

1. Our aim		
We aim to safeguard the health and wellbeing of people who use or would benefit from using the services of chiropractors, thereby promoting confidence in the profession.		
Agree:	Disagree:	No comment:
Comments: 1. Fundamental. 2. We would encourage the GCC to consider whether its aim should also be to gain the public's confidence and trust in it (the GCC) as a regulator. We would support any endeavours by the GCC to seek amendment to the 1994 Act so that the GCC's public centred aim is reflected in statute.		

2. Our values		
In all our processes and decision making we are committed to being: <ul style="list-style-type: none"> • Inclusive • Open and transparent • Fair • Consistent • Proportionate • Focussed on continuous improvement. 		
Agree :	Disagree:	No comment:
Comments: 1. There are issues that the Association feels that the GCC needs to address regarding openness and transparency. Decisions are made in closed sessions which are not communicated in a timely fashion. The number of closed sessions should be far less. <i>The Association was asked if it could provide examples of decisions that had not been communicated in a timely fashion. The relevant email correspondence is attached as Appendix B to this paper.</i> 2. Should certainly aspire to these objectives. 3. We support the inclusion of 'inclusiveness' to reflect the need for stakeholder engagement. There may be some benefit in giving a brief definition of these terms in the Strategic Plan as the meaning may not be understood by all readers.		

3. Our strategic objectives		
3.1. Increase awareness of regulation		
We will do this by:		
<ul style="list-style-type: none"> a. Providing clear and comprehensive information about ourselves and our work on our website www.gcc-uk.org b. Keeping the link to our website in the public eye by use of the most effective mechanism c. Identifying and using all possible distribution channels for our publications d. Encouraging publicity of the outcomes of fitness to practise cases that result in removal or suspension from the register e. Participating in relevant collaborative activities with other organisations f. Measuring any change in awareness via repeat MORI surveys. 		
Agree:	Disagree:	No comment:
Comments:		
<p>1. We endorse (a), (b), (c), (e) and (f). However, we have concerns about encouraging publicity in relation to PCC Hearings which reflects badly on the individual chiropractor and the profession at large and we question the objective behind this. The policy at (d) appears to be in contradiction of the guiding principle (1) "...thereby promoting confidence in the profession".</p> <p>2. Point d. We agree that publicity should be sought in cases whereby the practitioner (and/or their actions) poses a risk to the general public but not for cases where suspension or removal from the register has been the result of a professional misdemeanour or oversight in their professional practices.</p> <p>3. With regard to (d). We would prefer "Reporting on our web site and having available the outcomes of fitness to practice cases that result in removal or suspension from the register" "Encouraging publicity" sounds as though you could be issuing press releases and thus making the public more aware of the negative performance of Chiropractors than the positive.</p> <p>4. Add (g). Requiring all practitioners to include reference (verbal and/or written) to regulation</p> <ul style="list-style-type: none"> i. When a patient first attends the clinic ii. Exhibit information in the waiting area <p><i>This would require legislative change.</i></p>		

3. Our strategic objectives
3.3. Maintain and strengthen our working relationships with the profession, patients and the wider public
We will do this by:
<ul style="list-style-type: none"> a. enhancing our understanding of the characteristics, aspirations and concerns of the profession

- b. ensuring that our activities are informed by that understanding
- c. creating opportunities to engage in dialogue with members of the profession and students as well as their representative organisations
- d. including patients and members of the public on all our project working groups, as well as our Communications Advisory Group and consultation workshops
- e. ensuring that our Communication Strategy meets the identified needs of all interested parties
- f. seeking and acting on feedback on our performance from all interested parties.

Agree:

Disagree:

No comment:

Comments:

1. Point d, whilst consultation with patients and feedback from the public may be very useful I think it is unwise to commit to including them in all project working groups, communications advisory group, and consultation workshops. There is a great difficulty in defining exactly who will represent the public and the patients.

2. (a) We applaud this suggestion, as there is a real perception within the profession that the views of registrants are not appreciated or taken into account. Despite providing an informal forum where representatives of the professional associations are able to communicate concerns to the Registrar and the Chair of Council, there is no clear mechanisms to demonstrate how these concerns are communicated to the Council in an appropriate manner.

The Chair's report to Council, which includes reference to matters discussed at his meetings with the professional associations, is reported in the Minutes, which are published on our website. Members will be aware of a number of occasions when correspondence from one or more professional associations on a particular topic is included in the papers for Council meetings.

(f) The members of our association would warmly welcome the opportunity to provide feedback within a formalised framework.

3. Re (c) – ensure that there is sufficient such dialogue with an adequate representation of members of the profession.

Add (g) – consider drawing up questionnaires that could be handed to a sample of patients who could contribute anonymously.

4. We support the objectives listed, but it is important that the GCC listens to the genuine concerns of the profession at (a) and (f), and takes action in relation to issues on performance of the GCC and perceptions of the profession.

5. In the presentation of all its strategic objectives, we would encourage the GCC to put the primary focus on the public and the patient.

3. Our strategic objectives

3.4. Influence regulatory systems in the UK, the rest of Europe and internationally

We will do this by:

- a. responding to all opportunities to contribute to CHRE’s advice to government on UK regulatory matters
- b. active participation in national working groups
- c. active participation in European initiatives driven by the regulatory bodies (eg Health Professionals Crossing Borders)
- d. supporting the development of chiropractic regulation in other European member states
- e. collaboration with international chiropractic organisations.

Agree:

Disagree:

No comment:

Comments:

1. There is a real concern that the ability of a quarter of UK chiropractors to work in other EU countries is being restricted by those who are determined that no chiropractor holding a qualification from the McTimoney College of Chiropractic may work in their country. This situation is neither acceptable nor tolerable.

While we recognise the contribution that bodies such as HPCB can make, particularly in relation to protecting patients, there is a real and urgent need for the GCC to participate with organisations such as the European Commission and ENIC-NARIC (European Network of Information Centre in the European Region – National Academic Recognition Information Centres in the EU), CEPLIS (Le Conseil Europeen des Professions Liberales) and UKIPG (UK Interprofessional Group). Collaboration with international chiropractic organisations, most of whom will refuse admission of a quarter of the UK profession to any meetings or conferences because their qualification is not ECCE accredited, will only serve to give more authority to a self-appointed and exclusive group of chiropractors.

We recommend to the GCC the model adopted by the GOsC which brings together osteopathic representatives from all over Europe to sign a memorandum of understanding and which has briefings with European Commission officials responsible for the regulating and recognition of professional qualifications of regulated professions.