

**General
Chiropractic
Council**



**Protecting patients
Setting standards**

General Chiropractic Council

Annual Report and Accounts 2010

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31st December 2010

Presented to Parliament pursuant to sections 41A and 41(5) of the Chiropractors Act 1994, as amended by The Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

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The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Council for Healthcare Regulatory Excellence (CHRE). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public. Our statutory functions are:

- to set the standards of chiropractic education, conduct and practice
- to recognise chiropractic degree programmes that achieve our standards
- to maintain the Register of individuals who meet our requirements in respect of character, health, competence and continuing professional development
- to investigate and determine all complaints against our registrants.

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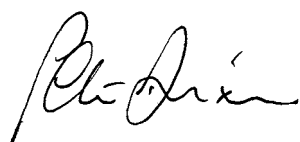
Chair's foreword

The GCC has for some years been seeking amendments to the legislation governing its fitness to practise procedures. I'm very much struck that these proposed amendments anticipated, and would actively contribute towards achieving, a key objective of the coalition government: the reduction of the cost of regulation. I and my GCC colleagues will continue to push for legislative change to enable a reduction in the 'fitness to practise' component of regulatory costs – this will include seeking consensual disposal for the Investigating Committee and the introduction of new case management provisions for the Professional Conduct Committee.

In February 2011, the government clearly set out its direction of travel for regulation of the health and social care workforce in its *Command Paper: Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff*. It announced a review by the Law Commission of the legislative framework for statutory regulation and sent a clear message on the need to reduce the costs of regulation. The Council for Healthcare Regulatory Excellence will be commissioned by government to lead a sector-wide review of the cost-efficiency and effectiveness of each regulator within its remit.

This brings me to the importance of communication. During the year we have managed, in line with our statutory procedures, an increase in complaints arising from a few individuals complaining about the content of many chiropractors' websites. Usually we receive about 20 to 30 complaints annually; this year we dealt with nearly 700. I must emphasise that it is a priority for the GCC to communicate effectively with all of our stakeholders – for instance, while dealing with such a large number of complaints about registrants, we have responded constructively and appropriately to the anxieties and concerns of the chiropractic profession about this and other issues.

I strongly believe that the GCC has demonstrated that it is an agile regulator. We have been involved in a challenging regulatory environment, during which we have ensured that all of our statutory functions were carried out to our normal high standard.



Peter Dixon
Chairman

Strategic Plan 2010–2014

1. Introduction

1.1 We are an independent body accountable to Parliament and subject to scrutiny by the Council for Healthcare Regulatory Excellence (CHRE). Our statutory duty is to develop and regulate the profession of chiropractic. Our statutory functions are:

- to set the standards of chiropractic education, conduct and practice
- to recognise chiropractic degree programmes that achieve our standards
- to maintain the Register of individuals who meet our requirements in respect of character, health, competence and continuing professional development
- to investigate and determine all complaints against our registrants.

1.2 Historically, the Council has published a five-year Corporate Plan covering both its strategic and detailed operational objectives. The newly constituted Council that came into being in February 2009 has reviewed that Plan and decided to take a more distinctly strategic approach by publishing a five-year Strategic Plan, which stands in its own right. The performance of the executive will be measured against annual business plans designed to deliver our strategic objectives.

2. Our aim

2.1 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.

3. Our values

3.1 In all our processes and decision making, we are committed to being:

- inclusive
- open and transparent
- fair
- consistent
- proportionate
- focused on continuous improvement.

4. Our strategic objectives

4.1 Increase awareness of regulation

We will do this by:

- 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
- 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 Ipsos MORI [surveys](#).

4.2 Demonstrate how our work protects the public and supports the development of the profession

We will do this by:

- a) reviewing our [Code of Practice and Standard of Proficiency](#) regularly to ensure it sets out in plain English the standard of conduct and care that patients are entitled to expect and receive from chiropractors

- b) recognising only those chiropractic degree programmes that deliver all the learning outcomes derived from the requirements of the contemporary *Code of Practice and Standard of Proficiency*
 - c) registering only those individuals who are fit to practise in terms of character, health, competence and continuing professional development
 - d) dealing in a timely and effective manner with all complaints against chiropractors, while seeking legislative change that will allow us to move to a more proportionate, targeted approach and thereby reduce the cost of regulation
 - e) encouraging the profession to learn from the failings or misjudgements of colleagues
 - f) developing and implementing a proportionate, risk-based model of revalidation that complements an appropriate scheme of continuing professional development
 - g) exploring the potential value of specialist entries on the Register.
- d) ensuring that our *Communication Strategy* meets the identified needs of all interested parties
 - e) seeking and acting on feedback on our performance from all interested parties.

4.4 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) participating actively in national working groups
- c) participating actively in European initiatives driven by the regulatory bodies (one such initiative is *Health Professionals Crossing Borders*)
- d) supporting the development of chiropractic regulation in other European member states
- e) collaborating with international chiropractic organisations.

Equality and diversity

In 2009, the GCC published an integrated *Disability, Gender and Race Equality Scheme*, and it applies to our duties as a regulator and an employer. The scheme sets out in plain English how the GCC fulfils its general and specific duties under the relevant legislation. The scheme applies to all core elements of the GCC's work and will be updated to comply with all requirements of the Equality Act 2010.

4.3 Maintain and strengthen our working relationships with the profession, patients and the wider public

We will do this by:

- a) enhancing our understanding of the characteristics, aspirations and concerns of the profession
- b) ensuring that our activities are informed by that understanding, creating opportunities to engage in dialogue with members of the profession and students as well as their representative organisations
- c) striving to include patients/members of the public on all our project working groups, as well as our Communications Advisory Group and consultation workshops

Governance and structure

Good governance: the GCC policy

Introduction

Governance is the term used to describe the systems and processes a body such as the GCC uses to lead the organisation. Good governance means effective leadership by the Council in carrying out its statutory functions in the best interests of the public. It achieves this by setting the strategic direction, taking account above all of the public interest, involving other stakeholders and key interest groups, putting in place effective systems of control and processes for delegation, and holding the executive to account.

The GCC plans to achieve good governance through the consistent application of seven key principles:

- Leadership
- Control
- High performance
- Review and renewal
- Delegation
- High ethical standards
- Openness and accountability.

Principle 1

Leadership

The organisation is led and controlled by an effective Council that collectively ensures delivery of its statutory purpose, sets its strategic direction and determines and upholds its values.

The supporting principles are:

The role of the Council

Members have and must accept ultimate and collective responsibility for directing the affairs of the organisation, determining its desired outcomes and outputs in support of its purpose and values, ensuring it is financially viable, well run and delivering the outcomes for which it has been established.

Strategic direction

Members should be forward and outward looking, focusing on the future, assessing the environment and setting strategy.

The means by which the outcomes and outputs are achieved should be a matter for the Chief Executive and staff, working within Council policy.

Principle 2

Control

The Members, as a Council, are collectively responsible and accountable for ensuring and monitoring that the organisation is performing well and complies with all its obligations.

The supporting principles are:

Compliance

The Council must ensure that the organisation complies with its own and any other relevant legislation.

Internal controls

The Council must maintain and regularly review the organisation's system of internal controls, performance reporting, policies and procedures.

Prudence

The Council must act prudently and with probity to protect the assets and property of the organisation, and ensure that they are used to deliver the organisation's objectives.

Managing risk

The Council must regularly review the risks to which the organisation is subject and take action to mitigate identified risks.

Equality and diversity

The Council must ensure that it upholds and applies the principles of equality and diversity in all aspects of its performance.

Principle 3

High performance

The Council and its statutory Committees must have clear responsibilities and functions, and must be composed and organised to discharge them effectively and to hold the executive to account. The supporting principles are:

Members' duties and responsibilities

Committees must understand their duties and responsibilities and must have a statement or statutory instrument defining them.

The respective roles and responsibilities of the Council and of its statutory Committees shall be clearly stated and action taken to realise them in practice.

This shall include measures to secure the accountability to the Council of the fitness to practise committees for their performance while respecting the independence from the Council of these committees in their decision making. The addendum to this policy makes explicit the collective responsibilities of the Council to the committees.

The effective Council

The Council must organise its work to ensure that it makes the most effective use of the time, skills and knowledge of Members.

Information and advice

Members of Council must ensure that they receive the advice and information they need to make good decisions and fulfil their control and monitoring functions.

As its chief advisor, the Chief Executive is responsible for ensuring that the Council, both collectively and individually, has the information and advice necessary to carry out its responsibilities.

Skills and experience

The Members of Council and statutory Committees should have the necessary range of skills, experience and knowledge.

Development, support and appraisal

Members of Council must ensure that they and members of the statutory Committees receive the necessary induction, training, appraisal and ongoing support needed to discharge their duties.

The Chief Executive

The Chief Executive is accountable to the Council for achievement of the organisation's outcomes and outputs. In assessing the extent to which these have been achieved, the Council must have predetermined criteria that are known to the Chief Executive and staff.

The Chief Executive is expected to be proactive in accounting for her/his stewardship to the Council.

The Council must make proper arrangements for the support, appraisal, development and remuneration of the Chief Executive.

Principle 4

Review and renewal

The Council must periodically review its own and the organisation's effectiveness, and take any necessary steps to ensure that both continue to work well. The supporting principles are:

Performance appraisal

The Council must regularly review and assess its own performance and that of individual Members.

