

General Chiropractic Council Meeting Agenda

15 June 2023 at 9:30 (In person)

Item	Action	Presenter	Time
1. Welcome, Apologies and Declarations of Interest		Chair	9.30
2. A. Council Minutes of 14 March 2023 B. Matters Arising	To approve	Chair	9.35
3. Chair's Report	To note	Chair	9.45
4. Chief Executive & Registrar's Report	To note	CER	10.00
5. Performance Updates			
A. 1. Regulatory Committee Appointments	To approve	D of FtP	10.15
2. Fitness to Practise Performance Update	To note	D of FtP	10.25
B. Finance Update – Management Accounts to May 2023	To note	D of CS	10.35
C. Business Plan 2023	To note	BPO	10.45
Break (10 Minutes)			10.55
6. Communications and Engagement Plan	To discuss	C&PL	11.05
7. Strategic Risk Register	To approve	CER	11.20
8. Update Report from the Chairs of Committees			11.35
A. Audit and Risk Committee	To note	Chair, ARC	
B. Education Committee	To approve	Chair, EC	
C. Remuneration and HR Committee	To note	Chair, RemHR	
9. Council Work Programme	To approve	Chair	12.05
10. Any Other Business		Chair	12.15

Date of next meeting: 25 September 2023

**[Unconfirmed] Minutes of the meeting of the General Chiropractic Council
On 14 March 2023 by videoconference**

Members present	Mary Chapman (Chair of Council) Sharon Oliver Annie Newsam Keith Walker Catherine Kelly	Elisabeth Angier Jennie Adams Ralph Pottie Keith Richards Fergus Devitt
Apologies	Steven Gould	
In attendance	Nick Jones, Chief Executive and Registrar Penny Bance, Director of Development Joe Omorodion, Director of Corporate Services	Nirupar Uddin, Director of Fitness to Practise Mary Nguyen, Business and Project Officer
Observers	Kate Steele, Partner, Capsticks Solicitors Siobhan Carson, Scrutiny Officer, Professional Standards Authority	Andrew Fielding, Communications Lead, GCC Maria Abagnale, Caseworker, GCC

1.	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>Apologies were received from Steven Gould.</p> <p>Members' interests were captured in the Register, published on the GCC website and were accurate. No additional interest was notified.</p> <p>The Chair welcomed Catherine Kelly to her first Council meeting.</p>
2.	<p>Draft minutes of the Council meeting of 8 December 2022 and matters arising</p> <p>A. Minutes Council agreed the minutes were an accurate record of the meeting.</p> <p>B. Matters arising The Chair confirmed the matters arising from the previous meeting, as set out in the report, were completed.</p>

<p>3.</p>	<p>Chair's report</p> <p>The Chair presented her report on the activities undertaken since the meeting of Council in December 2022.</p> <p>The Chair thanked Members for their preparation and contributions to successful appraisals completed in February this year.</p> <p>Council noted that Professor Catherine Kelly, appointed to Council with effect from 1 March 2023 would, join the Education Committee as a Member with immediate effect.</p> <p>Council noted the Chair's report.</p>
<p>4.</p>	<p>Chief Executive and Registrar's report</p> <p>The Chief Executive and Registrar (CER) presented his report.</p> <p>The CER drew attention to activity in the first part of the year including the publication of the new Education Standards; guidance and toolkits; and a new guide for students.</p> <p>He also noted that the annual review of the performance of the GCC by the Professional Standards Authority was underway.</p> <p>Council noted the work in progressing activities, with a comment made on the helpfulness by which registrants found the toolkits produced by the GCC and their utilisation in clinical practice and for CPD purposes.</p> <p>Council sought information on whether steps had been taken to evaluate the impact of such activity. The CER responded that this work was underway.</p> <p>Council also asked if it were possible to understand the benefits of the new PSA performance review cycle. The CER noted that it was too early to tell but that the PSA planned to review its Standards for good regulation in 2024.</p> <p>Council noted the report.</p>
<p>5.</p>	<p>Fitness to Practise Update</p> <p>The Director of Fitness to Practise (FtP) presented her report.</p> <p>Council was invited to note the first section on recruitment of regulatory committee members and within the staff team and to the clinical adviser role. The Director of FtP also invited Council to note the report on performance of the function and drew attention to performance regarding Standard 15 of the Professional Standards Authority standards for good regulation in relation to FTP timeliness.</p> <p>Members enquired as to the level of confidence the Director of Fitness to Practise had in reducing the time taken in the overall length of cases in regard to that standard. The Director of FtP cited the small number of cases and the</p>

	<p>volatile effect this has on the indicator, but that nonetheless all steps were being taken at both the investigation and listing stage to reduce time taken.</p> <p>Members enquired as to the commissioning of external support to review processes; the Director of FtP confirmed that such actions were underway, with fieldwork underway by an externally commissioned legal firm.</p> <p>The Chair enquired as to whether part-heard or adjourned cases were contributory factors affecting timeliness. The Director of FtP noted that there had been a significant reduction of such cases in the last year, and this was a positive development.</p> <p>Members emphasised the importance of maintaining grip on S.32 cases.</p> <p>Council noted the report.</p>
<p>6.</p>	<p>Finance update – Management Accounts to February 2023</p> <p>The Director of Corporate Services presented the report of the management accounts for the two months to 28 February 2023.</p> <p>He noted the results for the period under review showed the achievement of a headline surplus of £137k compared to the target headline surplus for the same period of £90k. The Director explained the reasons for the variance between the outturn and budgeted results for the period.</p> <p>The Director noted that the Executive was optimistic that the full year’s budgeted surplus of £267k, subject to the full implementation of the cost efficiencies assumed in the 2023 budget.</p> <p>The Director added that the assets on the balance sheet were valued at £3.485m at the end of February 2023. The net assets included the cash at bank of £1.8m and listed investments of £4.5m.</p> <p>Council noted the report.</p>
<p>7.</p>	<p>Business Plan 2022 – Performance update</p> <p>The Business and Projects Officer (BPO) presented an update on the delivery of the Business Plan (BP) 2023, the first of the year. The BPO reported that the implementation of the six projects in the BP 2023 had commenced and drew Members’ attention to the status of their delivery in the report.</p> <p>The BPO highlighted that a project in the business plan relating to the Welsh Language Standards compliance by the GCC was the subject of agenda item 10 separately.</p> <p>The BPO reminded Council that it had approved the 2023 Business Plan subject to greater clarity as to the measures and outcomes sought in relation to Project 6 – Understanding the current and future workforce (supply and demand). The BPO drew Council’s attention to the revised measures for the project at Annex E.</p>

In relation to communication and social media activities, the BPO noted that the plan was to move from “awareness messaging” to “outcome driven” messaging (i.e. where messages encourage the recipient to take an action such as reflecting on some research, changing behaviour or applying for a role). Regarding Project 1 (Promote regulation and registration to patients and the profession), a question was raised about the meaning of the ‘soft launch’ of the suite of resources for registrants. The Director of Development explained that the idea behind the concept was to first launch the resources on the GCC registrant portal to gather some feedback from registrants before the resources were made publicly available to the public and other stakeholders.

Council welcomed the progression of the work and updates on the Equality, Diversity and Inclusion (EDI) Action Plan, and thanked the working group leading the work. The BPO restated the commitment to the delivery of the 15-point Equality, Diversity and Inclusion action plan (2023-24) continuing into 2023, drawing attention to the work areas.

In response to a question on the development of a communication plan, the BPO confirmed that the draft plan would be presented to Council in June 2023.

Action: The Executive to present a communication plan for 2023 at the next meeting with Council in June 2023.

Council discussed the metrics proposed for Project 6 (Understanding the current and future workforce (supply and demand)). Council noted that the measures were realistic. Members asked the Executive, as part of the planned supply and demand research to be conducted, to test/explore the hypothesis that clinics for chiropractors were largely clustered around educational establishments offering chiropractic programmes.

Action: As part of the planned supply and demand research the Executive to test the hypothesis that clinics were clustered around educational establishments offering chiropractic programmes.

Council **noted** the report.

8. Annual Reports on Key Operational Areas:

The Director of Development introduced the two annual reports in relation to Registration and Fitness to Practise, noting these are produced to supplement the Council’s annual report and accounts and to be published on the GCC website. She drew Council’s attention to the key points of note including the growth of the register, its demographic profile and the reduction in the number of Fitness to Practise complaints.

Council congratulated the team on the reports that were helpful and well presented.

Council **noted** the reports.

<p>9.</p>	<p>Annual Reports from Statutory Fitness to Practise Committees</p> <p>The Chair welcomed Claire Bonnet, overall Chair of the Professional Conduct Committee and Jill Crawford, overall Chair of the Investigating Committee to the meeting to present their annual report.</p> <p>a. Annual Report from the Professional Conduct Committee (PCC)</p> <p>Claire Bonnet highlighted key points to Council from her report. This included membership of the committee, the listing of hearings, appraisals and effectiveness of the committee. In particular, the Chair of the PCC noted the occasional issue of late papers causing additional workload often over weekends or early prior to the commencement of a hearing. The Chair of the PCC also highlighted the effect of the <i>Somerville</i> judgment on remuneration.</p> <p>Members enquired on the extent to which action could be taken to reduce the time taken to reach hearing stage, for example the sufficiency of panel chairs.</p> <p>The Chair of Council thanked the Chair of the PCC for her clear and thoughtful report.</p> <p>Council noted the report.</p> <p>b. Annual Report from the Investigating Committee (IC)</p> <p>Jill Crawford highlighted key points to Council from her report. These included highlighting the learning curve for newly appointed legal assessors, the drafting of regulatory concerns being undertaken by the Committee, and the forthcoming recruitment of new members of the Committee and the importance of keeping the right balance between experienced members of the Committee and the introduction of new members. She also drew Council’s attention to the increased time taken to progress investigations noting the Executive’s assessment that this was a result of an increase in the length of time investigations were taking rather than a bottleneck at Investigating Committee.</p> <p>Members noted the positive reports further to the independent audit of cases and expressed their gratitude on the work led by the Chair of the Investigating Committee.</p> <p>The Chair of Council thanked the Chair of the Investigating Committee for her clear and thoughtful report.</p> <p>Council noted the report.</p>
<p>10.</p>	<p>Welsh Language Standards</p> <p>The BPO reminded Council of the responsibility of the Council as regards the Welsh Language Standards, outlining the background and that it would affect all GCC activities.</p> <p>The BPO noted the importance of Council being sighted and the response we would be making to the Commissioner’s draft compliance notice. Further, that the Standards have been reviewed in detail, with most likely to be completed</p>

	<p>straight forwardly, given the common themes across each – for example, translation and interpretation arrangements.</p> <p>The BPO drew attention to two standards requiring a better understanding the work involved and the costs and time to implement. It was noted those areas – relating to the telephone system and the on-line registration system – would be subject to a request in the response to the Welsh Language Commissioner to the consultation notice for more time to comply, over the six months' allowable.</p> <p>Members expressed some concern as to the extent and weight of the requirements emphasising the importance of adopting a proportionate approach to implementation.</p> <p>Action: The Executive to update Council at its next meeting in June 2023.</p> <p>Council noted the report.</p>
11.	<p>Government's proposals for the reform of health and social care professional regulation</p> <p>The CER presented this item noting the recent proposals published by the Department of Health and Social Care consulting on the regulation of anaesthesia and physician associates by the GMC, inviting responses by 16 May 2023.</p> <p>The CER highlighted that the draft order subject to consultation would be the template applied to all regulatory bodies. The CER noted the importance of involving stakeholders in developing the response by the GCC.</p> <p>The CER also indicated that there were some merits in the GCC submitting its response as soon as possible – maximising the potential for its impact.</p> <p>Council noted the report.</p>
12.	<p>Report from the Chair of the Audit and Risk Committee (ARC)</p> <p>The Chair of ARC asked Members to take the report as read.</p> <p>Council noted the report.</p>
13.	<p>Any other Business</p> <p>There were no items of other business.</p> <p>The Chair thanked members for their contributions.</p>
	<p>Date of next meeting: An in-person meeting at the General Chiropractic Council office on 15 June 2023.</p>

Agenda Item: 02b

Subject: Matters Arising from 14 March 2023

Presenter: Mary Chapman, Chair GCC

Date: 15 June 2023

Item	Actions	Update
7.	<p>Business Plan 2022 – Performance update</p> <p>Action: The Executive to present a communication plan for 2023 at the next meeting with Council in June 2023.</p>	<p>Completed – Item 6 in meeting agenda</p>
7.	<p>Business Plan 2022 – Performance update</p> <p>Action: As part of the planned supply and demand research the Executive to test the hypothesis that clinics were clustered around educational establishments offering chiropractic programmes.</p>	<p>Ongoing: The research Project has commenced and scheduled to conclude by December 2023</p>
10.	<p>Welsh Language Standards</p> <p>Action: The Executive to update Council at its next meeting in June 2023.</p>	<p>Completed – Item 5C in meeting agenda</p>

Chair's report

Meeting paper for Council on 15 June 2023

Agenda Item: 03

Introduction

1. This Council meeting, at mid-year point in the business cycle, allows us to review performance for the year to date and to confirm that the business plan for the year continues to meet our ambitions. We will also consider whether the GCC three-year strategy requires any modification before the executive team starts planning for 2024.
2. Our development day yesterday was an opportunity for members to get to know each other better and to share their governance experiences with colleagues. I am delighted that every member contributed and that we were all able to develop our understanding both of chiropractic and of our governance responsibilities.

Governance – recruitment

3. I am very pleased to welcome our new Member of Council to his first meeting. Following Privy Council approval, Mr Sam Guillemard was appointed to Council with effect from 1 June 2023.
4. Sam registered in May 2007, and has established several clinics in Sussex. In April 2022, Sam was appointed to the role of Test of Competence assessor, and from 2013 to September 2021 served as a Registrant Member of the Professional Conduct Committee. Sam has been an Examiner, Lecturer, Clinic Supervisor & Module Leader at the McTimoney College of Chiropractic.
5. I am grateful to Jennie Adams and Ralph Pottie for joining me on the Appointments Panel and for their diligence and thoroughness in ensuring the effectiveness of the process undertaken.
6. There is currently a vacancy for a Council Member of the Education Committee. I have asked Sam if he is prepared to be nominated to the Committee. He has confirmed that he is happy to serve. Unless other nominations are received

(before or at the meeting) the Registrar will confirm Sam's appointment to the Education Committee.

