Spring 2014 Volume 28 Number 2

CONTACT

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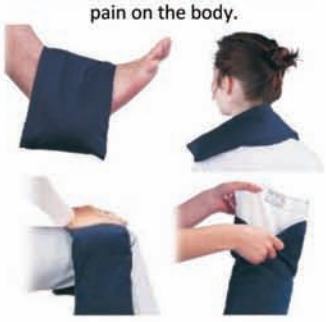

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So what is the FCUK?

Now that you are reading this more attentively, I realise the above probably won't make it onto many t-shirts, but this was an ingeniously titled talk BCA President, Matthew Bennett, recently gave to the students at AECC and WIOC.

So what is the Future of Chiropractic in the UK? Delegates at the recent oversubscribed and standing room only BCA Spring Conference will have heard about one possible scenario from Professor Jan Hartvigsen. He demonstrated what the chiropractic profession had achieved in Denmark based upon research and development with other healthcare professions. Recently, the 650 chiropractors in Denmark contributed €500,000 (towards an eventual total of €3,000,000) to fund an RCT into the non-surgical treatment of hip osteoarthritis. The results of this research have led to the endorsement of chiropractic treatment from other professions in healthcare, through various media channels, for such treatment of hip osteoarthritis. So that chiropractors are in a position where *other healthcare professionals are promoting what they do!* I wonder if many more people are now seeing chiropractors in Denmark for hip pain as a result of this? Jan stated the worth of a profession is measured by being clear about what we know, what we don't know and *what we are doing to find out the answers*. He noted that physiotherapists in the UK were well represented when contributing to discussion and research on spinal pain, which should be no surprise as it is a much larger profession and predominates in the NHS and that chiropractic in the UK was poorly represented at the moment. Professor Hartvigsen reminded us that, as a profession, in order to establish legitimacy and authority we need to communicate with the general public, patients and other healthcare professions. More importantly he warned that **someone else will be communicating to these groups if we don't**.

With both AECC and WIOC students increasingly integrating and collaborating with other healthcare professionals as part of their undergraduate training, part of this process is happening. In this issue you can read what made the Programme Director of Wessex Deanery conclude that chiropractic treatment "*should become a standard part of the armoury available for referral by all primary care clinicians*" after taking 44 GP Registrars to AECC for one afternoon.

Modern technology is playing a greater part in everyone's lives. What would you say if your next new patient asked to record your consultation on their smartphone? The BCA's Professional Standards Committee discusses this as well as the use of CCTV in chiropractic clinics.

BCA Member, Edward Davies, shares what he learnt following attendance at a seminar run by a neurosurgeon regarding Cauda Equina Syndrome including the four questions you should ask any patient with low back pain. The average settlement in the health sector for some Cauda Equina cases is £750,000. This is an area that the chiropractic profession needs to consider more carefully in view of the simple maths of calculating insurance premiums. The BCA will be issuing more guidance on this important subject shortly.

In the last issue of *Contact*, Sharon Brennan warned there may be "a train crash coming" for professionals who will be unable to get professional indemnity insurance due to insurers withdrawing from the market. We are aware that chiropractors in other countries are facing potential increases in their insurance premium and this is an issue the BCA is keeping a close eye on. **However, this is not an issue that only affects chiropractors**. After the annual insurance renewal for solicitors, 175 small law firms faced closure after failing to obtain professional indemnity insurance. The Law Society President1 put this down to the "continued trend of withdrawal from the market of rated insurers due to unsustainable underwriting losses".

[1] http://www.lawgazette.co.uk/practice/175-firms-face-closure-after-failing-to-secure-insurance/5038067.article

Rishi S Loatey
Editor

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In this issue

Choose your future or someone else will

"How do you make God laugh? Tell him your plans" said Woody Allen. I think he was wrong; we can choose our future. We may not be able to determine the details but broad brush strokes can probably be predicted with some accuracy. I will never be a concert violinist, largely because I haven't played a violin since I was nine. I will probably still be a chiropractor in 20 years' time, barring calamity, largely because I like what I'm doing and don't want to do anything else. You can see how it goes.

Applied to the whole chiropractic profession, does this future-casting help us? I believe it does. We know that BCA members want to practise in an evidence informed and ethical way, with the patient's best interests at heart. That's what you said in the BCA member survey and Richard Brown's regional meetings in 2012. Recently I talked to students at AECC and WIOC and they echo the feelings of the profession as a whole. They want chiropractic to have more recognition, respect and awareness in the decades to come. Jan Hartvigsen talked about it at our recent Spring Conference and he called it legitimacy.

20 years of achievements

The profession has come a long way in 20 years. When I was on BCA Council in the early 1990's we underestimated just how much the profession could achieve; *The Chiropractors Act*, the GCC, a new chiropractic college in Wales and the Royal College of Chiropractors, as well as a handful of NHS regions funding chiropractic. Where will we be in another 20 years? We can choose.

Our role in the future of healthcare

If we continue maturing and growing further acceptance within mainstream healthcare is very likely. We have the answers to some of the growing health problems facing the UK. As the cost of chronic MSK conditions continues to rise, we can be part of the solution. An ageing population, plus a realisation that hospital based, centralised, invasive medical care for MSK conditions is of limited value in these conditions and is not particularly cost-effective, are changing the landscape. We can offer local, inexpensive, effective care with prompt access. We can also give patients the time and personalised care and advice they value so much. The current fashion is to call it bio-psychosocial care and we have been doing it for years.

If this is a future worth pursuing, then we can look 20 years down the road and decide what we need to be doing now to get there. Some people have called this back-casting and I think it is a common-sense approach to deciding our direction. If we don't plan ahead changes will happen around us and others will choose our future.

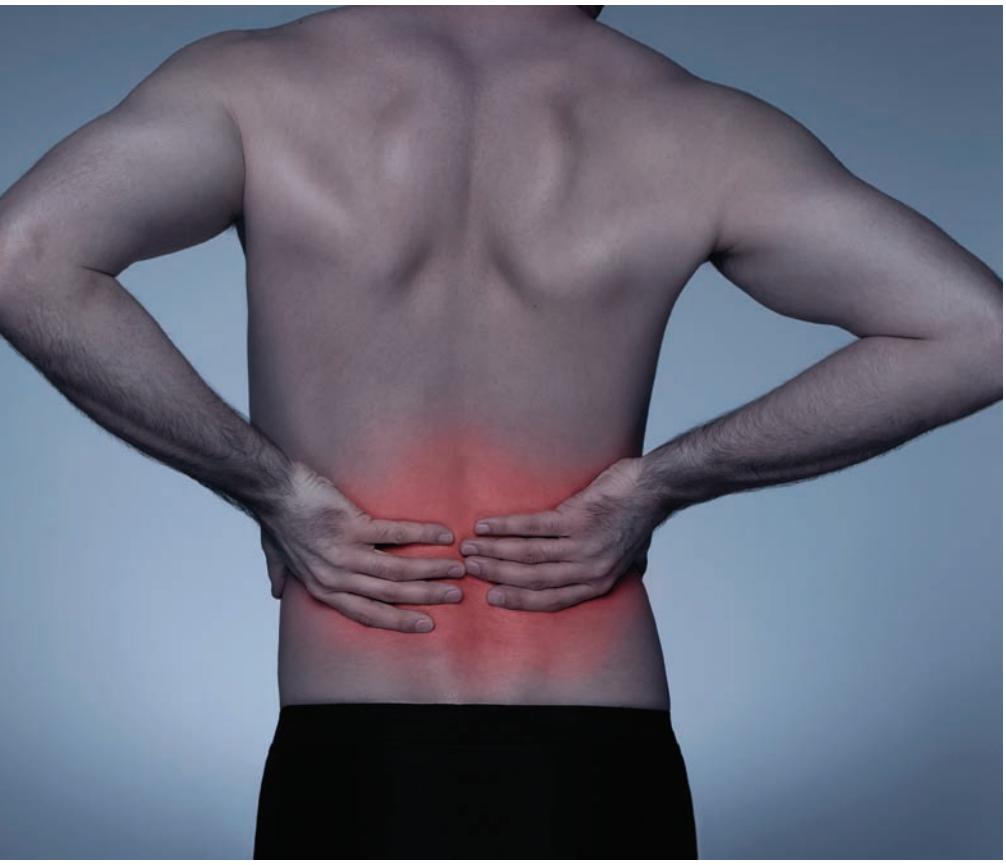
Legitimacy for chiropractic

So what do we need to be doing? Our legitimacy will be enhanced by using the language of modern healthcare to describe what we do and avoiding chiropractic jargon. It will be enhanced by rock solid research not only proving what we do but, as Jan Harvigsen put it, improving what we do. It will be enhanced by adhering to quality standards, such as the recent Royal College of Chiropractors (RCC) publication on chronic low back pain and it will be enhanced by support for the institutions which make up a profession. Supporting the undergraduate colleges, Chiropractic Research Council, RCC, GCC, ECU and the BCA will lead to a stronger chiropractic profession in the UK and Europe. You all do that both financially and intellectually through subscriptions and coming to conferences already. We are all stronger for it and can look forward to greater legitimacy as a result.

See you at our Autumn Conference and AGM on 20th-21st September 2014.

Matthew Bennett
BCA President

Learning about CES



Having recently attended the third Annual Spinal Symposium, presented by the London Neurosurgery Partnership, BCA member, Edward Davies, shares the main learning points he picked up from the session on Cauda Equina Syndrome with *Contact*.

A few weeks ago I made my way to an unremarkable London hotel to attend the 3rd Annual Spinal Symposium presented by the London Neurosurgery Partnership, following the well worn path we all take from time to time in search of those priceless CPD hours. My expectation was that I would spend most of the day listening to eminent people talking about complex cases which would bear little relationship to my day to day practise. I hoped I would glean a few little gems of information which would make the day worthwhile.

I looked through the schedule; Sciatica, LBP, Coffee (good!), Piriformis Syndrome, Endoscopic Discectomy, Cauda Equina… all good honest fare! The presentations commenced and were all good, useful talks. We then got to speaker, Mr Richard Selway, talking about Cauda Equina Syndrome (CES) and what followed was an enlightening and slightly worrying resumé of CES, not because of the seriousness of CES. I, like you, have always understood CES to be the most serious of conditions. Indeed, in my career so far, I have referred two patients to A&E who have undergone emergency surgery. However, I had always understood incontinence or urinary frequency and saddle anaesthesia to be the hallmarks of CES. Consequently, I have felt that my simple questioning about a patient's bowel and bladder function and sensation has been adequate to pick up this pathology and to cover myself. This, combined with the rarity of the condition and the many occasions I have referred a patient to A&E only to have my concerns rebuffed, has (as I discovered) made me less alert to CES than I had thought!

Mr Selway began with the scary stuff! The top three hits on Google for CES are for medical negligence solicitors. Within medicine, 30% of CES patients will sue, with 10% of cases being settled at an average cost of £750,000. This group of claims accounts for nearly 60% of GP medical defence settlements. Almost 70% of CES claims arise from general practice where either a GP has not been alert to the condition, taken an adequate history or correctly referred on. Cauda Equina occurs at a rate of 1:100,000 per annum, which equates to one per GP per career. The ratio is likely to be higher for chiropractors, as our patient population is far more focused around lower back pain (LBP).

He went on to say that CES can fall into three categories; acute, chronic and acute on chronic. It is the last group which provides the greatest clinical challenge and majority of medical negligence cases. This is because their symptoms progress rapidly from a slow, often occluded outset *This group is well known to chiropractors. They are the patients who have recurrent episodes of back pain over weeks or years with slowly progressive radicular symptoms*. Furthermore, diagnosis is made more difficult when one considers that initial symptoms are quite common and unremarkable such as LBP, sciatica, difficulty passing urine when in pain, and immobility and analgesics causing constipation.

Clinically, bladder symptoms are the most significant. Failure of the S2-4 nerves produces an anaesthetic atonic bladder resulting in a painless retention of urine. When bladder volume exceeds 1500ml, overflow incontinence occurs. However, this will be relatively small and a large residual volume will remain. Furthermore this may be masked in the history as patients can often pass urine when sitting on the toilet due to the increase in abdominal pressure. Consequently, during examination, palpation of the bladder is worth undertaking.

The point here is that patients must be rigorously questioned to almost 'Paxmanesque' lengths! Simply trotting off a quick phrase concerning bowel, bladder and sensation or a tick box questionnaire when a patient registers is not enough. It is also worth noting that many of our patients see us over long periods of time and should be regularly interrogated!

Four vital question you must ask all patients with LBP

1. Have you noticed any numbness or strange sensations around your buttocks or between your legs? For example, does the toilet paper feel normal when you wipe your bottom?
2. Has your bladder been working normally? Can you tell when it's full? Have you had any loss of control (accidents) or difficulty passing urine? Have you felt that you want to go all the time?
3. Have you experienced any unusual problems with your bowels recently?
4. Have you noticed any changes in sexual function like loss of feeling in your genitals or not being able to get an erection or ejaculate?

If any of these questions is answered positively, an urgent MRI is indicated.

To emphasise the difficulty of clinical diagnosis of CES, we were given two further statistics;

1. CES has an 88% false positive rate where examination in hospital has resulted in emergency transfer to a neurosurgical unit for MRI.
2. CES has a 43% false negative rate where patients ultimately shown to have CES had been judged on specialist examination in hospital as unlikely.

"Mr Selway's self-effacing conclusion from those numbers was that clinicians of all grades are rubbish at accurately or reliably diagnosing CES"

Mr Selway's self-effacing conclusion from those numbers was that clinicians of all grades are rubbish at accurately or reliably diagnosing Cauda Equina Syndrome. Therefore, the only reliable course of action is to have a very low threshold for the use of MRI. Should thorough questioning reveal a suspicion of CES, the patient must be referred for MRI.

CES Red Flags

- Severe low back pain with bilateral or unilateral sciatica
- Bladder or bowel dysfunction
- Anaesthesia or paresthaesia in perineal region or buttocks
- Significant lower limb weakness
- Gait disturbances
- Sexual dysfunction

(Medical Protection Society)

CES represents a disaster for most patients. 95% of patients who undergo emergency surgery continue to experience a diminished genito-urinary quality of life. Those patients have a markedly higher incidence of divorce and suicide. Furthermore, a poorly handled CES case represents a disaster for the clinician responsible and can spell the end of a career! I would assert that it is most important that chiropractors recognise the huge pitfalls associated with trying to clinically diagnose CES.

We should therefore move to an early referral model whenever CES is suspected. The potential consequences to patient and practitioner are too great not to.

Spring Conference

The ornate, opulent surroundings of the Radisson Blu Edwardian at London Heathrow hosted the 200 or so delegates attending the BCA Spring Conference 2014 entitled Communication: the Cornerstone of Effective Chiropractic Care. *Contact* gives members who didn't attend an overview of what they missed!

The day's proceedings got underway with a lively introduction from Matthew Bennett, BCA President. He whetted our appetites for all that would follow, emphasising the need for excellent communication skills with our peers, patients and professional colleagues and the pitfalls and problems that may arise in its absence.

Matthew handed over to Jan Hartvigsen, Professor and Head of the Research Unit for Clinical Biomechanics at the University of Southern Denmark and Senior Researcher at the Nordic Institute of Chiropractic and Clinical Biomechanics. Jan is perhaps one of the leading researchers in musculoskeletal medicine in Europe. He has written and co-authored numerous books, peer-reviewed papers and systematic reviews and sits on a number of editorial boards for several leading journals. Hence he was the ideal person to explore the myths surrounding the need for strong, evidence-based research to support all that we do in everyday practise as chiropractors. Jan pointed out that fairy tales and fiction were best left to the likes of Hans Christen Andersen and the Ugly Duckling and emphasised how he felt that the UK chiropractic profession was, sadly, lagging behind when it comes to chiropractic research. Hopefully there will be a happily ever after once the newly formed Chiropractic Research Council provides funding and support for some of this much-needed research!

