceral reaction to that. Why should I go through all this trouble and pay my fees when these people are just sort of advertising anything, but it's, as you say, there's a realism to this, which means that often, when we poke then it stops, and people do make the change,

Steven Bruce 00:56:10

just going back to the new code of practice, Haley says, When do you expect it to be published? So when it come into force?

Nick Jones 00:56:16

So this is a good question. Haley, the council will be considering the final version in December, subject to that agreement, then the code will then come into effect. Well, it be formally introduced from the first of January 2025, but there's a 12 month grace period, which means that it won't come into effect, formally, as it were, in terms of, you know, the standards which we expect, until the first of January 2026, so we will be spending next year in promoting the fact that the code has changed and ensuring that all the Supporting guidance and toolkits and and so on, and supporting information available to committees and so on is consistent with the requirements of the new code.

Steven Bruce 00:57:10

Silly me thinking it would come into effect at the start of the CPD years, that everyone could address their CPD to the new code. We here at APM try to address, as we do for osteopaths, for those who choose this particular service. We, we try to make sure that they are kept on track with the CPD requirements, whatever they are, whether it's reflective practice, whatever else. Obviously you can't, you can't endorse what we do as a business here, that presumably, is something which is very helpful for the profession.

Nick Jones 00:57:45

I like the idea of this system being involved in the development of the profession. So the system, I would say, is for chiropractic, it's us, it's the Royal College of Chiropractic professional associations, and it's, you know, it's registered to. A whole. And I think the more the system can work together. So we put a pebble in the pond, and then the RCC and the associations pick that up and work with it. So, you know, I can't, I can't endorse you as you know, but you know, the more that we're sort of in symbiosis with each other, the better, it seems to me.

Steven Bruce 00:58:21

Well, there is a waiting list now for chiropractors. We're opening the same service to chiropractors as we do to osteopaths, where we will monitor, we'll do everything for them, for their CPD, other than do the CPD, we'll provide it, but everything else. And they can find that on our website.

There's been a couple of questions here about relationships with other professions. A lady says, the role of the GCC is to protect patients, and I'm sure most of the delegates here can give anecdotal evidence that the patient's interest is not being served by the other professionals, GPS and physios, telling our patients to stop having treatment with us, which may be proceeding very successfully, because they say, We don't know what we're doing. We're just after the money or that we're quacks. No scientific background. Surely the GCC and its meetings with other regulators should be educating them that the patient's best interest is continuing with a route that is getting results with educated professionals. And that's one of many questions about, how do you influence the other medical bodies, through their regulators to stop them being dismissive of chiropractic?

Nick Jones 00:59:37

Look, I think that's a really it's a really good point and an important question, and I hear it. I've heard it several times over the last few weeks and months as we've been having discussions about the about the new the new code. I think it depends on the tone and the content of what's being said and written and so on. But on the face of it, it's unprofessional, and it's something that should be brought to the attention of the person who's saying it or doing it, and, if necessary, brought to the attention of the regulatory body of the profession, profession concerned. I think it is, it is totally unprofessional to be saying that, you know, certainly

Steven Bruce 01:00:20

It's part of our code, and probably your current code, that you must not be, must be respectful to other healthcare professionals

Nick Jones 01:00:25

indeed. And you know what I've observed over the last few years, as I've been going out to some of the education institutions, is the the way in which graduates are holding hold themselves, you know, the maturity, the self confidence that they have, and it's absolutely vital that they're joining a profession having worked often alongside other disciplines in their undergraduate in their undergraduate study, there is more and more of that, of that going on. So I think in terms of the future, it's a bit more promising, but there are anti diluvian attitudes that are held by some professions, and that is totally unprofessional as regards to what I can do about it. This is, you know, it is fairly limited, but what I can say is that I am very lucky to have been elected as the chair of the group of chief executives of regulatory bodies, and that's a form that meets on a monthly basis. I think, I think registrants and the public expect us to talk to each other, and we do, and I chair chair that group, and that's a privileged position to have, and it's good for the general chiropractic council that we've been entrusted through me to carry out that role. And it's certainly a discussion that we have in terms of, you know, attitude and so on, is, yeah, if it's a doctor, are the GMC going to listen to me? Well, they'll listen with interest. But, you know, there's potential in communication to their professionals, if you like, as to as to those kind of, those expectations.