7. I am also delighted to report that, further to the recent round of recruitment for lay Members of Council, we welcome Aaron Porter, our new Member of Council. Following Privy Council approval, Aaron's appointment commences on 1 August 2023. I am grateful to Aaron, who was able to attend yesterday's development session and today's meeting prior to his appointment, as an observer.
8. Aaron has a portfolio of non-executive and advisory roles, with extensive experience leading and supporting good governance across sectors including higher education, pensions, schools, insurance, culture/arts and healthcare. Aaron already has connections to the GCC, having served as a non-Council Member of the Education Committee since 2015.
9. I wish Sam and Aaron well in their new roles, and I know they can rely on the full support of colleagues from Council and the executive.

Governance – Education Committee

10. Regrettably, today's meeting is the last attended by Sharon Oliver, Council Member and Chair of the Education Committee. Sharon leaves us a little earlier than her term, on 31 July 2023, to deal with personal matters. As Chair of Education Committee from her appointment in August 2017, Sharon has made a significant impact on the sector and profession. I will say more about her achievements and our gratitude at the meeting close.
11. The Education Committee meets on 13 July 2023 and that will be Sharon's last official engagement for the GCC. The subsequent meeting of the Education Committee will be held on 22 November 2023. Following Sharon's departure, Council will need to elect a new Chair of the Education Committee at its meeting on 25 September 2023. I will outline the arrangements for that in our private session.
12. In the meantime, it is important that interim arrangements are implemented to cover the period between the July meeting of Education Committee and the September meeting of Council. Whilst it is likely to be a relatively quiet period it is important that deputising arrangements are made. Our rules allow the Council to nominate a member of the Education Committee who is also a member of the Council to deputise for the Chair, if the Chair is unable to perform the duties of the Chair for any reason. Nominations will be sought from Council with a view to confirming the appointment of an Acting Chair before the end of July.

Educational Institution Visits

13. My programme of visits to the institutions responsible for chiropractic education and qualifications has continued to provide insights into the future of the profession. Students cite a diverse range of reasons for wanting to become

chiropractors, but the shared message is one of commitment to improved health and wellbeing. The part-time route to qualification is welcomed both by those who need to earn while they learn and by slightly more mature students with other responsibilities. The level of take-up of programmes is positive and points to a growing number of chiropractors for the future.

14. The visits were also an opportunity to hear about progress on the implementation of the new Education Standards, an area of focus for the GCC this year and next.

Department of Health and Social Care – programme of reform

15. The report by the CER outlines the response by the GCC to the consultation by the Department of Health and Social Care (DHSC) on *Regulating anaesthesia associates and physician associates* focussed on bringing the two professions into regulation by the General Medical Council. It is the Government's express intention that "the resultant legislation will provide a template for the subsequent regulatory legislative reforms."

16. We will have the opportunity to discuss but, further to my recent contact with Chairs of other regulatory bodies and with other colleagues, my assessment is that the Department is actively considering the constructive feedback from the regulatory community. Whilst many of the proposals have been welcomed, we are not alone in suggesting that the policy intentions have not always been translated into sufficiently clear drafting. As some of the feedback relates to significant concerns we have voiced in the last few years regarding deficiencies within our current rules, it is important the Department hears those views unequivocally.

Engagements

- 20 March – Visit to London South Bank University, hosted by Chiropractic programme lead, Mark Thomas
- 24 March 2023 – Visit to McTimoney College of Chiropractic, Abingdon, Oxford hosted by Professor Christina Cunliffe, Principal
- 27 March 2023 – As Chair of the Appointments Panel, conducted interviews for the appointment of a Registrant Member of Council
- 27 April 2023 – With the CER and Director of Development, dinner with the Chair and Chief Executive of the New Zealand Chiropractic Board
- 12 May 2023 – met with Lord Harris, Chair of the General Dental Council, to discuss current issues common to both our organisations
- May - met with individual Council Members of the Education Committee to discuss arrangements for the succession to the Chair of the Committee
- 23 May 2023 – introductory meeting with Sam Guillemard, newly appointed Member of Council.

- 3 June 2023 – attended the annual conference and dinner of the McTimoney Chiropractic Association in Oxford

Mary Chapman

Chair

Chief Executive & Registrar Report

Meeting paper for Council on 15 June 2023

Agenda Item: 04

Purpose

This regular report summarises key developments in the period since the Council last met, on 14 March 2023, not covered elsewhere on the agenda.

Recommendations

Council is asked to note the report.

General update

1. We are through our recent recruitment and retention challenges, and I observe stability in all operational areas. The first five months of the year have been productive with good progress made against all business plan commitments. There has been significant recruitment activity – of Council, Committee Members including regulatory committees, and of staff. This is resource intensive and important, and we have achieved our goals here. Our annual report for 2022 was laid in Parliament in May and is available on our website. Our website is now, mostly, also available in Welsh.

Response to consultation on regulatory reform by the Department of Health and Social Care

2. Members will recall as the previous meeting of Council we outlined our ambition to submit a comprehensive and detailed response to the government's proposals published in February 2023. That is, a draft Order to bring Anaesthesia Associates (AAs) and Physician Associates (PAs) into GMC regulation. To be achieved by amending the powers of the GMC, with that Order subsequently replacing each regulator's current legislation, through a series of statutory instruments, giving each near identical powers through broadly similar legislation.

3. Our response, in two parts – a summary and then detail covering aspects of the Order following the format of the questions asked in the consultation is at annex 1. The submission was developed with the involvement of legal advice, commissioned specifically (and with a view to developing a relationship over the next period that is sensitive to the issues faced by the GCC); engagement with registrants and the professional bodies; and engagement on the subject with Chiropractic Patient Voice, a small group of patients. The insights gained from these engagements were valuable, often mirroring our own insights, and included in our response.
4. We said any new legislation must equip regulators to be faster, fairer and more flexible; and enable us to:
 - Adapt our regulatory approach to the needs and demand of health and care services as they evolve.
 - Deliver an approach to regulation which is fair to registrants, supporting chiropractors to deliver the best possible care, and allows us to take proportionate and swift action where that is needed.
 - Be accountable to patients, the public and the profession.
5. We also said that we welcome the proposals, as they address many of the concerns we have with our current powers, and we set those out. We also identified some significant concerns with the proposals, and we set those out in detail. These include:
 - The ability to take a more proportionate approach to the investigation of concerns Clarity as to powers of review of interim measures.
 - Making clearer provisions around revisions and appeals.
 - the potential to undermine the independence of regulators upon which public confidence is built by limiting our ability in relation to fee-setting and our arrangements for financial management.
6. We emphasise these are not abstract concerns but highlighted so that the problems of the past – whereby aspects of regulation which do not serve the interests of the public or registrants become enshrined in legislation – are not repeated. Our principal over-arching concern is the timetable for change. Our current powers affect our ability to deliver our core statutory functions effectively. They are administratively burdensome for us and the people we interact with, especially registrants and patients who raise complains against a chiropractor. We call for sustained progress; with no fixed timetable for the reform of GCC legislation the weaknesses in the current system will remain. I am, however, not optimistic that change will be swift.

Strategy

7. This meeting of Council takes place at the mid-point in our current Strategy 2022-2024. We will act during 2024 to develop our next strategy for the period 2025 onwards. In the meantime we have carried out a review of the strategy – the aims

and objectives - and confirm that the actions undertaken in 2022 and 2023 to date, and as set out in the respective business plans, meet those objectives. Our final year business plan is being developed. And to an extent will be informed by the following.

8. Members will recall that at the meeting of Council in March I outlined, in the context of the slow pace of reform, that we have an opportunity now to build on our achievements of the past few years in promoting professionalism; establishing robust and modern standards of Education within an increasingly multi-disciplinary teaching environment; and publishing more formal Guidance, setting clearer expectations on a range of fronts, accompanied by a range of supporting material (for example, 'toolkits').
9. More fundamentally though, that our single most valuable proposition is in standard setting. The Code of Practice is fit for purpose and is outcome focused. It is also ready for review as the current version is from 2016. In planning last year, for this year, we assumed a review of the Code would take place in 2024. We proposed at the last meeting bringing preparatory work for that forward, such that we can confidently complete the review in 2024 and which the Council warmly endorsed.
10. The GCC Code is integral to ensuring high quality professional practice. It sets out for patients the quality of care they are entitled to receive from chiropractors. For chiropractors, they are the benchmarks of conduct and practice they will be measured against if a complaint is made to the GCC. The current Code, the fifth edition, was published on 30 June 2015 and came into effect on 30 June 2016, as the Act requires the Council to give a year's advance notice of changes to the Standards of Proficiency.
11. The current Code amalgamated for the first time the Code of Practice and the Standard of Proficiency into a more streamlined, single document and removed the supporting guidance. Guidance is published separately and is updated and produced more frequently as required. Our legislation makes it mandatory for the GCC to determine and to publish the standard of proficiency ("the SoP"). There is also a duty to keep the Code under review and to consult on any changes to it.
12. We plan to engage with our key stakeholders during the latter part of 2023 through surveys and focus groups and carry out scoping work to help ensure the Code is up to date, maintains best practice and responds to developments in the profession and wider healthcare sector. This will involve stakeholder engagement to understand how external users perceive, access and apply the Code; identify any necessary updates to reflect changes in practice, particularly post pandemic and explore key topics such as social media and online conduct, maintaining professional boundaries and patient safety. We will also map to other frameworks to ensure the Code is consistent with the Codes from other regulators. Work on the new Education Standards will also inform this work.
13. A report outlining key findings and recommendations will be presented to Council in December for determining next steps. Council's approval for undertaking this

work is considered as part of the financial forecast and business plan proposals later in the meeting.

Equality, Diversity and Inclusion

- 14.** The last few months have seen the GCC reconvene the EDI working group twice and expand its membership to include a Welsh speaking registrant. All members much value from their personal and professional experience and give generously of their time. As you can see from the update in the Business Plan work has continued on achieving specific action points within the 15 Point Action Plan as well as additional projects to support with the implementation of the new Education Standards. Work has commenced on Phase 2 of this project and will deliver a chiropractic-specific document for institutions, which will outline EDI best practice in a way that is specific to chiropractic and will assist the providers meet the Education Standards at a programme level. This will include best practice examples and we will be encouraging our education providers to share examples of best practice. Further guidance and best practice examples from wider UK healthcare regulators will be compiled into a central resource for the GCC, education providers and registrants to use for general support.
- 15.** We have published a [summary](#) of the thematic review on the Fitness to Practise (FtP) process, where we sought to identify whether the FTP processes are fair, non-biased and non-discriminatory. The data set analysed was taken from a random pool of FtP cases between 2019-2022 and sought to establish whether there were any fundamental issues of fairness with the FtP system and any links between EDI issues and complaints against registrants. Analysis of the data set available revealed some interesting findings regarding the nature of complaints against chiropractors:

 - Complaints made against male registrants accounted for 93% of cases (though males are only 50% of practising registrants), with 55% of these complaints coming from female complainants.
 - Patients who were pregnant or had a disability were over-represented in complaints that related to clinical aspects of care (such as treatment plans as opposed to issues with advertising or similar).
- 16.** One of the findings related to the Investigating Committee and its lack of diversity and we have sought to address this through our recent recruitment round. We have also started a review of protected characteristics in FtP cases which have led to sanctions, to identify if there is a potential for any bias in sanctions applied.
- 17.** Further, as part of its overall equality, diversity and inclusion (EDI) action plan, the PSA has been reviewing its approach to Standard 3 in relation to EDI. We reviewed the draft outcome statements and evidence framework for Standard 3 and raised concerns about specific aspects of these with the Authority. In April the PSA responded to all regulators with significant amendments to the draft evidence matrix and a new guidance document. We were pleased to see the amendments and that indicators relating to key organisational metrics have been

removed, with the focus remaining on regulators' activity as regulators, rather than as employers.

18. The PSA has published a new evidence matrix, which breaks down the Standard into four outcome areas, under which sit more detailed indicators of performance for specific years. This can be found at annex 2. It will be used to assess regulators' performance at the end of the 2023/24 cycle, which will be in March 2024 at the earliest. The PSA will work with us to determine which indicators are and are not achievable in that period and assess each regulator based on their individual circumstances.

Professional Standards Authority (PSA)

a) Performance Review

19. I remind Members that this year we are subject to a 'periodic review' – with the subsequent two years a lighter touch monitoring review. Our performance review period is from 1 July 2022 to 30 June 2023. Based on the evidence collected, a recommendation to the PSA internal decision-making panel about our performance against each of the *Standards of Good Regulation* has been issued, and we expect to be advised of that just in advance of this meeting. The PSA then drafts our report, with the expectation that it can be published in time for the September 2023 meeting of Council.

b) PSA Strategic Plan

20. [The PSA Plan](#) has now been published, identifying three priorities. To protect the public by delivering highly effective oversight of regulation and registration; to make regulation and registration better and fairer; to promote and support 'Safer Care for all' – its report of Autumn 2022 and which has the following key themes: Tackling inequalities; Regulating for new risks; Facing up to the workforce crisis; Accountability, fear and public safety.
21. The Plan is broadly consistent with the consultation on it, and we welcome many of the aims including those relating to further progress on equality, diversity and inclusion and the development of regulatory strategies that underpin workforce strategies across the UK.

Meetings and engagements (all virtual unless stated otherwise)

March 2023

- 17 March – Appraisal with Chair of Investigating Committee
- 20 March – Higher Education Conference: Sustaining the health and care workforce now and in the future, in-person
- 27 March – Annual meeting of the Society for the promotion of Chiropractic Education, in-person
- 29 March – Attended the Education Committee meeting of the GCC, in person

- 30 March – met the newly appointed CEO of the British Chiropractic Association
- 31 March – Workshop on the new Patient Safety Incident Response Framework

April 2023

- 6 April – Chaired interview panel for GCC governance coordinator role recruitment, in person
- 12 April – Attended meeting of the Remuneration and Human Resources Committee of the GCC, in person
- 14 April – Catch-up meeting with the President and CEO of the Royal College of Chiropractors
- 14 April – met with representatives of the professional associations and the Royal College of Chiropractors to discuss the response to the consultation by DHSC on regulating anaesthesia and physician associates
- 20 April – hosted a webinar attended by registrants on the same subject (above)
- 25 April – hosted a webinar attended by a patient group on the same subject (above)
- 27 April – CEORB - Chief Executives of Regulatory Bodies monthly meeting
- 27 April – With the Chair and Director of Development, dinner with representatives from the New Zealand Chiropractic Board
- 28 April – Chaired a GCC-hosted seminar with UK stakeholders and representatives from the New Zealand Chiropractic Board, in person

May 2023

- 12 May – Meeting of the Dean's Forum
- 19 May – Meeting of the International Chiropractic Regulatory Society on registration of overseas sports chiropractors
- 23 May – Attended a meeting of the Audit and Risk Committee of the GCC
- 25 May – Interview panel for Clinical Adviser recruitment
- 26 May – CEORB - Chief Executives of Regulatory Bodies monthly meeting

Nick Jones

Chief Executive & Registrar

Regulating anaesthesia associates and physician associates

Response of the General Chiropractic Council to the Department of Health and Social Care consultation on Regulating anaesthesia associates and physician associates in the UK.

