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Assuring fitness to practise



Chairman's message Peter Dixon

In March 2011, following Council's consideration of the outcomes of our consultation with stakeholders, we decided not to introduce a scheme of revalidation that was:

- based on identifying sub-optimal outcomes or
- structured around an enhanced model of our mandatory continuing professional development process.

In reaching our decision, we were conscious of the government's view, set out in its *Command Paper Enabling Excellence*, that before any system of revalidation would be introduced, 'there must be evidence of significant added value in terms of increased safety or quality of care for users of health care services from additional central regulatory effort on revalidation'.

We decided, based on evidence from research, development and consultation, that our proposals for a revalidation scheme would not meet the government's objective of 'significant added value'. This was primarily because of evidence that chiropractic is low risk in terms of potential harm and because the majority of fitness to practise concerns considered by the GCC are about misconduct by chiropractors rather than their lack of competence.

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Practising in 2012? It's time to renew your GCC registration

We'll soon be emailing you about renewing your GCC registration. This year, we expect that most GCC registrants will complete the process using our on-line services on www.gcc-uk.org. It's quicker and easier and will save trees. There's more about our on-line services on page 2.

This means that we won't be posting printed application packs to all registrants in September but at a later date, and only to those who haven't used our on-line service. In the meantime, you can either complete your continuing professional development (CPD) summary sheet on line or, if you prefer, print off a hard copy and post it, completed, to us.

The bottom line

Please remember that your registration is liable to be removed with effect from 15 December 2011 if you have not completed, by **30 November 2011**, your application for renewal of registration, CPD summary, and sent us the correct fee.

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Clarifications

Since then, the Department of Health (DH) has clarified the government's position. We told the DH of our decision and the reasons for it, and we sought its agreement to our plans. The DH has since made it clear that it expects regulators to be able to assure themselves, members of the public and patients that registrants are fit to practise and up to date. This means setting up a process that measures 'outcomes' and is not based on self-assessment. Any such process must be proportionate and have a sound business case.

Further, the Council for Healthcare Regulatory Excellence has also clearly stated that, for next year's annual performance review, it 'will want to see evidence ... of how the GCC has assured itself and the public that its registrants will remain up to date and fit to practise in the absence of a scheme of revalidation'.

Discussing the way forward

We are now considering our next steps. This will, of course, entail discussing ways forward with all our stakeholders, including chiropractors and their representatives. We will also review the wealth of research we have undertaken and the evidence gathered.

We are keen to keep chiropractors informed about what's happening. So you can read detailed background information on [page 4](#) and on our website.

On-line services on www.gcc-uk.org – have you signed up?

Since we launched our on-line services for chiropractors last year, 1,316 of you have registered to use them.

This year, it's more important than ever that as many chiropractors as possible use our on-line services. We're planning to move away from the usual annual mass mailing of printed applications to all registrants. This will be a better use of resources and more environmentally friendly too.

What can I do on line?

You can manage a range of your GCC registration information after you've signed up to the new on-line services on www.gcc-uk.org, using the unique 'user number' we emailed to you in mid-October 2010.

You can:

- change any of your contact details, including your registered and additional practice addresses, telephone numbers and email address
- complete your annual application to retain your GCC registration

- check the outstanding balance for your annual retention fee, if you're paying by instalments
- record your continuing professional development (CPD) for the 2010/2011 CPD year.

Tell us what you think

If you notice anything about the on-line services that could be better; for example, the clarity of the questions we ask and the ease of use, please tell us. Chiropractors have already sent us some useful suggestions that have led to improvements to the CPD on-line services in particular.

What if I forget my user number?

It's important that you keep your user number secure. If you lose or forget your user number, please contact our Registrations Team on registrations@gcc-uk.org or phone 020 7713 5155 during office hours, and your user number will be emailed to you.

CHRE to be ‘self-funding’ by levying regulators

With effect from April 2012, healthcare regulators will be required to fund the Council for Healthcare Regulatory Excellence (CHRE) via a statutory levy. CHRE will be reformed and renamed the Professional Standards Authority for Health and Social Care

When consulted earlier this year by CHRE on our preference for how the levy should be calculated, Council opted for a method based on the number of registrants. CHRE has recently announced its decision that it would be fairer to impose a levy that takes into account the fee income due from registrants and the number of registrants.