Steven Bruce 01:02:00

But it's very hard to change the opinions of people who are registered with them, isn't it? I mean, I said to you, before we came on air, I think I was once a part of a GP's forum, and the language, the terminology and so on that they were using was very, very not about us, but just generally, was very unprofessional. So you can only do your best, obviously, maybe

Nick Jones 01:02:22

they need to show a little bit more leadership.

Steven Bruce 01:02:24

Maybe they do, maybe they do. I could run some courses. A couple of people have asked about whether, if the GCC protects the public, who protects the chiropractor? And you must be asked this all the time, and what can you say?

Nick Jones 01:02:48

Yeah, it's like, I say we try not to act against the interest of chiropractors. We've been established by Parliament not to make life difficult for chiropractors, but essentially to to protect the public. And we do that. We. We absolutely know that the GCC is not on the minds of a jobbing chiropractor 24 hours. It's a it's an episodic relationship, and it's often, you know, it's often felt viscerally, like I said at the beginning, in terms of, you know, we do no good, or, you know, we don't add any value, and all those things, I know those things happen. I prefer it not to be the case, but I absolutely understand that. But we, we, we have to have a humility in terms of what we can and can't do, and that role is played very effectively by the professional associations. And I'm in constant dialog. Over the last few days, I've met with the presidents of three of those as part of my routine dialog with them. And I'm hearing that, but it's it's kind of their job and to represent their membership. And they do that. They work hard, yes, on behalf of the membership. And you know, I'd like that to your audience to hear that because they do work hard,

Steven Bruce 01:04:04

I have some good friends, running organizations, and full of admiration for what they do. And actually, I have a number of members who will say that we do the same in trying to help people through the process. But of course, there's no way of circumventing it once the process has begun. An analogy. It's an imperfect analogy, but one that I use with people quite often is that, in a small way, it's no different to the Crown Prosecution Service. If

something is court worthy, judged by the Director of Public Prosecution, then it goes to court, and the Crown Prosecution Service will pay for that process to happen, and you as the defendant will have to pay for your defense, which is what your insurance company is for. And that process can take a long time as well, but at least we've got professional bodies who can give us some support,

Nick Jones 01:04:50

indeed. And it is really difficult if, if a registrant is defending themselves, yes, it's tough for them, yeah. And I would, I would strongly urge all registrants to ensure they've got appropriate cover through their membership of associations or elsewhere, to ensure they're not caught in that position. As I've said before, it's mercifully small number, but if you find yourself in that place, it's it's tough. The last thing you want to be worrying about is your ability to defend yourself. Yeah.

Steven Bruce 01:05:20

And one of the things that I have found recently, I can only speak from what we have done in my organization, but I know that the other professional bodies will do the same thing, is that it's extraordinarily important to have somebody you can talk to throughout that process, because the GCC can't talk to them. You haven't got the time, but it's not your job. The PCC isn't going to talk to them, because it's a judicial process effectively, but having somebody who understands the process and can explain what's going on is helpful. Of course, you've got support mechanisms available if people choose to use them. People must take advantage of them, because it's a horrible process.

Hayley has a question about directed focused. CPD last year, people were focused, we're told to do reflective practice on equality, diversity and inclusion. The Gosc has given it a new title this year, they've included “belonging” as well as part of their new strategy.

Haley says, this year it's professional candor. If that hasn't gone through Parliament, is it not compulsory? Do we not have to do that?

Nick Jones 01:06:24

Well, we think it's requirement. So we've set it as a requirement. We think it's we think to have that focus every year is a good thing. And I think it enables people to reflect on that as a particular topic. We don't think it's overly onerous. We do think that the professional

associations, the royal college and so on, come on the back of that and produce some good material.

Steven Bruce

as do we of course

Nick Jones

Other products are available, indeed. And you know, that's it. That's a good thing. So, you know, I go back to my pilot analogy. It's important that people kept up to speed on generality, but also some focused areas.