May 2023



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Summary

The General Chiropractic Council (GCC) welcomes the publication of the government's analysis of the 2021 consultation on reform of professional regulation and is pleased to provide its response to ['Regulating anaesthesia associates and physician associates'](#).

The consultation is focussed on bringing the two professions into regulation by the General Medical Council. It is the government's express intention that

"the resultant legislation will provide a template for the subsequent regulatory legislative reforms."

This response by the GCC to the proposals is drafted on the basis of how the changes would operate if applied to the GCC.

Approaches to healthcare regulation have changed since the [Chiropractors Act 1994](#) was enacted and so we welcome reform. We have been calling for changes to be made to our outdated legislation and rules for many years. We also know that the healthcare system will continue to evolve, including in ways which cannot be anticipated.

We welcome and support the overall approach taken: the replacement of detailed, prescriptive legislation with rules enabling regulators to be flexible and adapt their rules as requirements change. We are confident this will support more agile, responsive and proportionate regulation in the years ahead for the better protection of people and the promotion of safe, high-quality care. Equally, there must be sustained progress. The publication of the proposals follows many years of slow progress. With no timetable for the reform of GCC legislation the weaknesses in the current system will remain.

Of course, with the increased flexibility given to regulators comes increased responsibility. We fully support the obligation upon regulators to carefully consult on their rules as an important safeguard on the exercising of these new powers.

Fundamentally, the reforms must deliver a framework which will enable the GCC and other regulators to protect the public. In [our response to the 2021 consultation](#), we said any new legislation must equip regulators to be faster, fairer and more flexible; and enable us to:

- Adapt our regulatory approach to the needs and demand of health and care services as they evolve;
- Deliver an approach to regulation which is fair to registrants, supporting chiropractors to deliver the best possible care, and allows us to take proportionate and swift action where that is needed;
- Be accountable to patients, the public and the profession.

In much of what is proposed, the draft order meets those aims.

The proposals address many of the concerns we have with our current powers that we have told government prevents us from doing our job as effectively as we can.

The benefits of these proposals include:

- Greater flexibility in the approach we can take to ensuring the highest standards of professional development of chiropractors. The public expect us to ensure chiropractors are up to date with training and their ongoing professional development; to ensure they continue to meet all the standards necessary for registration; and that they are fit to practise. We would also like to see these powers given greater prominence in the draft order, sending a signal to the public that doing so is a regulator's core function (**question 26**).
- Enhanced case management powers, for example in ensuring panels can give clear directions. These powers are absent from our framework meaning that cases can too often be delayed or adjourned. This combined with an ability to impose costs where there has been a failure to meet those directions will incentivise both registrants and regulators to comply with directions made by a panel - bringing greater efficiency to the fitness to practise process. (**question 31**).
- The ability to take decisive action to remove any registrant convicted of a serious criminal offence without the need to go through a costly and time-consuming fitness to practise hearing (**question 24**).
- A power to resolve cases where a registrant accepts their fitness to practise is impaired without the need for a hearing, which can be costly and time-consuming and stressful for all involved. We can see that such an approach could be seen as lacking transparency, but we note and support the requirement for these decisions to be published, and think publication is an important counter-balance to cases being resolved in the absence of a public hearing (**question 13**).
- An ability to revise our fees more easily, taking an approach which is beneficial to chiropractors (for example by way of charging fees on a pro rata basis rather than needing to require payment in full before registration can be granted). Our current inability to do this is a cause of frustration for some chiropractors affected and we believe this reform will attract much support (**question 29**).
- Greater flexibility where someone misuses the title of chiropractor. Being able to do so is a vital tool in regulating to protect the public (**question 20**).

However, we have some significant concerns:

Other regulators have been beneficiaries of rule and other changes. As set out above we have experienced at first hand the adverse consequences of our outdated legislation. We feel that the proposals do not address all of our concerns and that further work is needed in some areas to ensure the reforms deliver on what is intended for the GCC and other regulators. We call for further changes relating to:

- The ability to take a more proportionate approach to the investigation of concerns. This would enable regulators to channel resources appropriately, including the closing of cases straightforwardly at an early stage - where that is the right thing to do. This benefit of reform must be delivered and as proposed we have significant concerns it will not be. Our engagement tells us this is something desired not just by the GCC, but also patients and the profession we regulate. As the government will be aware, the current obligation upon the GCC to refer all allegations to its Investigating Committee has not helped us to regulate in the way we would like. We call for a legal basis for an *initial assessment* stage in the legislation. We think this is government's aim but as currently expressed that aim is not explicit. We expand further on this important point in our response to **question 12**.
- Clarifying what happens when the health of a registrant is affecting their fitness to practise. In our view, within the definition of 'impaired fitness to practise' a reference to a *standalone* health ground is required. As the proposals stand it is conceivable that an adverse event must occur before a regulator can take action. This cannot be the intention. We believe stating that regulators are not required to wait for an adverse event in taking fitness to practise action where there are grounds in relation to health puts that risk beyond doubt (**question 1**).
- Clarity as to regulators' powers of review of interim measures. The GCC takes its duties around interim suspensions very seriously and would emphasise (from experience) our powers in this area must be unambiguous. It is proposed we are given powers to carry out a review, but not by who [a case examiner or panel?] nor the powers available to us having conducted the review. We are also concerned that a limit could be applied on the amount of time a court is able to extend an interim measure (**question 15**).
- Ensuring that as well as determining the standards for registration now, we think it needs to go further so we can continue to do so in the future. We think there may be unforeseeable developments in the years ahead which it is right an applicant demonstrates before being granted registration. Although the draft order gives regulators the powers to set registration procedures in rules, we also think the GCC should be able to set the *requirements* of registration in rules (**question 4**).
- Making clearer provisions around revisions and appeals. As things stand we do not believe they can or will operate effectively. In particular, we are not satisfied they give sufficient clarity on ways in which a registrant may challenge a regulator's decisions; this is unfair. We would encourage the government to engage further, in particular with regulators, to ensure the proposals here are comprehensive and workable (**question 19**).

- Making the definition of *conditions* and *suspensions*, as both *interim* and *final* measures, more precise. The definition of *final measures*, of *conditions* and *suspension* must be amended to make clear they are conditions upon, and suspension from, registration – that is, we grant registration, make conditions of registration, and suspend registration (**question 1**).
- Fee setting. Whilst we welcome the greater flexibility as to establishing fees, we would be concerned that the prescriptive requirements, including around reserves and the requirement to balance income and expenditure are unworkable and have the potential to undermine the independence of regulators upon which public confidence is built (**question 29**).

These are not abstract concerns but highlighted so that the problems of the past – whereby aspects of regulation which do not serve the interests of the public or registrants become enshrined in legislation – are not repeated. We strongly support the overall direction of the legislation and, with a willingness to revisit specific problems in the current draft, and by moving ahead without delay, we believe it could be a sound basis for healthcare regulation in the decades ahead.

We make additional points:

1. We note, as does the consultation document, that the draft order does not contain all of the governance reforms which were contemplated in the 2021 consultation. Effective arrangements for governance underpin delivery, so further work and engagement will be needed by government to ensure those are delivered.
2. We express, above, our concerns around the length of time that will pass before the benefits of reform will be enjoyed by those we regulate and the public whose interest we seek to protect. We make an additional point, noting the intention to prioritise changes to regulators based upon criteria including the size of the registrant base, the need for reform and regulators readiness to implement the changes. The GCC is realistic. It knows its registrant base is smaller than that of a number of other regulators who may therefore feature higher in government's priority list for reform. However, though we may be a small part of the healthcare system we are also an integral part. The number of registered chiropractors has grown each year since 2007, which is reflective of the view that chiropractic is increasingly perceived as offering solutions to the public health of the nation within or adjacent to the NHS.
3. We hope that the level of engagement throughout our consultation response provides clear evidence to the government of the GCC's willingness, readiness and ability to work with the Department to implement reform.

General Chiropractic Council.

May 2023

Our detailed comments on the draft order follow:

Part 1: general

Q1.

Do you have any comments relating to 'part 1: general' of the consultation?

Article 1

The GCC understands the rationale for the commencement timetable in the context of AA and PA regulation contained within Article 1.

We also note the helpful acknowledgement in the consultation that the commencement provisions will need to be kept under review to ensure the GMC has the necessary time to prepare and consult upon its rules. This is a consideration which will need to be kept in mind when delivering reform for all of the other regulators. In the interests of transparency, it is vital that the GCC has the time to consult properly on the rules which will be at the heart of the reformed framework – giving the public and the profession a real opportunity to input into the new regulatory landscape.

Article 2

In respect of the definitions of terms used with the draft order contained within Article 2 the GCC make the following comments:

Final measure

We think the definition of 'Final measure', which provides for the available sanctions at the end of the fitness to practise process, requires amendment.

A final measure of conditions is defined simply as "*one imposed upon an associate*" and a final measure of suspension is defined as a suspension "*from practice*". However, regulators tend to convey registration rather than an ability to practise. It therefore does not make sense that we be empowered to restrict something which is not in our gift to grant. Indeed, defining final measures without reference to registration creates a risk of confusion as to their practical effect. Such confusion cannot be allowed within legislation which has at its heart the aim of protecting the public. We think there would be real patient safety concerns if a chiropractor, whose fitness to practise had been found impaired, was subject to measure of conditions or suspension and there was any doubt about the extent to which their professional activities were restricted. Consequently, the GCC is strongly of the view that the definition of final measures of conditions and suspension be amended so as to make clear they are conditions upon, and suspension from, registration.

Interim Measure

The definition of an interim measure within Article 2 as including both a suspension and condition would be a welcome improvement upon the position in the Chiropractors Act 1994 which confines the GCC to simply interim measures of suspension. This is clearly not in keeping with proportionate regulation and is an

obvious, and easily remedied, gap in our framework. Hence, the introduction of a power for the GCC to impose interim conditions is something which we consider necessary to have the full suite of regulatory tools available to us so we can provide patients and the profession with confidence that we are acting as a proportionate regulator.

However, we would echo our points above regarding the need for the definition of final measures to be tied to registration in the context of interim measures.

Impaired fitness to practise

Of particular note, is the provision in Article 2(2)(a) that fitness to practise may be impaired on the basis of either an "*inability to provide care to a sufficient standard*" or "*misconduct*". The GCC is supportive of the need to harmonise the bases upon which a registrant's fitness to practise may be impaired; these bases vary across the regulators and there is not an obvious rationale for such variation. Indeed, the GCC's legislation is perhaps particularly out of step with others, and in need of updating, in that it does not specifically use the term "*fitness to practise*" but instead speaks of "*unacceptable professional conduct*".

It is certainly helpful that the consultation document confirms the intention that an inability to provide care to a sufficient standard would cover concerns relating to lack of competence, health matters and insufficient English Language ability. We also think that an inability to provide care to a sufficient standard is an improvement upon the previously consulted upon phrase of "*lack of competence*" which appeared overly narrow.

Nonetheless, we do have some significant reservations about condensing the bases of impairment to these two grounds.

The GCC currently has a standalone health ground of action, expressed at our [section 20\(1\)\(d\)](#) as someone's ability to practise as a chiropractor being "*seriously impaired because of his physical or mental condition*". We do think there is some merit, given the sensitivity of such cases, in treating them as 'health cases' rather than placing them into the same category as what we would describe in our existing framework as 'incompetence'.

More substantively, we remain concerned that putting health under a competence ground may limit regulators' ability to deal with cases where a registrant's conduct (as a result of health issues) has not yet led to direct evidence of an inability to provide safe care. Bearing in mind the overarching objective for all regulators to protect the public, there should be no room for doubt that the GCC and other healthcare regulators are not required to wait until something has gone wrong before action can be taken. The GCC expects other regulators will highlight this point and would strongly urge that the concerns expressed, which are rooted in ensuring this legislation properly equips regulators to protect the public, are addressed by including a standalone health ground.

In addition, although we envisage the intention is that criminal convictions be considered as misconduct, we think there is merit in the legislation expressly making clear that conduct which has been found proven beyond doubt to meet a criminal threshold is a basis for fitness to practise action. In the event that the government is persuaded to add criminal convictions as a distinct basis of impairment, the GCC would also be supportive of encompassing cautions – as is the position for most

other healthcare regulators. Cautions are not currently identified within [section 20\(1\) of the Chiropractors Act 1994](#) as being a specific basis for impairment which means we have to go through the process of establishing the conduct that lead to the caution "*falls short of the standard required of a registered chiropractor*".

Part 2: standards and approvals

Q2.

Do you agree or disagree that the powers outlined in 'part 2: standards and approvals' are sufficient to enable the GMC to fulfil its role safely and effectively in relation to the education and training of AAs and PAs?

Note: This question does not relate to the GMC's powers for setting the standards for registration contained in Part 3

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We would defer to those stakeholders involved in the education and training of AAs and PAs as to whether the powers and duties contained in Part 2 are sufficient for the regulation of those two professions.

Below we set out our headline views in the event the framework in Part 2 were to apply to the GCC. Such views may also be of assistance in considering the approach to regulation of AAs and PAs.

Q3.

Do you have any additional comments on 'part 2: standards and approvals' in relation to the drafting approach as it would apply to all regulated healthcare professionals?

Article 3

We are supportive of regulators being required to determine standards in the context of education approvals under Article 4 and registration under Article 6.

We see no issue with being required to consult before determining such standards. Indeed the GCC already has some relevant experience of doing this in the context of its existing framework, with [section 19 of our Act](#) obliging us to consult before publishing the Code of Practice containing the standards of conduct and practise expected of registered chiropractors. Where the requirement to consult is caveated with the words "*such persons as the Regulator considers appropriate*" our understanding is the intention here is not to impose a requirement to consult where it would not be proportionate to do so, for example in the event a minor change to a particular standard.

Nor do we see any difficulty in the duty to keep such standards under review as this is something the GCC would need to do whether or not there was express provision in its legislation.

Article 4

The GCC welcomes the powers of approval contained within Article 4(1). We can see how this would allow us different ways to ensure that the educational foundations of chiropractic meet the high standards rightly expected by the public.

We think the ability to impose conditions on approval is a helpful regulatory tool and the power to withdraw approval is clearly a necessary one.

The GCC notes the power in Article 4(3) to "*co-ordinate the stages of education and training*". We welcome the flexibility this would bring and would of course reflect carefully upon how it could be used to advance public protection.

Part 3: the register

Q4.

Do you agree or disagree that the draft order provides the GMC with the necessary powers to determine the standards and procedural requirements for registration?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Our comments here are focussed on the position were the legislation to be applied to the GCC. We agree that the draft order would enable us to determine the standards for registration now, but think it needs to go further to ensure we can do so in the future.