Experienced UK chiropractor and enthusiastic speaker, Simon Bird, then leapt to the floor to present a colourful talk on delivering the perfect Report of Findings. Simon made a few people squirm with the idea that, as well as being competent chiropractic clinicians, we are all, whether we like it or not, in the art of sales! It is up to us to deliver the perfect 'sales pitch' (aka 'report of findings') to our patients, in order for them to 'buy in' to our treatment plan, but to do so in an ethical, non-exploitative manner. The art of doing this is not to confuse patients with complicated jargon or scaremonger them with tales of life-long pain and crippling incapacity, signing them up for 48 visits over the next six months, but simply to tell them honestly and openly what is going on and what we can do about it – in a way that they will understand. Only then will we have compliant, contented customers! Simon explained how it is essential to put our patients first, consider their needs and try to understand what makes them tick. He described how our patients fall into two main groups; those who are more 'masculine', who will want to be 'fixed', freed from pain and get on with their lives and those who are more 'feminine' in their approach, desiring a need to be understood and reassured about their pain. These sweeping generalisations and categorisations are applicable to both male and female patients and have little to do with their actual gender but are more reflective of the way in which individuals solve problems. Patients can also be classified into groups of those who are moving away from pain versus those who are moving towards a particular objective. By listening to our patients, hearing what they want and then gearing our treatment plan (or the way we deliver it!) to meet their needs we'll produce happy, contented, compliant patients who will be bowled over by our attentive, compassionate care and will be sure to refer more people our way time and time again. The result of this? In salesman speak – greater financial gain and improved job satisfaction!

The importance of a patient-centred approach and excellent communication skills (or more importantly the spiralling catastrophe of events that can occur when it goes wrong) was discussed by Richard Brown (BCA Immediate Past President) and Sharon Brennan. Richard has been an expert witness for more than 20 years, giving evidence and providing expert reports in more than 550 clinical negligence cases and he has been involved with over 150 cases that have come before the GCC. Sharon Brennan is the Senior Medical Malpractice Underwriter for WR Berkeley, the BCA insurers, so together they were well-versed in what goes wrong and how to avoid it! Their witty, upbeat talk with a couple of funny films, amusing animations and car crash scenarios lightened the tone of this serious topic. More often than not it comes down to a simple break-down in communication and clinicians can easily avoid the potential complaint by doing a few simple things like not rushing the patient, making sure that they are comfortable, addressing issues promptly if they arise and admitting and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apologising for a problem. Sharon told us of a surgeon who is perhaps one of the worst she knows, stating she wouldn't even let him carve her Sunday roast as his surgical skills are so poor! Despite his shockingly dodgy clinical record he has never faced a complaint – primarily because he is a thoroughly charming, charismatic man and his patients think that the sun shines out of his proverbial. All this is down to his astounding skills in communication!

There was a short panel discussion with some interesting questions from the floor then time for coffee, cakes and a perusal of the trade stands – a chance to stock up on some much needed clinical supplies, find out what's happening at the colleges, partake in a couple of final year projects and catch up with old friends and colleagues.

The necessity to understand our patients was further discussed by Mike Stewart, Clinical Specialist Physiotherapist. Mike works for the East Kent Hospitals University NHS Trust and travels extensively, educating patients and health-care professionals about pain perception. He explained how that, particularly in the case of chronic pain, long after any tissue injury has healed, the sensation of pain can persist. This perceived pain, visibly occurring in the brain with MRI studies, causes behavioural and physiological responses (eg increased stress response, fear-avoidance behaviours, 'catastrophisation') and is often the reason behind long-term disability, time-off work and all sorts of biopsychosocial issues. This behaviour can be negatively reinforced simply by the sort of language that we use when talking with our patients; use the wrong words or explain things with the wrong metaphor and the patient's perception of their pain will spiral out of control and end up in a worsening of their pain sensation. Flip it on its head and learn to communicate effectively with our patients, listening to them about their pain, their desired goals and perceived beliefs and we can remodel their pain perception – and its physical components. Mike told us how patients misinterpret our terminology and how we should choose our metaphors and use of analogies extremely carefully, ensuring that we don't use terms that reinforce a patient's negative perceptions. His fascinating talk, supported by substantive research, was excellent and I have enjoyed watching more on the same subject on his recommended website www.knowpain.co.uk which has links to some great Youtube videos and lectures.

"Mike and Pat engaged in some cheerful, evidence-based banter throughout the day during the discussions"

Pain perception was further discussed by Pat Partington (with the help of his stick-figures Dave, Millie and her cartoon cat!). Pat Partington, a senior lecturer at AECC, is an expert in health communication and pain psychology. In a clinical capacity, he delivers cognitive behavioural therapy and hypnotherapy to patients referred with chronic pain and has worked as an accredited sports scientist and performance coach in both the UK and the USA. Pat's entertaining presentation explained pain perception a little like a phobia; as a child we develop a 'schema' of a cat ('four feet, whiskers, purrs, quite furry') and this is reinforced every time we stroke a cat and it purrs. One day, the cat scratches us and this changes our cat schema ('four feet, whiskers, scratches, evil bitey thing!') and this instantly changes our mental perception, creating a cat phobia, launching us into a typical fight/flight stress response each and every time we see a cat. The same is true of chronic pain; someone with a chronic low back problem only has to see a heavy box on the floor to trigger off inappropriate pain sensations, learned behaviours and physiological responses in the body. In the same way that a child has to be encouraged to remodel their cat perception and eliminate their phobia, we have to use skills of communication to encourage our patients to remodel their pain perceptions and behaviours.

It was great that both Mike and Pat reiterated what the other had to say, emphasising the importance of effective communication and listening skills to ascertain what is really making our patients tick. Mike and Pat engaged in some cheerful, evidence-based banter throughout the day during the various panel discussions.

The way that we communicate with our peers and colleagues was also covered. Kelle Plotner, a dynamic, energetic American chiropractor shared with us her vast experience of working within a multi-disciplinary healthcare team. Not only is she an extremely successful chiropractor, she is also a qualified medical doctor and manages

her own multidisciplinary healthcare clinic. So, Kelle knows that there are very few differences between DCs and MDs; we are all juggling homes, families, patients, audits, increased overheads and medicolegal worries. None of have enough hours in a day! We share the same frustrations and are equally discouraged when patients never seem to get better and continue to come in with the same complaint. Rather than going our separate ways Kelle discussed how it is more effective for us to pull together as healthcare professionals, draw on our particular strengths and specialities and communicate effectively with one another in order to provide the best possible care for our patients (avoiding jargon at all costs!).

Effective inter-professional communication was further discussed by Elisabeth Angier, BCA Vice President, who gave a short talk on the importance of writing routine GP letters for each and every patient who walks through the door. She explained that while routine letter-writing is not the most exciting of tasks, it will increase GP referrals and will improve your reputation as a health-care professional with patients and professionals alike. Added to which it serves as a useful audit process and is an easy way to reactivate otherwise dormant patient files buried deep in the filing cabinet. Not only this, but a well-written, succinct summary letter can help you if you should be involved in a medico-legal claim. Elisabeth directed people towards the BCA Wiki site on the Members Area of the website which gives further details on professional letter writing.

Nigel Hunt, BCA Council Member and Chair of the BCA Inter-Professional Relations Committee, also mentioned the excellent tools available on the BCA Wiki in his talk on giving presentations to GPs and healthcare professionals. He encouraged us all to 'face the mob', take the bull by the horns and approach our local GP surgery on Monday morning, offering to do a talk. Nigel explained that it is far more effective to offer our chiropractic skills as a way to ease the strain on the NHS waiting-lists for MSK care, rather than doing a promotional pitch to try to recruit patients. A multi-disciplinary approach is also more effective, so it is worth teaming up with other local chiropractors, osteopaths and private physiotherapists and collectively offering an alternative to the overburdened NHS MSK care.

All in all, it was a fascinating day. Once again the BCA put on an exciting, energetic conference and the feedback that we've received has reflected this. There was a relaxed feel to the day, something of 'spring fever' in the air; lively panel discussions took place at the end of each session, providing an opportunity for plenty of questions and participation from the audience. Although the speakers came from different parts of the world and different backgrounds, they all communicated effectively (sorry!) about the need to place the patient firmly at the centre of our clinical practise and utilise exemplary skills of communication to listen to and hear what they had to say. Then we should shout about all the fantastic work we do on a daily basis as chiropractors, the leading non-surgical primary spinal care specialists, to all the other healthcare professionals around us, providing we do so in an effective way, free from typos, grammatical errors and complex jargon!

Picture perfect!

We asked delegates to take 'selfies' during the conference and we got a couple of great submissions, one from Rachel Wilkinson and the other from all at Creative Chiropractic who penned a note to give the background to their 'selfie'!

Once again, a fabulously slick day from you and the other members of the team, with, as usual, some superb speakers.

As you were aware, we came as a practice this time, with the three chiros and also Linda. As usual she was out and about meeting and greeting so we now have even more things to implement and consider once back to work on Monday! Linda could not resist Matthew Bennett's mention about 'self' photos that could possibly be used in *Contact,* so she was on a mission!

As a result, please find attached a photo of the Creative Chiropractic team (below) and some of the staff of the hotel taken by one of the very enigmatic Radisson Blu Concierges (bottom). We have yours truly, Michael I'Anson (chiro), Neeray, Marta, Rachel Walker (chiro), Daman and Robert Crowley (chiro). A bit of fun celebrating the day, the venue and chiropractic!

One of the photographs may be of some use to you but we did have a laugh, you would have thought some professional photographic studio had arrived! In fact, Marta (from Poland) told us it was her first week working at the Hotel and it made her day that she had been photographed thinking she was going to be in a glossy mag. Well, she might well be! We are going to print it off anyway and post them to her and her colleagues as a thank you – they were brilliant.

See you at the Autumn Conference in Brighton but, in the meantime, 'thanks' again and catch-up soon."

Michael I'Anson

Disclosure and Barring Service

Will Wright, Employment Consultant at Croner looks at how Chiropractors might be affected by the introduction of Disclosure and Barring Service checks.

The Criminal Records Bureau and Independent Safeguarding Authority have merged to become the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. It also prevents unsuitable people from working with vulnerable groups, including children, through its criminal record checking and barring functions.

Usually a job applicant has no legal obligation to reveal spent convictions to an employer but, for roles that require a DBS check, this rule is not applicable. This is known as asking an exempted question.

As a Chiropractor, why is this relevant to me?

Section 40 of the *Chiropractors Act 1994* has been repealed by Section 133 of, and Schedule 10 to, the *Police Act 1997*. This means that chiropractors now come under the 'Excepted Professions' provisions and must disclose all convictions.

What do I need to do?

1. Develop a policy

Develop a DBS policy and procedure outlining that you have a duty of care to your patients. This shows that the people you employ have no history that would indicate they are unsuitable for work in your practice.

The policy should outline the application process, what type of check employees should have, details on the Company's registered counter signatory and details of storage, access and disposal of disclosures.

2. Understand the application process

a. The employer gets an application form from DBS or an umbrella body (a registered body that gives access to DBS checks).
b. The employer gives the applicant (job candidate) the form to fill in and return to them along with documents proving their identity.
c. The employer sends the completed application form to DBS or their umbrella body. DBS sends a certificate to the applicant. The employer will have to ask the applicant to see the certificate.

3. External provider or do it yourself?

This depends on the amount of checks that you intend to make per year.

> *"The DBS helps employers make safer recruitment decisions. It also prevents unsuitable people from working with vulnerable groups"*

a. If you're making fewer than 100 checks a year – use an umbrella body.
b. If you're making more than 100 checks a year – register with the DBS.
   You can deal with your own applications by registering with the DBS. This costs £300, plus £5 for each additional 'counter-signatory' (people within an organisation who are allowed to handle DBS applications).
   Registered organisations must also follow the DBS code of practice.
   DBS no longer automatically sends a copy of the certificate to a registered organisation. They'll have to ask the applicant to see the certificate.
c. If you carry out more than 1,500, checks a year (unlikely!) you can use the DBS e-bulk service, which can help reduce costs and waiting times for DBS checks.

4. Understand the types of disclosures

a. Standard – £26.
   This will check for spent and unspent convictions, cautions, reprimands and final warnings and will take about two weeks.
b. Enhanced – £44.
   This includes the same as the standard check plus any additional information held by local police that's reasonably considered relevant to the job type being applied for (adult, child or 'other' workforce). This takes about four weeks.
   'Other' workforce means those who don't work with children or adults specifically, but potentially both, e.g. taxi drivers.
   In this case, the police will only release information relevant to the post being applied for.
c. Enhanced with list checks – £44.
   This is essentially like the enhanced check, but includes a check of the DBS barred lists; this also takes about four weeks.

Since 10th September 2012, if an employer considers that a role is within the revised definition of 'regulated activity' (set out in Schedule 4 of the *Safeguarding Vulnerable Groups Act 2006,* as amended) then, if an individual is asked to apply for an enhanced check, the employer should request the appropriate barred list check (for children, adults or both).

Enhanced checks for work within a 'regulated activity' will inform the employer (where requested) if the person is on one of the barred lists.

There are a number of categories within the definition of 'regulated activity' – those providing health or personal care, social work, assistance with shopping or personal affairs and conveying, eg psychotherapy and counselling services which are provided in connection with the health care that an adult is receiving. A healthcare professional includes a person who is

regulated by the General Chiropractic Council. Therefore chiropractors will need to apply for an Enhanced Check.

5. Understand who needs disclosures

The following types of employees/workers must have an enhanced disclosure:

- All employees.
- Bank Workers.
- Volunteer Workers (checks for eligible volunteers are free of charge).
- Self Employed – Sole Trader (this will be at their expense and they should provide you with a copy of the DBS/SCRO certificate)
- Agency Worker This will be at their expense and they should provide you with a copy of the DBS/SCRO certificate.
- External Contractor (e.g. builder, painter, etc). (this will be at their expense and they should provide you with a copy of the DBS/SCRO certificate).

The following types of workers do not require a disclosure; however they must be accompanied by a member of staff at all times:

- External Contractor but only if working exclusively in a communal area.
- Student/school pupil undertaking work experience.

6. Understand how to store, access and dispose of disclosures

Disclosures may contain 'sensitive' information that is protected by law under the *Police Act Part V*, the *Data Protection Act*, and *Article 8* of the *Human Rights Act*. Improper use or dissemination of information contained in disclosure information is a criminal offence punishable by up to a £5,000 fine and six months imprisonment.

"Storage, disclosure information should be kept securely in lockable, non-portable storage containers with access strictly controlled"

- Storage; disclosure information should be kept securely in lockable, non-portable storage containers with access strictly controlled and limited to registered counter signatories who are entitled to see it as part of their duties. Disclosures or copies of forms and related information should not be held on personal files.
- Handling; in accordance with statutory requirements, disclosure information is only passed to those who are authorised to receive it in the course of their duties. The DBS maintain a record of all those to whom disclosures or disclosure information has been revealed and it is a criminal offence to pass this information to anyone who is not entitled to receive it.
- Usage; disclosure information is only used for the specific purpose for which it was requested and for which the applicant's full consent has been given.
- Retention; once a decision has been taken to recruit a person, you should not keep disclosure information for any longer than is necessary. They should be retained for a period up to six months or until inspected, whichever comes first. Once an inspection has been completed, disclosures must be destroyed.
- Disposal; all disclosures must be destroyed by secure means, i.e., shredding, pulping or burning. While awaiting disposal, disclosure information must remain in secure storage.

Questions and Answers

Q: How do I get to see the DBS certificate?

A: DBS now only issue one paper certificate which they send to the applicant. Employers will have to request to see the certificate from the applicant.

You can check the process of an application using your Disclosure Services web account to find out when a certificate has been issued. If you have used the online e-bulk service you will also get access to Disclosure numbers and dates, and notification whether the disclosure is clear or contains conviction information, but you no longer get informed about the details of the content of disclosure.