Renewal and recruitment

The Council must have a strategy for its own renewal. Recruitment of new Members must be open and focused on creating a diverse and effective Council.

Review

The Council must periodically carry out strategic reviews of all aspects of the organisation's work and use the results to inform positive change and innovation.

Principle 5

Delegation

The Council must set out the function of non-statutory Committees, Working Groups and the Chief Executive in clear, delegated authorities and must monitor their performance. The supporting principles are:

Clarity of roles

The Council must define the roles and responsibilities of the Chair in writing.

Effective delegation

The Council must ensure that the Chief Executive has sufficient delegated authority to discharge his or her duties. All delegated authority must have clear limits relating to budgetary and other matters.

Terms of reference

The Council must set clear terms of reference for Committees and Working Groups making clear what delegated authority, if any, they have.

Monitoring

All delegated authorities must be subject to regular monitoring by the Council.

Principle 6

High ethical standards

The Council and individual Members must act according to high ethical standards and ensure that the Nolan principles of public life are upheld. The supporting principles are:

Selflessness and objectivity

Members must take decisions solely in the public interest. They must not do so to gain financial or other material benefits for themselves, their family or friends. Decisions should be made solely on their merits.

Integrity

Members should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their duties.

Honesty

Members must identify and promptly declare any actual or potential conflicts of interest affecting them.

There must be clear guidelines for receipt of gifts or hospitality by Members.

Principle 7

Openness and accountability

The Council must be open, responsive and accountable to the public and its other key stakeholders and interest groups. The supporting principles are:

Communication and consultation

The Council must identify those with a legitimate interest in its work (stakeholders) and ensure that there is a strategy for regular and effective communication with them about the organisation's achievements and work.

Openness and accountability

The Council must be open and accountable to stakeholders about its work and the governance of the organisation. It should give reasons for its decisions and restrict information only when the wider public interest clearly demands.

Stakeholder involvement

The Council must encourage and enable the engagement of key stakeholders in the organisation's planning and decision making.

Addendum

- 1 The Council will not intervene in or seek to influence decisions made by the Investigating, Professional Conduct and Health Committees on individual cases.
- 2 Where it judges appropriate, the Council will issue general guidance to assist the committees in their responsibility to act in the public interest when making decisions on individual cases. The committees are expected to take full account of the Council's guidance as it applies in their view in the particular circumstances of each case.
- 3 Before deciding guidance to the committees, the Council will consult the committees and take account of their views.
- 4 The Council will appraise, train, develop and support committee members for the effective performance of their responsibilities.
- 5 From time to time, the Council will seek and consider the views of the committees on how best to improve the delivery and performance of the Council's fitness to practise function.
- 6 The Council will monitor and evaluate the performance of its fitness to practise responsibilities, including the performance of the Investigating, Professional Conduct and Health Committees. This will be done openly through the consideration of management information and independent audit (including the decisions and feedback of CHRE). The committees will be consulted on issues which arise.
- 7 The Council will follow fair and equitable procedures to address concerns that may be raised in relation to the performance or conduct of an individual committee member or which are raised by a committee member in respect of the Council or a member of its staff.

Structure

Council

The General Council is made up of seven lay people (non-chiropractors) and seven chiropractors, appointed by the [Appointments Commission](#) on behalf of the Privy Council.

All Members must comply with the GCC's:

- [Code of Conduct for Members of Council](#), which includes a requirement to maintain an up-to-date entry in the Register of Members' Interests
- [Guidance to Council Members](#) on separation of function.

Council Members as of 31 December 2010 were:

Alan Breen	Chiropractor
David Byfield	Chiropractor
Martin Caple	Lay person
Roger Creedon	Lay person
Christina Cunliffe	Chiropractor
Peter Dixon	Chiropractor (Chair)
David Plank	Lay person
Grahame Pope	Lay person
Christopher Stephens	Lay person
Judith Worthington	Lay person
Ian Dingwall*	Chiropractor
Julie McKay*	Chiropractor
David Murphy*	Lay person
Stephen Williams*	Chiropractor

Council Members have been appointed for three or four years: ten with effect from 9 February 2009 and four (where indicated*) with effect from 1 May 2009.

GCC statutory committees

Committee	Duties
Education Committee	<ul style="list-style-type: none"> ● Promote high standards of education and training in chiropractic and keep the provision made for that education and training under review ● Give advice to the General Council on matters relating to chiropractic education, training, examinations or test of competence, either on being consulted by the Council or where it considers it appropriate to do so
Investigating Committee	<ul style="list-style-type: none"> ● Investigate all claims against UK-registered chiropractors ● In the course of its investigation, order the Registrar to suspend a chiropractor's registration, when it is satisfied that it is necessary to do so to protect members of the public ● Having taken such steps as are reasonably practicable to obtain as much information as possible about the case, consider whether there is a case to answer ● Where it concludes there is a case to answer, formulate an allegation for referral to the Health Committee or the Professional Conduct Committee
Health Committee	<ul style="list-style-type: none"> ● Consider any allegation referred to it by the Investigating Committee or the Professional Conduct Committee ● Decide whether it is desirable to consider the allegation at a public hearing or in private on the basis of written evidence and submissions only ● In the course of its consideration, order the Registrar to suspend a chiropractor's registration, when it is satisfied that it is necessary to do so to protect members of the public ● Where it is satisfied, following full consideration, that the allegation is well founded, it shall: <ol style="list-style-type: none"> a) impose a conditions of practice order, or b) order the Registrar to suspend the chiropractor's registration for a specified period
Professional Conduct Committee	<ul style="list-style-type: none"> ● Consider any allegation referred to it by the Investigating Committee or the Health Committee ● In the course of its consideration, order the Registrar to suspend a chiropractor's registration, when it is satisfied that it is necessary to do so to protect members of the public ● Where it is satisfied, following full consideration, that the allegation is well founded, it shall take one of the following steps unless, in the case of a criminal conviction, it considers that the offence in question has no material relevance to the fitness of the chiropractor concerned to practise chiropractic: <ol style="list-style-type: none"> a) admonish the chiropractor b) impose a conditions of practice order c) order the Registrar to suspend the chiropractor's registration for a specified period d) order the Registrar to remove the chiropractor's name from the Register

The Investigating, Professional Conduct or Health Committees are collectively described as the fitness to practise committees. The GCC commissioned the [Appointments Commission](#) to manage and quality assure the recruitment of committee members and chairs who could demonstrate that they had the skills to undertake the tasks required of them.

All committee members and chairs receive training and participate in appraisal of their performance. They are required to sign and abide by a [Code of Conduct](#) so that the public and chiropractors may have confidence in the effectiveness and impartiality of committees.

Each committee sits with a Legal Assessor, whose role is to provide advice on points of law; they take no part in decision making.

GCC non-statutory committees

Committee	Terms of reference
<p>Audit Committee Advisory committee with delegated authority from Council concerning:</p> <ul style="list-style-type: none"> ● appointment of auditors ● agreeing with auditors the scope of the annual audit ● review of the full Risk Register. 	<ul style="list-style-type: none"> ● The scrutiny and monitoring of the strategic processes for risk, control and governance ● The accounting policies, the accounts and the Annual Report of the organisation ● The planned activity of the external auditor and responses to the external auditor's management letter ● Setting up and reviewing the Council's Risk Register
<p>Fitness to Practise Committee Advisory committee with no delegated authority.</p>	<p>Provide strategically focused advice to Council to:</p> <ul style="list-style-type: none"> ● assure and advise Council on the effective delivery of its fitness to practise responsibilities ● advise Council on the development and improvement of those responsibilities.
<p>Resource Management Committee Advisory committee with delegated authority from Council to:</p> <ul style="list-style-type: none"> ● approve designated human resources policies and health and safety policies ● approve appointment of bankers ● approve changes to banking facilities, including opening and closing of bank accounts ● review and approve cost-of-living salary increases. 	<ul style="list-style-type: none"> ● Monitor the short- and long-term financial position of the GCC ● Consider the use of, and safeguard, the Council's assets ● Consider staffing matters including policies, terms and conditions of service and remuneration ● Ensure that robust financial and accounting systems are in place

Risk management statement

The Council has ultimate responsibility for risk management at the GCC. To that extent it has ensured that there are formal structures and processes in place to facilitate effective risk identification, evaluation, mitigation and monitoring.

The Council has delegated responsibility for routine oversight of risk management arrangements to the Audit Committee, which meets four times a year. It receives regular reports from the Committees on the major strategic risks facing the Council.

The GCC has a formal risk management framework to identify, evaluate, mitigate, monitor and report on risks associated with its activities.

The Audit Committee receives reports on the operational and strategic risks at all its meetings and reviews the actions in place to mitigate or minimise any risks.

Review of 2010

Governance

In November 2010 the GCC re-established its Governance Working Group to undertake the specific task of considering concerns of the four UK chiropractic professional associations about the 'process, interpretation and proportionality' of the GCC's 'regulation of the chiropractic profession'. The Working Group undertook:

- to investigate the governance issues raised by the professional associations
- to advise Council on an appropriate response to the professional associations and on any associated governance issues that may arise
- not to comment or advise in a manner that could be seen to intervene in proceedings on individual cases in the regulatory process.