Article 6(1) and (2)

We see the logic of having standardised requirements for registration. That said, we think it is important that applicants can demonstrate in different ways that they have met those requirements and would welcome confirmation in the government's response to the consultation that it considers that to be the case. This is a particular area of concern for us as the GCC (Registration of Chiropractors with Foreign Qualifications) Rules 2002 are highly prescriptive as to the ways in which those applying for registration must demonstrate they meet the requisite standard of proficiency.

We are supportive of the requirement for regulators to be satisfied of the matters identified within Article 6(2)(c)(i) before granting registration.

The consultation document describes the power at Article 6(2)(c)(ii) as being one to "*set out in rules any other procedural requirements*" for registration which fall outside of the standards specified elsewhere in Article 6(2). The GCC wonders whether the intention of Article 6(2)(c)(ii) was to empower regulators to set further registration

standards/criteria in rules, rather than being confined to procedural matters. This seems like an important means of future-proofing the legislation, acknowledging the fact that there may be unforeseen things in the future which it is right an applicant demonstrates before being granted registration. If the government is in agreement, it would be helpful to recast this provision as being one which goes beyond matters of procedure and encompasses substantive registration requirements. The GCC thinks this is important so that we can protect the public not simply immediately when the new framework comes into effect but also in the future, particularly given our experience that the opportunity to reform our legislation is not one which will occur regularly. Providing us, and other healthcare regulators, with the power to set further registration requirements in rules is an important tool in enabling us not just to regulate effectively when the legislation comes into force but also in the years that follow. Such rules would of course be subject to the important safeguard provided by consultation.

Q5.

Do you agree or disagree that the draft order provides the GMC with proportionate powers for restoring AAs and PAs to the register where they have previously been removed due to a final measure?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Article 6(1)(a)

The GCC agrees that the Registrar, that is via delegation to suitably experienced and knowledgeable members of a regulator's staff, is the correct decision maker to determine whether an applicant has demonstrated the standards in Article 6(2). We add that it is imperative that the order is watertight such that delegation to a panel is permitted, and we have some concerns that, as it stands, that is doubtful.

Where a chiropractor has been removed by way of a final measure following a fitness to practise process, we agree that the GCC needs to be satisfied their fitness to practise is not impaired before they can re-join the register. As the removal would often have been by a Panel, having assessed a registrant's fitness to practise to be impaired, we can see some logic in the requirement for the fitness to practise question upon restoration to be determined by a Panel. However, this would not always be the case – removal could take place by way of an accepted outcome following a case examiner's determination.

Hence, we do not support this being a fixed requirement in the legislation. From the perspective of not cementing procedures into the legislation which cannot then be easily changed, we would suggest it not require the involvement of a Panel. Instead, we would suggest that the procedure as to a restoration application ought to be left to regulators to determine in their rules. Such rules would of course be subject to the important safeguard of requiring consultation before coming into force.

On that basis, the GCC proposes the approach in Article 6(1)(b) – which allows the decision maker to be "*a person prescribed in rules under paragraph 2(1) of Schedule 4*" – be extended to restoration following removal by a final measure.

Q6.

Do you agree or disagree that the draft order provides the GMC with proportionate powers for restoring AAs and PAs to the register where the regulator identifies in rules that it is necessary for the applicant to satisfy the regulator that their fitness to practise is not impaired?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Article 6(1)(b)

The GCC welcomes the approach taken in this provision and the flexibility which it gives to regulators to determine the restoration process in such circumstances.

Q7.

Do you agree or disagree that the powers in the draft order relating to the content of the register and its publication will enable the GMC to effectively maintain a register of AAs and PAs who meet the standards required to practise in the UK?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Article 5

All of the matters identified in Article 5(3) appear to us ones which it is proper to require a regulator to record within a register entry.

The GCC considers Article 5(4), expressly empowering regulators to record other information in the register, is a helpful instance of the legislation providing regulators with the ability not just to regulate appropriately now but also in the future.

Q8.

Do you agree or disagree that the draft order provides the GMC with the necessary and proportionate powers to reflect different categories of registration and any conditions that apply to the registration of people in those categories?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We have provided comments in respect of Article 7 in response to [question 10](#).

Q9.

Do you agree or disagree that the draft order provides the GMC with proportionate and necessary powers in relation to the removal of AA and PA entries from the register which will enable it to operate a safe and fair system of regulation that protects the public?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We have provided comments in respect of Article 8 in response to [question 10](#).

Q10.

Do you have any additional comments on 'part 3: the register' in relation to the drafting approach as it would apply to all regulated healthcare professionals?

Article 6

As is noted in the consultation document, one of the core functions of a regulator is to hold a register of professionals. However, that function does not clearly appear within the current drafting with first registration being referred to as "*any other case*" (i.e. not restoration) in Article 6(1)(c).

We also cannot see the logic for first registration appearing after the restoration provisions as this does not reflect the registrant 'journey'.

Accordingly, we would invite the government to: (a) reorder the provisions in Article 6(1) so that first registration appears before the restoration provisions; and (b)

amend the drafting to use language which more clearly expresses the provision's purpose.

Article 7

From the GCC's perspective, we welcome the ability to effectively create different types of registration which we understand to be the intention of this provision.

Article 8

The GCC supports the powers in Article 8(1) or Article 8(2). which, were the legislation extended to other regulators, it would possess to remove registrants. We are unclear as to why the order proposes that the right to automatic removal applies to offences committed after the date of the order and submit it should apply regardless of when that offence was submitted.

Q11.

Do you agree or disagree that the draft order provides the necessary powers to enable the GMC to implement an efficient and safe system of temporary registration for AAs and PAs during a period of emergency as declared by the Secretary of State?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We agree with the draft order making provision for emergency registration and would welcome its inclusion within an amended framework for the GCC. In respect of whether the provisions in the draft order are specifically suitable for the purpose of AA and PA regulation, we have no comments.

Part 4: fitness to practise

Q12.

Do you agree or disagree that the powers in the draft order enable the GMC to implement a 3-stage fitness to practise process for AAs and PAs proportionately and sufficiently?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We set out our views on this provision here because we think our comments are of general application. In that context, whilst the GCC is supportive of a three-stage fitness to practise process, **we disagree** that the powers in the draft order would enable us to implement such a process.

We note what the consultation says regarding the lack of need for an initial assessment stage to be "*prescriptively set out*" in the draft order and its pointing to the power in Schedule 4 paragraph 3(1)(a) to provide for an initial assessment stage process in rules.

As a technical point, the GCC would highlight that Schedule 4 paragraph 3(1)(a) requires a regulator to prescribe in rules the procedure for, amongst others, Article 9. Article 9 is very clearly characterised as being the case examiner and panel stages, i.e. stages two and three of the proposed three-stage fitness to practise process. Whilst anyone reading the consultation document could be in no doubt that the intention is to empower regulators to provide for an initial assessment process in rules we would query how clearly the drafting delivers on that intention.

Although we support an initial assessment process not being prescriptively set out in the legislation, we do not think including an express provision to acknowledge that regulators are empowered to create rules for an initial assessment process would be prescriptive or risk unhelpfully fossilising the legislation in years to come.

A significant concern with the current legislation, expressed multiple times over many years, is that it makes our approach to dealing with complaints inflexible, bringing more of those into a formal system than is ideal. Not only does that have resource implications, it is simply not good regulation. One of the major benefits which we, and other regulators, need to see delivered by reform is a more agile approach to the handling of complaints. Indeed, this has been the promise made throughout the reform journey. To deliver this, it must be established beyond doubt that we do not have to investigate everything that comes through our door and can close cases without them needing to go before a case examiner. This is essentially the very problem we are seeking to be addressed in our existing legislation which requires the GCC to refer any allegation to our Investigation Committee. On that basis, we would urge the government to consider whether the draft order as currently constructed matches the clear, and welcome, intention expressed in the consultation document. Does the draft order provide regulators with the utmost flexibility in having

and designing an initial assessment process which is fair, proportionate and protects the public?

A specific difficulty the GCC has noted is Schedule 3, paragraph 2(1)(b)(i) and 2(1)(c) requires any decision under Article 9 to be notified to the registrant and, other than a decision to refer to a Panel, any employer, known other regulator or complainant. Such obligations may be appropriate where a case has been 'promoted' for consideration at the second stage, but is entirely inconsistent with the aim of providing a more flexible and proportionate fitness to practise process whereby cases can be straightforwardly closed at any early stage. Hence, the GCC considers that the draft order needs to make it clear that cases can be closed before being considered by a case examiner.

Q13.

Do you agree or disagree that the powers in the draft order enable case examiners to carry out their roles appropriately and that the powers help to ensure the safe and effective regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Subject to a few points of detail, we agree that the powers given to case examiners will help to ensure the safe and effective regulation of AAs, PAs and, in due course, chiropractors. The GCC does not have case examiners within its legislation, but we have noted their use by other regulators and would very much welcome their introduction to our framework.

Currently we have no express power to issue warnings, so the ability of a case examiner to conclude that a registrant's fitness to practise is not impaired but nevertheless issue a warning would be a helpful improvement on our existing fitness to practise powers.

We support the power in Article 9 for case examiners, where they consider a registrant to be impaired, to dispose of cases by way of a final measure without a hearing. This seems to us to be in the interests of both registrants and the public, neither of whom are served by the time, resource and stress of a hearing where one is not required. We note that there is a requirement at Schedule 3 paragraph 4(2)(c) for such decisions to be published which we think is an important counter-balance to cases being resolved without a public hearing.

We also welcome the power in Article 9(2)(b) for a measure to take effect where there has been no response from a registrant to a case examiner's proposal. That said, we are concerned that this provision taking effect where a registrant fails to provide a "*reasoned response*" imparts an unhelpful level of subjectivity – requiring a judgment by a regulator as to whether a response is sufficiently reasoned or not. We would suggest a more objective test would be appropriate, perhaps with the power

being engaged where a registrant has not confirmed whether they accept the case examiner's findings.

However, we are concerned that the reference in Article 9 to "*where a question arises as to whether a person's fitness to practise is impaired*" is too low and will result in cases being unnecessarily considered by a case examiner, resulting in the aforementioned notification requirements. We would ask this aspect of the drafting to be reflected upon in the course of making amendments to the legislation so as to provide for an initial assessment process which empowers regulators to deal with cases proportionately – including an ability to close concerns quickly where that is the right thing to do.

Q14.

Do you agree or disagree that the powers in the draft order enable panels to carry out their roles appropriately and that the powers help to ensure the safe and effective regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We generally agree that the powers given to panels will help to ensure the safe and effective regulation of AAs, PAs and, in due course chiropractors.

Q15.

Do you agree or disagree that the powers in the draft order on reviewing interim measures are proportionate and sufficient for the safe and effective regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We do not agree that the powers for reviews of interim measures in the draft order are adequate for AAs, PAs or, in due course, chiropractors. The GCC takes its duties around interim suspensions very seriously and emphasise our powers in this area must be unambiguous.

Although Article 10(1) imposes a requirement upon a case examiner to review an interim measure, it is silent as to their powers upon review. The GCC notes that Article 11(2) provides for an ability to revise interim measures, but this is vested in

"*the Regulator*". As such, it is not clear that it provides a basis for a case examiner to take action upon a review under Article 10.

Nor can we see there is provision for Panels to review interim measures. Although the GCC would envisage the majority of reviews being conducted by case examiners, it will be necessary for Panels to also be empowered to conduct such reviews.

The consultation document asks for views on a maximum time limit of 12 months for which a court may extend an interim measure. The GCC does not support this. We do not think there is anything objectionable about a court being confined to extending an interim measure by 12 months on a single occasion. However, if our reading of the consultation document is correct, the proposal is for a total time limit for interim measures of 30 months. There might be rare cases which, for valid reasons, take an exceptionally long time to investigate (for instance if awaiting the outcome of a coronial or judicial procedure). For that reason, we think it is important the legislation does not limit a court to only being able to extend by 12 months. A court is independent of a regulator and so will be able to judge whether an extension to an interim measure is the right thing in a particular case. Failure to be able to have in place an interim measure during an ongoing investigation where a healthcare professional may not be safe to practise raises serious public protection concerns.

Q16.

Do you have any additional comments on 'part 4: fitness to practise' in relation to the drafting approach as it would apply to all regulated healthcare professionals?

No, but the GCC would emphasise the concerns we have expressed above regarding initial assessment and reviews of interim measures were the provisions to be applied to the regulation of chiropractors.

Part 5: revisions and appeals

Q17.

Do you agree or disagree that the powers in the draft order provide the GMC with proportionate and sufficient powers in relation to the revision of decisions concerning the regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Please see our comments in respect of question 20, where we flag issues relating to revisions were the current drafting of Article 11 to be extended to the GCC.

Q18.

Do you agree or disagree that the powers in the draft order provide individuals with proportionate and sufficient appeal rights in respect of decisions made by the GMC and its independent panels relating to the regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Please see our comments in respect of question 20, where we flag issues of relating to appeals were the current drafting of Article 12 be extended to the GCC.

Q19.

Do you have any additional comments on 'part 5: revision and appeals' in relation to the drafting approach as it would apply to all regulated healthcare professionals?

The GCC's impression is that in Article 11 the government is trying to provide a means for a regulator to revisit its decisions, and then in Article 12 for redress to a court in certain instances.

We think this is an aspect of the drafting which is quite difficult to follow. Although we understand the need not to use unnecessary language in legislation, we wonder if this might be an instance where brevity has come at the expense of clarity. The drafting appears to take a very generic approach rather a tailored one to particular functions. We understand that the Department has heard much from regulators about the need to avoid too much prescription in legislation and appreciate the efforts which have been made here to avoid such prescription.

However, clarity is vital for those seeking a regulator to revisit its decisions or make an appeal to the court. Particularly in respect of appeals, fairness demands that a registrant be left in no doubt both as to the decisions which can be challenged and the basis upon which they can be challenged.

The GCC appreciates that drafting this is technically challenging, but the following observations may be helpful:

- A way in which the drafting might be improved would be to provide for an express power for final measures to be reviewed by the Regulator and a Panel.
- Linked to this, we wonder if the legislation should separate out routine reviews of final measures from the regulator's ability to correct/readdress previous decisions.
- As we have expressed above in our response to question 5, we do not support the legislation requiring the assessment of an applicant's fitness to practise (following removal by a final measure) being vested in a Panel. If

the government is persuaded by that point, then there would be no need to make a specific exception to Article 6(1)(a)(ii) in Article 11(1)(b).