Steven Bruce 01:07:10

Interestingly,and I'm not simply trying to blow my own trumpet here or advertise my services here, you're very clear on your website that you don't promote individual companies apart from one thing, you talk about first aid, and you say courses are available through the Royal College, and that's great. Then you say, in particular, this company that provides first aid training. I don't mind if I can have my name added as well. That will be good, because we provide very good first aid training.

Nick Jones 01:07:41

I should have a look at that. It might be a historical thing.

Steven Bruce

I'll buy you an extra pint over dinner.

Nick Jones

I'm not easily bought.

Steven Bruce 01:07:44

Samon says there seems to be a number of chiropractors on the fence about de registration. It's not in your interests for chiropractors to de register. And I would argue it's not in the public's interest for them to deregister either, because then they are, by definition, unregulated and do any training they could be of any quality. Do you think about this or have a strategy in this regard, you obviously need to protect the public, but surely you need to maintain confidence from within the profession. And of course, you've got to fund the GCC.

Nick Jones 01:08:19

So let me be clear, it's not, it's not my primary concern. That doesn't mean to say I don't care, but it's for the individual person to determine that. my job is not to keep the GCC afloat. It's not to generate more business. We are not a membership body. Let's be absolutely clear, I am the registrar, and my job is to register people onto the onto the register, who are fit and proper and qualified to come on to register, and that's a serious responsibility.

Steven Bruce 01:08:55

Are you seeing many de registrations by people who are still practising?

Nick Jones 01:08:58

Well, let me tell you this, in the last five years, the register has grown by 500 or 600 and it's likely to grow in the next five years by significantly more than that as a consequence of new programs, new educational programs, and an increase In the number of graduates and a smaller number who are leaving the register, yeah. So there's a net growth every year, and that's not the case in a lot of other professions. So I think this is, I think I think registrants value having a regulatory body that sits next to them, and it gives that confidence to the public that it is a regulated profession. It has a value.

Steven Bruce 01:09:46

It puts chiropractors, and it puts osteopaths, on a on a level with medical doctors and other healthcare professionals, doesn't it? I mean, I think, and I think it's quite important too, that we have it. So there are 10 agencies governed by the PSA, the Professional Services Authority. Okay, how do you fare with the PSA, who are your supervisors as it were.

Nick Jones 01:10:12

Well, we enjoy an annual review. And because of my background in regulation, I haven't, I haven't a visceral relationship with the PSA. It's one that I welcome. It's an audit. They look at us every year, and every third year they have a deeper dive into our activities, which they did last year. And we were very pleased to say that last year we met all 18 of the of the of the standards, and that's the consequential of a deeper review. So they had a good look at all of those.

Steven Bruce

You dropped one this year.

Nick Jones

We dropped one. We were sad about that. It was due to the length of time it took from dealing with a complaint from end to end, which had increased a little bit, and that's a factor that's that's a public safety risk if we're taking longer to deal with cases, and we've put in place, the number of steps and activities that hopefully will mean that next year we meet all 18 again.

Steven Bruce 01:11:26

So the standard that you failed is that “the regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is possible, and a fair resolution of the case occurs”. But the time was the only issue.

Nick Jones 01:11:38

I think it was the time. And I think that's one aspect of that particular standard. It's an important one. I don't duck it. We wish we could do them quicker. We're hopeful that this year we're in, we'll show that. But what we're doing all the time is balancing the need to take the case forward carefully and to make sure that all the evidence is before the committee. And that does take time, and we think the slightly blunt instrument of timeliness needs to be seen in the round and the Professional Standards Authority are considering their own standards this year, and one of the bits of feedback which we know they'll receive is if you're going to look at that standard, look at it more in the round.

Steven Bruce 01:12:24

The only reason I brought it out was because the standard talks about fairness, and there's no question about the fairness of your process. It's purely that difficulty shortening the process. It's really difficult to do.

A question from MT: If medical doctors could be educated more effectively on the evidence base and regulation structure for chiropractors at an undergraduate level, (good luck with that, because they've got no time in their syllabus any more than the rest of us) this would likely be the best point of contact. What steps could the GCC take to provide this information to medical schools to include in their modules on MSK medicine? Interestingly, we had a contract with the NHS and I used to go to meetings. It was chaired by a GP who had MSK expertise. He'd done a specialist course, and he said that GPs have zero knowledge of MSK, so I don't think they get a lot in their undergraduate training. But he says leaving this to Chiropractors to work the relationship, to talk at medical school would mean only a small fraction of med schools getting exposure.

