

## To Close or Not to Close – Message from the CEO

1. One of my responsibilities as CEO is to advise the BCA Board on key strategic risks and I wanted to record the rationale for the position which we have taken as an organisation, advising BCA members to cease face-to-face consultations. I believe that the enabling legislation of Statutory Instrument 350 <http://www.legislation.gov.uk/uksi/2020/350/made> confuses what is otherwise a simpler decision and I regard it an unintended consequence of that legislation that some BCA members believe they should continue to practise face-to-face, because it is allowed. I think it is important to explain why the BCA must advise members not to carry on face-to-face treatment in the circumstances of this pandemic.

2. Below is a list of factors which we have considered as part of our advice:

Issue	Rationale
Moral	We must all do everything we can to save lives and reduce serious morbidity.
Ethical	Treating patients for an MSK condition is less important than protecting them and their families, BCA members and their families, and staff and other colleagues from COVID-19.
Legal	Knowingly putting a patient or staff member at risk opens a member to a possible charge of manslaughter or corporate manslaughter. Treating a patient when there is widely promulgated public information on a high risk of infection could impute 'knowing'.
H&S	H&S law and regulations place a duty of care on employers and individuals to prevent harm to others including staff and visitors.
Regulatory	The GCC Code demands that patient safety must take the highest priority (Principle A and A5 and A6).
Insurance	Insurance cover will continue but a member would have to consider that this will only be tested in the event of a complaint. Insurance would be invalidated if a member carried out an action which knowingly caused harm to another.
Risk	This is a lethal virus with an asymptomatic incubation period of c14 days. It is not possible to gauge the likelihood of infection and the consequences are severe.
Reputation Management	The profession has not always been viewed positively and the BCA must do everything in its power to behave with the utmost integrity and openness throughout this crisis, so that it can advance the cause of the profession through demonstrating the social responsibility of its members.
PPE	Patients should only be seen face-to-face in the most stringent infection control environments, with full PPE. This is not available outside an NHS setting.

3. The BCA has no authority to advise its members such that they might put themselves or others at risk of life. This means it must base its advice and use its influence on the precautionary principle. The BCA's powers are described in and limited by its constitutional documents which require it to act in the interests of its members. It is clearly and overwhelmingly in the interests of its members and their patients, staff and families not to be infected by COVID-19 through the practise of chiropractic, and not to cause any other person to be infected.

4. I hope this explanation will enjoin those who continue to practise face-to-face, to reconsider their positions.

Tom Mullarkey MBE  
CEO