- We also query whether the word "revise" is sufficiently clear as to what specifically a regulator is empowered to do where it reconsiders a previous decision. It is a real issue of public protection that a regulator's powers be clear.
- We are unsure as to the rationale for someone who has agreed to the imposition of a final measure under Article 9 then being able to appeal that decision under Article 12(1)(e)(i).
- Conversely, the ability to appeal a decision of a Panel to impose a final measure is not clearly expressed in the legislation. It may be that it is intended to be provided for at Article 12(2)(b)(ii) but this is not obvious to the ordinary reader. We would suggest that a registrant's rights in this regard ought to be far more clearly expressed.

That said, we would note that we do support the ability for an education provider to appeal a regulator's decisions. Without such provision, judicial review may be the means of challenge which is an unnecessarily onerous route of redress for all concerned.

Part 6: miscellaneous

Q20.

Do you agree or disagree that the offences set out in the draft order are sufficient to ensure public protection and to maintain public confidence in the integrity of the AA and PA professions?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We agree that the four behaviours identified in Article 14(a) – (d) capture the types of behaviour which a purported registrant might engage in which ought to make them liable for prosecution.

The GCC takes protection of title seriously. It does, and will continue to, take private prosecutions where someone misuses the title of chiropractor. Being able to do so effectively is a vital tool in regulating to protect the public.

However, we would also highlight [section 7\(3\) of the Chiropractors Act 1994](#) which provides: "*Any chiropractor whose registration has been suspended shall, for the period of his suspension, cease to be a registered chiropractor for the purposes of section 32(1).*" We cannot see an equivalent provision in the existing draft of the order which confirms that the effect of suspension is that someone is to be treated as not being registered. This is an important provision in the context of prosecuting protected title offences as those who are suspended are perhaps a cohort more

likely than others to hold themselves out as being registered. It is important that doing so would amount to an offence is put beyond doubt.

Q21.

Do you have any additional comments on 'part 6: miscellaneous' in relation to the drafting approach as it would apply to any regulated healthcare professionals?

We can see the rationale for Article 13(1) requiring the person who sought approval under Article 4(1) having a right to make representations before a regulator may attach a condition to that approval or withdraw it. Likewise, the bases for removal under Article 8 which are identified in Article 13(1)(b) all seem ones where it would be fair for the registrant to be able to make representations before the removal power is exercised. Though Article 11 may be one which is subject to some redrafting, the GCC agrees with the basic principle that a registrant ought to have a right to make representations before a regulator changes a decision it has previously made.

Schedule 1: the regulator

Q22.

Do you agree or disagree with the proposed powers and duties included in schedule 1 the regulator in relation to AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

The powers and duties contained within Schedule 1 all seem ones which would be necessary for the purpose of regulating AAs and PAs.

However, we have set below some observations if Schedule 1 as drafted applied to the GCC.

Q23.

Do you have any additional comments on schedule 1, the regulator, in relation to the drafting approach as it would apply to all regulated healthcare professionals?

The GCC notes that as a result of the decision to introduce regulation of AAs and PAs without reforming the framework for doctors, the draft order does not contain some of the governance and operating reforms which featured in the 2021 consultation. Given those omissions, as the government will appreciate, the existing draft order cannot serve as a complete template for reform of other regulators' legal

frameworks. By way of example, we would expect the GCC to be given a power to create committees which does not appear to be present within Schedule 1 of the draft order.

We note comments in the consultation explaining why the objective has been framed as it has. When the time comes to reform the GCC's legislation we would keen to ensure that its overarching objective of protecting the public and the three objectives, set out in section 1(4A) and (4B) of the Chiropractors Act 1994, are retained.

However, the GCC reiterates its support that it and other regulators be subject to express duties to co-operate and be transparent. As we noted in our response to the previous consultation, regulators work within a system and the duty of cooperation is vital to ensure the best possible standard of regulation for patients and the public. In terms of the bodies identified with whom the GCC would be required to cooperate, we would suggest other regulators be added to the list in Schedule 1 paragraph 3(1)(d). In terms of transparency, our starting point is how best we can be transparent as to our activities not whether we should be transparent. In this sense, the transparency duty would make express something which is already at the heart of how we go about performing our functions.

Schedule 2: listed offences

Q24.

Do you have any comments on schedule 2, listed offences?

No, save to note that the GCC welcomes the ability to take decisive action to protect the public by automatically removing registration from those who are convicted of serious criminal offences.

Schedule 3: evidence gathering, notifications, publication and data

Q25.

Do you agree or disagree that the powers in the draft order enabling the GMC to gather, hold, process, disclose and assure information in relation to the regulation of AAs and PAs are necessary and proportionate for meeting its overarching objective of protecting the public?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

The GCC does not have specific comments in the context of AA and PA regulation but we have set out below some reflections in the event the draft order were applied to other regulators.

Q26.

Do you have any additional comments on schedule 3, evidence gathering, notifications, publication and data, in relation to the drafting approach as it would apply to any regulated healthcare professionals?

Information sharing

The GCC welcomes the broad power in Schedule 3 paragraph 1 for regulators to disclose information about any matter relating to their functions. This is a power which we think is entirely appropriate and necessary for regulators to possess, particularly as the health service becomes more joined-up whereby sharing information is a vital means by which different agencies promote patient safety.

Notification

In our response to question 12, we have identified concerns regarding how the notification provisions in Schedule 3 paragraph 2 might operate in the context of cases closed at an early stage under Article 9.

Publication – former registrants

The GCC notes the express power in Schedule 3 paragraph 3(1)(f) to publish information concerning former registrants which it welcomes.

Publication – decisions of courts

As drafted, paragraph 4(2)(d) would appear to require a regulator to publish decisions of the County Court and High Court. As these are not decisions of the regulator we would be surprised if this is intended.

Publication – guidance on impaired fitness to practise

The GCC notes the obligation in Schedule 3 paragraph 5(1)(e) to publish "*guidance as to what amounts to impairment of fitness to practise*". We are not convinced there is a rationale to impose a specific obligation regarding fitness to practise guidance and would suggest this could safely be removed.

Continued competence / professional development

We welcome the broad power in Schedule 3 paragraph 7(1) to design our own processes for assessing whether a chiropractor continues to meet the standards required to be registered and that they are fit to practise. This is in significant contrast to the framework we currently work under within the GCC (Continuing Professional Development Rules) Order 2004. That order is overly prescriptive, for example prescribing a CPD cycle of 30 hours a year and prescribing the four stages which must be undertaken during a review cycle. There is also no power for the GCC to direct a particular type of CPD be undertaken by a chiropractor, which would often be a proportionate means of addressing specific concerns.

That said, we are concerned that this provision is buried within the draft order. Assessing the continued competence of registrants is a core function of regulators and so when a version of this draft order is applied to the GCC would like that function to appear more prominently.

Disclosure of information

The GCC welcomes the power in Schedule 3 paragraph 7(4) for regulators to require the production of material which is relevant to the exercise of their functions. The consultation document is helpful in confirming the deliberately broad nature of the power so as to effectively capture the range of individuals and organisations a regulator may need to require information from in order to discharge its statutory duties. This, in our view, is an essential regulatory tool.

Disclosure – enforcement powers

We query the enforcement powers allied to the disclosure provisions in the draft order. Paragraph 7(6) empower a regulator to seek a court order, including against a registrant, where information has not been provided. This is of course a vital provision which needs to exist in the order. However, Article 8(2)(ee) empowers a regulator to remove a registrant where they have failed to "*[provide] information in accordance with a requirement under [the order]*". We doubt it is the policy intention that a regulator be required to seek a court order against a registrant prior to exercising the removal power in Article 8. It would be helpful if the government could confirm this to be the case.

Reflective practice material

We do not oppose the exclusion of material produced for the purpose of reflecting upon professional development from the scope of information which a regulator may require production of in the context of fitness to practise proceedings. The clarification in the consultation document that the power does not prohibit a registrant from voluntarily disclosing such material in the course of fitness to practise proceedings, which they may wish to do in order to demonstrate insight and remediation, is a helpful one.

Schedule 4: rule-making powers

Q27.

Do you agree or disagree that the draft order provides the GMC with sufficient and proportionate rule making powers to enable it to effectively maintain a register of AAs and PAs who are safe to practise?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Though we would defer to those involved in the regulation of AAs and PAs as to the rule making powers' sufficiency for that purpose, subject to some specific observations and modifications, we would generally consider the rule making powers to be sufficient and proportionate if expanded to the GCC.

Q28.

Do you agree or disagree that the draft order provides the GMC with proportionate and sufficient rule making powers to address non-compliance of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

We comment here on the basis of these powers being expanded to chiropractors and **disagree** the powers here are sufficient in that regard.

In the first instance, the GCC notes that the non-compliance powers regarding breaches of rules during proceedings appear to be limited to fitness to practise. This is because paragraph 6(4)(a)(ii) empowers a regulator to make rules prescribing the consequences of non-compliance with "*a direction under rules under paragraph 10(4)*" which in turn refers to directions given in fitness to practise proceedings. In the GCC's view, the power should be extended to rules made across our functions. For example, non-compliance powers ought to be available where someone makes an appeal against a registration decision.

We also query whether the power to draw adverse inferences should be expanded to include case examiners as well as Panels, given they will also be making factual assessments based upon evidence.

However, we welcome increased powers to take action to protect the public where a registrant has not complied with our investigation processes.

Q29.

Do you agree or disagree with the provisions set out in the draft order for the setting and charging of fees in relation to the regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

Though this question is directed at AA and PA regulation, we comment on the basis of the provisions being applied to the GCC's regulation of chiropractors and **disagree** the powers are sufficient in this regard.

We welcome the power to provide for our fees in rules according to a framework which must be consulted upon. This would address a number of deficiencies in our current framework including:

- The requirement for the Privy Council to approve changes to our fees;
- An inability to offer pro-rata payment of registration fees, with our legislation requiring payment of the fee before registration can be granted;
- An ability to offer pro-rata fees for those taking maternity or paternity leave.

However, we have significant concerns regarding the current drafting of paragraph 7(2) which provides "*The rules must require the level of any fee to be set with a view to ensuring that, so far as practicable, the Regulator's fee income does not exceed its expenses (taking one year with another).*" We do not think it is right that the GCC be under an obligation to ensure our income not exceed our expenses. Given the consultation acknowledges that regulators may need to hold reserves, we are not sure what function this provision serves. This is particularly so in the context that any framework for setting fees would be subject to the safeguard of consultation. An unintended consequence may also be a perception of an undermining of the independence of regulators upon which public confidence is built. As such, we suggest this provision could be safely removed from the draft order.

Q30.

Do you agree or disagree that the rule making powers set out in the draft order will enable the GMC to deliver the safe and effective regulation of AAs and PAs?

- Agree
- Disagree
- Neither agree nor disagree
- I don't know

Please explain your answer.

The GCC does not have specific comments to make on the extent to which the rule making powers in Schedule 4 will be sufficient for the GMC's regulation of AAs and PAs.

Please see our comments below regarding Schedule 4 in the event it applied to the regulation of chiropractors.

Q31.

Do you have any additional comments on schedule 4, rules in relation to the drafting approach, as it would apply to all regulated healthcare professionals?

Fundamentally, the GCC is very supportive of the approach taken in Schedule 4 – empowering regulators to do more by way of their own rules rather than being constrained by processes set out in legislation which cannot be easily changed. We

know from our own experience that fossilising processes in legislation can lead to ways of regulating which are sub-optimal in meeting current demands. Moreover, we think that the requirement to consult on proposed rules is an appropriate safeguard for the increased responsibility which rule-making places upon regulators.

In particular, the GCC welcomes the discretion for regulators to prescribe in rules the period of time which must have elapsed before someone is able to apply for registration having previously been removed. In the case of those removed following a fitness to practise investigation, section 8(2) of the Chiropractors Act 2004 allows an application to be made after 10 months of the removal. We do not consider this to be appropriate in the most serious of cases and so welcome the ability to consider what an appropriate period of time might be and set that out in rules. Likewise, we think the power in paragraph 2(2)(b) for regulators to limit the number of restoration applications an individual may make is a helpful one in terms of assisting regulators to manage their finite resources.

As a minor point, paragraph 3(1)(a) requires a regulator to prescribe in rules the procedure for the purposes of "*articles 4, 6(1), 9, 10 and 1*". We assume the reference should be to Article 11 rather than Article 1.

We very much welcome the provision in paragraph 6(5)(a) empowering Panels to award costs as a result of a failure to comply with procedural directions given in fitness to practise proceedings. This is not a power which the GCC has within its current framework and so we are pleased to see regulators' case management powers being given appropriate teeth. Incentivising both registrants and regulators to comply with such directions is something which we think will bring greater efficiency to the fitness to practise process.

That said, we would raise the following issues with the current drafting:

Paragraph 6(4)(a)(i) and (ii) respectively empower regulators to prescribe in rules the consequences of non-compliance with "*rules made under paragraph 3(2)(b)*" and "*a direction under rules under paragraph 10(4)*". However, paragraph 6(5) only refers to rules made "*under sub-paragraph (4)(a)(ii)*" which would suggest costs cannot be awarded where there has been a failure to comply with rules made under paragraph 3(2)(b). We would be surprised if this is the intention as we cannot see a rationale for confining the power to award costs to breaches of case management directions. Indeed, doing so would appear to reduce the ability of the threat of costs to incentivise compliance with the process. Accordingly, we would ask the government to look again at the drafting in this area so as to ensure that costs may be awarded where there has been a failure to comply with rules.

Given the approach the legislation is proposing to take regarding flexibility, we wonder whether the factors to be taken into account by a Panel in awarding costs might sit better in guidance rather than rules.

Schedule 5: consequential amendments

Q32.

In relation to schedule 5, consequential amendments, do you have any comments on how the draft order delivers the policy intention in relation to AAs and PAs?

No.

Q33.

Would you like to provide any further comments on the draft order?

No.

Q34.

Do you think there are any further impacts (including on protected characteristics covered by the public sector equality duty as set out in the Equality Act 2020 or by section 75 of the Northern Ireland Act 1998) from the legislation as currently drafted?

We have considered the comments within the consultation under the heading 'Costs, benefits and equalities analysis'. The points raised therein all seem valid ones.

As a regulator, we have a significant role to play in promoting equality and diversity. The significance of that role will only increase under this framework which places greater operational responsibility into the hands of regulators. In order to comply with our public sector equality duty, we would envisage conducting equality impact assessments before consulting upon our rules. When analysing consultation responses we will have particular regard to any fairness concerns which are raised. We already have an Equality, Diversity and Inclusion working group so conducting such assessments is something which we think we will not only be able to do, but do well.

The GCC is committed to social equality, diversity and fairness and it looks forward to reflecting upon how it can best advance those values within this more autonomous and flexible framework.