If an employee hasn't brought their certificate in to their employer within 28 days of the issue date, the employer can instruct Disclosure Services to request a reprint of the certificate from the DBS. A reprint will be posted directly to the employee.

Q: How long is a DBS check valid for?

A: Each DBS check will show the date on which it was printed.

DBS checks do not carry a pre-determined period of validity because a conviction or other matter could be recorded against the subject of the DBS check at any time after it is issued. There is no official expiry date for a DBS check. Any information revealed on a certificate will be that held by police at the time the check was issued. You should check the date of issue on the certificate to decide whether to request a new one. DBS checks are an important part of a rigorous recruitment process but are only accurate up to the date of the initial DBS certificate or status check.

Don't forget, as a member of the British Chiropractic Association you have access to Croner's HR, health & safety, tax, VAT and commercial legal experts through their advice line service. (08445 618133, quote BCA and 25742) You also have access to a wide range of on line business information through Croner-i Business Essentials (via the Members' Area of BCA website).

Big Brother is watching

Britain is one of the leading countries when it comes to the use of CCTV cameras. The trend is also continuing in chiropractic clinics, but it can be a risky business. Here David Antrobus, Chair of the BCA Professional Standards Committee, advises members on the safe and appropriate use of CCTV in their clinic setting and covert recording by patients.

In an article in the *Daily Telegraph* Andrew Rennison, the Coalition's Surveillance Camera Commissioner, said that the Government may have to address the growing trend of home owners setting up elaborate CCTV systems on their properties. He pointed out the cameras can cause "upset" and hinted that ministers may be forced to look at new laws to ensure their use is controlled. The article continued to point out that there are currently no rules governing the use of private CCTV cameras but, with security systems becoming cheaper and hundreds of thousands of properties thought to have some form of camera system, Whitehall sources were reported to reveal that complaints about privacy were growing more common.

Chiropractors who put CCTV cameras in their work place run the risk of complaints from patients if those patients feel they are being observed at inappropriate moments.

Who, in their right mind, would welcome an investigation from the GCC or worse the police?

The Information Commissioners Office (IOC) is an independent authority in the UK set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

Further information on the *CCTV Code of Practice Revised Edition 2008* can be found at www.ico.org.uk/for_organisations/data_protection/topic_guides/cctv

In this guide it says: *helping to ensure that good practice standards are adopted by those who operate CCTV. If they follow its provisions this not only helps them remain within the law but fosters public confidence by demonstrating that they take their responsibilities seriously.*

Points to remember will include:

- *Is the proposed system established on a proper legal basis and operated in accordance with the law?*
- *Is it necessary to address a pressing need, such as public safety or crime prevention?*
- *Is it justified in the circumstances?*
- *Is it proportionate to the problem that it is designed to deal with?*
- *If this is not the case then it would not be appropriate to use CCTV.*

Furthermore, if images are recorded appropriately, are they then stored and used in compliance with the data protection laws? If not the penalty can be extremely severe.

The ICO can issue fines of up to £500,000 for serious breaches of the *Data Protection Act and Privacy and Electronic Communications Regulations*.

Our advice is to think carefully about what you are doing if you are using or planning to use CCTV at your clinic. The data is sensitive and the IOC states that you are required to post a sign that CCTV is in operation and handle the recorded data very securely and be prepared to comply with all requirements under the law. Make sure you have fully understood your responsibilities before undertaking any filming. Thorough research and checking your potential plans with the IOC is a good starting point.

Don't forget, CCTV should only be used in exceptional circumstances in areas where you normally expect privacy; conversations between members of the public should not be recorded on CCTV. It is wholly illegal to have covert cameras anywhere in your building.

Covert recording/filming by patients

This article from the British Medical Journal makes interesting reading! http://www.bmj.com/content/348/bmj.g2098

The ready availability of smartphones now means that many patients have the ability to record a consultation at their fingertips. There have been studies which suggest that patients immediately forget between 40 and 80% of the medical information they are told so it can be argued that, if a patient asks to record a consultation, that can benefit the patient and practitioner alike. If you wanted to make an audio or visual recording then you must obtain the patient's consent and ensure that the information is stored in accordance with ICO guidelines. But what is the situation if a patient records a consultation covertly? Patients do not need their practitioner's permission to record a consultation as the information they are recording is personal to them and therefore exempt from data protection principles. Section 36 of the *Data Protection Act 1998* states: "Personal data processed by an individual only for the purposes of that individual's personal, family or household affairs (including recreational purposes) are exempt from the data protection principles and the provisions of Parts 11 and 111".

Members should be aware that the statutory regulators, including the GCC, are bound to accept recordings made by patients, albeit in a covert fashion, as evidence in a disciplinary hearing. As it is often impossible to know whether a consultation is being recorded by the patient, it may be prudent to assume that it is and if you act in a professional manner at all times this should not pose a problem.

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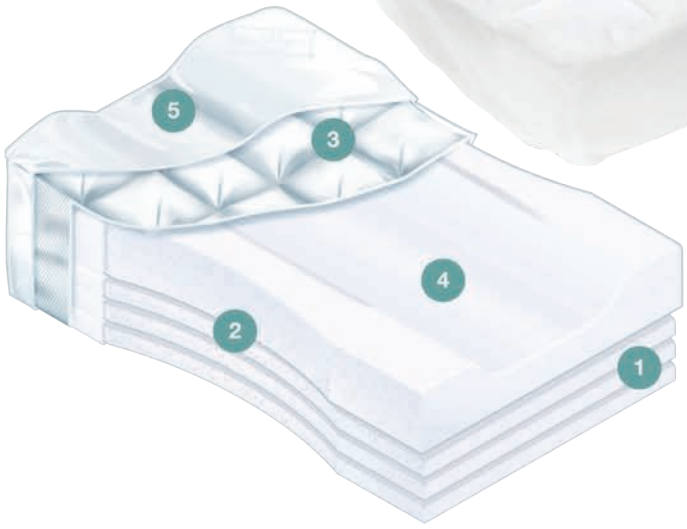

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Research at your fingertips

BCA members have exclusive access to the Research Review Service (RRS), where latest research papers are reviewed by a team of top class reviewers. These are published weekly and details posted in *InTouch* and the BCA Member Twitter feed. In each edition, *Contact* selects a recent review to highlight

The reliability of body pain diagrams in the quantitative measurement of pain distribution and location in patients with musculoskeletal pain: A systematic review

Research Review by Dr Ceara Higgins
Research Authors: Southerst D, Cote P, Stupar M, Stern P, Mior S
Original Research Published: Journal of Manipulative and Physiological Therapeutics 2013; 36(7): 450-459.

Background Information:

Most manual medicine clinicians use pain location and distribution as an outcome and prognostic measure, often measuring this parameter with a body pain diagram. These diagrams can be used to evaluate both pain distribution (the total area of the body that is in pain) and pain location (the anatomical location of pain). Pain distribution is generally measured using one of two methods:

1. The grid method, where a transparent grid of 200-560 squares is placed over the diagram and the number of squares where pain is indicated are counted, or
2. the body region method, where the body is divided into 45 anatomical regions (each region is scored as a 1 if pain is indicated or a 0 if no pain is indicated and a percentage score of pain is then calculated).

This systematic review aimed to evaluate the existing literature on the test-retest, intra- and inter-examiner reliability of the body pain diagram for determining pain distribution and location for musculoskeletal conditions.

Pertinent Results

10 studies met the inclusion criteria, with six of these being included in a best evidence synthesis due to their high level of methodological quality.

Methods used to measure pain distribution and location:

Pain distribution was measured using four different methods. Two studies used the body region method, two used the grid method, and two used separate, novel methods. These included a study by *Lacey et al.*[2], which used the Manchester definition of widespread pain as the basis for a modified body region template using the number of painful body regions to indicate pain distribution. The second study, by *Persson et al.*[5], measured pain distribution in square millimeters from body pain diagrams scanned into a computer program. Examiners circled the painful regions to allow for the measurement software to be applied.

Pain location was measured using the body region method in three studies, while the fourth study, by *Beattie et al.*[1], used two separate methods to measure pain location. The first was a segmental classification system that was based on distribution of pain along dermatomes, while the second used the Quebec Task Force system of classification which classifies pain as occurring in the low back only, low back and proximal lower extremity, or low back and distal lower extremity.

Test-retest reliability for measuring pain distribution and pain location

For measuring pain distribution, best evidence indicated that the body pain diagram is reliable when used in a test-retest scenario, with the body region method showing better reliability than the grid method. This was shown in test-retest situations over periods ranging from 26 to 1197 days in length.

Test-retest reliability for measuring pain location was assessed in one study by *Ohnmeiss*[4]. This study showed variations

in reliability depending on the location of the pain, with increased reliability found when individual areas were grouped together to create larger areas. However, as this study provided no confidence intervals (CIs), we cannot properly evaluate their estimates. Overall, this study showed adequate test-retest reliability for the use of the body pain diagram and either the body region method or grid method in the measurement of pain location and distribution. However, the grid method showed more varied reliability and must be used with more caution.

Intraexaminer reliability of measuring pain distribution and pain location

Only the study by *Persson et al.*[5] assessed intraexaminer reliability with respect to measuring pain distribution. Their method for the measurement of pain distribution, which involved scanning the body pain diagrams into a computer program and having examiners circle the areas indicative of pain, showed a high level of intraexaminer reliability. However, this does not give us any insight into the intraexaminer reliability of using other methods of measurement, including those more commonly used in the literature.

Intraexaminer reliability for measuring pain location was also only addressed in one article. This study, by *Beattie et al.*[1] showed adequate levels of intraexaminer reliability with the use of both the segmental classification system, where measurements were based on pain indicated along dermatomal distributions, and the Quebec Task Force classification system, which breaks areas of pain into categories limited to low back pain. Again, as this article does not make use of the measuring systems most commonly found in the literature, it does not provide us with insight into the intraexaminer reliability of these more commonly used methods.

Interexaminer reliability of measuring pain distribution and pain location

Overall, interexaminer reliability for measuring pain distribution was shown to be high. The study by *Lacey et al.*[2] using the Manchester criteria and a modified body region template, showed high levels of interexaminer reliability for the assessment of widespread pain distribution, while the study by *Persson et al.*[5], which used a computer program to assess pain distribution, found an interexaminer measurement error of only 10.1% which was attributed to variations in examiners' methods of circling painful areas with the mouse.

When interexaminer reliability for measuring pain location was assessed it was found that both segmental classification and the Quebec Task Force methods showed adequate interexaminer reliability, while the modified body region method used by *Lacey et al.*[2] showed a wide variation in reliability from moderate to high, depending on the painful region of the body.

"Overall, interexaminer reliability for measuring pain distribution was shown to be high"

Clinical Application & Conclusions

The current, highest quality evidence supports the use of the body pain diagrams, indicating adequate levels of test-retest, interexaminer, and intraexaminer reliability for the measurement of pain distribution and location. Overall, the body region method was shown to be the most reliable and may be the best choice for use in research and clinical settings. The body pain diagram is also easy to utilize in a busy office – it is low tech and doesn't take long for patients to complete, or for clinicians to assess and interperet. It also shows adequate stability over longer periods, including patients who report pain of varying durations. These factors make this tool highly useful as a clinical outcome measurement.

Officer Reports

The authors searched for relevant papers on Medline, CINAHL, Nursing and Allied Health, and Alt Health Watch from their inception to March 2012. Two independent reviewers screened the titles and abstracts of the articles for inclusion. If the title and abstract were unclear, the entire article was evaluated for inclusion. In cases where the two reviewers could not reach consensus a third reviewer was consulted.

Studies were included if

- Primary data was collected to measure pain distribution
- A body pain diagram was used to measure pain distribution
- Participants reported suffering from musculoskeletal pain
- The reliability of the method used to measure pain distribution was reported

Included studies were evaluated using a modified version of the QUADAS instrument. The authors excluded six items that assessed the accuracy of a diagnostic test, reworded an item for clarity, and added an item to appraise the use of analytical methods. The modified QUADAS included 10 items.

Study Strengths/Weaknesses

Strengths

All of the reviewers were trained and given standardized instructions on how to interpret and apply each item of the modified QUADAS to ensure consistent assessment.

Weaknesses

Even the six strongest studies had methodological limitations. Most did not provide enough information on patient and assessor blinding. Two studies showed wide variations in time between administrations of the body pain diagrams, making the clinical stability of the measurement more difficult to assess and opening the possibility that very long intervals between testing could lead to the authors underestimating test-retest reliability. Further, only three studies provided confidence intervals, leaving three strong studies and four weaker studies with no confidence intervals. Finally, one study used inappropriate statistical methods in measuring reliability.

Lastly, a modified version of the QUADAS tool was used. This version had not been formally tested and may have influenced the ratings of the articles that were reviewed.

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5. Persson AL, Garametsos S, Pederson J. Computer-aided surface estimation of pain drawings – intra- and inter-rater reliability. Journal of Pain Research 2011; 4: 135-141.

Regulation of healthcare professionals

On 2nd April, the Law Commission published a final report and draft Bill which has been presented to Government; a response is awaited. This follows the publication of a consultation paper in March 2012, arising from the Government's White Paper *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. 192 written responses were made to the Law Commission, one being a very detailed submission from the BCA. The report and draft Bill set out a new single legal framework for the regulation of all health and social care professionals in the UK. The recommendations, if accepted by Government, would mean that the *Chiropractors Act 1994* would be repealed, along with all other regulators' legislation. The overriding objective is to create a clear, modern and effective legal framework, together with greater consistency across the regulators in areas where necessary and where there is a public interest. At the same time, regulators would be given greater autonomy to deliver their functions in the way best suited to the profession concerned.

"There would be a requirement for regulators to consult when considering changes"

A key recommendation is that regulators should be given powers to make or amend rules concerning issues such as *registration and renewals & education, standards and CPD*, rather than being subject to the approval of Government. This is a welcome development and also for the GCC as it would provide the opportunity to review their fitness to practice arrangements, which have long been the subject of major criticism by the BCA and, as acknowledged by the GCC itself, are in urgent need of review. There would be a requirement for regulators to consult when considering changes to their rules and to inform the public as well as registrants about their work. The procedures for making new rules would also be subject to oversight by the Professional Standards Authority.

So, what next? It is anticipated that, in the coming weeks, the GCC will be consulting on the implications of the recommendations of the Law Commission and the impact this will have on their governance arrangements. The BCA will keep its members informed of developments as they happen and members can be assured that the BCA will do its utmost to work with everyone concerned to ensure that this opportunity for change is optimised.

Free tickets for show

The BCA is a partner for the 2014 Back Pain Show, the UK's only event dedicated to anyone living with back pain.

It will take place from 4th – 6th July in the Grand Hall of London Olympia and the show is aimed at those members of the public who are or have experienced back problems and related issues, with a mixture of product and services stands and educational seminar sessions.

You and your patients can have FREE tickets for this show.

Just go to this url: www.backpainshow.co.uk/go/bca and order your tickets today. Paste this link onto your own website and give your patients the chance to get free tickets, courtesy of you!

This month's insert

Enclosed with this edition of *Contact* is a copy of *Arthritis Digest* featuring an interview with BCA chiropractor Rishi Loatey. Official figures estimate that about 10 million adults in the UK have arthritis and *Arthritis Digest* is for those who want to be kept informed about the latest research, treatments and guidance as well as informative interviews, news and information relating to living with arthritis.

The magazine is also read by healthcare professionals who want to be kept up to date but don't have time to trawl through the journals. Every quarterly issue includes an expert analysis of the latest research/science published in the health arena which is relevant to people with arthritis explained in an easy interesting format without being patronising.

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Call Answering: We answer calls in your name, so your clients think they are speaking directly to your clinic. We respond to your general enquiries and book in your appointments. Use us to handle all your calls, or to provide cover during busy periods and staff holidays.

Patient Records: Our system allows easy storage and updating of your patient records.