Nick Jones 01:13:23

This is a tricky one. I think you know us determining the curriculum for doctors is for the birds. You know it's, as you said, the coverage of MSK is fairly small, full stop. So I think the more that we can expose undergraduates to each other, I think has it has the potential for having an impact. And I know that in some of the programs now, physios, osteopaths and chiropractors are spending more time together, and that's got to be a good thing in terms of interdisciplinary learning. The other area that I think I'm very excited about is the prospect for chiropractors to be embedded in general practice, for example, so spending more time with doctors GPs and the word gets around, and that's happening, I think in areas where there's some trust being developed between chiropractors and general practitioners. And I think the more we can replicate that sort of activity around the place, I think it's a generational thing, but the more in which that can be observed and seen, I think that's got a potential for breaking down some of those barriers. So I absolutely get it. But in terms of what can be done, what levers you can pull, I think is a really tricky one

Steven Bruce 01:14:41

you must get very frustrated with the number of questions you get, but the relatively few suggestions that you get on how you could achieve these aims. And I'm not criticizing any of our questioners, because it's not their job. But of course, you're the poor guy who's stuck

there getting on the flak. Actually, you only have limited opportunities to achieve these things, and it isn't your job to promote the profession.

Nick Jones 01:15:04

I think what regulators can do, is often much less than people think we can do. There isn't a magic lever that you can pull to effect change, we often spend a lot of our time influencing. So I think I understand it from a from a very operational perspective. You know, why can't you do this? Why can't you do that? I think the regulation is often an art, okay, more than a start, good.

Steven Bruce 01:15:38

Let me take you back to the ASA and the CAP procedures. CAP is the Committee on advertising practice, which is sister organization to the Advertising Standards Authority.

Chiropath says Dr Heidi Harvick's Research shows that neurological brain changes from chiropractic care occur. How will you ensure these findings are reflected in the way chiropractors can communicate to their patients. Her findings are not included on the ASA or cap guidance and have been considered misleading by many critics of the profession. I don't know if you're familiar with what Heidi Harvick has found

Nick Jones 01:16:10

reasonably and I think you know this is an emerging area across that I'm very interested in the concept of pain and how that gets played out in physical manifestations of one sort or another. And I think to some extent, the traditional medical model, if you like, has some catching up to do. I am very open to that concept. It would be really great for that to be discussed at an agreed, if you like, amongst the profession itself. And there are various schools and schools of thought within the profession itself. But if the if it was a profession led initiative to the GCC, I'm very happy to go into bat in terms of that slightly wider framework of what's acceptable and what's what's not. I think there's some work to be done on that. And then whole notion of evidence based and evidence informed and so on, I think is is a tricky one, but it's certainly something that, again, as part of our strategy going forward. So ideas Welcome on that. Is there a way in which we can open that up a little bit more. I'm very open to seeing the benefits of the interaction between the practitioner and the patient. You know that half an hour conversation that just doesn't happen with the GP, for example. You know, how does that? How does that play out? So, you know, there are, there are opportunities there.

Steven Bruce 01:17:40

But also what you say to a patient in a treatment room is not governed by the ASA or the cap - they're not in the room. Obviously, you can't mislead patients. That would be a breach of professional standards. But I mean, but you can talk about things like this, and actually, I'd be interested in asking your opinion on this. My advice to particularly Osteopaths is that if you've got a piece of evidence like this, and you're confident you've looked at it, you've examined it, done what you say in your code of practice that you should be looking into and questioning research and so on, then put it on your website. If someone complains and it's upheld by the ASA, then you can take it off. But if you have reasonable grounds, reasonable evidence to justify it, and it's not precluded by the advertising practice documents, and there is a document on the asa's website which says what you must not say as an osteopath or a chiropractor, just as there's one that says what you can say. But there's stuff in between where, if you've got evidence,

Nick Jones 01:18:42

seems to me there's a dialog that takes place there, and how much you play that out on your public documentation or website and so on is for for the practitioner, balancing a variety of risks and so on. I think in terms of that dialog with the patient, and the new code is quite explicit, or the proposed code is quite explicit about this. It's about sharing with the patient the limits of the evidence base. For example, you've treated patients previously, and this has been their experience, and I'm sharing this with you, and you may or may not wish to proceed on this basis, but we're having that dialog and being open about the limitations of the evidence?