Peter Dixon, GCC Chairman, said ‘the GCC is committed to driving costs down. We are actively looking at ways to reduce the registration fee and the imposition of a statutory levy by CHRE will not hinder us’.

The new CHRE – additional responsibilities

The government’s Health and Social Care Bill, published in January 2011, proposes to make CHRE more independent of government and to give it additional powers, which if approved by parliament will include to:

- oversee the regulation of social work professionals in England
- set standards and quality assure voluntary registers of other professional groups connected with health, care and wellbeing

- assure the quality of appointments to the health professional regulators’ councils.

More information

More information can be found on www.chre.org.uk.

CHRE Performance Review 2010/2011

CHRE’s *annual review* of the GCC’s performance is positive. In particular, CHRE was ‘satisfied that the GCC has continued to perform as an effective regulator despite the testing year it has faced’.

CHRE noted that while managing a number of challenges, the GCC ‘maintained its focus on improving its performance’. In particular, the GCC:

- implemented an on-line service for registrants to use when renewing their registration and when submitting their continuing professional development summaries

- published guidance for people with disabilities who are interested in becoming chiropractors
- amended its *Degree Recognition Criteria* so that it now requires education providers to engage patients and the public in programme design and student assessments.

At their meeting on 1 July 2011, Council members thanked members of staff for their hard work, which had helped to achieve this positive outcome.

Revalidation and assuring continuing fitness to practise: what happened and when

We are keen to keep chiropractors fully in the picture. Please read on for more about the context of proposals to assure the continuing fitness to practise of health professionals

February 2007

- The Labour government published *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, which set out a programme of reform for the regulation of health professionals. It includes a requirement that health professionals should 'have the opportunity to demonstrate their continuing fitness to practise through appropriate revalidation arrangements'. Regulators of 'non-medical' health professionals who don't work in 'managed environments' (such as NHS hospitals) are required to develop appropriate 'direct revalidation arrangements'.
- The GCC took part in the Non-Medical Revalidation Working Group – led by the Department of Health (DH) – comprising relevant regulators.
- The GCC set up a stakeholder Revalidation Working Group, comprising chiropractic professional organisations, chiropractic degree providers and representatives of patients. The Revalidation Working Group informed the research and development work subsequently undertaken by the GCC.

November 2008

- DH published *Principles for Revalidation: Report of the Working Group for non-Medical Revalidation; Professional Regulation and Patient Safety Programme*. It highlighted that any system of revalidation must be risk based, proportionate and have a robust business case.

2009–2010

- The GCC began work to establish whether revalidation for chiropractors would meet the DH's criteria for revalidation i.e. risk based, proportionate, with a robust business case. It was intended that this package of work would entail in-depth and detailed research, development, consultation and piloting. It was funded by a one-off DH grant.

- Europe Economics was commissioned to provide the underpinning research. This included an analysis of the **risks and benefits** of chiropractic, with the aim of establishing if there was a **business case for revalidation**.
- **August 2010:** Council agreed the framework for revalidation on which the GCC consulted. The proposed scheme of revalidation:
 - was designed to be developmental so that chiropractors would reflect on the proportion of their patients they considered could have had a better outcome if their care had been managed differently and so that chiropractors would complete an audit to consider how 'sub-optimal' outcomes could be avoided
 - would run on a five-year cycle, with 20% of chiropractors being assessed for revalidation annually
 - was built around a three-stage process. The GCC assumed that the majority of registrants would meet the requirements of the first stage and would not therefore need to move to the next two stages.
- Council emphasised that any scheme of revalidation must be meaningful, benefit patients and not be unduly onerous or costly for chiropractors to undertake or for the GCC to audit and monitor.
- **October–December 2010:** GCC consulted on its proposed scheme of revalidation holding seven UK-wide consultation events and sending consultation papers to all stakeholders, including registrants.

February 2011

- The coalition government published the Command Paper *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Staff*, which sets out the government's strategy for reforming the system for regulating healthcare workers in the UK and social care workers in England.