Performance review Standard 3 evidence matrix (May 2023)

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

Outcome 1		The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities
Indicators	23/24	Holds up-to-date and accurate data covering all relevant characteristics for senior leadership, Council, committees, decision makers and fitness to practise panellists
	23/24	Has an EDI strategy/action plan that is regularly updated to incorporate new good practice, with regular public reporting against targets, milestones, and impact
	23/24	Has a clear governance structure to embed EDI across the organisation
	23/24	Ensures its regulatory policies and processes do not disadvantage particular groups (including producing Equality Impact Assessments in advance of major policy changes/reviews)
	25/26	Senior leadership, Council, committees, decision makers and fitness to practise panellists are more reflective of the diversity of the community

Outcome 2		In terms of EDI, the regulator ensures that students and registrants are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills
Indicators	23/24	Standards and/or guidance for students and registrants are designed to equip them to provide appropriate care to all patients and service users
	23/24	Standards and/or guidance for students and registrants require them to value diversity and challenge discrimination
	23/24	Requires education and training providers to demonstrate that they prepare students to provide appropriate care to all patients and service users
	23/24	Requires education and training providers to demonstrate that they take appropriate account of diverse student needs

	23/24	Supports and encourages registrants to improve their EDI knowledge and skills, including through its CPD/revalidation requirements where relevant
	25/26	Demonstrates progress made by itself and education and training providers to equip students and registrants to provide appropriate care to all patients and service users

Outcome 3		In terms of EDI, the regulator makes fair decisions across all regulatory functions
Indicators	23/24	Holds up-to-date and accurate data covering all relevant characteristics for its registrants
	23/24	Ensures its fitness to practise processes and guidance address allegations of racist and other discriminatory behaviour
	23/24	Ensures staff, Council, committee, decision makers and fitness to practise panellists receive training on EDI issues
	23/24	Uses data and/or other evidence to identify unfairness in its processes and decisions, and takes action to reduce the potential for bias
	23/24	Has methods of collecting EDI data from those raising fitness to practise concerns and reduces barriers to raising concerns
	25/26	Shows evidence of a reduction in unfairness in outcomes identified by its analysis

Outcome 4		The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes
Indicators	23/24	Seeks out and acts on feedback from a diverse range of stakeholders
	23/24	Uses research or evidence indicating issues which adversely affect groups of patients and service users who share protected characteristics to inform its work
	23/24	Provides and promotes routes to allow registrants, patients, service users and others to speak out against bias and discrimination
	23/24	Ensures it identifies, records, and acts on the EDI elements of organisational complaints

	23/24	Engages with other regulators and organisations in the health and social care sector and beyond, for example through joint regulatory EDI groups
	23/24	Publishes its own EDI data, research and analysis
	25/26	Can demonstrate impact of its work to reduce unfair disproportionality across fitness to practise referrals
	25/26	Engages with providers of approved qualifications and other organisations in the sector to improve the diversity of student admissions and progression
	25/26	Has made progress in developing and implementing its plans to reduce any identified unfair differential attainment in training

Fitness to Practise update

Meeting paper for Council on 15 June 2023

Agenda Item: 05A

Purpose

This Fitness to Practise report provides Council with an update on the following:

- Part A.1 Regulatory Committee Appointments
- Part A.2 Fitness to Practise performance report

Recommendations

- Part A.1 Council is asked to approve the appointments
- Part A.2 Council is asked to note this update

A. 1. Regulatory Committee Appointments

1. This paper provides an update on Regulatory Committee (Investigating Committee) recruitment.
2. At its meeting in March 2023, Council was updated on progress in the recruitment of new Investigating Committee (IC) members. Interviews took place during April 2023. The interview panel, the Chair of the IC, the Director of Fitness to Practise and an independent member with substantial relevant experience saw 30 candidates.
3. In total, 265 applications were received – 24 for registrant member, 165 for lay member and 76 for lay chair. Some applicants applied for both the lay and chair role. 30 applicants were shortlisted for the interview.
4. Equality, diversity and inclusion (EDI) has been given particular consideration as part of this recruitment exercise. It is important that the IC is reflective of the chiropractic profession and society. To do this, we have balanced interviewing people with experience of working on panels with influx of new. We have also used new job boards such as LGBTJOBS.co.uk, Disabledworkers.org.uk and BMEjobs.co.uk to try to attract panel members from diverse backgrounds.

We also specifically looked to encourage a wider range of applicants by holding a “meet the registrar” event to explain to potential applicants what is involved in the roles.

The recent [thematic review](#) looking at EDI aspects of the FtP process suggested that the IC lacked diversity, with almost all panels consisting a female lay chair, female lay member and male registrant. While we lack comprehensive EDI data for the existing IC members, we did receive a wide diversity of applicants to the recent recruitment for IC members, and this diversity was broadly reflected in the successful candidates. As such, the recent recruitment of the IC will result in increased diversity of the overall pool as well as the chairs.

Stage:		Applications	Shortlist	Recommend
Age				
	16-24	3	0	0
	25-34	8	1	1
	35-44	45	6	6
	45-54	67	8	5
	55-64	96	14	5
	65+	23	2	1
	Prefer not to say	23	2	2
Sex				
	Female	162	23	13
	Male	87	9	6
	Prefer not to say	16	1	1
	Prefer to self-describe	0	0	0
Gender reassignment: Is your identity the same sex you were assigned at birth?				
	No	1	0	0
	Yes	246	32	19
	Prefer not to say	18	1	1
Sexual orientation				
	Bi	3	0	0
	Heterosexual/straight	218	27	17
	Gay Woman	5	1	1
	Gay man	5	2	1
	Prefer to self-describe	0	0	0
	Prefer not to say	34	3	1
Religion/belief				
	Baha'i	0	0	0
	Buddhist	2	0	0
	Christian	110	17	9
	Hindu	7	0	0
	Jain	0	0	0
	Jewish	4	1	1
	Muslim	12	2	2
	Sikh	8	0	0
	No religion/belief	89	11	7
	Other	2	0	0
	Prefer not to say	31	2	1

Disability	Yes	40	4	1
	No	205	27	17
	Prefer not to say	20	2	2
Ethnic origin				
	Arab or Arab British	0	0	0
	Asian or Asian British	28	3	3
	Black or black British	16	0	0
	Mixed ethnic origin	7	0	0
	White or white British	185	27	16
	Other ethnic group	12	1	0
	Prefer not to say	17	2	1

5. Following a thorough interview process, the candidates below have been recommended for appointment. Suitable references have been obtained for each applicant and their biographies can be viewed at Annex A:

- Suzanne Le Voi – Chiropractic member – 3-year term
- Laura Beaumont-Perry – Chiropractic member – 3-year term
- Fay Watling – Chiropractic member – 3-year term
- Chris Julian – Chiropractic member – 4-year term
- Mark Stamper-Webster – Chiropractic member – 4-year term
- Paul Allison – Chiropractic member – 4-year term
- Faye Deane – Chiropractic member – 4-year term
- Alison Eaves-Lai – Chiropractic member – 4-year term
- Emma Moir – Lay member – 3-year term
- Gillian Seagar – Lay member – 3-year term
- Fahmina Begum – Lay member – 3-year term
- Julia Cutforth – Lay member – 4-year term
- Elizabeth Murphy – Lay member – 4-year term
- Leanne Silvestro – Lay member – 4-year term
- Scott Handley – Lay member – 4-year term
- Peter Wrench – Lay member and Chair – 3-year term
- Andrew Macnamara – Lay member and Chair – 4-year term
- Rama Krishnan – Lay member and Chair – 4-year term
- Helen Wagner – Lay member and Chair – 4-year term
- Tehniat Watson – Lay member and Chair – 4-year term

6. All successful appointees will receive induction training before their first sitting. On appointment, the new chairs will be prioritised and start sitting immediately as much of the current cohort of IC chairs will end their terms in May 2024. As to the new lay and registrant members, there will be an initial six months of induction and observing IC meetings followed by the new members sitting on preliminary IC meetings in 2024 moving to substantive IC meetings in 2025. This will allow the new chairs to sit with more experienced panel members initially so there is a paced transfer of knowledge and to manage the risk of decisions being made by a new and inexperienced group of IC members sitting together.
7. Under *The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009*, Rule 5(1) and 6(1), Council is invited to approve the appointment of the above for the terms proposed. If approved, terms will commence from 1 September 2023.

A. 2. Fitness to Practise performance Report

This Fitness to Practise report provides Council with an update on the following:

- Part i) Operational update
- Part ii) Fitness to Practise performance report

i) Operational update

Internal Recruitment

8. On recruitment, some internal recruitment challenges in 2022 and earlier this year has affected progression of PCC cases. The Protection of Title and PCC Committee Coordinator role which was filled in October 2022 became vacant again in January 2023 resulting in the use of agency staff until the permanent recruitment process is completed. Interviews have taken place and the permanent role has now been filled.

Update on recruitment to Clinical Adviser role

9. The introduction of the new Clinical Adviser model at the investigation stage is to speed up investigations where a clinical opinion is necessary without resorting to experts for all clinical cases. This will allow experts to be retained on the more serious cases which are likely to be referred to PCC and reduce expert costs for all clinical cases at the IC stage.
10. Building on the 2022 business plan project relating to Clinical Advisers, there has been further activity in 2023 relating to the recruitment of Clinical Advisers. Interviews took place in mid-May with the two successful candidates due to be in post by end of June.

11. There will also be further onboarding responsibilities to ensure that the new Clinical Advisers are properly trained and inducted before they can start acting as a Clinical Adviser. We are expecting the Clinical Advisers to start providing reports on any new complaints that are received from 1 July onwards.

Update on performance against standard 15 for fitness to practise timeliness.

12. As reported to Council in December 2022, our performance is under scrutiny by the PSA having not met Standard 15 of the Standards of Good Regulation in 2021/22.
13. In looking at our action plan, we identified that there are two stages: firstly, bringing forward cases to consideration by IC to determine whether there is a case to answer – and to do so as swiftly as possible. Secondly, where there is a case to answer to ensure that is listed and therefore heard as soon as possible.
 - With regards to the first stage, the current median for cases closed by the IC is 45 weeks. The median for all cases considered by IC and referred as a case to answer was 70 weeks, which shows that the more complex cases resulting in a referral to the PCC take longer. To reduce the median time at this first stage, we must investigate cases more quickly overall (as we do not know which cases will be referred on by the IC to the PCC as a case to answer). As indicated to Council in March, implementation of the Clinical Adviser model at the IC stage from July onwards will help to speed up investigations where a clinical opinion is necessary.
 - With regards to the second stage, the median from IC outcome to PCC outcome is 39 weeks for 2023. The median end-to-end for Q1 is 96 weeks. In terms of the PSA 2022/23 reporting period, (April 2022 – March 2023), the median end-to-end was 87 weeks. This is a significant reduction from the 134 weeks reported to PSA for 2021/2022 and is positive. Taking into consideration cases underway (table 11) maintaining that level of performance will come under pressure due to several complex (and therefore older) cases now listed for consideration by the PCC in the second half of 2023.

ii) **Fitness to Practise performance Report**

14. This paper provides Council with an update on the operational performance of the FtP team in the period January to end-March 2023 (Q1).

Performance report summary

Performance of the team is good and steady, like the last quarter. We are continuing to take a risk-based approach in managing incoming complaints. A summary of performance in the five areas of FtP work are noted below:

- i. *New enquiries* in are manageable and we are dealing efficiently with extant cases. Only 6 enquiries were open relating to advertising concerns which take longer to resolve or promote to a formal complaint if necessary (rarely).
- ii. We received the expected levels of *complaints* in Q4. Members are aware a target to close complaints of 30 weeks. The median time to close complaints in the previous reporting period was 46 weeks. The performance at end-March has decreased to 45 weeks, a result of closing cases that are less than 30 weeks old. The median of circa 45 weeks is likely to be sustained when looking at the profile of cases to be considered by the IC in the next few months.
- iii. One *interim suspension hearing* (ISH) was held in the period resulting in no order, compared to two ISH's held in the previous quarter. The median time (from information received indicating need for an interim order to the hearing date) was four weeks – a decrease from five weeks in the last quarter of 2022, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.
- iv. One substantive PCC *hearing* was scheduled in Q1 and was concluded. We ended Q1 of 2023 with an end-to-end median of 96 weeks, which was a slight increase from 94 weeks in Q4 of 2022 but a significant reduction from the 134 weeks reported to PSA for 2021/2022.
- v. Our performance in managing s.32 (protection of title) complaints in this period remains steady. The current number of open complaints at the end of Q1 was 20 cases relating to 19 individuals and the median time to close complaints up to this period was 40 weeks.

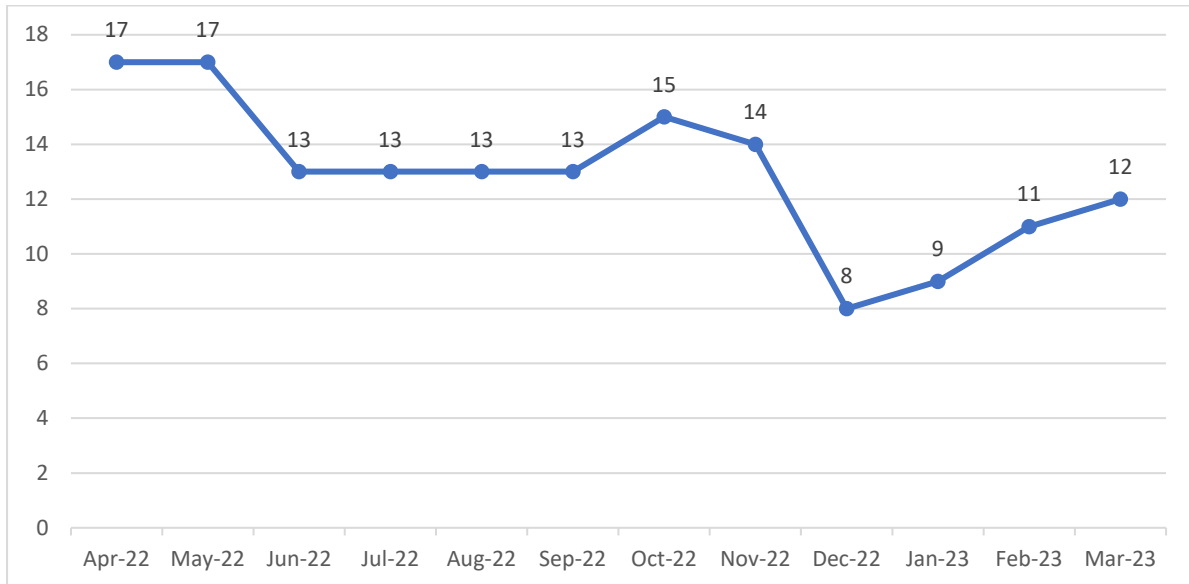
15. We provide more detailed commentary on the above five areas of performance at Annex 1 with glossary of terms at Annex 2.

