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September 15, 2022

General Chiropractic Council  
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## **Response to the GCC Consultation Draft of Education Standards**

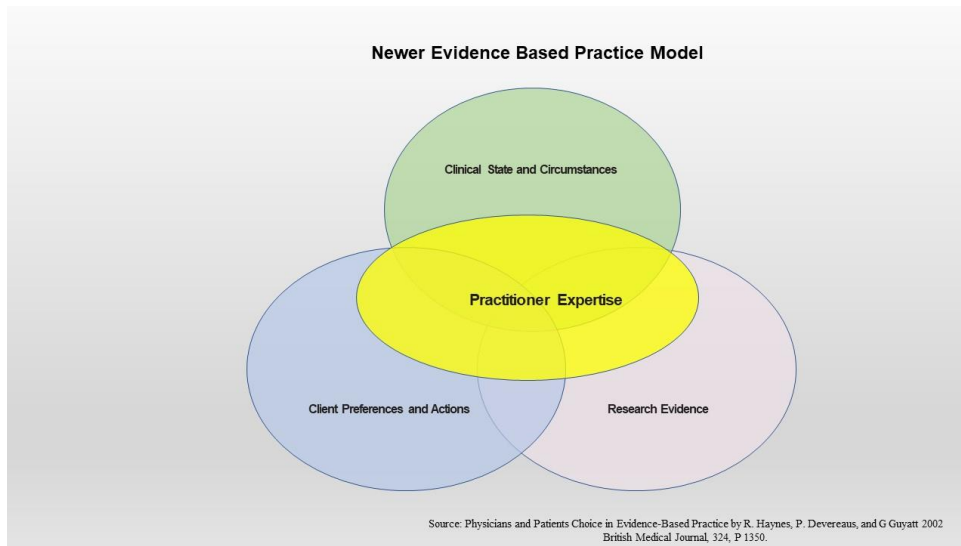
The International Chiropractors Association has conducted a cursory review of the Consultation Draft of General Chiropractic Council (GCC) Education Standards. We are not currently providing a full critique of the document; however, there are three matters that we provide comment.

- 1. Equality, Diversity and Inclusion:** The International Chiropractors Associations (ICA) which was founded 96 years ago by the developer of the chiropractic profession, Dr. B. J. Palmer on the premise that chiropractic is a separate and distinct profession with its own science, art, and philosophy, applauds the focus of the GCC on promoting greater awareness and focus on equality, diversity and inclusion, as well as a focus on improving patient safety through better communication skills of chiropractors in order to assure optimal communication among the care team and patient. This support of the focus is not intended as an endorsement of the specific verbiage, as we have not conducted an in-depth analysis of the specifics of the standards.
- 2. Evidence-based, Patient-centered Care:** The ICA supports the concept of a focus on both evidence-based as well as patient-centered practice. The ICA has for many years been engaged in the greater dialogue of evidence-based, patient-centered care as well as increasing whole health focus of health care systems. Our collaborative efforts include engagement with the Integrative Health Policy Consortium which is comprised of all credentialed health care professions. We are concerned that some of the verbiage of the report narrows the true definition of evidence-based care. Allen Ruben writes in his book, *Practitioner's Guide to Using Research for Evidence-based Practice*, "Evidence Based Practice (EBP) is a process for making practice decisions in which practitioners integrate the best research evidence available with their practice expertise and with client attributes, values, preferences, and circumstances. When those decisions involve selecting an intervention to provide, practitioners will attempt to maximize the likelihood that their clients will receive the most effective intervention possible in light of the following:
  - The most rigorous scientific evidence available;
  - Practitioner expertise;
  - Client attributes, values, preferences, and circumstances;
  - Assessing for each case whether the chosen intervention is achieving the desired outcomes; and
  - If the intervention is not achieving the desired outcome, repeating the process of choosing and evaluating alternative interventions."<sup>[1]</sup>



## Page 2- ICA Response to the GCC Consultation Draft of Education Standards

Dr. Rubin shared the updated evidence-based model published by Haynes, et.al. which is below.[2]



There are significant limitations on systematic reviews of the literature and meta-analysis. Globally, neither government, nor private and philanthropic funders of research have yet to invest substantial resources into chiropractic research. The lack of quality peer reviewed research publications does not invalidate the benefit of clinical observation from 127 years of chiropractic care. It is important to instill in new chiropractors an understanding of the balance of research evidence, client preferences, and clinical state and circumstances with the overlay of one's own training and experience.

- Unorthodox and Divisive Language in Report:** The incongruence between a strong focus on equality, diversity and inclusion while displaying such a strong bias (as detailed in the paragraph below from pages 5-6) against individuals, organizations, and courses that continue to respect the founding principles of the chiropractic profession is so abrasive that the ICA cannot stay silent.

*“We recognise that chiropractic is practised and taught across the world and that there will be variations in chiropractic education as well as regulations regarding chiropractic practice. However, we are clear that practices that do not meet the GCC Code, relevant clinical guidelines, and are outside the rigour of scientific evidence, are unsuitable and unacceptable. In the same way, programmes promoting and teaching unorthodox explanatory frameworks, such as life force, innate intelligence, vitalism and a belief that manipulating the spine to remove restrictions or ‘chiropractic subluxations’ can restore health more broadly, will not meet these Education Standards.”* (From pages 5-6 of the GCC Education Standards Consultation Draft)



### **Page 3- ICA Response to the GCC Consultation Draft of Education Standards**

The ICA recognizes that not every chiropractor, or chiropractic education facility aligns with vitalistic principles of chiropractic; however, to reject the founding principles from life force to chiropractic subluxations' is unorthodox, unprofessional, discriminatory, and divisive.

The profession cannot expect young chiropractors to develop cultural competence and adapt to equality, diversity, and inclusion in the workplace if those leading the profession do not practice these traits within the profession itself. We reject the premise that identifying and correcting subluxations through the chiropractic adjustment is not evidence-based or scientific. We also reject the premise that there is not an innate intelligence. We request that this entire verbiage be struck from the report; and the discrimination against members and programs in the profession from the practices of the GCC.

On behalf of our members in the United Kingdom and the profession, we are happy to engage in a more extensive dialogue on these issues in the future.

Sincerely,

Selina Sigafoose Jackson, DC, FICA  
President

#### *Sources Cited*

1. Rubin, A., *Practitioner's guide to using research for evidence-based practice*. 2008, Hoboken, N.J.: John Wiley & Sons. xix, 332 p.
2. Haller, H., [*What is evidence-based in treatment?*]. *Internist (Berl)*, 2020. **61**(12): p. 1211.