- A key message of *Enabling Excellence* is the reduction of the costs of regulation. This was underpinned by government's view that for revalidation to be worthwhile, 'there must be evidence of significant added value in terms of increased safety or quality of care for users of health care services from additional regulatory effort on revalidation'.

March 2011

- The GCC Council considered a report analysing the outcome of the GCC's consultation and was alert to the government's view set out in *Enabling Excellence*.
- Key themes highlighted in the revalidation consultation report included:
 - registrants' concerns about basing revalidation on sub-optimal outcomes, e.g. that some outcomes could be beyond their control
 - broad support for embedding revalidation within an enhanced continuing professional development (CPD) process. It was suggested that this approach would be proportionate to the risk of chiropractic, would improve patient outcomes and would be seen to be consistent with other regulators' proposed revalidation schemes.
- Council decided that:
 - the approach to revalidation based on sub-optimal outcomes should be dropped
 - revalidation on the basis of enhanced CPD should not be proceeded because it will not be possible to produce evidence of sufficient added value to users to warrant the introduction of a GCC revalidation scheme for the chiropractic profession
 - the DH's endorsement of these decisions be sought
 - the GCC's current mandatory CPD scheme be reviewed to assess its appropriateness and that the DH be approached to seek its agreement for use of the remaining funding (originally intended to pilot a proposed scheme of revalidation) to this end.

June 2011

- The Council for Healthcare Regulatory Excellence (CHRE) commented, in its [annual performance review report](#), on Council's decision. While acknowledging that 'the GCC plans to carry out a full review of its CPD scheme to assess how it can be strengthened', CHRE also emphasised that it 'will want to see evidence in next year's review of how the GCC has assured itself and the public that its registrants will remain up to date and fit to practise in the absence of a scheme of revalidation'.
- The DH has since clarified the 'direction of travel' set out in *Enabling Excellence*. While significant savings are expected, the DH and CHRE further expect regulators to establish mechanisms to assure the continuing fitness to practise of their registrants. These mechanisms must be based on outcomes measured and assured by the regulator and not purely on registrants' self-assessment. The DH has also confirmed that the GCC can use the remaining DH grant to develop further a mechanism to assure registrants' continuing fitness to practise.

September 2011

- The GCC is considering its next steps. In doing so we will:
 - discuss possible ways forward with stakeholders
 - continue to engage and consult with registrants and their representatives in developing a model of assuring registrants' continuing fitness to practise
 - review the wealth of research we have undertaken and the evidence gathered.

Introducing the new Chief Executive and Registrar, David Howell



We're pleased to announce that David Howell will be joining us, as Chief Executive and Registrar, on 14 November 2011.

David was the Director of Regulatory Services at the General Optical Council, and before that, he was the Director General of Army Legal Services – a post he held for more than seven years at the rank of Major-General.

A barrister by background, David's experience ranged from conducting the most serious criminal cases through to non-criminal cases involving employment, administrative and international law. He represented the UK in international treaty negotiations, including setting up of the International Criminal Court.

Commenting on his appointment, David said, 'I am joining the GCC at a very exciting time. There are many challenges for all healthcare regulators, not least the impact of the Command Paper Enabling Excellence. My

priority is to ensure that we are robust in our planning for the future, whilst we continue to represent the interests of the patients and the public. I see the GCC working with its key stakeholders to achieve this. The Council and the Executive Team will work closely to deliver on these twin objectives'.

GCC Chairman Peter Dixon said, 'David will boost our efforts to protect the public and to ensure that we are fit for purpose in the years ahead. David brings great skills and experience, and I am looking forward to working with him on the GCC's challenging agenda'.

Keeping in touch

It's essential that we engage with people and organisations that have an interest in our work. Our stakeholders include registrants, their representatives and members of the public and patients.

We do this in a number of ways, which include (but aren't limited to):

- ongoing engagement through regular meetings
 - participation through time-limited working groups
 - engagement and participation through UK-wide consultations and workshops associated with major projects
 - day-to-day communication with registrants via email, post and telephone.
- up to three times a year through the Communications Advisory Group (CAG), with chiropractic patient representatives, members of the public, representatives of students of chiropractic and of chiropractic professional organisations. CAG's purpose is to facilitate the GCC's *Communications Strategy* which, among other things, entails work on specific projects.