Online Booking: Let your clients book their appointments online. You control which time slots and days are available. You can even take an upfront payment or deposit to reduce no-shows.

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It's educational!

HM Revenue & Customs (HMRC) provides a range of educational products intended for businesses with the aim of supporting businesses in meeting their obligations to HMRC both accurately and on time. This support is available through a variety of online products.

1. Live Webinars

These are online presentations hosted by HMRC and available on set dates and times. Usually lasting an hour, time is available at the end to ask the presenter questions.

All that is required is simple registration in advance, giving name, email address and selected webinar.http://www.hmrc.gov.uk/webinars/

2. Recorded Webinars

These are online presentations available at any time and viewed at your own pace. Unlike live webinars they are not hosted so there is no opportunity to ask questions.http://www.hmrc.gov.uk/webinars/

Some recorded webinars can also be found on the HMRC YouTube Channel http://www.youtube.com/user/HMRCgovuk

3. YouTube videos

These are short information videos located on the HMRC YouTube channel. http://www.youtube.com/user/HMRCgovuk

4. E-Learning

These are modular self-learning products that can be accessed at any time and be completed the learning at the individual's own pace.

5. Record-keeping Apps

HMRC has been working with the Business Application Software Developer Association (BASDA) and independent IT developers to ensure that a variety of FREE or low cost simple records keeping apps are available to small businesses and the self-employed.These applications complement existing HMRC record keeping guidance and tools.http://www.hmrc.gov.uk/softwaredevelopers/mobile-apps/record-keeping.htm

6 Self-Employed Ready

Reckoner Tool

When you start working for yourself, you do not get your first tax bill for a while, so it may help your budgeting to start putting money aside now.

The ready reckoner tool can help you with this. http://www.hmrc.gov.uk/tools/sa-ready-reckoner/calculator.htm

CPD

The GCC has issued new CPD guidance for chiropractors.

It has help with identifying appropriate learning needs, planning how to achieve them, defining what types of learning will be considered valid and outlining what evidence is required.

There is also a section focussing on what is not acceptable as CPD activity: examples include attending events as an exhibitor and promotional activities.

The GCC is encouraging registrants to contact them with questions regarding the validity of a proposed activity to save problems during the annual submission period.

Information on CPD, including a link to this new guidance can be found at http://bit.ly/BCAcpdinfo

BCA in the news!

Media coverage of the British Chiropractic Association secured in March 2014:

Publication	Media type	Date	Headline	Weblink
Your Healthy Living	Consumer print	Saturday 1 February	9 ways to care for your bones and joints	N/A
Arthritis Digest	Consumer print	Wednesday 12 March	Bedtime back pain preventing a good night's sleep for almost half of Brits	http://arthritisdigest.co.uk/bedtime-back-pain-preventing-a-good-nights-sleep-for-almost-half-of-brits/
Female First	Consumer online	Wednesday 12 March	Neck and back pain affecting our sleep	http://www.femalefirst.co.uk/health/neck-and-back-pain-impacting-sleep-434815.html
The Times	National print	Wednesday 12 March	Getting up really can be a pain in the neck	N/A
The Daily Express	National print	Wednesday 12 March	Rise and shine…but don't rush	N/A
The Times Ireland	Regional print	Wednesday 12 March	Getting up really can be a pain in the neck	N/A
Yours.co.uk	Consumer online	Thursday 13 March	Is your bed a pain in the neck?	http://www.yours.co.uk/Yours-Magazine-News/Search-Results/In-the-News/Is-your-bed-a-pain-in-the-neck/
Jersey Evening Post	Regional print	Thursday 20 March	Free posture checks for teenagers	N/A
The Mail on Sunday	National print	Sunday 30 March	Isn't it time you had a health MOT?	N/A

You may not know it, but the BCA is in one kind of news story or another at least once a week. You may miss it, so we collate each and every instance of BCA related coverage so you can see exactly what we're doing. Go to http://bit.ly/bcainthenews and you can see a table of all coverage, together with url link where available.

Also, if you are on Twitter, follow the BCA public Twitter feed and encourage your followers to do so as well. We have 925 followers and it's growing weekly. With twice a day postings, we've already been getting lots of re-tweets and praise. For example one follower, @CrowdConnection, tweeted *"@ChiropracticUK Great example of genuinely helpful promotional marketing! Love it!!"* So, a great feed for you to share with your own followers.

Don't forget, follow @ChiropracticUK and our dedicated member feed, @BCAMembers.

A mini adventure

Raquel (l) receiving her iPad mini from Elisabeth Angier

Raquel Rojodelgado was the proud recipient of a brand new iPad mini, the first prize in a draw for new BCA Student Members, run by the BCA. The prize was awarded by Elisabeth Angier, BCA Vice President, during a visit to WIOC at the end of March.

Raquel, a 3rd year student at WIOC, is looking forward to starting her clinical year this summer and is hoping that the light, portable iPad mini will be a useful accessory to her studies. She will use it to write up notes and will be able to access all sorts of useful apps and tools that are related to chiropractic. Raquel said that she had joined the BCA because of the reputation it holds as the largest longest standing chiropractic association in the UK. As a student member of the BCA, she said she will be able to gain access to the latest job offers, recent research and up to date news about the profession, as well as gaining insight as to the latest developments in chiropractic.

Brighton Rocks!

Planning your summer holidays? Don't forget to add on an extra, end-of-summer weekend in Brighton on Saturday 20th and Sunday 21st September. Home to donkeys, piers, rock and beaches, this year it's also home to the BCA Autumn Conference!

The title is: *This is Chiropractic: The Science behind the Art, the Theory behind the Philosophy* and we already have an exciting line-up of speakers ready to add their specialist viewpoint. All adding up to an unmissable event.

There will be the BCA Annual General Meeting and the famous BCA Gala Dinner on the Saturday night; bring your dancing shoes. So, save the date, put it in your diaries and make a long weekend of it. It's a great opportunity to organise a class reunion or catch up with colleagues past and present. More information soon, so watch out for updates in *In Touch* newsletters and on the BCA Members' website. If we're lucky, we'll get the last of the summer sun as it sets over Brighton Pier.

News from AECC

GP on-site training event at AECC

I am writing this the day before attending the BCA Spring Conference at the Radisson Blu Edwardian at Heathrow, where we will launch our fund raising campaign to support the development of our new open and upright MRI scanner facility at AECC. I am extremely grateful to the BCA for having committed to support this exciting and important advancement for both AECC and the profession, by donating £20,000 over the next two years. Rather than getting a conventional scanner we have opted for the next generation of open magnets in order to be able to scan the patient both lying down and upright (standing or sitting) and under mechanical load. This allows the assessment of both pathology and mechanics, something which is especially important in relation to nerve root pain. In order to make our graduates more complete practitioners, training in the interpretation and use of MRI will be gradually introduced into the undergraduate chiropractic programme. We have already begun to offer specific Continuing Professional Development courses in MRI awareness so that chiropractors can further improve their knowledge and skills when referring for or interpreting MRI scans. Colleagues will be able to refer their patients for a scan and a specialist musculoskeletal radiologist report at a very competitive rate, with quick patient access and radiologist's report turnaround guaranteed. Together with OSMIA, which is mainly used to investigate spinal instabilities, open and upright MRI will give the most complete imaging package for spinal mechanical diagnosis available anywhere. Building works for the clinic extension, which will house the new scanner, are already well on their way and the scanner will be installed towards the end of April and become fully operational by September. Rather than relying on a fundraising campaign to make the scanner purchase possible, we have used our financial reserves. Now we are asking for your help in further supporting this necessary and exciting development by making a donation. There are two ways to donate, either by contributing a lump sum or by purchasing tickets for a prize draw. Those donating over £50 will fall into our 'donor plaque' category and be featured on a permanent plaque situated in the new MRI building. I am extremely indebted to a number of leading suppliers to the chiropractic profession, such as Atlas Clinical, FootLevellers and Thumper Inc. for offering a number of fantastic prizes to the winners, which will be announced at the 2015 ECU Convention. Please visit www.aecc.ac.uk/about/alumni/mri-donations.aspx for further details on the prizes and how to buy raffle tickets and/or donate.

Another area of expansion is our Centre for Clinical Ultrasound Studies, with the building of a further six teaching rooms and the addition of another eight top of the range diagnostic ultrasound units. This expansion in resources gives us 10 dedicated clinical examination and teaching rooms with 15 diagnostic ultrasound machines and enables us to deliver 1:1 clinical training for up to 30 students simultaneously.

In February, 44 General Practitioner Trainees came to AECC to spend the afternoon with some of our final year clinical students. This kind of meeting offers a great opportunity for the professions to learn from each other and the very positive reports speak for themselves.

Congratulations to Alister du Rose and Alex Breen, both researchers in IMRCI, for having successfully defended their MPhil transition reports at Bournemouth University's School of Design, Engineering and Computing. Alister is now clear to complete his PhD on the relationships between lumbar inter-vertebral motion and muscle activity using OSMIA and surface electromyography, whilst Alex is looking at back pain in lower limb amputees, investigating how the mechanics of the lumbar spine and the interface between the residual limb and the prosthesis relate to each other. If you know of an amputee who might

The Chiropractic Mission in Nepal

Jerry Lewis

be interested in participating in this research, contact Alex AlexBreen@aecc.ac.uk

In early March the AECC Ladies Handball Team travelled to Dagenham, London, for the final play off in the UK Student Handball Championship. They defeated every team they met, leading them all the way to the final against Nottingham, which they also won. As a result, they will represent the UK in the European play-offs in the Netherlands during July-August.

A number of our Clinic Interns have recently returned from a mission trip and experience to Nepal. This chiropractic mission with Into the World www.volunteersintotheworld.com/our-internships/chiropractic is organised and run by Coralie Pellissier, an Alumna of AECC, who is supported by her sister Jenny, also an AECC graduate. A very educational and worthwhile experience on many accounts.

After 12 years of dedicated service to the institution and its staff our Director of Administration, Mr Jerry Lewis, has taken well-deserved retirement. Jerry's successor, Peter Ford, comes to us from Kingston University where he has been Head of Resources, Planning and Development for the last eight years.

For those attending the ECU Convention in Dublin please come to our AECC Drinks Reception on the Friday evening. Finally, Saturday 4th October is our next AECC Alumni Reunion; all AECC alumni, irrespective of the year of graduation, are more than welcome but those graduates from 1989, 1994 or 2004 will be the focus. Sign up at www.facebook.com/aeccga for details or email alumni@aecc.ac.uk .

Haymo Thiel
Principal

GP on-site training event

The Programme Director's View

'As a Programme Director with Wessex Deanery, I am part of the team teaching doctors in their final year of general practice speciality training.

A few years ago I realised that chiropractic treatment was becoming widely accepted as an option in the management of many conditions and part of the gold standard treatment of lower back pain as endorsed by NICE (National Institute for Health and Care Excellence). The doctors I teach have all spent a minimum of five years at medical school and five years as a postgraduate doctor on further training schemes. During this time most have not had one minute of education on what chiropractors do, how they train, what and how they treat, as well as how they fit into the wider health care professional team. This was something that needed to be addressed. Over the last few years I have brought a few doctors to a session run by Neil Osborne at AECC, to try and rectify this knowledge gap in their training. This has proved so successful that this year we managed to bring the whole year group. Forty four doctors attended AECC for an afternoon of education and group work with some of the final year AECC students. We were able to experience a vast amount of high quality learning including viewing the gym, looking at equipment and how it could be of therapeutic benefit; also learned a few additional examination skills and had a demonstration of manipulation. The most impressive part of the day was working in small groups with the final year AECC students. It showed what a large knowledge base they have and a lot of the doctors were surprised by the large overlaps in our understanding of disease and therapeutic interventions. A lot of the doctors fed back that they were impressed with those additional skills that chiropractors possess which do not appear anywhere else in the NHS and felt very strongly that chiropractic treatment, as demonstrated at AECC, should become a standard part of the armoury available for referral by all primary care clinicians. The doctors involved will now certainly be far more prepared to encourage patients in the direction of chiropractic treatment and embrace the idea of a closer working relationship between the two professions. A great learning experience and I hope we are invited to return next year.'

Dr Stephen Tomkins
Programme Director, Dorset, Wessex Deanery

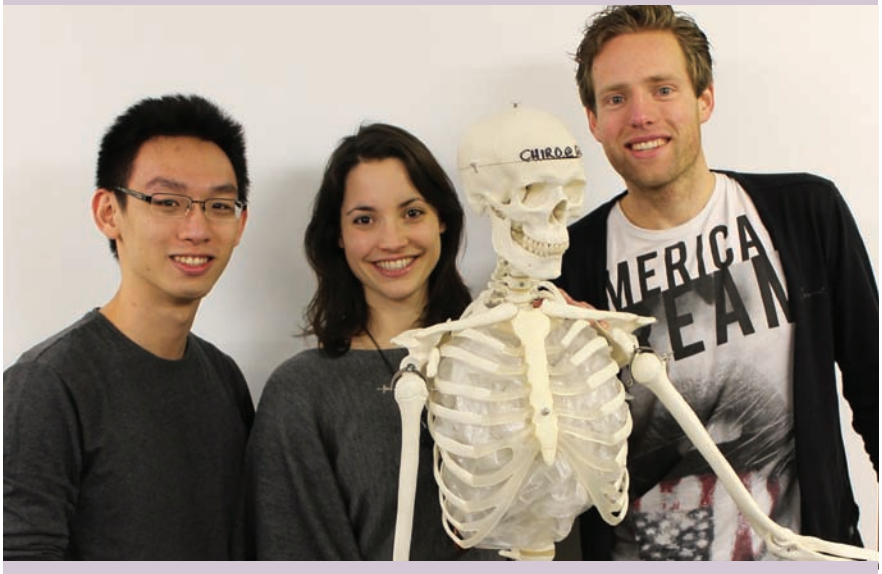
The Clinic Senior Intern's View

Thirteen clinic interns took part in a four hour workshop with 44 GP trainees. This was a fantastic opportunity for us to share with GPs what is involved in the chiropractic profession. It was evident that, although some of the GPs had some awareness, the majority did not know what was involved in our education, what constituted treatment and what our philosophy was. Firstly we took the GPs to the exercise centre in the clinic and showed them some quick screening techniques that we use to pick up functional imbalances in our patients. We then moved to a technique room where the GPs were taught to use some more functional testing for low back pain and Neil Osborne also demonstrated a thoracic adjustment. Moving to a lecture theatre we split into groups to discuss four separate topics and then presented the conclusions. We came together to come up with a self-help protocol for low back pain that, despite a GP's limited time with each patient, will help both them and the patient. The interns also helped the GPs to distinguish between a vertebral disc injury and a facet joint sprain. When discussing knee complaints the GPs were intrigued that chiropractors treat peripheral joints and that chiropractors look at the complete kinematic chain rather than just the presenting complaint. Similarly, with shoulder complaints, they were surprised that we can help with conditions such as frozen shoulder. The final group discussed the relationship between the two professions and where it might improve. It was agreed that both parties needed to get to know their local counterpart, whether by going to meet them or via more patient-based correspondence. All of the audience was shocked to hear of the relatively high NHS costs for physiotherapy appointments and agreed that referring to a chiropractor could be a good alternative with a significantly reduced waiting time. To conclude, there was a question and answer session, with the GPs asking a number of interesting questions such as the risk of stroke following cervical adjustments, treatment versus rehabilitation and the possible visceral effects of an adjustment. The GPs seemed very positive about chiropractic after their experience and, on the whole, agreed that an improved relationship between the two professions would ultimately improve patient care.