The Working Group will report to Council in early 2011.

During the year the GCC also published guidance, recommended by the Fitness to Practise Committee, for Council members on *separation of function*. It relates to interaction between individual members and the functions of the fitness to practise committees and builds on the requirements of the GCC's governance policy.

The Fitness to Practise Committee monitors and evaluates the performance of the GCC's statutory fitness to practise committees while maintaining a separation of function. Council members do not sit on the statutory fitness to practise committees.

Performance review by CHRE

In July 2010, CHRE published the report of its 2009 review of the performance of the nine UK regulators of health professionals. Performance is judged against the 17 Standards of Good Regulation, which are grouped under five functions: standards and guidance, registration, fitness to practise, education and training, and governance and external relations. In summary:

- a) the GCC met the detailed requirements of all the standards
- b) no concerns were expressed by CHRE about any aspect of the GCC's performance
- c) the GCC was one of only two regulators to be recognised as having demonstrated excellence in particular areas (defined as 'the consistent performance of good practice combined with continuous improvement')
- d) the GCC was commended for the speed with which it produced detailed plans to deal with the 1,500% increase in complaints in 2009 and that despite major challenges they presented, the GCC continued to perform all its statutory duties
- e) in the context of proposed legislative changes, the GCC was recognised as displaying agility, taking proper account of risk in its planning process and making good use of up-to-date management information for the development and evaluation of a range of solutions and scenarios to address the major challenges.

Next year, CHRE will be interested in following up a number of matters, including any effect the increase in complaints has had upon the GCC's regulatory functions.

Standards and fitness to practise

The GCC's *Code of Practice and Standard of Proficiency* for the safe and competent practice of chiropractic

Compliance with the requirements of the *Code of Practice and Standard of Proficiency* delivers a standard of care that protects patients from harm and ensures that chiropractors always act in the best interests of the patient. The Code is a comprehensive document that deals not only with specific aspects of ethical practice and public protection but also with a broader focus on the personal conduct of chiropractors.

The Code and Standard are living documents that are reviewed and revised every five years. The most recent version of the Code and Standard was published in June 2009 and came into effect in June 2010. It is written in plain English and contains clear guidance on how the principles of good practice should be applied.

Declaration regarding the Code of Practice and Standard of Proficiency

All newly registered chiropractors and those restored to the register are required to sign the following statement:

"I declare I have read the General Chiropractic Council Code of Practice and Standard of Proficiency and understand that my actions may be judged against the standards and principles it contains".

Chiropractors will be required to submit a newly signed declaration to the GCC after the publication of each updated *Code of Practice and Standard of Proficiency*.

Fitness to Practise Report

The GCC's annual *Fitness to Practise Report*, which is sent to all registrants, identifies trends and discusses complaints in detail. Each *Fitness to Practise Report* is an invaluable resource and learning tool for the profession. The complaints and concerns considered by the committees and the decisions taken can help individual chiropractors reflect upon their practice by highlighting the misjudgements or errors of others. This may contribute to the prevention of similar incidents.

Given that the GCC's primary responsibility is to protect the public, the information in these reports feeds into all aspects of the GCC's work, including keeping the Register of chiropractors, fitness to practise procedures and setting standards of education, conduct and practice. The *Fitness to Practise Report* demonstrates that things can go wrong when the GCC's *Code of Practice and Standard of Proficiency* is ignored or forgotten.

Information for patients and the public on how to complain about a chiropractor: telling the GCC about their concerns

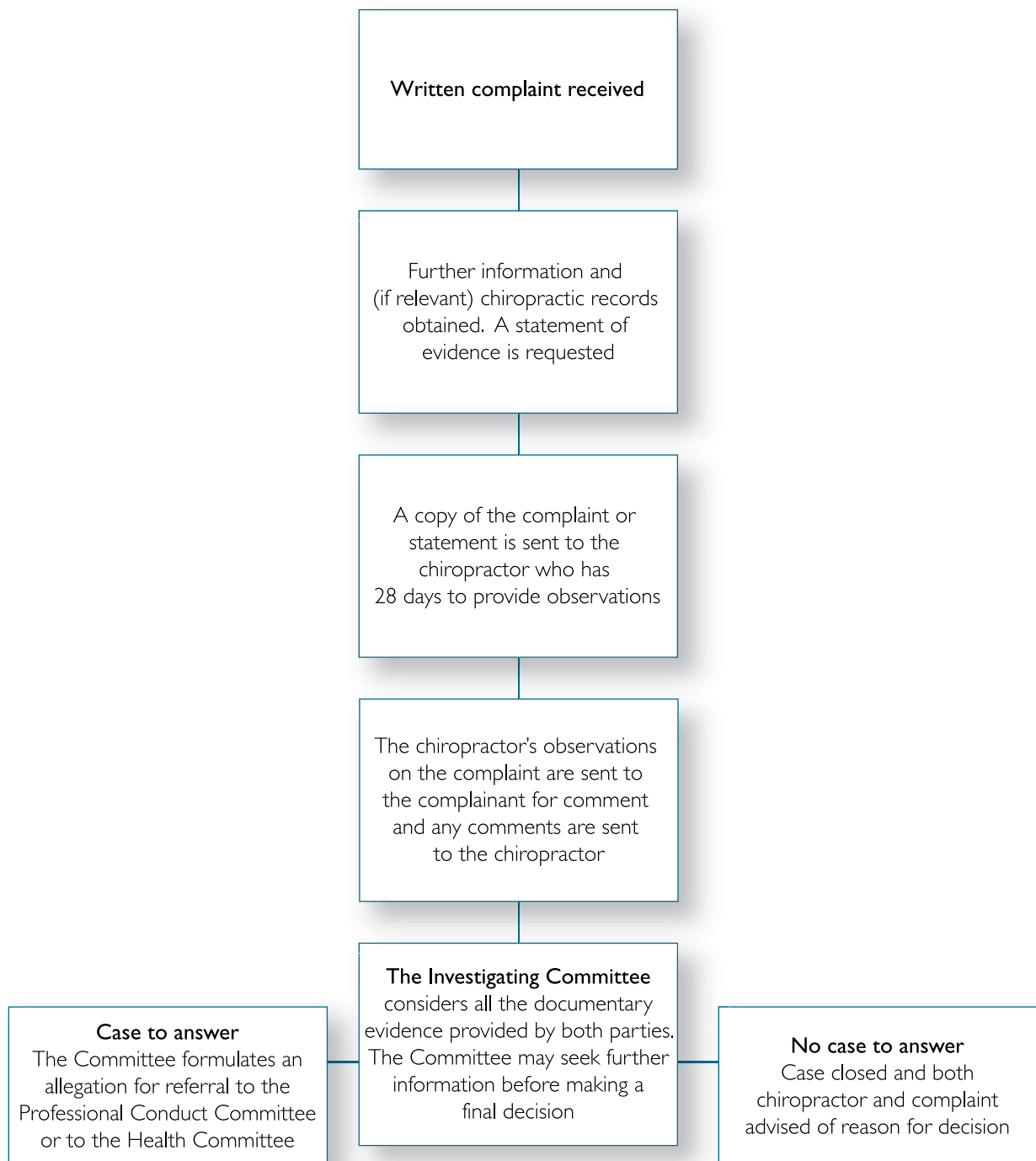
The statutory Investigating Committee considers every complaint the GCC receives about a chiropractor. It is essential that the public and the profession have clear information about the process and so we publish *How to complain about a chiropractor*, in print and an electronic version published on www.gcc-uk.org. Named staff members also advise members of the public about the GCC's remit and complaints processes.

What types of complaints does the GCC consider?

The GCC investigates every complaint it receives about chiropractors across the full spectrum of:

- personal conduct
- professional conduct
- competence
- health
- criminal conviction.

The flow chart below illustrates the procedures the GCC follows when a complaint is made about a chiropractor. If the complaint raises an immediate concern for the protection of the public, the chiropractor's registration may be suspended almost immediately while the case is investigated. The chiropractor must be given ten days' notice of the hearing and of their right to argue their case.



Investigating Committee

The Investigating Committee's service standards for 2010 were:

- 50% of final decisions of the Investigating Committee to be taken within four months of its first consideration of the complaint
- 90% of final decisions to be taken within six months of the Investigating Committee's first consideration of the complaint.

Achieved:

The performance standard was met, notwithstanding the increase in complaints arising from omnibus complaints made by several individuals in 2009/10 about the content of some registrants' websites ('claims' complaints).

Performance against the standard for those complaints (not relating to 'claims') received and considered by the Investigating Committee in 2010 was:

- 94% of final decisions of the Investigating Committee were taken within four months of its first consideration of the complaint
- 94% of final decisions of the Investigating Committee were taken within six months of its first consideration of the complaint.

Service standards are reviewed annually, taking into consideration each year's performance against the standard and the number of cases received.

Outcomes of complaints considered by the Investigating Committee between 1 January and 31 December 2010

The Investigating Committee met **30** times in 2010 and considered **27** non-claims complaints and **688** claims complaints.

Complaints (non-claims)

Of these **27** complaints, **11** complaints were received in 2009 and **16** were received in 2010. **10** complaints from 2009 were concluded in 2010 and, at the end of 2010, **one** complaint from 2009 remained to be concluded in 2011.