Annex 1

A. Enquiries

Open enquiries in last 12 months

Chart 1



In early 2021, the FTP team received several enquiries related to advertising concerns. Those were managed efficiently and have now been closed. At the end of March 2023, there were 12 enquiries open. Of them, 6 relate to advertising concerns received in August and November 2021 are being progressed as quickly as possible.

Total number and breakdown by type of enquiries opened in 2022 – 2023

Table 1

Type	2022			2023
	Q2	Q3	Q4	Q1
Outside of remit	0	0	0	0
No consent	0	0	0	0
Wants to be anonymous	0	0	0	0
No consent and wants to be anonymous	0	0	0	0
General enquiry	0	0	0	0
Unclear if it is a complaint	13	13	8	12
Chiropractor unknown	0	0	0	0
Other	0	0	0	0
Total	13	13	8	12

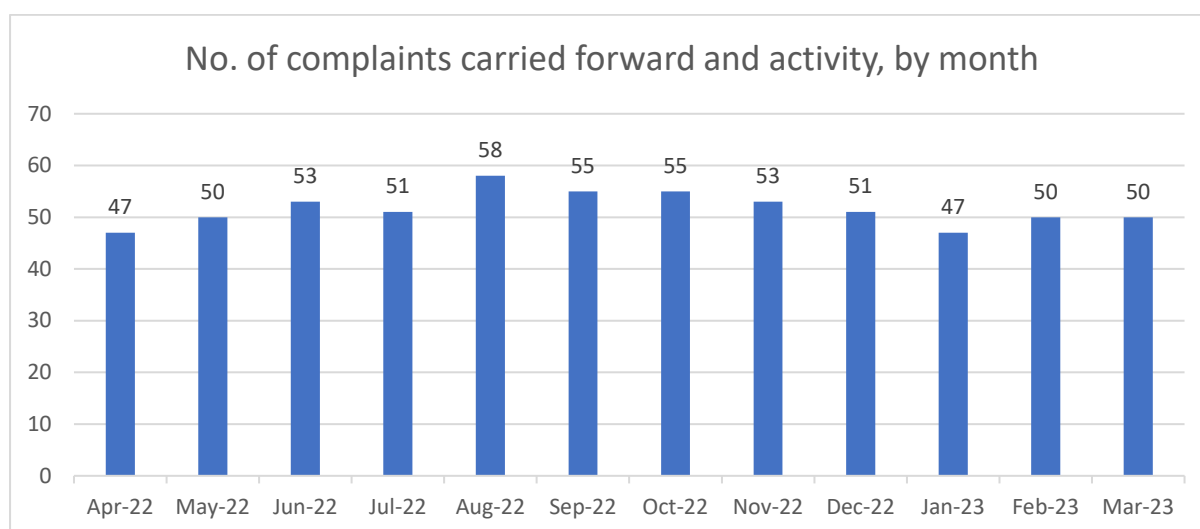
Total number of enquiries closed/promoted in 2023

Table 2

	2022			2023
	Q2	Q3	Q4	Q1
Closed with no further action	12	11	11	6
Promoted to s.20	2	6	4	7
Total closed	10	17	15	13

A. S.20 (IC) Complaints in 2023

Chart 2



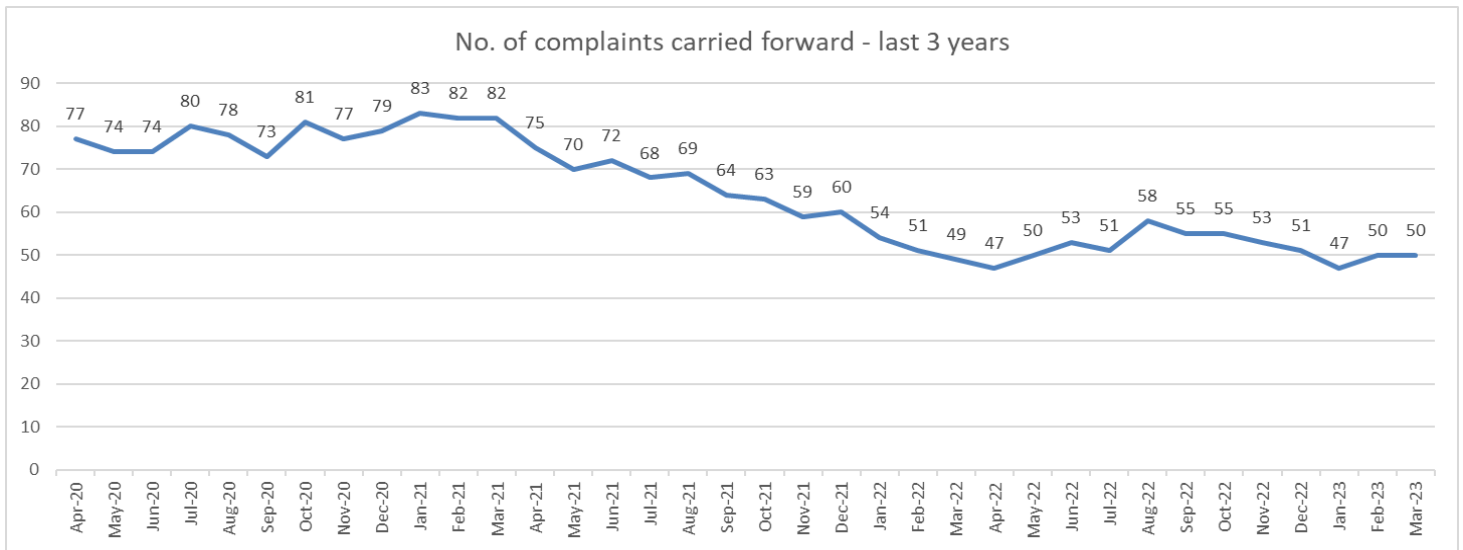
Given the importance of s.20 complaints and the impact on complainants and registrants we have continued to prioritise efficient case management of complaints, focusing on closing higher risk and long-standing complex complaints.

Table 3

	Apr -22	May -22	Jun -22	Jul- 22	Aug -22	Sep -22	Oct -22	Nov -22	Dec -22	Jan -23	Feb -23	Mar -23
New s.20 complaints in (no.)	3	5	5	4	10	3	3	4	4	3	5	6
Cases determined (no.)	5	2	2	6	3	6	3	6	6	7	2	6

As you can see in Table 3, the total number of cases determined in this quarter is the same as the last quarter. This is because of we continue to list IC meetings to deal with cases that are ready for consideration and to compensate for lower outputs from the IC because of newer legal assessors sitting for the first time.

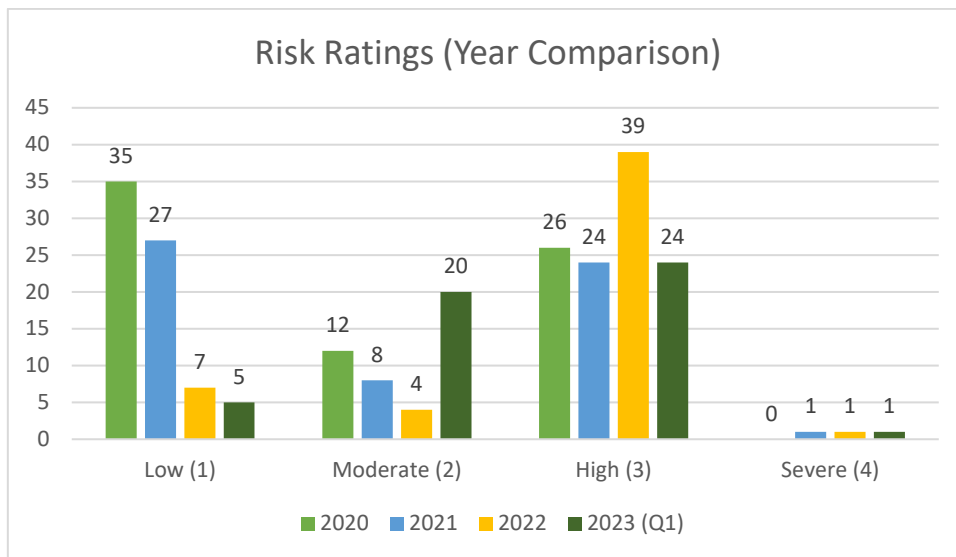
Chart 3



Our caseload of open s.20 complaints reduced slightly from 51 at the end of Q4 to 50 at the end of Q1.

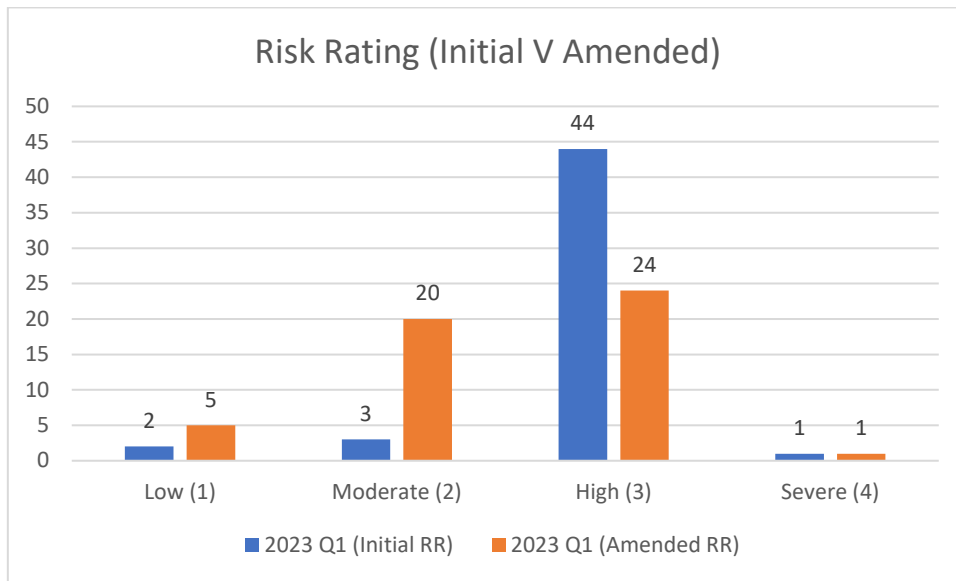
Risk rating of open IC complaints

Chart 4.1



There were more high-risk cases in 2022, and fewer moderate and low risk cases. This followed an independent audit of IC cases in October 2021, where the auditor suggested that the *absence of injury* when assessing risk and categorising the risk rating should be removed as a descriptor and consideration should be given to whether the alleged conduct created an unwarranted risk of harm. The auditors also suggested when assessing and categorising the risk rating, we should take the complaint at its highest. Having agreed with these suggestions, it has resulted in more cases being categorised as *high risk* initially (considering any unwarranted risk of harm and taking the complaint at its highest) but allows for the rating to be amended should further evidence come to light. As agreed with Council last year, work to capture the amended risk rating has taken place and can be seen in the chart below.

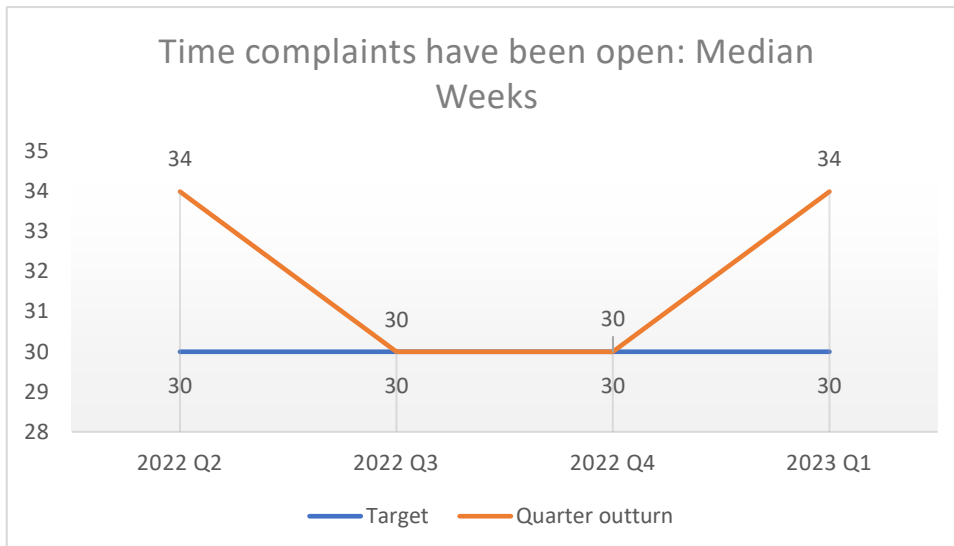
Chart 4.2



The additional chart at 4.2 shows the initial allocation of a risk rating at the start of the investigation (where there is an absence of other evidence and taking the complaint at its highest) against the amended risk rating once further evidence has come to light. This shows that of the current caseload of 50 complaints, 5 are categorised as low, 20 as moderate, 24 as high and one as severe. This allows the team to clearly identify and focus on the cases that are either categorised as high or severe risk.

Time complaints have been open: median weeks

Chart 5



The median time of open complaints increased to 34 weeks from the last quarter, showing that the cases are starting to get older. We will continue to monitor and close older cases where possible.

Breakdown of open current complaints

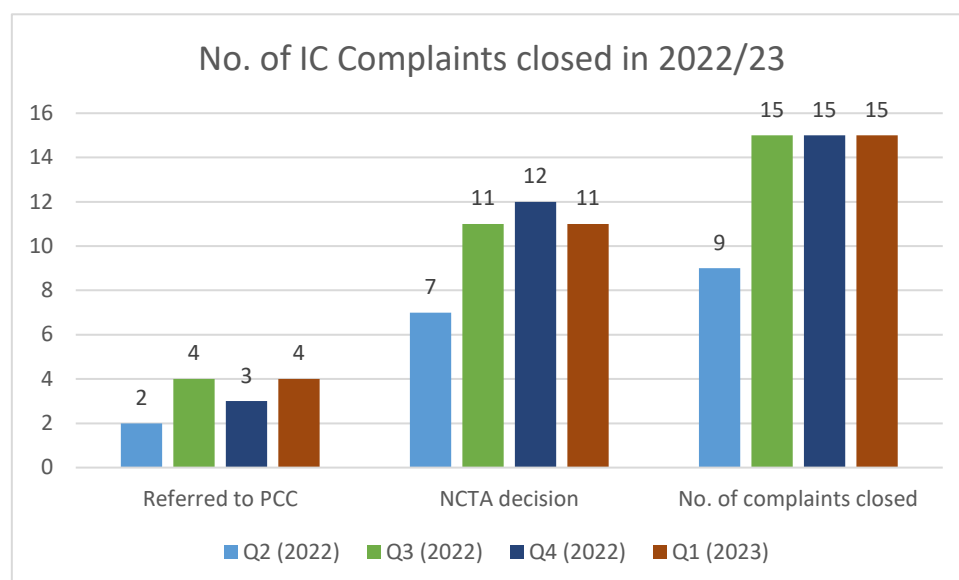
Table 5

	2022			2023
	Q3	Q4	Q1	Q1
Under 52 weeks	45	40	38	38
52 weeks +	9	11	12	12
104 weeks +	1	0	0	0
153 weeks +	0	0	0	0

At the close of Q1, there were no cases that were open over 104 weeks. There are 12 cases open that are over 52 weeks old. We will continue to focus on cases that are oldest to try to ensure that where possible, they do not enter the 104-week mark.