Dan Pollard
Senior Clinic Intern, AECC

News from WIOC

Mike Barber at the Technique Seminar



Yang Jiew Teo, Alice Bidlingmeyer and Bjorn Denisson

Pete McCarthy with Bianca Zietsman and Ceri-Ann Jones

I must be living the dream but, "Time flies by when you're having fun !!". It is hard to believe that by the time this report is published, the 2013/14 academic session will be completed; awaiting final exams, subject boards and progression boards in June. This will also highlight that the current clinic class will have completed their clinic training and be ready for graduation in July. It will also herald the beginning of the new clinic class cycle with 96 new student clinicians, our biggest ever! We are in the process of gearing up for this by adding another clinic team and additional clinic shifts during the week. This will be an interesting year and we have put a number of mechanisms in place to ensure that the student experience is consistent and of high quality. We are still exploring additional patient bases in local health boards and other parts of the University of South Wales' multiple campus sites, including university sports teams and local rugby and football clubs.

"A number of BCA members have visited and will be visiting WIOC this year to deliver talks for our student body"

We have also been busy with preparations for the new 2014/15 academic year which commences in September. We have reviewed academic delivery across all years of the MChiro and are in the process of formatting new modules as well as reconfiguring our Foundation Year in order to manage delivery of this pre-chiropractic year. We are also looking to take up space in a recently vacated campus building in order to expand our teaching, laboratory and office space.

I am pleased to welcome Dr Julianna Gal, our new member of academic staff. Julianna has a substantial biophysics background and has taken over all maths and biomechanics modules in the programme.

A number of BCA members have visited and will be visiting WIOC this year to deliver talks for our student body,

including Richard Brown and Elisabeth Angier, who examined the importance of communication as a vital practise skill. Simon Bird and Nicky Popham also visited to address the transition from education into practise and the pitfalls to avoid. Simon will be returning at the end of April with Doug Windsor to continue this theme. Gary Jackson will also be speaking to our final year class. Peter Dixon, former GCC Chair and current President of the Royal College of Chiropractors (RCC), will be providing students with an insight into professional leadership.

"The union would provide our students with opportunities to engage with other healthcare professionals, researchers and students"

WIOC has now installed a state-of-the-art full body DEXA Scanner, which will be used to generate bone density scans, inform weight management programmes, produce related research and form the basis of an academic programme. The unit will provide our students with opportunities to engage with other healthcare professionals, researchers and students as well as the possibility of actively engaging in various public health issues, including osteoporosis and obesity.

I will be attending the ECU Conference in Dublin in May including the Research Day and in addition participating in a Special Interest Group Clinical Chiropractic Workshop debating the treatment dosage and frequency issue along with Tammy de Koekkoek. Finally, Mike Barber and I presented a technique seminar for John Lange and David Evans in March and it was a pleasure to get back into the, 'technique skill saddle', once again after so many years away from the game. Talking about games I would just like to mention that I was selected for the Welsh 60's tennis team to compete in an international event in Scotland in May. Always a thrill to play old guys tennis!

Until we meet again

David Byfield
Head of Welsh Institute of Chiropractic

Research report

Since the last report there have been a few notable research highlights, mainly presentations by Bianca Zietsman and Ceri Ann Jones at the RCC meeting. The award for best PRTS research was, deservedly, presented to our recent graduate Philippa McKernan. Philippa had two research posters to present at the meeting. One of these, co-authored with Jonathan Field, Dave Newell and Peter McCarthy, reported on a *Preliminary qualitative investigation into issues surrounding lone working in manual therapists*. Through this research into lone worker policy development for the profession, we have also seen collaboration between researchers at AECC and WiOC.

This meeting also gave me the opportunity to speak about our ACROM research on elite sportspeople. This work is the subject of a presentation to the BritSpine meeting in Warwick in April.

Mark Langweiler and I are on the organising committee for the Neuromusculoskeletal Faculty of the College of Medicine who, along with Bjorn Hennius and others, will be presenting *Myth Busting in Relation to the Treatment of Musculoskeletal Problems and Clinical Research*. This meeting is to be held at the McTimoney College on May 3rd. It will be cross-disciplinary and is designed to address various aspects of patient care, as well as how to generate research evidence in clinical practice.

Also, the *Women in Sports* conference mentioned in the last report will be towards the end of June at the University of South Wales and involve Bianca Zietsman, Andrew Heusch and me.

Danny Clegg returned safely from his Czech experience and immediately visited Bangor University, North Wales to disseminate his research and talk about the Knowledge Economy Skills Scholarships (KESS) programme from the student's perspective. He has been a great ambassador for this programme, but now has a lot of data analysis to perform and a thesis to write!

On the sporting front, we have been fortunate to gain access to the Welsh deaf rugby union squad. Apart from being world beaters, this group will give us the opportunity to determine if those selected to play in this squad are affected differently by taking part from those other groups we have assessed so far.

Don't forget our Twitter feed @CTDRU, Facebook page www.facebook.com/ctdru.usw and website http://ctdru.research.southwales.ac.uk/

Peter McCarthy
Head of CTDRU

Student Society Update

Once again we are in shock. There is just one week left in this academic year and the stunning newly refurbished and expanded library here at the University of South Wales (USW) is bursting at the seams with anxious students cramming for the barrage of exams/OSCEs/vivas that we have over the next few weeks. The incredible thing to see is that chiro students seem to make up a large proportion of the library mass, even though we are less than 400 of 33,584 students at USW!

The WIOC WCCS Chapter has once again managed to pull together another dynamic team for WCCS Malaga 2014. We would like to thank the BCA for kindly offering to support this truly exceptional independent student organisation with a generous financial donation of £500 to the WIOC Chapter. We hope to continue to foster the relationship between the BCA and the WIOC Student Society as well as the WIOC WCCS Chapter. We also want to thank Prab S. Chandhok, Sue Wakefield and Matthew Bennett for their unending support and kindness. The next WCCS European regional event looks to be hosted by the Danish college (SDU) over this summer. It is so good to see the students from all the European colleges working effectively together and we hope that the college in Switzerland will join in this year.

The British Association of Chiropractic Student's (BACS) conference is returning to WIOC in 2015. We think we can make it the biggest yet. The USW has driven a £130m investment into its campuses to create modern facilities including a 300 plus seat lecture room. Do you think we can fill it?!

Alex Becu-Steinson

Free business advice

Neil Tipping, Senior Consultant at Croner's Business Support Helpline takes a look at recent issues that BCA members have faced and gives guidance on how to deal with them. For free help with tax, VAT, employment, payroll, health & safety and commercial legal issues contact the helpline on 08445 618133 quoting scheme number 25742 (24 hr service for employment queries, normal office hours for other topics). Members can also use the online Business Essentials portal, accessed via the Members' website.

I am thinking of incorporating my business this year from a sole tradership. Please can you let me know some of the pros and cons of doing so?

This is a complex area which is fraught with danger for the unwary. The first thing I would suggest is that if you do commit to incorporating your business, you obtain in-depth professional advice on the best way to structure and operate your company. The attraction of having a limited company is (at least initially) that any profits charged to tax within the company are taxed at, currently, 20% for a small company. The main problem then is how you get the money out of the company in a tax efficient manner. If your business profits are under £75,000 the costs of running a company may outweigh any potential benefit. The problem is that many people who are new to operating through a limited company tend to continue operating as if the company doesn't exist. Essentially, they tend to use the company cheque book as if it is their own money. This can have serious taxation consequences if not dealt with correctly. For instance:

1. If you owe the company more than £5,000 at any time in the tax year, you can be personally charged to tax on the notional interest
2. If you fail to pay the debt within 9 months and 1 day after the end of the accounting period, the company will be liable to a charge on 25% of the outstanding loan (albeit this is repayable once the loan has been repaid)
3. If the debt is written off, it will be treated as a dividend, and, if you are an employee or director, you and the company will be liable to a class 1 National Insurance charge

There are four main ways to get money out of the company:

1. Salary including benefits in kind i.e. company car – subject to PAYE and NIC's and or benefit in kind charge
2. Dividends – 10% tax credit and chargeable to higher rate tax at 32.5%
3. Loans – tax on the company and tax on the director
4. Distribution on winding up – capital gains tax under certain circumstances (18% or 28%)

Usually directors chose a low salary plus dividends as the most tax efficient method, albeit that this can cause problems with pension planning if the salary is too low but whichever way a director chooses to remunerate himself and his fellow directors, he should be mindful of his PAYE and company law obligations.

"On the negative side, the costs of running a limited company are significantly greater than those for a sole trader"

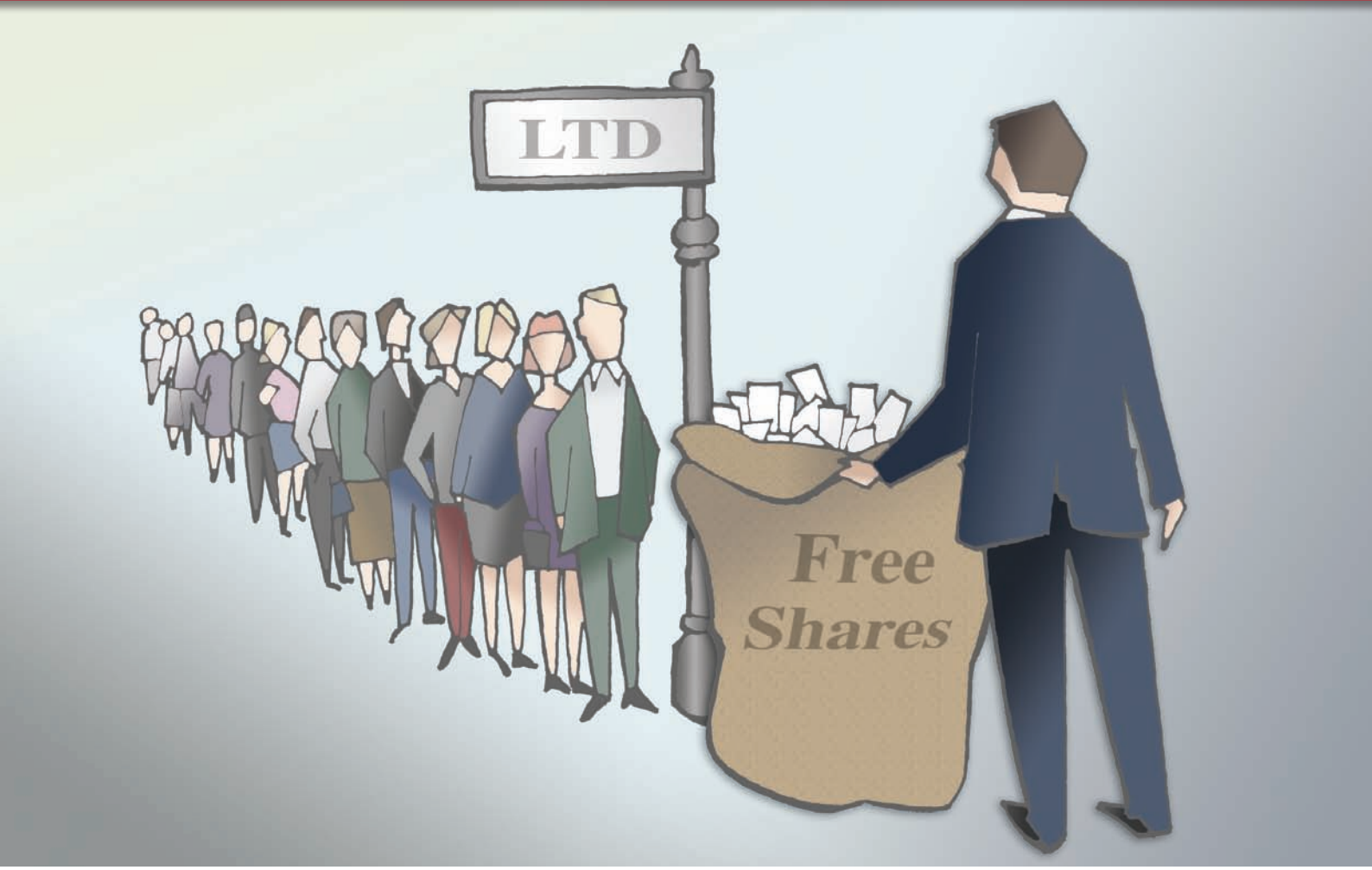
The company is essentially a separate person with its own set of rules governing how it must operate. You will hold shares in that company and one of the plus points for a business in a limited company is that you can pass shares in that company to family members far more easily than if you are a sole trader. You can also give employees an interest in the company – perhaps as part of an incentive scheme but you need to beware because free or discounted shares given to an employee can be subject to tax and possibly a National Insurance charge on the employee. Apart from the tax benefit of running a company there is also the fact that the shareholders liabilities are limited to the value of their shareholding. In most cases this buffers the shareholder against being personally sued but certain aspects of company and revenue law have materially eroded this protection over the years and you will find that, particularly when trying to obtain bank loans, they will offer loans to companies but only if the loan is guaranteed personally by the directors/shareholders.

On the negative side the costs of running a limited company are significantly greater than those for (say) a sole trader. You not only have a company tax return and companies house returns to complete, you still have a personal income tax to complete which necessarily involves more cost in respect of accountancy/book keeping and basic tax planning

Whilst this query is being answered from a tax perspective it should also be borne in mind that company law demands certain minimum standards concerning how a company director/shareholder should behave, for instance, when it comes to ensuring that minority shareholders are not disadvantaged by the actions of the company/directors. This is just a brief pen picture of some of the advantages and pitfalls of using a company but as stated at the start, if you wish to go down this route, it is essential that both the set up and operation of the company is considered carefully, otherwise those tax savings may well evaporate when you incur professional fees defending yourself against an HMRC enquiry.

My accountant tells me that I received more dividends than there were profits in the company last year and he tells me that I now have to repay the company. Is this correct?

Your accountant is right in this case. The amount by which you exceed the available reserves of profit is treated as a loan from the company to you. The consequences of you failing to repay the indebtedness are that you and your company may have additional tax to pay. On the one hand, the company is liable to a temporary tax charge of 25% of the outstanding debt



which is payable nine months and one day after the end of your company's accounting period. This amount is repayable but only when the debt is repaid. Repayment can then be applied for 9 months and one day after the accounting period in which the debt is repaid. There may also be a personal tax charge if the total outstanding debt is £5,000 or more which will equate to tax on the notional interest on the loan and which will need to be reported on form P11D..

I bought a new adjustment table last year costing £9,500 and claimed annual investment allowance for the full amount. Unfortunately, it was faulty and had to be returned to the retailer. I am in dispute with the retailer and manufacturer over this issue but have now discovered that the retailer has gone out of business. It doesn't look like I am going to get my money back and the manufacturer is based in Germany. Can I claim any relief for this expenditure?

You have already received full tax relief for the table so at the moment, there is no further relief for the £9,500 you have paid out. This leaves presumably the costs of you pursuing action against the retailer and manufacturer which you can claim against your income tax liability (or corporation tax liability if you operate through a limited company). If you subsequently do receive a settlement from the manufacturer, this will be entered into your capital allowances computation as if you had sold the table for the amount of compensation or, assuming you have bought a new table, it will reduce the amount you can claim in terms of annual investment allowance. i.e.

New table cost	£10,500
Compensation received	(£9,500)
Annual investment allowance claimable	**£1000**

NGT 18th March 2014

"Please would you let me know if the cost of travel in my car can be claimed against tax?"

I own and run a chiropractic clinic as a sole trader. Twice a month, I travel to various care homes in the area to give talks on back health. I use my own car for this. Please would you let me know if the cost of travel in my car can be claimed against tax?

There are two main allowances you can use. Firstly, capital allowances which allow you to claim part of the capital cost of the vehicle. If your car was purchased for (say) £10,000 and it's CO2 emissions are less than 130 g/km, and you travel 2000 business miles out of 7000 total miles, you can claim a tax deduction of 2000/7000 x(18% x £10,000) = £514. The following year, assuming you do the same mileage, you can claim 2000/7000 x (18% x 9486). If your car's CO2 emissions are over 130gkm, you should substitute 8% for 18%.

The second allowance is in respect of running costs and you merely have to apportion the costs of maintenance, fuel, Vehicle excise duty etc. by 2000/7000 reflecting the business element of all these costs.