Steven Bruce 01:19:24

absolutely. In terms of the limitation of the evidence, Scott has asked a very valid question. GPs can prescribe drugs off label, they can try out stuff on their patients. So why is it that chiropractors and osteopaths to some extent, are constrained in what we're allowed to do?

Nick Jones 01:19:46

That's the same point, isn't it? It's, you know, I used to work in the world of infertility treatment, and there were quite a lot of drug treatments that we were designed for one thing, and, you know, were used for for another, and that was a very contested, contested

territory, and it did often come back to good professional practice and the extent to which the supervising officer was involved in in that. So it's a very live topic. It's one that, you know, I would go back to that relationship with the patient. I don't think we prescribe too many things. Proscribe too many things, but in the back of the mind of the registrant has to be how will this play out at a fitness to practice hearing? And it's about the validity of the offer is about the documentation in place. It's about the agreement with the patient and how well that's been documented. So I don't promote defensive practice, but you know, one has to be careful.

Steven Bruce 01:20:54

Yes, and virtually every show, we talk about the importance of documenting what you do with patients. And there's a whole avenue of consent to be gone down, which we don't have time for this evening, because I think the chiropractic code could be misinterpreted in the way it talks about getting consent. Dave asks, what the structure of the GCC is? The gosc is registered as a charity, presumably for financial or tax reasons. Is it the same with the GCC? If not, why not? Are there advantages disadvantages?

Nick Jones 01:21:35

We don't think the advantages are that great. We're a peculiar body established only by Parliament. We're not a limited company, we're not a charity, we're not this or the other. We haven't really spent a lot of time looking at charitable status. It's possibly something we should have a look at again. But we don't think the advantages are that great.

Steven Bruce 01:22:01

Okay, let's just see if we can get through this fairly lengthy one in the time we have left. Bonza says, some years ago, I wrote a blog how to choose the best chiropractor, which I published on my little website. Within 24 hours, I removed the entire article. One year later, I had a complaint from the GCC. I suspect the complaint would have had to come from somewhere else, I would have thought. Ah, it was the Good Thinking Society, who complained of course it was - run and paid for by a journalist. But anyway, it was obviously referred to you and he was notified by the GCC. No one could even find the original article. Yet the spurious historical complaint was upheld and investigated, and apparently he had mentioned the word subluxation once in the blog over one year previously, after many months of worry and so on. UCA's solicitors were involved. The solicitors questioned the GCC's strict approach to investigate vexatious complaints. They said, it happens all the time.

When the BDA, BMA and other medical health committees have amended their guidance to weed out vexatious complaints at an early stage without wasting money. Why does the GCC continue with this outdated practice? His words, not mine. It's clear the GCC does not wish to protect the chiropractor. What are you protecting the public from exactly? What's the benefit of persisting with this outdated legislation? Not the happiest of bunnies, I would suggest, but, and I think I can anticipate some of your answers

Nick Jones 01:23:26

Well, it comes down to the fact that if a complaint is made, there are very few criteria that we can't investigate. We're obliged to look at it

Steven Bruce 01:23:37

At what stage would a vexatious complaint be weeded out, or is it not?

Nick Jones 01:23:43

It's very difficult to determine what is or isn't vexatious. The expectation of our regulator, the professional standards authority, is that we look at all complaints and we consider them carefully. The issue of vexatious is later down the line, and it's very rare that a case would be withdrawn before the investigating committee have looked at it. The investigating committee will weigh up the facts. And our objective is to try and get cases to investigating committee as soon as we can. 90% of cases considered by the investigating committee are considered as no case to answer. In other words, that's the end of the matter. Now, I know it's unpleasant to have got to that point

Steven Bruce 01:24:32

But the time to get there is a lot quicker than getting to the PCC resolution.

Nick Jones 01:24:36

It's a little bit longer than we'd hoped, but we're trying. We're working hard on getting that getting that time down