Claims complaints

Of the **688** claims complaints, **680** claims complaints were received in 2009 and **eight** were received in 2010. **688** such complaints were considered in 2010, **687** were concluded and **one** remained to be concluded in 2011.

Outcome of complaints considered by the Investigating Committee at 31 December 2010

	1 Jan–31 Dec 2010		1 Jan–31 Dec 2009
	Claims complaints ¹	Non-claims complaints	
Complaints considered:			
Total complaints considered	715	688	37
Complaints received in previous years	692	680	13
Complaints received in current year	24	8	24

Decisions by the Investigating Committee	1 Jan–31 Dec 2010		1 Jan–31 Dec 2009
	Claims complaints	Non-claims complaints	
Withdrawn	11	3	6
No case to answer	131	12	7
Referred to Professional Conduct Committee	545	9	19
Referred to Health Committee	0		0
Decisions pending at year end	1	3	5

Source of complaints	1 Jan–31 Dec 2010	1 Jan–31 Dec 2009
Patient/relative of patient	14	19
Public (non-patient)	3 688 (claims complaints)	5
Other chiropractor	3	4
Other health professional	3	2
Registrar	4	7
Other source	0	0
Total	715	37

¹ Claims complaints are those omnibus complaints made by several individuals in 2009/10 about the content of some chiropractors' websites.

Interim Suspension Orders

During 2010, the Investigating Committee imposed no Interim Suspension Orders on chiropractors. When an Interim Suspension Order is imposed, a chiropractor's registration is suspended, and they must cease to describe themselves as a chiropractor, for a maximum of two months while the Investigating Committee considers the complaint. Interim Suspension Orders are imposed by the Committee where it is satisfied that this is necessary to protect the public.

Professional Conduct Committee

Depending on certain factors, the Professional Conduct Committee can deal with allegations referred to it either at a meeting or at a hearing.

The Committee will deal with the allegation at a hearing if it considers that:

- it is in the public interest to have a hearing
- it is possible a sanction (if the allegation is proved) may exceed a Conditions of Practice Order.

Otherwise, the Committee can consider the allegation at a meeting but only on the basis of documentary evidence and with the agreement of the respondent chiropractor.

Service standards

Hearings of the Professional Conduct Committee (where it has determined that a hearing is desirable).

The service standard for 2010 was:

- 90% of cases referred by the Investigating Committee to be listed for hearing within nine months.

All cases met this standard and, therefore, performance against this standard was 100%.

In 2010 there was no service standard for meetings of the Professional Conduct Committee. A service standard has since been agreed.

Outcomes of cases considered by the Professional Conduct Committee

In 2010, the Professional Conduct Committee met for a total of **54** days in relation to cases concerning **34** chiropractors. This included **18** chiropractors who had allegations made against them in relation to claims-based complaints and **16** chiropractors with non-claims-related allegations made against them.

The Committee found that the allegations amounted to unacceptable professional conduct in relation to **9** chiropractors and imposed the sanctions as shown in the table below.

Of the remaining **25** cases considered by the Professional Conduct Committee, **one** non-claims allegation and **18** claims-based allegations were found not guilty of unacceptable professional conduct.

Three non-claims allegations were dismissed by the Committee following consideration of submissions during proceedings, and in **three** cases the GCC offered no evidence.

Sanctions imposed by the Professional Conduct Committee	2010	2009
Removed from the Register	1	2
Suspension Order imposed	3	2
Conditions of Practice Order imposed	1	5
Admonished	4	4
Total	9	13

Suspension Orders and Conditions of Practice Orders can be imposed for any period up to three years.

Review hearings

During 2010 the Professional Conduct Committee met for a total of **five** days to review Conditions of Practice Orders (Orders) relating to **six** chiropractors: two Orders were allowed to expire at the end of the period of the Orders; two Orders were revoked and two Orders were extended.

GCC's Guidance on sanctions

A review of the GCC's [Guidance on sanctions](#) (previously called *Indicative Sanctions Guidance*) was completed in 2010. This was essential work involving consultation with stakeholders, adding and updating relevant information such as more recent court decisions and editing for plain English. The *Guidance on sanctions* must be up to date and fit for purpose to support consistency in the Professional Conduct Committee's decision making when determining a sanction, while ensuring that the Professional Conduct Committee retains proper autonomy. The guidance also aids transparency and encourages chiropractors to recognise the value of demonstrating that they have insight into any failings that have occurred.

CHRE

All decisions made by the Professional Conduct Committee are reviewed by CHRE. If CHRE thinks the decision is too lenient, it can refer the decision to the courts.

CHRE has not considered any of the Professional Conduct Committee's decisions to have been unduly lenient and has therefore made no referrals to the High Court (or equivalent) for review.

Equality and diversity

The GCC has attributable ethnicity and disability data on 79% of its registrants and holds data on age and sex for all registrants.

Internal audits of decisions of the Investigating Committee and Professional Conduct Committee have not identified any evidence of discrimination on grounds of ethnicity, disability, age or sex. It should be noted, however, that the numbers involved are too small to be statistically relevant.

Health Committee

There have been no hearings of the Health Committee in 2010.

Seeking legislative change

The GCC has for some years been seeking amendments to the legislation governing its fitness to practise procedures. It is notable that these amendments anticipated, and would actively contribute towards achieving, one of the key objectives of the coalition government: to reduce the cost of regulation. The GCC continues to press for this legislative change.

Investigating Committee

Over three years ago, with the support of CHRE, the GCC approached the Department of Health with the aim of achieving amendments to the Chiropractors Act 1994 to give the Investigating Committee consensual powers of disposal. This means giving the Investigating Committee the power to conclude a case at the investigation stage, by agreeing 'undertakings' with the chiropractor or the chiropractor agreeing to accept a 'warning'.

At present, the Investigating Committee can make no findings and can do no more than decide whether there is a 'case to answer' and refer a case to the Professional Conduct Committee or the Health Committee. Power to dispose of cases consensually at the investigation stage of the fitness to practise procedure would be proportionate and contribute significantly to the timely and cost-effective determination of cases.

Consensual disposal would not be appropriate in all cases. For example, where there was a public interest in the examination of allegations at a public hearing and where, on the face of it, the alleged conduct or lack of competence might justify suspension or removal of a chiropractor's registration to ensure patient safety.

Professional Conduct Committee

The GCC is also seeking to amend the statutory Rules that govern the running of the Professional Conduct Committee. We want to improve the efficiency and cost effectiveness of proceedings to deliver swifter outcomes for the benefit of patients, the public and chiropractors. All this will be achieved while maintaining fairness and increasing transparency.

The GCC consulted on proposed changes to the Professional Conduct Committee Rules and Council, after carefully considering the responses and legal advice, agreed that the proposed amendments should be made and submitted to the Department of Health. Examples of the proposed changes include (but are not limited to):

- providing a mechanism, which does not currently exist under the Rules, for cases to be cancelled prior to a hearing where the presenter considers there is no longer a realistic prospect of proving the case
- enabling procedural points to be resolved between parties at 'case reviews' in advance of hearings, rather than at the hearing itself
- changing from the criminal to the civil rules of evidence
- defining who may be treated as a 'vulnerable witness' and the adaptations that could be made to the way they give their evidence e.g. use of video links, screens, prevention of a respondent cross-examining a witness/complainant where allegations are of a sexual nature.

Education

The statutory responsibility

The Education Committee has a general duty under the [Chiropractors Act 1994](#) to promote high standards of education and training in chiropractic and to keep under review the provisions that have been made for it. The foundations for these responsibilities include:

- the [Degree Recognition Criteria](#)
- a rolling programme of visits to all UK providers of undergraduate chiropractic education and training because recognition of degrees is time limited
- annual monitoring of recognised programmes.

Keeping the GCC's degree recognition criteria up to date

Our *Degree Recognition Criteria* are designed to ensure that graduates meet the requirements of the GCC's *Code of Practice and Standard of Proficiency*. Our regular, five-yearly review of the Code and Standard is followed by a review of our *Degree Recognition Criteria*.

The GCC's new *Degree Recognition Criteria* was published in May 2010. Overall, those who participated in the consultation welcomed the changes as being consistent with the wider context of higher education in the UK. The review process included:

- an analysis and interpretation of worldwide developments in criteria set by chiropractic educational bodies
- consultation with current education providers, students, chiropractic professional organisations, and public and patient representatives.

Supplementary guidance

[Supervision and delegation: where does the responsibility lie if complaints are made?](#)

In parallel with the review of degree recognition criteria, the GCC explored with education providers the governance of their outpatient clinics and subsequently issued an advice note on this matter.

[Becoming a chiropractor: a guide for disabled people](#)

The Education Committee has a role in:

- monitoring that education providers had the necessary policies in place
- acting as a sounding board when providers were struggling with specific disability issues.

The GCC facilitated work with the chiropractic education providers and their equality and diversity leads to develop common policies in relation to chiropractic education. In consultation with the education providers and the Equality Challenge Unit, the GCC published guidance in 2010 for disabled people wishing to train to become a chiropractor.

GCC recognised chiropractic degrees

The GCC has recognised Masters in Chiropractic (MChiro) from the following UK institutions. Further information on the degree courses concerned can be read on the institutions' websites.