There is a simpler method if your turnover is below the VAT threshold (£81,000 in 2014/15) where you can merely take the number of business miles and multiply it by 45p per mile (for the first 10,000 business miles, 25p thereafter) – In our example, you would be entitled to a deduction for £900 but if you use this method, you can't claim capital allowances.

One aspect that many get wrong is defining what a business journey is. Home to office is always a private journey but a journey like the one you describe to the various care homes is a business journey.

Accident reporting: 8 things to know

***The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)* came into force on 1st October 2013 and brings about major changes that affect every employer. Croner Solutions outlines an 8-point guide to make sure your organisation has implemented the key changes, in order to ensure that everything is reported on time.**

1. Fatalities

You must report immediately any fatalities "occurring as a result of work activity", whether or not the person killed was your employee. Do not forget that this applies even if the person killed was not actually at work (eg a member of the public). You can report deaths online at www.hse.gov.uk/riddor/report.htm or make a phone report to the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday, 8.30am to 5pm). Out of hours contact can be made to the Duty Officer on 0151 922 9235.

2. Specified injuries

This replaces the term "major injuries", but the concept is the same — these are the serious work-related injuries to employees that you must report immediately, regardless of any lost time. The list has been shortened, but includes three new types of injury: "crush", "scalping" and "injuries arising from enclosed space work".

You can report online at www.hse.gov.uk/riddor/report.htm or make a phone report on 0845 300 9923.

The RIDDOR 2013 specified injuries

- A fracture, other than to fingers, thumbs and toes.
- Amputation of an arm, hand, finger, thumb, leg, foot or toe.
- Permanent loss of sight or reduction in sight.
- Crush injuries leading to internal organ damage.
- Serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs).
- Scalpings (separation of skin from the head), which require hospital treatment.
- Unconsciousness caused by head injury or asphyxia.
- Any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness, or requires resuscitation or admittance to hospital for more than 24 hours.

"Under the new rules, you must report non-fatal injuries to non-employees when they were injured in a work-related accident"

3. Other injuries to employees

As before, you must report injuries to employees that cause more than seven days' incapacity for work. However, do not forget to record more than three days injuries, even though these are no longer reportable. In deciding whether to report do not count the day of the accident itself. Remember that more than seven days incapacity is required for the accident to be reportable and that "incapacity" means "unable to carry out normal duties". So, if people come back on "light duties", that still counts in terms of incapacity as, of course, does any sickness absence resulting from the accident. Days when the injured party would not be working (eg weekends and holidays) must also be counted.

Go online at www.hse.gov.uk/riddor/report.htm to make your report within 15 days of the accident. You cannot use the phone service in this category.

4. Dangerous occurrences

The concept here is the same as in the old RIDDOR (events with high injury potential that are reportable even if no injury occurred) but the list has been revised and updated. "Industry-specific" dangerous occurrences applicable to mines, quarries, offshore workplaces and certain transport systems including railways remain reportable.

Report online at www.hse.gov.uk/riddor/report.htm. See Schedule 2 of RIDDOR (www.legislation.gov.uk/uksi/2013/1471/contents/made) for the full list of reportable dangerous occurrences.

5. Occupational Disease

This section has seen a major change; as the old list of 47 reportable "industrial diseases" has been reduced to eight categories of "work-related illness" (see below). Diseases due to exposure at work to biological agents, categorised as major injuries in the old regulations, are now reportable under this heading.

Under the old rules a specific illness was always linked to a specific occupation, but now you need to report the listed illnesses whenever they occur – as long as they are work-related.

Work-related illness: the new list

- Carpal tunnel syndrome.
- Severe cramp of the hand or forearm.
- Occupational dermatitis.
- Hand-arm vibration syndrome.
- Occupational asthma.
- Tendonitis or tenosynovitis of the hand or forearm.
- Any occupational cancer.
- Any disease attributed to an occupational exposure to a biological agent.

If in doubt, check with the doctor who made the diagnosis (having first got the employee's written consent). Report illnesses online at www.hse.gov.uk/riddor/report.htm.

6. What about injuries to non-employees?

This definition has been simplified to make it easier to apply in practice. Under the new rules, you must report non-fatal injuries to non-employees (eg members of the public) when they were injured in a work-related accident and then taken from the scene to hospital for treatment. If they were taken to hospital for examination, diagnostic tests or as a precautionary measure, this is not reportable. If you do need to report, you should do so online at www.hse.gov.uk/riddor/report.htm.

"If you are self-employed, you should continue to comply with RIDDOR and watch out for the new legislation"

7. If you are self-employed

Last year the Health and Safety Executive (HSE) proposed to exempt from health and safety law anyone who is self-employed and whose work poses no risk to any other person. This is now expected to be implemented through the *Deregulation Bill* which is currently going through Parliament. If you are self-employed you should continue to comply with RIDDOR and watch out for the new legislation when it comes in.

8. Key actions

- Update any internal accident reporting procedure and training materials with the new definitions.
- All reports should be made online at www.hse.gov.uk/riddor/report.htm although fatalities and specified injuries can also be reported by phone on 0845 300 9923.
- Reports should be made as soon as possible, but always within 10 days of the incident (15 days for "more than 7-day" incapacity for work accidents).
- Brief the changes to managers and anyone responsible for reporting and recording.

Further information

HSE RIDDOR resources are available at www.hse.gov.uk/riddor/resources.htm

- Reporting Accidents and Incidents at Work
- Incident Reporting in Schools
- Reporting Injuries, Diseases and Dangerous Occurrences in Health and Social Care
- Accident Book.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 www.legislation.gov.uk/uksi/2013/1471/contents/made

Automatic enrollment

The Pensions Regulator is urging businesses in the health community to act now to be ready in time for when their automatic enrolment duties apply. Charles Counsell, Executive Director of Automatic Enrolment at The Pensions Regulator, sets out how this will affect chiropractors as small business owners with less than 30 employees.

Every employer has new legal duties to help their workers in the UK save for retirement. They must automatically enrol certain workers into a qualifying workplace pension scheme and make contributions towards it.

Will this apply to me as a chiropractor?

Yes, you will have responsibilities if you have staff you pay PAYE for. Of those, people to automatically enrol will broadly be those who are over 22 and who you pay over £9,400 per annum. You will need a pension scheme and will also need to communicate information about automatic enrolment to your workers. For small businesses, we'd recommend you start making preparations for this enrolment at least six – nine months before your start date, known as a staging date.

Staging date

Your staging date is the date on which the new law applies to your business.

Automatic enrolment is rolling out between 2012 to 2018 across large to small employers and, finally, to new employers.

The vast majority of small employers will not need to automatically enrol their workers until the summer of 2015 at the earliest. But you should check your staging date now. Your date is determined by the number of persons on your PAYE scheme, based on data held by the regulator from HMRC on 1st April 2012.

You can find out your staging date by entering your PAYE number on the tool on Pension Regulator's website. http://www.thepensionsregulator.gov.uk/employers/tools/staging-date.aspx

An employer's staging date is set by law and you cannot decide to delay your staging date. The exception to this is for certain small employers who share a PAYE scheme with a larger employer. Further information on this is available on the Pension Regulator's website. Whilst most employers cannot delay their staging date, all employers can elect to bring it forward. If you decide to stage early, you will need to notify the regulator.

Will I have to enrol workers automatically on my staging date?

You do not have to automatically enrol your staff on your actual staging date and can choose to use a postponement period of up to three months. If you postpone, you will have to write to all your workers within a month of your staging date to inform them that you have elected to use postponement.

Will I need new payroll software or to install new software?

By your staging date you should have checked your payroll software will be suitable for automatic enrolment. If someone else is carrying out this process for you, eg your pension provider or accountant, it is still important that you familiarise yourself with the process. For all bar the smallest workforce, automating will certainly help simplify the duties. An employer with a very small workforce may choose to manually manage automatic enrolment. It is worth being aware that you will need some software support if and when you grow or change your staff.

Isn't this yet another cost for businesses?

The UK has an ageing population and we all have a responsibility to ensure that people have enough money for their retirement. Employer contributions can be phased in over time, with 1% only at the start which can be offset against business tax. This will rise to 3% at the end of 2018.

Employers can also decide to pay more than the minimum contribution rate.

What if I don't do it?

If you don't comply with your duties your workers will be missing out on pensions savings they are due. You could also be fined.

My workers don't want to be in a pension, so do I still have to do this?

Yes, you do. Workers can choose to opt out after being automatically enrolled. If they choose to opt out, you should then remove them from the scheme and refund their contribution. Since the summer of 2012, it has been illegal to do anything to induce your workers to opt out or cease their membership of the qualifying pension scheme. For example, you cannot discriminate against people applying for a role on the basis of whether or not they will be choosing to opt out of a pension.

I know my staging date, it's more than two years away. Do I need to do anything else now?

You can start to make sure your staff and payroll records are in order. They will need to be up to date and accurate at your staging date. Have you got the right dates of birth and national insurance numbers for your staff and do you have their latest contact details? You could elect to bring forward your staging date.

For further information, visit The Pensions Regulator's website. You can also sign up for regular news by email.

Health and safety during and after pregnancy

Elizabeth Gillow, from Croner Consulting, sets out the health and safety risks associated with pregnant and breastfeeding women at work and considers what action employers need to take when informed that an employee is pregnant or has recently given birth.

The Health and Safety Executive (HSE) has prepared a new report which summarises the documentation covering the risks associated with pregnancy and breastfeeding and how to deal with these in work.

This includes chemical hazards, exposure to radiation, heavy workload, heat, sedentary postures, irregular work schedules and stress.

Rest facilities

All employers are required to provide suitable rest facilities for pregnant employees and those who are breastfeeding. The question of suitability will vary depending on the size and resources of the employer but chiropractors, regardless of the size of clinic, should provide a private area away from other employees and patients where the pregnant or breastfeeding employee can sit down.

Facilities for storing expressed breast milk should also be provided where possible and if required.

Risks to pregnant employees

Particular risks to pregnant employees, or to employees who have recently given birth, which are relevant to chiropractors include:

- heavy lifting
- extremes of noise and pressure
- extremes of temperature
- mental or physical fatigue.
- radiation

Less relevant factors would be:

- excessive travelling
- air travel
- hazardous chemical or biological agents

How to assess the risks

EU law requires employers to assess and remove any risks to pregnant employees. *The Management of Health and Safety at Work Regulations 1999* incorporate the specific obligations in respect of any employees of child-bearing age and pregnant employees. The risk assessment must consider the risks referred to above with reference to new or expectant mothers and their babies, whether or not the job is carried out by a woman at all. The risks of any particular job may vary depending on the age of the foetus and whether the woman is pregnant or has given birth. A list of risks that employers have to assess is set out in *Annexes I and II of the Pregnant Workers Directive*. The HSE has also issued guidance for employers dealing specifically with their health and safety obligations.

How to deal with the risk

The position in relation to pregnant employees, for whom a risk is identified, is that the employer must alter the employee's working conditions or hours of work. If that is not reasonable, or would not avoid the risk, the employer must offer suitable alternative work. If that is not available, the employer must suspend the employee on full pay.

Altered working conditions

If the employee has told her employer that she is pregnant then the employer must take whatever action is necessary to avoid risk to that employee, for example by issuing special equipment. If this would not avoid the risk, then if it is reasonable for the employer to alter the employee's conditions or hours of work then it should do so, for example, allowing the employee to work from home more frequently. If the employee's working conditions or hours of work are altered the employer will need to fall back on the employment contract; if the contract provides for a fixed salary the employer would be unlikely to be able to reduce it. If, however, the contract provides for a basic salary plus remuneration for such things as on-call pay (which depend on the work actually being done) the employer will probably not be obliged to pay these.

Alternative work

If working conditions cannot be altered the employer must consider whether alternative work that an employee could do safely during her pregnancy could be offered. The terms and conditions of any alternative work offered to a pregnant employee must not be "substantially less favourable" than her existing terms. So basic salary must be paid but it may not be necessary to pay supplementary allowances.

Suspension

If it is not possible to alter the employee's job and there is no suitable alternative work the employee should be suspended for as long as there is a risk.

A woman with normal working hours who is suspended on maternity grounds should receive her usual weeks pay. An employee without normal working hours should receive an average of all her pay over the previous 12 weeks. These payments should include any additional elements such as allowance or commission payments.

Suitable alternative employment

A job will be suitable alternative employment for an employee who is physically or legally incapable of continuing in her old job if it is: suitable in relation to that employee; appropriate for her to do in the circumstances, and on terms and conditions which are not substantially less favourable than those which applied to her old job. An employee is entitled to a job of the same grade and status at the same location or at another one which is no less convenient for her and with the same or substantially similar pay and benefits. If the employee refuses suitable alternative work she will forfeit her right to be paid while suspended from work. An employee who might do more physical work could be moved to a suitable desk-based at the same rate of pay. A woman suspended without pay can make a claim to an employment tribunal. If she can prove her case the tribunal will award her compensation equal to the amount of pay or benefits she should have received.

You can check what the employer obligations are within your own practice for pregnant or breastfeeding mothers by contacting the Croner helpline on 08456 100100, quoting scheme number 25742.

XP support ends

Members who run Microsoft XP on their clinic computers should take note that, as of April 8th 2014, Microsoft halted user support and security updates to the Windows XP operating system (OS).

XP has been in existence since 1998 and is probably the most widely distributed OS worldwide. However, with the advent of their most recent OS, Windows 8, Microsoft decided to cease support for XP and so anyone running this OS after April 8th will be increasingly vulnerable to hackers and security issues because fixes and patches to close any 'holes' will no longer be provided. Although there may be some extension to the security support after pressure from some major companies you should not rely on this and start making arrangements to switch now.

"If your hardware needs updating anyway, you could move to a new environment entirely"

What options do XP users have?

Upgrade

Windows 8.1 is the latest iteration of their OS and Microsoft are probably hoping that XP users will opt to migrate straight to their latest offering. This will be fine as long as your computer hardware has at least a 1GHz processor, 1GB RAM, 16GB of hard drive storage and can run a display resolution of at least 1024 x 768.

You do have the option of Microsoft's other active OS offerings Windows 7. The hardware specification for Windows 7 will not be as high as for 8, therefore it could be a lower cost option. Windows 7 cannot be obtained from Microsoft but source discs are available to buy. It is closer to Windows XP in terms of look and feel but, again, you will come up against the same issue of support withdrawal sooner than Windows 8, Also, one of the reasons Windows 8 has been less than popular, the lack of a Start Menu, will be rectified by an update to this OS during April. Windows 8 will still be a radically different user interface for XP users though and there will be a period of adjustment required!

Change to MAC

If your hardware needs updating anyway, you could move to a new environment entirely. Apple Mac OS is a powerful and popular alternative to Windows but would potentially be more expensive than replacing with Windows 8 and corresponding hardware. The costs of hardware and software in this scenario may be higher but the Mac system is well liked and generally robust.

Change to a Free OS

It is likely that those whose hardware is not sufficient for an upgrade to Windows 8 will find that it is capable of running a free LINUX operating system. OSs based on LINUX have some advantages. They are less likely to get viruses, software is easy to find and install, it's free (!) and there is a very large online community to provide support.

Examples of LINUX systems that could be an option are Ubuntu www.ubuntu.com and LINUX Mint www.linuxmint.com. Both these operating systems have long term support ie it will have operational and security updates for the next few years at least.

Relocate to the Cloud

Finally, you could buy Google Chrome based hardware (Google Chromebook or Chromebox) which, in hardware terms, would be a cheaper option than Mac or Windows options but would only support cloud-based applications (ie only available when connected online).

In all instances you would need to check that any bespoke software (clinic management software, for example) is compatible with the OS options that you are contemplating.

What next?

If you have Windows XP you should seriously consider your options as soon as possible as you will be vulnerable, particularly from a security perspective. Viruses and hackers will carry on infiltrating XP and Microsoft will not issue any remedies. The above advice is designed to point you in the right direction but you should do research into each option and judge which is best for your own clinic situation. Talk to any specialist software suppliers you use (clinic/practice management software for example) to check compatibility with the various options.