For instance

Did you know that we meet:

- four times a year with representatives of chiropractic professional organisations (British Chiropractic Association, McTimoney Chiropractic

More information

For more information contact communications@gcc-uk.org.

Appointments and farewells

New Council member welcomed

Mrs Elizabeth Qua OBE was welcomed to her first meeting of Council on 1 July 2011. Mrs Qua, formerly Principal Nurse for the Northern Ireland Department of Health, Social Services and Public Safety, has been appointed as a lay member to Council by the Appointments Commission.

Independent member of the Audit Committee appointed

Marie Li Mow Ching MBA has been appointed to the GCC's Audit Committee. Ms Li Mow Ching has enjoyed a successful career in the public sector and is currently a Non-Executive Director of Ealing Hospital NHS Trust.

The Interim Chief Executive and Registrar, Satjit Singh

Satjit Singh joined us on 3 May as Interim Chief Executive and Registrar and will be in post until mid-November 2011.

Satjit is an experienced general manager who has undertaken senior roles in the public and private sectors and has a strong background in regulation, having previously worked with the General Optical Council, the General Pharmaceutical Council and the Council for Healthcare Regulatory Excellence. He has worked internationally, including setting up and running the UK government's biggest programme in China on enterprise reform and restructuring. Satjit was also a restructuring and change management consultant for several years at PricewaterhouseCoopers Consulting.

Farewells

David Murphy

David Murphy, a lay Council member for Northern Ireland, resigned earlier in the year for personal reasons. Council members extended their thanks to Mr Murphy, their appreciation of his contribution to the GCC over the years, and wished him well for the future.

Margaret Coats

Margaret Coats, the GCC's former Chief Executive and Registrar, retired earlier in the year. At the meeting of 21 April 2011, Council thanked Margaret for her considerable hard work for the GCC since she joined as its first employee in 1999. The Chairman detailed the many key contributions Mrs Coats had made to the milestones in the establishment of the GCC, the development of the profession and the setting of chiropractic professional standards.

On behalf of Council, the Chairman thanked Mrs Coats for her dedication to the GCC, to the chiropractic profession and to regulation and public protection. He emphasised that she had been very influential in shaping the regulation of the chiropractic profession in the UK.

Omnibus complaints – update

In 2009 we received complaints about 680 registrants from a handful of individuals, concerning advertising claims on websites. In 2010 we received another 38 complaints.

Of those 718 complaints, 24 remain to be resolved at either Professional Conduct Committee meetings or hearings, which are expected to take place by the end of the year.

Don't forget your free GCC publications

For your free supplies of GCC publications, please contact Paul Robinson on publications@gcc-uk.org or on 020 7713 5155 during office hours. GCC publications can also be downloaded from www.gcc-uk.org.

Those listed below that are marked with an asterisk* are only available on line.

GCC booklets and leaflets

What can I expect when I see a chiropractor?

For patients and members of the public thinking about seeking chiropractic care.

X-ray Information Note

For patients – information about the ownership of health records, including X-ray films and other medical images.

Code of Practice and Standard of Proficiency: Effective from 30 June 2010

For chiropractors, patients and the public – sets out the standards of chiropractic conduct and practice.

Continuing Professional Development (CPD) Mandatory Requirements

For chiropractors – explains how to comply with mandatory CPD.

Blood Donor Certificates

For chiropractors to complete for blood donors who have recently received acupuncture or dry needling.

Who regulates health and social care professionals?

For patients, the public and health professionals – information about the UK health regulators, what they do and why; published by jointly by the UK Health & Social Care Regulators.

Annual Report 2010*

For stakeholders and others with an interest in the GCC's activities and financial statements – reviews a year's work, sets out our aims and objectives, measures progress in the implementation of specific projects and outlines projects in the pipeline.

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Dates of future meetings of General Council and minutes; findings of Professional Conduct and Health Committees; annual reports; registration checks and other relevant information are on our website.

Webmaster@gcc-uk.org for feedback on the website.

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News from the GCC

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