Anglo-European College of Chiropractic (AECC)

13-15 Parkwood Road
Bournemouth
Dorset
BH5 2DF

Tel: 01202 436200
Fax: 01202 436312
Email: swhitlock@aecc.ac.uk
Web: www.aecc.ac.uk

University of Glamorgan

Welsh Institute of Chiropractic
Pontypridd
Glamorgan
CF37 IDL

Tel: 01443 483555
Fax: 01443 483756
Email: dbyfield@glam.ac.uk
Web: <http://hesas.glam.ac.uk/subjects/chiropractic/>

The McTimoney College of Chiropractic (MCC)

Kimber House
1 Kimber Road
Abingdon
Oxfordshire
OX14 IBZ

Tel: 01235 468575
Fax: 01235 523576
Email: course-office@mctimoney-college.ac.uk
Web: www.mctimoney-college.ac.uk

Reports of the Recognition Visits are published on www.gcc.uk.org:

- **AECC Master of Chiropractic (MChiro)** for students graduating between 2013–2017
- **MCC Master of Chiropractic (MChiro)** for students graduating between 2011–2016 on the five-year programme and between: 2013–2016 on the four-year programme.
- **University of Glamorgan Master of Chiropractic (MChiro)** for students graduating between 2009–2014.

External quality assurance

Our procedures are kept under continuous scrutiny with the assistance of an external quality assurance adviser, who is a member of every visiting panel and contributes to the decision-making process.

Public and patient involvement in chiropractic education programmes

In common with the approaches taken by other professions on involving patients and members of the public in educational programmes, the GCC's [Degree Recognition Criteria](#) includes specific requirements for public and patient involvement in educational programmes.

Specifically, GCC visiting panels include a meeting with patients as one of the elements in the visit schedule to education providers when submissions are being considered. The Annual Monitoring Process seeks information from each provider on patient and public involvement over the previous 12 months, plans for improving the education programme as a result of the involvement and plans for improving the involvement of patients and the public in the following year.

Student Fitness to Practise Committees

Providers of chiropractic degree courses are required to notify the GCC of any findings of their Student Fitness to Practise Committees. Relevant information relating to conduct or character can then be taken into account when graduates apply for registration with the GCC.

Increasing the number of chiropractic degree providers: an ongoing challenge

The major barrier to the development of new degree programmes is the investment required to establish the programme. Unlike other regulated health professions, there is no dedicated government funding for chiropractic clinical training. The revised [Degree Recognition Criteria](#) published in 2010 allow for different forms of practice (i.e. not only an on-site student clinic) to help address this issue and bring chiropractic more in line with other healthcare professions. However, recent changes to the structure and funding of higher education in the UK still make the development of new programmes a challenge.

Europe

There are a number of relevant European agreements, treaties and directives that affect or could have an impact in the future on the education and regulation of UK health and social care professionals, including chiropractors.

The GCC continues to work with joint regulatory fora, such as the [Alliance of UK Health Regulators on Europe](#) (AURE), to identify and highlight possible tensions between emerging European policies, the protection of the public and the UK higher education and regulatory framework. When identifying potential problems, it is essential to formulate workable solutions for consideration by the European and UK government departments leading the work.

Registration

Keeping a register of appropriately qualified and experienced practitioners is the mechanism by which health professions are regulated. In the UK it is illegal for anyone to describe themselves as a chiropractor, either expressly or by implication, unless registered with the GCC.

Up-to-date information for the public

It is essential that members of the public and patients have easy access to relevant and helpful information about registered chiropractors. This contributes to the protection of the public by clearly identifying regulated practitioners, who must comply with standards of conduct, practice and education.

There is a search facility on every page of the GCC's website, www.gcc-uk.org, to enable members of the public to find a chiropractor and to check registration status; a local rate phone line is also available during office hours.

The information we provide is kept up to date and includes:

- chiropractors' names, practice addresses and phone numbers
- findings of the GCC's disciplinary committees.

New on-line services on www.gcc-uk.org

During 2010 we improved the accessibility and overall functionality of our website. Registrants can now submit applications for renewal of annual registration online, manage their CPD records and change their contact details.

Protecting the public from unregistered practitioners

It is a criminal offence, under Section 32(1) of the [Chiropractors Act 1994](#), for anyone in the UK to describe themselves (whether expressly or by implication) as a chiropractor when not registered with the GCC. When the GCC receives sufficient evidence about possible offences, it refers the matter to the police. It is then for the police to investigate the offences and the Crown Prosecution Service to determine what, if any, further action it is necessary to take in the public interest.

Revalidation

In late 2010 we consulted on a proposed scheme of revalidation for chiropractors. The key principles of any scheme of revalidation are that it should be risk based, proportionate and have a robust business case for implementation.

We circulated consultation documents to chiropractors, chiropractic professional organisations, patients and patient representative groups. During October and November 2010 we ran a series of UK-wide workshops to give essential background information, the results of the research and development undertaken, and to provide everyone attending with an opportunity to debate and contribute their views.

Over 10% of the profession attended the workshops, and written feedback was received from 260 people and organisations. The feedback will be analysed to identify key themes, and a proposed way forward will be put to Council in early 2011.

Registrations

Figure 1 – Registrations

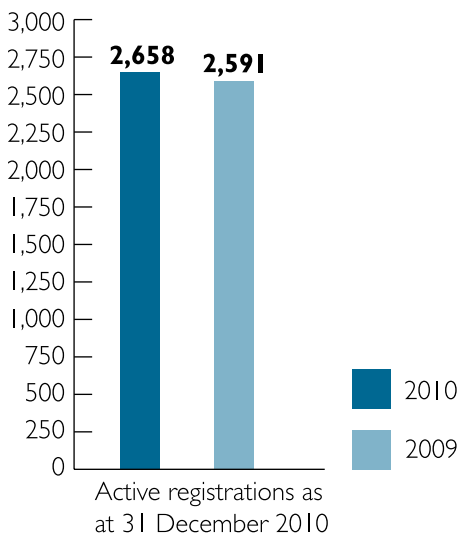


Figure 2 – Sex of chiropractors

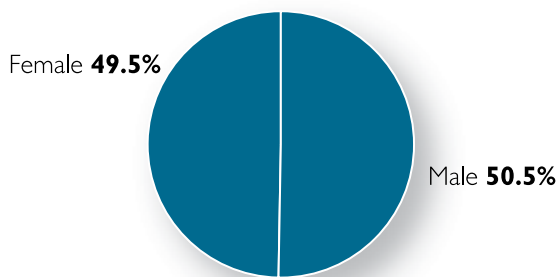


Figure 3 – Age of chiropractors

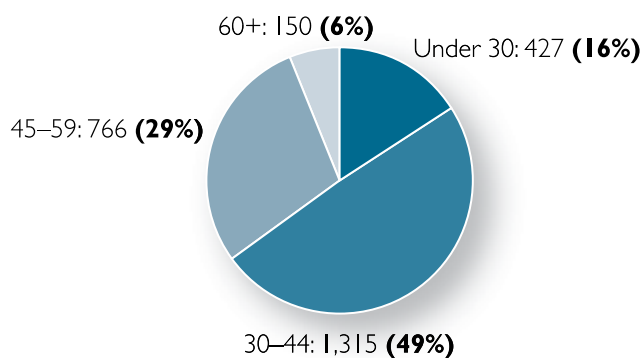
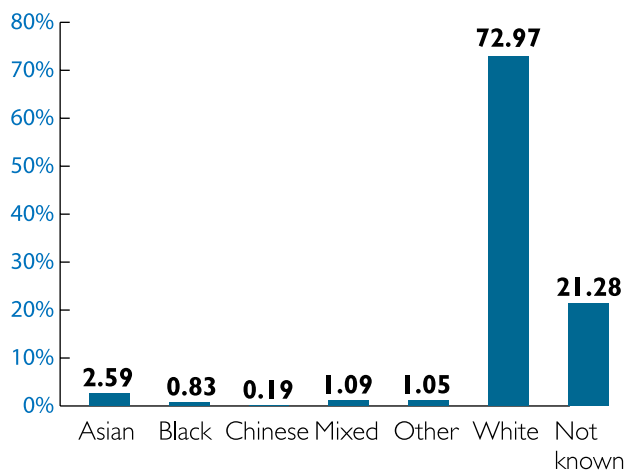


Figure 4 – Ethnicity



The prescribed test of competence

Applicants who are eligible to apply for registration under the GCC [Foreign Qualification Rules 2002](#) are required to pass a prescribed test of competence. The test is designed to measure the ability of a candidate to meet the requirements of the GCC's [Code of Practice and Standard of Proficiency](#). These are the standards of conduct and practice required of all chiropractors and reflect what a reasonable practitioner would regard as current, sound practice.

Demand for the test is driven by the number of applications received.

Test of competence

The test of competence has been held 31 times between 1 August 2004 and 31 December 2010: 384 candidates have attempted the test (77 of whom had repeated it), 272 passed and 112 failed.

Mandatory Continuing Professional Development (CPD)

The fifth year of mandatory CPD ended on 31 August 2010. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2010. Unless the Registrar is satisfied that there are extenuating circumstances, failure to comply with [mandatory CPD requirements](#) may result in removal from the Register. There were two such removals from the Register in 2010.