There is a lot of information on the internet but you may decide to get some expert advice to make sure that the option you choose is the most appropriate one from a financial and operational perspective. Local IT service suppliers/consultants should be able to advise you based on your own requirements, but you will probably have to pay for their advice, which will be worth it to make sure you make the right choice for your business.

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www.lloydwhyte.com

ChiroMoves

Designed for people with busy lives, ChiroMoves is a new exercise app created by Surrey chiropractor (and BCA Member) Tone Tellefsen.

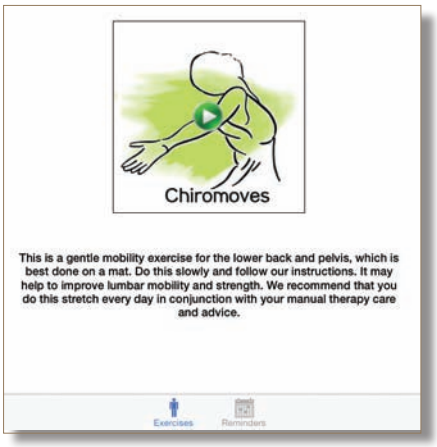
Tone initially came up with the idea a couple of years ago lying by the pool whilst on holiday in the Baltic wondering how she could persuade her patients to do their exercises on a regular basis. The result was a series of short stretching films that she published on her own 'Tone Tellefsen Hughes' YouTube page.

13,000 hits later, armed with confidence that her films were the way forward, Tone teamed up with Justine Fisher from Mad Fish Media and Michael Button, an app designer. Together they created 'ChiroMoves', the first version of which was launched in December 2013. The follow up 'ChiroMoves Collection' was launched in March 2014 for use on iPad and iPhone (£2.49, App store, Michael Button).

The short, succinct films in the ChiroMoves Collection show Tone demonstrating simple straight forward exercises for the neck, low back, upper and lower limbs, together with a brief explanation of how and why to do them. There are also some core-conditioning and strength exercises, postural advice and a 'Stand with Ease' film which teaches people how to stand in a relaxed manner for prolonged periods of time. Aimed at people with busy lives, too busy to find the time to go to the gym or do difficult exercises, all the films are less than 5 minutes long. The app has a built in reminder that can be set to remind the user to perform their exercises on a daily or weekly basis. Tone's covered her back too with clear explanations, simple do's and don'ts and optional alternatives – and the exercises are so easy that children could do them too!

On the downside, the App is fairly large so does take a few minutes to download, and at £2.49 is relatively expensive, in comparison to other apps. It's also only available on iPhone and iPad, but it is hoped that the app will be available on Android in the not too distant future. A variant is being designed for use on DVD and computer, linked to a calendar reminder and there's more information about it at www.chiromoves.com

On the plus side, the app is easy to use, simple to follow and it is reassuring for patients and practitioners to know that it has been designed by a qualified



chiropractor – Tone instils a sense of calm professionalism. I asked a couple of patients to try it out – they found the exercises simple to perform and the explanations easy to understand. They loved the built-in reminder system and admitted that they were now more likely to keep on top of their stretches and take regular breaks from their desk.

All in all, anything that inspires people in general (and our patients in particular) to be more active has got to be a good thing. ChiroMoves certainly does this, befitting of its tag line 'the stretch app for people with busy lifestyles'.

Bright start to 2014

In his column this month, BCA Student and New Graduate Liaison Officer, Prab Chandhok, welcomes new student and graduate members.

I hope you have had a bright start to 2014 and continue to enjoy your training to become a world-class chiropractor. It's great to see a number of BCA members speaking at the education institutions; they will provide you with an idea of the diversity of chiropractors who make up BCA membership. If you haven't already been to one of the talks please do go along and join them for a couple of hours to exchange ideas. They have taken time out of their busy professional lives and family to meet, speak, challenge and inspire you. Each one of them remembers being where you are right now and can help prepare you for that time when you step away from undergraduate training and into professional practice.

BCA Spring Conference

The BCA Spring Conference at the Radisson Blu, London Heathrow was an outstanding success. Take a look at the review of the conference by Vice-President, Elisabeth Angier, in this edition of *Contact*. It will give you an appreciation of how useful these conferences can be in meeting your future peers and tapping into their immense experience, in addition to the excellent lecture material and CPD opportunity. With over 200 delegates it was great to see so many fresh faces including students, new graduates, especially with our new conference format proving such a hit with students and experienced chiropractors alike.

BCA continues support for WCCS

The BCA is pleased to continue its longstanding support for WCCS by sponsoring £500 each to AECC and WIOC to support them in their delegations costs of attending the AGM in Malaga from 27th March – 2nd April. We hope the trip is productive.

AECC Associations debate

Every year all the UK chiropractic associations are invited to talk to the students at AECC and WIOC. Often these debates lay out the similarities between the associations and leave the students unclear about which one to join. This year's debate at AECC on 21st March was a lively discussion about the future of the profession with Matthew Bennett, representing the BCA, talking about future integration with mainstream healthcare, the role of research and improving our cultural authority and legitimacy. He highlighted the achievements of the BCA from their role in the *Chiropractors Act*, the GCC, ECU, WFC and, if that is not enough acronyms, AECC itself! He touched on the grant to AECC for their new upright and open MRI as well as the forming of the Chiropractic Research Council. UCA Vice President, Paul McCrossin, laid out their stance on a range of issues. The discussion was passionate and heated at times but areas of common ground often emerged.

In the Q&A session after the debate the students were curious about the issues but need clarity from the associations. Sometimes the UCA representatives needed to be pushed to explain their ideology as it was not obvious from the language they were using what they meant by open statements on chiropractic principles.

Matthew Bennett finished off by asking the students to join the BCA to enjoy a range of services and support that are unparalleled by any other association. He highlighted that, for the first time, the membership and insurance fees for new graduates are less costly than the UCA which seemed to go down well with the students of course.

In the coffee break afterwards discussion often centred on why there are so many associations in the UK. There was some agreement amongst the students that one association would be preferable so that the profession could speak with one voice. There also seems to be some confusion about the definitions used for terms such as wellness, maintenance and preventative care. The students were also unclear about the benefits and anxious about integration with mainstream healthcare. The delegation from the BCA, which included Sue Wakfield and Simon Bird, sought to explain BCA policy.

It is difficult to know the SCA and MCA stance on any of the issues as they chose not to attend.

Upcoming dates for your diary

With a number of seminars having already taken place at both AECC and WIOC, we still have some more to come in Wales, so keep an eye out in future student email bulletins or contact the BCA for more information.

BCA Autumn Conference

20th/21st September, Brighton

Our next conference and AGM is in Brighton at The Thistle Hotel on 20th and 21st September 2014 and we look forward to seeing you there. I am sure Brighton's appeal and entertainment needs no introduction! Watch out for more details of the programme and save the date.

ECU Conference

29th – 31St May, Dublin

Having witnessed groups of chiropractors who are rigid in their doctrine that there is only one path of chiropractic and who are closed to exploring the opportunities that changes in modern day understanding of health can provide, we are proud to announce that this year's ECU conference is entitled "*Celebrating Diversity*" and will be held in Dublin on 29th to 31st May. Come and meet chiropractors from all across Europe and other parts of the world in this fantastic opportunity to see how ECU and BCA chiropractors are pushing the boundaries of Chiropractic well into the 21st century whilst keeping professional, ethical and holistic care of the patients at the forefront of what they do.

As always we are here to help and answer your questions, please don't hesitate to get in touch with us.

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Student and Graduate Liaison Officer
bcaprab@gmail.com

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Editorial board

30th April – 4th May

International Academy of Veterinary
Chiropractic Seminar 1
Hosted at AECC
Contact: www.i-a-v-c.com

10th – 11th May

Functional & Kinetic Treatment with Rehab Concepts
T Hyde et al 12.5 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

17th May

Lumbar Spine MRI Awareness
Various speakers 7 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

16th – 17th May

Paediatric Musculoskeletal Health – The Pregnant Patient
Maria Browning 11 hours CPD Netherlands
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

17th – 18th May

Rehabilitation of Temporomandibular and Cervico-thoracic Disorders
James George 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

29th – 31st May

ECU Convention – Celebrating Diversity
Dublin
Contact: http://ecunion.eu/default.asp?pid=483

31st May – 1st June

Introduction to Dry Needling/Pain Relief Acupuncture
John & Sharon Reynolds 12 hours CPD
Pontypridd
Contact: 01443 482482
carol.hopkins@southwales.ac.uk
www.uswcommercial.co.uk/cpdwioc

4th – 8th June

International Academy of Veterinary Chiropractic Seminar 2
Hosted at AECC
Contact: www.i-a-v-c.com

14th June

Benign Paroxysmal Positional Vertigo
Richard O'Hara 7 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

21st – 22nd June

Neuro Orthopaedic Institute (in association with AECC) Mobilisation of the Nervous System
Tim Beames 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

28th June

Fascial Movement Taping 2
Paul Coker 8 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

9th – 13th July

International Academy of Veterinary Chiropractic Seminar 3
Hosted at AECC
Contact: www.i-a-v-c.com

2nd August

Basic Principlesand Clinical Application of Low Level Laser Therapy
George Gedevanishvili 7 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

2nd – 3rd August

Cervicogenic Dizziness and Vestibular Rehabilitation
Richard O'Hara 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

13th – 17th August

International Academy of Veterinary Chiropractic Seminar 4
Hosted at AECC
Contact: www.i-a-v-c.com

6th – 7th September

Examination of the Weight Bearing Child
Elisabeth Davidson 10 hours CPD Pontypridd
Contact: 01443 482482
carol.hopkins@southwales.ac.uk
www.uswcommercial.co.uk/cpdwioc

- These diary dates can also be found on the members' area of the BCA website: www.chiropractic-uk.co.uk
- *Contact* endeavours to make sure diary date entries are accurate, but we strongly advise you **always** check the details with the training provider before booking.
- The GCC mandatory CPD cycle for 2013/14 runs from 1st September 2013 to 31st August 2014. Don't forget the BCA has a mandatory CPD guide for members and this can be found on the members' area of the website or by calling BCA head office

17th – 21st September

International Academy of Veterinary Chiropractic Seminar 5
Hosted at AECC
Contact: www.i-a-v-c.com

20th – 21st September

BCA Autumn Conference
This is Chiropractic: the Science behind the Art, the Theory behind the Philosophy
Brighton
Contact: michelle.allen@chiropractic-uk.co.uk

4th – 5th October

Introduction to Dry Needling
John Reynolds 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

4th – 5th October

Musculoskeletal Paediatrics (TBC)
J Miller and M Browning 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

4th – 5th October

Sports Trauma Life Support Course
Tony Bennison 14 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

18th – 19th October

Motion Palpation Institute – MPI Spine
Corey Campbell 12 hours CPD AECC
Contact: 01202 436237
cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

25th October

McKenzie Method of Diagnosis & Therapy
John Thomson 7 hours CPD Pontypridd
Contact: 01443 482482
carol.hopkins@southwales.ac.uk
www.uswcommercial.co.uk/cpdwioc

8th – 9th November

Primary Spine Practitioner Course – Seminar 1 (TBC)
Donald Murphy 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

15th – 16th November

Neuro Orthopaedic Institute with AECC – Explain Pain
Tim Beames 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

15th – 16th November

Gonstead Seminar of Chiropractic
John Cox and William Droessler 12 hours CPD
AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

6th – 7th December

Cervicogenic Dizziness and Vestibular Rehabilitation (TBC)
Tim Beames 14 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

24th – 25th January 2015

Primary Spine Practitioner Course – Seminar 2 (TBC)
Donald Murphy 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

31st January – 1st February 2015

Dynamic Neuromuscular Stabilisation – DNS Exercise Course for Exercise Professionals 1
Magdalena Lepsikova 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

7th – 8th February 2015

Management of Lumbar Disc Arrangements
William Morgan 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

28th February – 1st March 2015

Activator Method Chiropractic Technique
Craig Scott-Dawkins 11 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

28th February – 1st March 2015

Motion Palpation Institute – Extremities
Mark King 12 hours CPD AECC
Contact: 01202 436237 cpd@aecc.ac.uk
www.aecc.ac.uk/cpd-and-postgraduate

Who & Where

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www.chiropatients.org.uk

THE ROYAL COLLEGE OF CHIROPRACTORS (RCC)
Chiltern Chambers
St. Peters Avenue,
Reading RG4 7DH
Tel: 0118 946 9727
e-mail: admin@rcc-uk.org
www.rcc-uk.org

EUROPEAN CHIROPRACTORS' UNION (ECU)
The Glasshouse,
5A Hampton Hill,
Middlesex, TW12 1JN
Tel: 020 8977 2206
www.ecunion.eu

GENERAL CHIROPRACTIC COUNCIL (GCC)
44 Wicklow Street,
London, WC1X 9HL
Tel: 020 7713 5155
Fax: 020 7713 5844
e-mail: enquiries@gcc-uk.org
Website: www.gcc-uk.org

WELSH INSTITUTE OF CHIROPRACTIC (WIOC)
University of South Wales
Treforest, Pontypridd, CF37 1DL
Tel: 01443 480480
Fax: 01443 482285
www.southwales.ac.uk/chiro/

Council report

BCA Council met via telecom on 12th February 2014 as a result of adverse weather conditions and again in Reading on the 5th March 2014. The meetings, chaired by BCA President Matthew Bennett, addressed a range of issues.

GCC Issues: Revalidation, Fitness to Practice and Review of the Code of Practice

Council was informed that the GCC had agreed a plan to link revalidation with Continuing Professional Development (CPD) and further proposals would be presented by the GCC in October. It was noted that there would be ongoing discussions with the professional associations and Royal College of Chiropractors (RCC). Concern was expressed about the link of revalidation to CPD, but it was agreed to await further proposals from the GCC before commenting further. In relation to fitness to practice issues and regulatory matters it was noted that a draft Bill was being prepared by the Law Commission, although the timing was unclear. It was hoped that this Bill would contain the necessary changes which will result in the processes being streamlined once the necessary legislation had been enacted.

Limited Prescribing Rights

The Working Group has made contact with the Department of Health and the Medicines and Healthcare products Regulatory Agency (MHRA) and what was clear was that any application process would be very lengthy. The other three associations remain opposed to the proposal and advice had been received to the effect that unity in the profession was a pre-requisite to a successful application being made. The group is continuing its work and will seek advice from a number of sources, including the Chartered Society of Physiotherapists, who fought for eleven years to obtain prescribing rights.

BCA Strategy/Review of Leaflets

A revision to the Neck Pain leaflet was agreed and it was suggested that the next leaflets which should be revised were the Sports and Watch Your Back leaflets. There was also discussion on the provision of patient information sheets which might be developed and placed in the public area of the website.

Student Strategy

The President, Prab Chandhok and Amy Pease had represented the BCA at the BACS Conference on 15th February at AECC. The student registration iPad competition had resulted in more than 60 new BCA student members and the prize had been won by WIOC student Raquel Rojodelgado and Vice President, Elisabeth Angier, made the prize presentation during a visit to WIOC.

Council also considered a paper presented by Simon Bird and Prab Chandhok which proposed that the BCA should, from 2015, subsidise new graduates first full year BCA fees package in order to ease their transition into practise. The insurers have agreed to reduce the insurance for new graduates and, consequently, the BCA would be offering a fixed price of £699 for first year graduates from 2015, to include membership and insurance. This exciting package was announced to the graduating class at AECC on 21st March and will also be offered to the WIOC students at the meeting on the 6th June.