Communications

Communications Strategy 2008–2011

The *Communications Strategy* focuses on:

- raising public awareness and understanding of the regulation and education of chiropractors
- facilitating engagement with members of the public, patients and the chiropractic profession.

Key objectives

The key objectives of the GCC's *Communications Strategy* are informed by:

- *Implementing the White Paper Trust, Assurance and Safety: enhancing confidence in healthcare professional regulators* published in June 2008 by the Department of Health
- The GCC's *Strategic Plan 2010–2014*.

Implementation and review

To ensure the *Communications Strategy* remains fit for purpose and responsive, it is kept under review by the GCC's Communications Advisory Group (CAG).

The *Communications Strategy* is closely linked to the Council's Strategic Plan and, therefore, is continually monitored and developed to reflect any changes taking place.

General Council will, from time to time, identify specific issues or publications on which it seeks the advice of the CAG. The CAG will also bring relevant communications matters to the attention of General Council.

The CAG is chaired by a lay Member of GCC Council and comprises members of the public, patients, representatives of chiropractic professional organisations and students of chiropractic, GCC Council Members and relevant staff.

Working with others: examples

A significant amount of the GCC's communications activities involve engaging with people and groups who have an interest in our work in particular or statutory regulation in general.

Regulators

As reported in previous annual reports, this includes participation in projects with other regulators. For example:

- Joint Health & Social Care Regulators' Public Patient Involvement Group, (now called [Public Patient Engagement Learning Circle](#)).
- [Alliance of UK Health Regulators on Europe](#)
- Chief Executives' Steering Group.

Members of the public and patients

The GCC is committed to the participation of members of the public and patients in its work. For example, members of the public and patient representatives have made significant contributions to the work of the Communications Advisory Group and the Revalidation Working Group.

It is essential that patients and members of the public have a say in our work because they are the reason for the existence of the GCC and the chiropractic profession.

The GCC has been an active participant in the Joint Health & Social Care Regulators' Public Patient Involvement Group since its inception in 2005, and it has been Chaired by a lay Member of GCC Council. This Group was disbanded in late 2010 to be replaced by a group called the Public Patient Engagement Learning Circle, comprising staff members from CHRE and the health and social care regulators. The GCC continues to play a prominent role in this new forum.

Registrants

About 95% of registrants have provided us with their email addresses and so during 2010 the GCC continued to use email to communicate with registrants. This means we can disseminate information quickly and directly. The number of downloads from www.gcc-uk.org of core GCC documents indicates that a significant number of registrants access the links that we email to them.

The views and interests of chiropractors are represented and put to the GCC by four chiropractic professional associations and the College of Chiropractors. The GCC's Chair meets with the leaders of the chiropractic professional organisations up to four times a year to discuss any relevant issues or matters of concern. The Council is currently discussing with the professional organisations new methods of communicating with each other to further develop relationships and the sharing of information.

The GCC held a series of UK-wide revalidation consultation workshops for chiropractors during October and November 2010. Chiropractors were also given the opportunity to ask questions about the GCC. 10% of the profession participated in the workshops, and we received 253 individual written consultation responses.

CHRE

The GCC works openly and closely with [CHRE](#) to ensure that it has prompt access to the accurate information it needs to undertake its statutory duties. We also participate in a number of CHRE-convened fora, whose purpose is to encourage consistency of approach across regulation and promulgate good practice.

Government departments

The GCC puts a considerable amount of work into liaising with [Department of Health](#) officials on the drafting of new legislation and responding to questions and consultations. This all has to be done to very tight deadlines so that legislation can be presented to Parliament within its timetable.

During these events, stakeholders must be kept informed of our activities to help them understand how matters are progressing and to prevent, as far as possible, misconceptions arising.

New and updated publications, guidance and information notes

All of the documents and updates listed below have been posted on our website during 2010.

We regularly email chiropractors about new documents or updates on our website and send printed copies to the 150 or so chiropractors who do not have email.

Publications

- [GCC Annual Report and Accounts 2009](#)
- [GCC Degree Recognition Criteria](#) (May 2010)
- [Guidance on sanctions](#) (November 2010)
- [Fitness to Practise Report 2009](#)
- Revised [What can I expect when I see a chiropractor?](#)
- [Supervision and delegation in chiropractic undergraduate education: where does the responsibility lie if complaints are made?](#)
- GCC Consultation: a proposed scheme of revalidation
- GCC post-Council Bulletins
- [News from the GCC](#) newsletter

Information and advice notes

- [The Ionising Radiations Regulations 1999 and the Health and Safety Executive \(HSE\): advice prepared by the HSE for UK chiropractors](#)
- [Ownership of X-ray films and other medical images](#) – information note for patients (3rd update; previously published February 2006 and September 2005)
- [Working Together: a joint statement explaining the roles of the GCC, the chiropractic professional associations and the College of Chiropractors](#)
- [The government's review of the vetting and barring scheme: how does it affect chiropractors?](#)
- [Care Quality Commission guidance about the scope of its new system of registration: how are chiropractors affected?](#)

Guidance

- [Guidance on claims made for the vertebral subluxation complex](#)
- [Guidance to Council members on separation of function](#)
- [Supplementary advertising guidance for chiropractors/UK evidence report Brontfort et al](#)
- [UK evidence report: sciatica update](#)

Plain English

A number of key GCC publications have achieved a plain English mark from Word Centre. For instance, the *Code of Practice and Standard of Proficiency* and our information leaflet *How to complain about a chiropractor*. During 2010 we sought and achieved plain English marks for the GCC *Degree Recognition Criteria*, the revised patient information leaflet *What can I expect when I see a chiropractor?* and *Guidance on sanctions*.

Press releases

The GCC issues statements to relevant local media where the Professional Conduct Committee imposes a sanction resulting in a respondent chiropractor's removal or suspension from the statutory Register.

www.gcc-uk.org

During 2010 we improved the accessibility and overall functionality of the website and registrants can now submit applications for renewal of registration online, manage their CPD log and update their contact details.

All the GCC's press releases, statements and core documents can be read on www.gcc-uk.org.

Financial statements

Status

The General Chiropractic Council is a body corporate established under the provisions of the Chiropractors Act 1994 (enacted on 5th July 1994). The Council is governed by the rules and regulations set down in the Chiropractors Act 1994.

The Members of the Council

The following individuals served as the Members of the Council from the 1st January 2010 to the 31st December 2010.

Name	Type of member	Date of appointment
Alan Breen	Chiropractor	9th February 2009
David Byfield	Chiropractor	9th February 2009
Martin Caple	Lay	9th February 2009
Roger Creedon	Lay	9th February 2009
Christina Cunliffe	Chiropractor	9th February 2009
Ian Dingwall	Chiropractor	1st May 2009
Peter Dixon (Chairman)	Chiropractor	9th February 2009
Julie McKay	Chiropractor	1st May 2009
David Murphy	Lay	1st May 2009
David Plank	Lay	9th February 2009
Grahame Pope	Lay	9th February 2009
Chris Stephens	Lay	9th February 2009
Stephen Williams	Chiropractor	1st May 2009
Judith Worthington	Lay	9th February 2009

Legal and administrative details

Registrar & Chief Executive

Margaret Coats

Principal address

44 Wicklow Street
London WC1X 9HL

Solicitors

Field Fisher Waterhouse
35 Vine Street
London EC3N 2AA

Capsticks
77/83 Upper Richmond Road
London SW15 2TT

Mills & Reeve LLP
78–84 Colmore Row
Birmingham B3 2AB

Morgan Cole
Llys Tawe
Kings Road
Swansea
SA1 8PG

Bankers

Alliance & Leicester plc
Bridle Road
Bootle
Merseyside
L30 4GB

Allied Irish Bank GB
81/89 St. Albans Road
Watford
WD17 1RG

Auditors

haysmacintyre
Fairfax House
15 Fulwood Place
London
WC1V 6AY

Report of the Council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council ("GCC") for the year ended 31st December 2010.

Objectives

The Council was established to provide for the regulation of the chiropractic profession within the United Kingdom.

Principal activities

The Council's principal activities are:

- to protect the public by establishing and operating a scheme of statutory regulation for chiropractors, similar to the schemes for other health professionals such as medical doctors and dentists.
- to set the standards of chiropractic education, practice and conduct.
- to ensure the development of the profession of chiropractic, using a model of continuous improvement in practice.

Financial review

The results for the year show a surplus of £37,069 (2009: £290,415) before taxation.

The Council is dependent on income from fees and hire income which has increased by £32,878 in 2010 to £2,894,607 (2009: £2,861,729). During the year, the GCC processed 170 (2009: 181) applications for initial registration. As at 31st December 2010, 2,650 (31st Dec 2009: 2,591) chiropractors were registered with the GCC.

Expenditure has increased in 2010 by £336,233 to £2,971,547 (2009: £2,635,314). The increase is primarily in relation to the determination at both the Investigating Committee and Professional Conduct Committee of a large number of complaints against registrants received in the year. Additional costs were borne in relation to increases in staff costs and revalidation costs which included consultation events in the year.

The members of Council consider that the organisation is a going concern and the financial statements have been prepared on this basis. The Council has reserves to cover just over eleven months running costs at 31st December 2010.

Auditor

Statement as to disclosure of information to the Auditor

The members of the Council at the date of approval of this report of the Council confirm that so far as each of them is aware, there is no relevant audit information of which the Council's auditor is unaware, and the members of the Council have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approved by the Council on 12th May 2011 and signed on its behalf by:

Peter Dixon
Chairman

Members' responsibilities in the preparation of financial statements

The members of the Council are responsible for preparing the Report of the Council and the Financial Statement in accordance with applicable law and regulations.

The Chiropractors Act 1994 requires the Members of the Council to prepare financial statements for each financial year, which give a true and fair view of the General Chiropractic Council's state of the affairs at the year-end and of its surplus or deficit for the financial year. In preparing those financial statements, the Members are required to:

- a) select suitable accounting policies and then apply them consistently;
- b) make judgements and estimates that are reasonable and prudent; and
- c) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation.

The Members are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Council, and to enable them to ensure that the financial statements comply with the requirements of the Chiropractors Act 1994. They are also responsible for safeguarding the assets of the Council, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The members of the Council are responsible for the maintenance and integrity of the corporate and financial information on the Council's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Independent auditor's report to the Members of the General Chiropractic Council

We have audited the financial statements on pages 6 to 15*.

This report is made solely to the Members, as a body, in accordance with the Chiropractors Act 1994. Our audit work has been undertaken so that we might state to the Members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the General Chiropractic Council and the Members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Members of the Council and auditors

The Members' responsibilities for preparing the financial statements in accordance with applicable law are set out in the Statement of Members' Responsibilities on page 4.

We have been appointed as auditors under the Chiropractors Act 1994 and report in accordance with that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Chiropractors Act 1994. We also report to you if, in our opinion, the Report of the Council is not consistent with the financial statements, if the Council has not kept proper accounting records, and if we have not received all the information and explanations we require for our audit.

We read other information contained in the financial statements, and consider whether it is consistent with the audited financial statements. This other information comprises only the Legal & Administrative Details. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the Members in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all information and explanations, which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

* Page references refer to the original document submitted by haysmacintyre containing GCC Accounts 1 January to 31 December 2010 and incorporated into this Annual Report. haysmacintyre's original document can be viewed on www.gcc-uk.org.

Opinion

In our opinion, the financial statements give a true and fair view, in accordance with applicable law, of the state of the General Chiropractic Council's affairs as at 31 December 2010, and of its surplus for the year then ended, and have been properly prepared in accordance with the Chiropractors Act 1994.

haysmacintyre

Fairfax House
15 Fulwood Place
London WC1V 6AY

12 May 2011

Income and Expenditure Account for the year ended 31st December 2010

	Notes	Year ended 31st December 2010 £	Year ended 31st December 2009 £
Income			
Registration fees – new registration		173,300	242,150
Annual retention		2,348,300	2,275,000
Other income	1	26,850	40,775
Income generated from room hire		346,157	303,804
Bank interest receivable		2,101	–
Grant income	2	111,908	64,000
Total income		3,008,616	2,925,729
Expenditure			
Staff costs	3	886,838	672,939
Staff expenses		5,665	9,870
Regulatory costs	4	1,189,341	1,023,959
Committee Expenditure re Revalidation	2	91,166	64,000
Council expenses	5	146,130	166,736
Professional fees	6	73,781	103,721
Publicity		34,289	62,083
Printing		40,256	33,777
Postage		32,844	30,762
Stationery		24,552	18,256
Telephone		7,977	8,056
Costs of running Wicklow Street premises		102,345	168,480
Direct costs of room hire		65,611	70,138
Computer costs		36,485	30,988
Insurance		27,125	26,728
Subscriptions		3,602	1,995
Other sundry expenses		1,987	2,310
Bank charges		35,705	980
Mortgage interest		22,804	7,460
Depreciation		143,044	132,076
Total Expenditure		2,971,547	2,635,314
Operating Surplus/(Deficit) before taxation		37,069	290,415
Taxation	7	16,797	9,868
Surplus/(Deficit) for the period		20,272	280,547

The operating surplus for the period arises from the Council's continuing activities. No separate Statement of Total Recognised Gains and Losses has been presented as all such gains and losses have been dealt with in the above Income and Expenditure Account.

Balance Sheet as at 31st December 2010

	Notes	31st December 2010 £	31st December 2009 £
Fixed assets			
Tangible assets	8	4,528,168	4,780,408
Current assets			
Debtors	9	116,709	46,214
Cash at bank		2,357,735	2,101,842
		2,474,444	2,148,056
Creditors			
Amounts falling due within one year	10	3,103,304	3,297,962
Net current liabilities		(628,860)	(1,149,906)
Total assets less current liabilities		3,899,308	3,630,502
Creditors			
Amounts falling due after more than one year	11	1,134,978	886,444
Total assets less total liabilities		£2,764,330	£2,744,058
Funds of the Council			
General reserves	12	2,743,588	2,744,058
Department of Health Grant	12	20,742	–
Total funds		£2,764,330	£2,744,058

Approved and authorised for issue by the Members of Council on 12th May 2011, and signed on their behalf by:

Peter Dixon
Chairman

Financial statements for the year ended 31st December 2010

Accounting policies

Basis of accounting

The financial statements have been prepared to comply with current statutory requirements, and under the historical cost convention in accordance with applicable accounting standards. The financial statements have been prepared on a going concern basis.

Pension contributions

The Council makes payments on behalf of certain employees into defined contribution pension schemes. The assets of the schemes are held separately from those of the Council, being invested with independent insurance companies.

Income

Registration fees, annual retention fees, other income and letting income are recognised on an accruals basis according to the period to which it relates.

Bank deposit interest is credited on a received basis.

Tangible fixed assets

Tangible fixed assets are stated at historical cost less depreciation.

Depreciation is provided on all tangible fixed assets, other than freehold land, at rates calculated to write each asset down to its estimated residual value evenly over its expected useful life, as follows:

Freehold buildings	over 50 years
Computer equipment	over 3 years
Furniture & office equipment	over 5 years

Deferred taxation

Deferred tax is recognised in respect of all timing differences that have originated, but not reversed at the balance sheet date, where transactions or events that result in an obligation to pay more tax in the future, or a right to pay less tax in the future, have occurred at the balance sheet date. Timing differences are differences between the company's taxable profits and its results as stated in the financial statements.

Deferred tax is measured at the average tax rates that are expected to apply in the periods in which timing differences are expected to reverse, based on tax rates and laws that have been enacted, or substantially enacted, by the balance sheet date. Deferred tax is measured on a non-discounted basis.

Notes to the Financial Statements for the year ended 31st December 2010

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
I. Other income		
Restoration fee	8,850	17,800
Non-practising to practising fee	18,000	19,000
Change of address fee	-	3,975
	£26,850	£40,775

2. Department of Health Grant

	£	£
Income	111,908	64,000
Expenditure	(91,166)	(64,000)
Balance Carried Forward	£20,742	£-

The General Chiropractic Council received a grant of £381,950 in 2010 from The Department of Health Grant to enable the GCC to develop a risk proportionate system of revalidation for chiropractors. The grant was not fully expended during the year and the revalidation programme has since been suspended. As a result of this the unspent monies have been included as a creditor in the accounts and the income reduced to show the provision to repay the monies to the Department of Health. The balance carried forward at the year-end represents the expenditure incurred in 2011 prior to the programme being suspended

3. Staff costs

	No.	No.
The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:	14	11

Staff costs for the above persons:

	£	£
Wages and salaries	598,479	493,598
Social security costs	67,679	54,712
Other pensions costs	54,364	43,074
Temporary staff costs	146,988	76,905
Staff recruitment costs	19,328	4,650
	£886,838	£672,939

Staff costs increased in the year due to additional temporary staff recruited to cover the increase in regulatory cases under consideration. The use of temporary staff allowed the GCC to minimise the costs due to the flexibility of the arrangement. The GCC also recruited staff on short term contracts to deal with the increase in regulatory cases, where there was a constant requirement during the period. This can be seen in the increase in staff employed and in recruitment costs.

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
4. Regulatory costs		
General regulation	34,833	16,692
Education Committee	19,567	21,134
Investigating Committee	215,035	179,835
Professional Conduct Committee	847,892	796,089
Revalidation	57,429	2,016
Committee Social security costs	14,585	8,193
	£1,189,341	£1,023,959

On average, the GCC receives approximately 40 cases per annum, but in 2009 received over 650 complaints primarily in relation to claims by chiropractors or against chiropractors and the use of their websites. The Investigating Committee costs in 2010 are £215,035 (2009: £179,835). The increase is mainly due to additional meetings of the Investigating Committee in determining these cases. A number of these cases were also considered by the Professional Conduct Committee. It is expected that all these cases will be fully determined by the end of 2011.

The figure for Education costs in 2009 has been restated as this included revalidation expenditure. This is now shown separately under note 2 and other revalidation costs not charged to the grant as shown separately in the this note. The GCC held revalidation consultation events in 2010 and carried out an analysis of the feedback from these events along with other additional work carried out; as these costs are not within the terms of the grant received they shown separately in this note.