Risk Management

The group had met with the insurers before Christmas to discuss a range of potential strategies to manage the increasing risks posed by the misdiagnosis of discal problems, the incidence of cauda equina as well as the need to ensure that members were competent in cervical neck manipulation and communicating the risk factors involved to patients. The group was developing some information notes for patients on the management of lumbar discs and cervical neck manipulation. Council agreed that it was imperative for the BCA to provide better education and information for its members on areas of high risk. It was agreed that a small working group would be established to review the priorities and would report back to Council in due course.

BCA Identity

Council gave consideration to BCA Identity and whether or not the Vision, Values and Identity statement was still fit for purpose. It was agreed that it was and there was acknowledgement that the image the BCA portrayed needed to be revitalised. The new Membership Services Committee and PR & Marketing Committee would contribute to the review. The BCA, whilst mindful of history, was not subservient to it and was supportive of wellness and maintenance care with no restriction of scope of practice.

PR & Marketing

Tim Hutchful reported that the BCA's Twitter feed had now gone live, managed by PR Consultants Grayling. Two tweets per day were being posted and managed using a traffic light system to ensure that any contentious material would be highlighted. Arrangements had been made for members to have weekly access, via In Touch, to the BCA's media coverage.

Conferences

Elisabeth Angier reported on the arrangements for the upcoming Autumn 2014 conference in Brighton on 20th/21st September; *This is Chiropractic: The Science behind the Art, the Theory behind the Philosophy*.

There was a discussion about the Spring Conference in 2015 and Council agreed that this should be held in Edinburgh with members of the SCA invited to attend. A joint conference would be held at AECC on the 26th/27th September 2015 to celebrate the 50th anniversary of AECC and the 90th anniversary of the BCA. A number of high profile speakers had already been engaged and the programme was under development.

AECC MRI Funding Request

Members considered a request from Professor Thiel for financial support towards the costs of an upright MRI scanner unit. Members of Council welcomed the development of this facility and agreed to provide funding of £10,000 per annum over the next two years, with a review at the end of 2015. It was agreed that a presentation would be made to Haymo Thiel at the Spring Conference.

Replacement of Executive Director

The position had been advertised and an Appointments Committee constituted to interview the shortlisted candidates. The interviews are taking place during April.

WCCS

BCA Council was happy to provide financial support for the AECC and WIOC WCCS chapters. Each was granted £500 towards the cost of attendance at the WCCS Congress in Malaga.

Bone & Joint Decade Conference

This will take place in London on 12th/13th October; *Keep People Moving,* hosted in London by ARMA, of which the BCA is a member. The BCA has suggested that BCA Member, Mark Gurden, be invited to give a presentation on his work in North East Essex as a model of an integrated approach.

AECC

Continuing Professional Development

Upcoming CPD seminars at AECC

Functional and Kinetic Treatment with Rehab Concepts (FAKTR)	10-11 May
Lumbar Spine MRI Awareness Workshop	17 May
Rehabilitation of Temporomandibular and Cervico-thoracic Disorders	17-18 May
Benign Paroxysmal Positional Vertigo	14 June
Neuro Orthopaedic Institute in association with AECC presents – Mobilisation of the Nervous System	21-22 June
Rocktape - Fascial Movement Taping 2	28 June
Cervicogenic Dizziness and Vestibular Rehabilitation	2-3 August
Basic Principles and Clinical Application of Low Level Laser Therapy	2 August
AECC Alumni Reunion Event	4 October
Sports Trauma Life Support Certificate course	4-5 October
Introduction to Dry Needling	4-5 October
Motion Palpation Institute – The Spine - hands on seminar	18-19 October
Primary Spine Practitioner Course with Donald Murphy– Seminar 1	8-9 November
Neuro Orthopaedic Institute in association with AECC presents – Explain Pain	15-16 November
Gonstead Technique for Chiropractors	15-16 November
Management of Lumbar Disc Derangements	7-8 February
Activator Method Chiropractic Technique	28 February - 1 March
Motion Palpation Institute – Extremities - hands on seminar	28 February - 1 March

Further postgraduate studies:

Have you graduated in the past 5 years? All recent graduates (2009-2014) will pay a reduced, half price MSc APP tuition fee in the first year. A saving of over £1,500.

PgCert, PgDip or MSc Advanced Professional Practice including areas of study in:

- Paediatric Musculoskeletal Health
- Orthopaedics
- Clinical Sciences
- Musculoskeletal Rehabilitation
- Sports and Rehabilitation

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Supervised musculoskeletal clinical placements available:

- Musculoskeletal Ultrasound Upper and Lower Limb
- Musculoskeletal Ultrasound Hip and Groin
- Musculoskeletal Ultrasound Soft Tissue

For more information
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13-15 Parkwood Road
Bournemouth, Dorset
BH5 2DF

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Reply to letter GM babies

I was quite surprised to see an article entitled *GM babies* in *Contact Volume 28 No1* and read it with interest as it's not a topic routinely covered in a chiropractic journal. It did raise concerns, not so much about the technology or morality of the issues involved, but the suggestion that, as a profession, we should have an opinion on matters that don't concern us at all.

If technology is able to reduce suffering of a child, I personally don't care if the child has three biological parents and, as far as I am concerned, the people that bring you up and nurture you are effectively your parents anyway. Then to go on to compare lifesaving mitochondrial donation to abortion is, frankly, offensive. The very idea that substituting a malfunctioning energy producing part of the cell (the mitochondria's job for those who remember their O-level biology) will ultimately result in designer babies is ridiculous.

Thankfully Gert concedes embryology is not our area of expertise. The chiropractic profession has a long history of sticking its oar in where it has had no business doing so, usually based on the fantasy that manipulation of the spine and correcting 'subluxations' reduces disease, thereby allowing the body to heal itself. This is why we are supposedly anti-vaccination as a profession because of outspoken 'fundamentalist chiropractors' claiming manipulation of the spine is an effective alternative to vaccination. I agree it's safe, but effective? Really? How exactly does cavitation of a facet joint cause antibody production? It's so absurd, why did we ever have anything to do with the issue? Interesting that Gert brought up the 'Singh debacle', because Simon Singh is pursuing homeopaths claiming to provide safe effective alternatives to vaccination. Quite rightly too! Has the influence of the Catholic church with its opinion on use of condoms been helpful in prevention of transmission of HIV in Africa I wonder? We are musculoskeletal specialists and, as such, we absolutely should only advise on what we know. The advice of lay people in expert areas is rarely helpful and, when it is, it is usually a matter of good fortune. The sooner the profession understands this, the better.

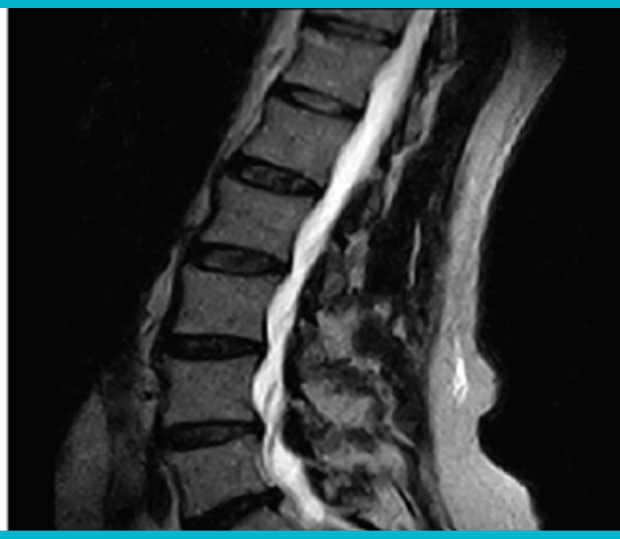
Finally, the very idea the BCA should be kicking the NHS while it's down and highlighting failings and incompetence is not at all helpful. The media does that perfectly well without our help. I work well with my local hospital and, the simple fact is, everyone makes mistakes (although covering them up is unforgivable). To create an 'us and them' atmosphere would only harm my practice and harm patient care and I for one would be horrified if the BCA or the rest of the Chiropractic profession embarked on this type of activity (again).

Eugene Pearce

Letters printed in *Reflex* are submitted by members and represent their views and not necessarily those of the BCA. To submit a letter, send to contact@chiropractic-uk.co.uk

AECC

Chiropractic Excellence



For more information contact us on:

cpd@aecc.ac.uk
+44 (0)1202 436 237

13 – 15 Parkwood Road,
Bournemouth, Dorset BH5 2DF

Lumbar Spine MRI Awareness - 7 CPD hours

Saturday 17th May 2014

Spinal imaging is evolving in terms of its clinical uses and availability. Of the range of imaging modalities MR is the gold standard for investigating back pain that does not resolve or comes with the possibility of underlying pathology. This seminar will provide a basic appreciation of the role of MRI from its principles to its relevance in care, with a chance to experience hands-on interpretation.

Faculty:

- Debbie Horne - Senior MR Radiographer, Salisbury District Hospital
- George McInnes - Consultant Radiologist, Poole Hospital
- Elaine Dechow - Extended Scope Physiotherapist, Poole Hospital
- Andy Morris - Consultant Radiologist, Salisbury District Hospital
- Andrew Hilton - Consultant Orthopaedic Surgeon, Poole Hospital

Early bird rate from £80, full price £125

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For full details please visit www.aecc.ac.uk/cpd

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ASSOCIATE REQUIRED

ASSOCIATE REQUIRED FOR BUSY, FRIENDLY MULTIDISCIPLINARY PRACTISE IN PRESTON, to replace a chiropractor who has relocated. The clinic is focused on providing an outstanding service to patients, with the aid of muscle testing, AK and functional neurology.
The ideal candidate would enjoy the challenge of problem solving, lateral thinking and having fun. Strong ethical and communication skills viewed as essential; together with the motivation to build a busy, vibrant practise. Training and support will be plentiful. Would suit a newly qualified or experienced chiropractor.
For more information and an application form or to submit your CV, please e-mail reception@back-in-action.com

EXPERIENCED ASSOCIATE REQUIRED TO JOIN A DYNAMIC AND EXPANDING SOUTHAMPTON CLINIC
If you could
1. Walk into a role with a ready-made patient list
2. Work as part of a small, enthusiastic, multidisciplinary team delivering first class MSK care and customer satisfaction
3. Work from a modern air-conditioned clinic with fantastic equipment and truly wonderful support staff
4. Be part of a clinic aiming to become the go to destination for health and wellbeing on the South Coast

and if you can
1. Offer at least 2 years post graduate experience
2. Deliver first class chiropractic care
3. Have an enthusiasm for inspiring change
4. Light up a room when you enter

Then you can stop looking any further and get in contact. Drop me a line at mark@lowfordclinic.co.uk and we can see if what we have got is what you need and what you have got is what we need.

ASSOCIATE REQUIRED to join our rapidly growing NHS and private practices in various excellent locations in the Merseyside area. For confidential enquiries, or further information, please email Jemma@albachiropractic.co.uk.

CHIROPRACTOR SOUGHT with minimum 1 year's experience to further develop a growing clinic in Staplehurst, Kent. An exciting opportunity. Diversified preferred. Covering letter and CV to contact@staplehurstchiropractic.co.uk

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In busy established clinic that has an excellent reputation within the local community. The ideal candidate would be experienced, confident, hard-working, friendly, flexible and enthusiastic – with a professional and sound clinical approach. Excellent communication and patient management skills are essential. Hours Negotiable. The clinic is supported by well-trained, efficient, loyal and dedicated Receptionists. We focus on providing quality care via a truly multi-disciplinary model. If you're looking to work with a great team of people, in a growing practice, e-mail your CV and covering letter to coalvillechiro@hotmail.co.uk.

ASSOCIATE POSITION: WICKFORD, ESSEX. To take over an existing patient base with strong potential for further growth. The current associate has maintained an excellent list and will be leaving to pursue a new business venture. Only 35 minutes from Liverpool Street Station so an easy commute for any London-based chiropractors.
reception@wickfordchiro.co.uk

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Whilst remaining true to traditional Chiropractic ideals, we recognise the importance of advice and lifestyle changes as part of a holistic model of modern wellness care.
We're a friendly, ethical practice with high standards. We genuinely care for our patients, who often compliment our welcoming atmosphere.
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You must be enthusiastic and prepared to contribute to clinic initiatives, like the CMQM & PPQM standards, blogging, spinal-screens, charity fundraising etc. You will also need to live in the local area and to want to be busy in practice. We need your help now.
www.chirocare.co.uk www.backblog.co.uk
Email CV to drjrevell@hotmail.com

ASSOCIATE CHIROPRACTOR REQUIRED FOR A BUSY CLINIC IN STANSTED, ESSEX. Immediate start taking over an existing patient base working in a PPQM and CMQM awarded practice. Opportunity to build practice further and to work with NHS contract. Exciting prospect for motivated and energetic Chiropractor to work within a multidisciplinary team. PRT graduates welcome to apply. For further details or to apply please write/send CV to nicki@greatback.co.uk

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Attractive full-time position (five days, currently 100-140 pv/wk) is available working between BritChiro Clinics' high street practice in New Milton and Westbourne town centre (Bournemouth) 70 mins SW of Central London. One of our long-term DCs will soon be emigrating and we therefore look forward to welcoming a new DC on-board our 33 member BritChiro team.
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Please send your CV (with a photo if you have) to Peter Westergaard DC, BritChiro Clinics, 13 West Street, Horsham, RH12 1PB or to westergaard@hotmail.co.uk

SOUTH LONDON
Experienced chiropractor (minimum 2 years experience) required to join Wolff Clinic's well-established clinics in South London. The position incorporates 2 clinics. Purley to take over, build and maintain an active and busy patient base, Richmond to create and build a patient base.
Working as part of a team the position requires good communicating skills, professionalism, confidence and a dedication to succeed. CCEP qualified would be an advantage.
Remuneration would be high for the chosen applicant and the start date would be the end of May. Tel: 020 8763 2629
email: morten@wolffgroup.com

ASSOCIATE CHIROPRACTOR WANTED
Experienced Chiropractor required to take over an active patient base in well-established clinic in Southsea, Portsmouth. Dedication and hard work will be generously remunerated.
Initially required for 3 days a week, the successful candidate will not only be an excellent chiropractor but must have outstanding communication skills, an ethical and professional approach, be conversant in not only traditional marketing methods but also social and digital marketing, and be capable of maintaining and building on an established patient base – there is massive potential for growth.
Marketing support will be given. Beautiful clinic near city centre with front desk administrative support. Immediate start.
Email your CV and a covering letter to reception@stourchiroclinic.co.uk

MATERNITY COVER REQUIRED starting June/July to take over a busy patient base in South Wales. Preferably an experienced chiropractor with SOT knowledge and an interest in sports chiropractic.
Position may become permanent after the maternity cover. Please contact kat_essex@hotmail.com

LOCUM AVAILABLE

LOCUM/ASSOCIATE
1995 AECC graduate. Caring, professional, experienced. Accomplished adjuster and excellent communicator. Available for short or long term positions. Tel. 07976 738102.
Email: locumchiropractor@hotmail.com

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CLINIC FOR SALE
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£31.50 minimum (30 words) plus 65p per extra word. (Boxed & box no. £10 extra)
• Post codes, telephone codes, street numbers, telephone numbers and the word, tel, fax, etc. all count as one word
• Payment must be received by copy date
• Cheques made payable to BCA
• There is no VAT • Semi display by quotation
• To advertise or reply to a box no. contact:
Ann Goble,
British Chiropractic Association
59 Castle Street, Reading,
Berkshire RG1 7SN
Tel: 0118 950 5950 Fax: 0118 958 8946
contact@chiropractic-uk.co.uk

• Confirmation of booking: all advertising must be confirmed in writing and paid for before copy date, otherwise entry cannot be guaranteed
• Tell us if you also want to buy space in the BCA's In Touch Newsletter
• Contact's acceptance of classified advertisements does not imply that advertisers are members of the BCA
• The BCA reminds all advertisers that they must comply with Advertising Standards Authority rules and that recruitment classifieds must also comply with laws on discrimination. The BCA will make best efforts to point out where adverts may fall short of legislation, but ultimately, the responsibility must rest with the person placing the ad.

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