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
5. Committee expenses		
Attendance allowances	84,750	80,550
Social security costs	5,140	5,917
Expenses	48,949	42,614
Organisation development	7,291	11,640
Committee and Council appointments	–	26,015
	£146,130	£166,736

Committee expenses in relation to expenses and attendance allowance incurred in relation to Statutory Committees are included in Regulatory costs. Some members of Council are also members of the Education Committee and these costs are shown separately in regulatory costs. Council member Education Committee attendance fees for the year are £2,550.

Social security costs (Employer NI costs) in 2009 have been restated as Council members appointed carried out no further work in relation to the Investigating and Professional Conduct Committees during this period. Social security costs in relation to these are shown under regulatory costs.

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
6. Professional fees		
Legal fees	17,570	35,092
Property valuation and advice	7,843	–
Auditors' remuneration:		
Audit fees	10,139	10,769
Other advisory services	500	1,500
Accountancy services (including Value Added Tax advice)	2,453	2,350
Database design, development and support	19,735	40,678
Human resources and job evaluation	4,911	1,666
Website design and development	4,066	7,429
Data protection and FOIA advice	6,564	4,237
	£73,781	£103,721

Database development costs decreased in the year to £19,735 (2009: £40,678) as this project nears completion. The GCC commissioned a valuation of its freehold building at 44 Wicklow St to facilitate a review of its financing arrangements and advice was also received on any limitations to the funding options that the Council could enter into.

7. Taxation

It is the understanding of the Members that the Council is only subject to UK Corporation Tax on its investment income, which includes bank interest receivable and the taxable surplus arising on the letting of facilities at Wicklow Street.

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
Current year tax:		
UK corporation tax (current tax charge)	16,797	9,224
Under provided in previous periods	–	644
Tax charge per the income and expenditure account	£16,797	£9,868
Factors affecting the tax charge for the year:		
Operating surplus before taxation	37,069	290,415
Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 21%	7,784	60,988
Effects of:		
Elements of the operating surplus that are not taxable	11,573	(48,564)
Depreciation in excess of capital allowances	(2,560)	(3,200)
Current tax charge	£16,797	£9,224

8. Fixed assets

	Freehold land and buildings	Computer equipment	Furniture and office equipment	Total
Cost:				
1st January 2010	5,438,005	216,152	154,201	5,808,358
Additions	–	43,079	4,525	47,604
Disposals and write offs	(156,800)	–	–	(156,800)
31st December 2010	5,281,205	259,231	158,726	5,699,162
Depreciation:				
1st January 2010	686,501	204,548	136,901	1,027,950
Charge for the period	108,760	21,095	13,189	143,044
Disposals and write offs	–	–	–	–
31st December 2010	795,261	225,643	150,090	1,170,994
Net book value:				
31st December 2010	4,485,944	33,588	8,636	4,528,168
31st December 2009	4,751,504	11,604	17,300	4,780,408

Year ended 31st December 2010 £	Year ended 31st December 2009 £
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9. Debtors**Due within one year:**

Trade debtors	53,127	18,634
Other debtors	37,667	2,968
Prepayments and accrued income	25,915	24,612
	£116,709	£46,214

10. Creditors**Amounts falling due within one year:**

Bank loan on freehold premises	72,810	376,011
Trade creditors	167,693	192,159
Retention fees in advance	2,431,350	2,350,450
Tax payable	61,161	171,511
Other creditors	334,980	111,509
Accruals and deferred income	35,310	96,322
	£3,103,304	£3,297,962

Included in other creditors in £270,042 relating to the potential grant repayment to the Department of Health disclosed in note 2.

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
II. Long-term creditors		
Amounts falling due after more than one year:		
Bank loan on freehold premise	1,134,978	886,444

During 2003, the Council's bankers (Allied Irish Bank "AIB") made available a bank loan facility to enable the Council to acquire and refurbish its freehold premises. The bank loan was secured by a fixed charge over the freehold premises. The loan was to be fully payable by August 2017. At the end of March 2010, the Council re-financed the loan on the freehold property with a combination of a term loan over 10 years and a revolving credit facility over 3 years. The financing was made available by the Council's new bankers, Alliance & Leicester. The 10 year term loan was to facilitate re-payment of any balance outstanding on the existing loan with AIB. The additional revolving credit facility was offered to support the shortfall in resources in determining the large number of complaints received in 2009. The Council has the option of converting this to a 7 year term loan at the end of the revolving credit facility period of 3 years. The GCC has to date not required any further drawdown above repayment of the original AIB mortgage balance.

	Year ended 31st December 2010 £	Year ended 31st December 2009 £
Loan maturity analysis:		
Due within one to two years	£74,351	£381,223
Due between two and five years	£232,629	£505,221
Due after more than five years	£827,998	£-

12. Funds

	B/B/F	Income	Expenditure	Transfers	B/C/F
General Reserves	2,744,058	2,896,708	2,897,178	-	2,743,588
Department of Health Grant	-	111,908	91,166	-	20,742
Total Funds	2,744,058	3,008,616	2,988,344	-	-

General Reserves – The Council has no restrictions on the use of these funds for the carrying out its statutory duties.

The General Chiropractic Council received a grant of £381,950 from The Department of Health Grant to enable the GCC to develop a risk proportionate system of revalidation for chiropractors. The grant was not fully expended during the year and the revalidation programme has since been suspended, as such the unspent monies have been included as a creditor in the accounts and the income reduced to show the provision to repay the monies to The Department of Health. The balance carried forward at the year end represents the expenditure incurred in 2011 prior to the programme being suspended.

13. Pension commitments

The Council makes payments on behalf of employees into defined contribution pension schemes. The assets of the schemes are held separately from those of the Council, being invested with independent insurance companies. The pension charge for the period is shown in note 3 to the financial statements.

14. Council members fees and expenses

	2010		2009	
	Fees(1)	Expenses paid in year(2)	Fees(1)	Expenses paid in year(2)
Alan Breen	5,400	4,476	5,700	3,479
David Byfield	3,600	1,752	3,800	1,877
Martin Caple	6,600	2,495	7,050	2,068
Roger Creedon	3,450	45	3,750	135
Christina Cunliffe	7,800	2,599	4,650	1,249
Ian Dingwall	3,300	–	2,100	632
Peter Dixon (Chairman)	29,400	6609	30,900	6,923
Julie McKay	3,000	610	2,400	461
David Murphy	3,600	5,333	1,500	2,133
David Plank	6,600	421	5,400	566
Grahame Pope	4,050	543	3,900	–
Chris Stephens	2,550	729	1,950	548
Stephen Williams	1,800	472	1,500	414
Judith Worthington	5,700	3,902	5,400	4,132

The table above shows the fees payable for work done in the year and actual reimbursed expenses only.

(1) Fees

Members of Council are paid a daily attendance fee of £300, which is subject to tax and National Insurance. Council Members undertake a variety of duties for the GCC in addition to the Council meetings listed in note 15. For example, attendance at statutory and non-statutory committees, training, consultation workshops, interviews, short-term working groups, meetings with other regulators and professional associations.

(2) Expenses

Expenses were claimed by members for travel, accommodation and subsistence, and reimbursed by the GCC. With regard to accommodation, some members book and pay for accommodation requirements and these expenses are reimbursed by the GCC. These are included in the table above. However, in most cases, the GCC will book accommodation requirements and make payments directly to the Hotel for the accommodation. These direct payments to the Hotel are not included in the table above.

Council meeting attendance

The Council met on five occasions in 2010. All members of Council were present at the meetings in May, August and November. One member, Martin Caple, was absent for the meeting in February. Three members namely, David Murphy, Chris Stephens and Steve Williams were absent for the meeting in December.

15. Council member attendance at meetings during period 1st January to 31st December 2010

Name	Council	Education	RMC and AC	PPI and CSWG	Other	Total
Peter Dixon	8.5	–	–	–	89.5	98
Alan Breen	7	1	2	–	8	18
David Byfield	8	1.5	–	1	1.5	12
Martin Caple	6	–	4	9	3	22
Roger Creedon	8	1.5	–	–	2	11.5
Christina Cunliffe	9	1.5	4	–	11.5	26
Ian Dingwall	9	–	–	–	2	11
David Plank	9	–	4	–	9	22
Grahame Pope	8	1.5	2	–	2	13.5
Julie McKay	9	–	–	–	1	10
David Murphy	7	–	4	–	1	12
Chris Stephens	6	1.5	–	–	1	8.5
Judith Worthington	6.5	–	2.5	–	10	19
Stephen Williams	6	–	–	–	0	6
Other	–	–	–	–	1.5	1.5
Days	107	8.5	22.5	10	143	291
Rate per day	£300	£300	£300	£300	£300	£300
Total	£32,100	£2,550	£6,750	£3,000	£42,450	£87,300

Council attendance fees include Council meetings and informal meeting days.

RMC and AC are the attendance fees for meetings of the Resource Management Committee and the Audit Committee.

PPI and CSWG are the attendance fees for meetings of the Public Patients Involvement and Communication Strategy Working Group

Other includes training days, meeting with other Regulators and Professional associations, working group meetings such as the Governance Working group and meetings of the Fitness to Practise Committee as well as other meetings.

General Chiropractic Council
44 Wicklow Street
London WC1X 9HL

Tel 020 7713 5155
Fax 020 7713 5844
Email enquiries@gcc-uk.org
www.gcc-uk.org

July 2011