Number of complaints closed by the IC in 2023

Chart 6

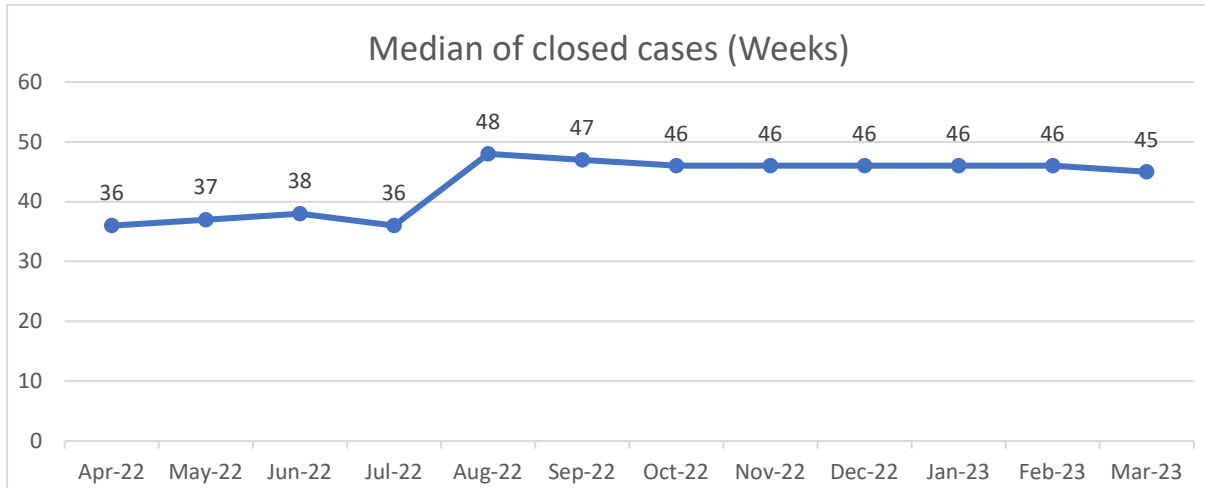


The IC met on six occasions, determining in the quarter 15 substantive IC matters: with 11 closed as 'no case to answer' and four referred to the Professional Conduct Committee (PCC) as a 'case to answer.' The referrals are slightly higher in that we would expect one referral a month as per the assumptions made in the budget for 2023.

The IC determined the same number of cases than the previous quarter. As reported previously, the increased number of preliminary matters (e.g., interim suspension referral considerations) and new legal assessors sitting for the first time, has impacted the number and speed with which cases can be considered and resulted in a lower number of cases determined by the IC in the last three quarters compared to 2021. As previously reported, we must continue to balance slightly lower throughputs with the benefit of more resilience provided by a larger pool of assessors in the medium-term with improvements in speed being seen by the end of 2023. In the interim, we will continue to list additional IC meetings where possible.

Median time taken to close cases in last 12 months, by end of month (*Time taken from the opening of a complaint to closure (either by a decision of no case to answer or referral to PCC) by Investigating Committee*)

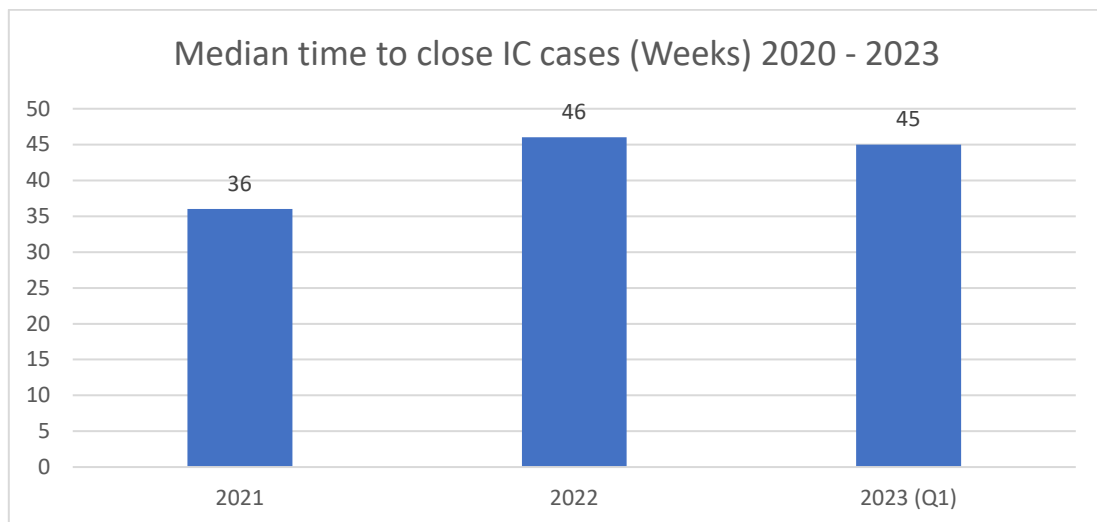
Chart 7



Performance and median have remained steady from Q3 because of the closure of more long-standing complex cases from 2020 and 2021 in Q4.

Median time taken to close cases – by calendar year

Chart 8



The median at the close of 2022 had decreased from 46 weeks in the last quarter to 45 weeks – the target is 30. Looking at the profile of cases in 2023 so far, we closed 53% of cases that were less than 45 weeks old.

B. Interim Suspension Hearings

Table 7

	2022									2023		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ISH hearings	2	0	2	2	0	0	1	1	0	0	1	0
Suspension imposed	0	0	0	1	0	0	0	0	0	0	0	0
Suspension not imposed	2	0	1	1	0	0	1	1	0	0	1	0

Consideration of matters where an interim suspension may be necessary are an unpredictable area, affecting outputs from both the FTP team and the IC. One IC interim suspension hearing (ISH's) was held in the period, compared to two in the previous period.

In 2021, the median time from date complaint received to ISH was 21 weeks. The median time from date there is enough information received indicating risk to the ISH was 4 weeks. In 2022, the median time from date complaint received to ISH was 45 weeks, with the median time from date there is enough information received indicating risk to the ISH increased slightly to 5 weeks.

So far in 2023, the median time from date complaint received to ISH was 28 weeks. The median time from date there is enough information received indicating risk to the ISH was 4 weeks, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.

D. Professional Conduct Committee

Here, we are dealing with few cases at any given time, albeit they are significant.

Number of cases referred from the IC; and closed by PCC in 2023

Table 8

	Apr -22	May -22	Jun -22	Jul- 22	Aug -22	Sep -22	Oct -22	Nov -22	Dec -22	Jan- 23	Feb -23	Mar -23
No. of PCC cases b/f	8	7	8	7	8	8	11	10	9	11	14	14
No. of Referrals from the IC	0	1	1	1	0	3	0	1	2	3	0	1
PCC Cases Closed	1	0	2	0	0	0	1	2	0	0	0	1

Hearings of the PCC

Table 9

	2022									2023		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
PCC hearings held	1	0	2	0	0	0	1	2	1	0	0	1
Hearings concluded	1	0	2	0	0	0	1	2	0	0	0	1
Part heard-relisted	0	0	0	0	0	0	0	0	1	0	0	0

Decisions of PCC cases concluded in 2023

Table 10






















Decision	Number
Removal from Register	0
Suspended	0
Conditions of Practice Order	0
Admonishment	0
No UPC	1

The decisions (sanctions) of the PCC in 2023 so far are in line with decisions made in previous years.

Open PCC cases: Listing progress

There were 14 open PCC cases at the end of Q1. The target established is that on referral from the IC it should be listed before the PCC within 35 weeks.

Table 11

Case	Date referred from IC	Date listed for hearing	Status
Case 1	15/02/2022	15/05/2023	  Part heard from 16/12/2022 Relisted for dates 15/05/23 & 05/06/23)
Case 2	31/03/2022	06/11/2023	  Listed
Case 3	10/05/2022	19/07/2023	  Listed
Case 4	07/06/2022	19/06/2023	  Listed
Case 5	06/09/2022	03/07/2023	  Listed
Case 6	06/09/2022	17/04/2023	 Listed
Case 7	09/09/2022	09/05/2023	 Listed
Case 8	08/11/2022	10/07/2023	 Listed
Case 9	06/12/2022	02/10/2023	  Listed
Case 10	06/12/2022	01/08/2023	 Listed
Case 11	24/01/2023	23/10/2023	  Listed
Case 12	24/01/2023	26/10/2023	 Listed
Case 13	24/01/2023	15/06/2023	 Listed
Case 14	21/03/2023		 Awaiting Listing

Our ability to meet targets of cases shown above is affected by several cases where the lack of availability from the parties and witnesses meant that hearing could not be listed within the target date. Further information is set out below:

- Case 1 initially heard in December 2022. Listing did not meet target as the defence confirmed that the Registrant was on maternity leave and not available for a hearing before the end November. Matter went part heard in December 2022 and has been relisted for May and June 2023.

- Case 2 is now listed but will not meet the target as we agreed for the hearing to be delayed to 2023 due to the large volume of papers involved and a time estimate of 15 days.
- Case 3 is now listed but will not meet target for listing due to lack of availability from the parties and witnesses resulting in the hearing being delayed.
- Case 4 is now listed but will not meet target for listing as the parties were not ready for a hearing within the target date resulting in the hearing being pushed back.
- Case 5 is now listed but will not meet target for listing as the case had to be pushed back to allow for third party PCC hearing to take place prior to the GCC's hearing.
- Case 6 is now listed and will meet its target for listing if the hearing proceeds as anticipated.
- Case 7 is now listed and will meet its target for listing if the hearing proceeds as anticipated.
- Case 8 is now listed and will meet its target for listing if the hearing proceeds as anticipated.
- Case 9 is now listed but will not meet its target for listing due to lack of availability from PCC panel members resulting in the hearing being pushed back.
- Case 10 is now listed and will meet its target for listing if the hearing proceeds as anticipated.
- Case 11 is now listed but will not meet its target for listing due to lack of availability from PCC panel members resulting in the hearing being pushed back.
- Case 12 is now listed and will meet its target for listing if the hearing proceeds as anticipated.
- Case 13 is now listed and will meet its target for listing if the hearing proceeds as anticipated.
- Case 14 is not yet listed. If the case can be listed and concluded by November it will meet its target for listing. Due to lack of availability from the registrant and other key witnesses, the hearing may need to be pushed back to January/February 2024.

E. Section 32 cases

Our target this year is to continue to close a section 32 complaint within 16 Weeks of opening.

The median time taken to close s.32 cases in 2023 in Q1 was 40 weeks. The reason for the higher median in comparison to 2022 Q4 was that large majority of the cases closed were received in 2021/2 (resulting in a higher median).

Table 14

Section 32	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of cases (at beginning of the month)	28	33	38	27	30	34	41	42	43	42	35	29
Number of new cases in a month	6	5	4	3	4	7	2	1	1	4	2	3
Number of cases closed in period	1	0	15	0	0	0	1	0	2	11	8	12





Niru Uddin
Director of Fitness to Practise

Annex 2

Glossary

CA 1994	The Chiropractors 1994
Complaint / S.20 (IC) Complaint	<p>An allegation (complaint) under Section 20 of the CA 1994, made against a chiropractor, to the effect that:</p> <ul style="list-style-type: none"> a) he has been guilty of unacceptable professional conduct; b) he has been guilty of professional incompetence; c) he has been convicted of a criminal offence; or d) his ability to practise is seriously impaired due to a physical or mental condition. <p>S.20 complaints are formal complaints. The GCC's target to refer a matter to the IC is 30 weeks.</p>
CTA	Case to answer decision by the IC (which are referred for hearings before the PCC). The GCC's target to list the matter for a hearing once referred by the IC is 35 weeks.
Enquiries	<p>Under section 20 of the CA 1994, the GCC can only deal with an allegation (complaint) against a registered chiropractor where the complaint relates to fitness to practise matters.</p> <p>The GCC uses the term 'Enquiry' to describe any professional conduct communication containing information which <u>may</u> amount to an 'allegation' or 'complaint' under the Act however there is insufficient information to open as a s.20 complaint. As such, these are pre formal complaint communications.</p>
IC	Investigating Committee
ISH	Interim Suspension Hearing
ISO	Interim Suspension Order
NCTA	No case to answer decision by the IC
PCC	Professional Conduct Committee
Promoted enquiries	The GCC will assess the information received initially as an enquiry to determine whether sufficient information has now been received to open as a s.20 complaint. Where it is opened as a s.20 complaint, the date promoted relates to the date this changed from an enquiry to a s.20 complaint

Quarter 1	Jan – March
Quarter 2	April – June
Quarter 3	July – Sept
Quarter 4	October – December
Risk Rating	<p>A risk assessment is carried out on receipt of a complaint by the by the GCC and given a risk rating to capture the seriousness of the case.</p> <ul style="list-style-type: none"> ▫ Risk Rating 1: <u>Low risk:</u> (No unwarranted risk of harm and or issues have been addressed) ▫ Risk Rating 2: <u>Moderate risk:</u> (Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed) ▫ Risk Rating 3: <u>High risk:</u> (Unwarranted risk of serious harm including inappropriate clinical care, inappropriate conduct, incompetence or abuse of trust including sexual misconduct. Issues complained of remain in place, there is an ongoing risk to patients / public from the chiropractor’s clinical practice / behaviour, conduct is persistent and / or deliberate) ▫ Risk Rating 4: <u>Severe risk:</u> (Sexual misconduct. Life may be in danger, risk of major injury or serious physical or mental ill health. The conduct is increasing in frequency and/or severity). <p>The risk rating above of complaints might lead to a referral for a hearing to consider interim suspension of a registrant’s registration.</p>
S.32 Complaint	Section 32 of the CA 1994 creates a criminal offence for a person who is not registered with the GCC describing themselves as a Chiropractor (also known in other regulatory bodies as protection of title or illegal practise

	cases). Our target for timeliness from receipt to closure or next steps decision point (16 weeks).
	Target not met
	Postponed / Part Heard
	Target met
	Awaiting Listing

Annex A - - IC Members Biography

Suzanne Le Voi

Suzi has extensive experience of working in multidisciplinary MSK teams, working with many other professions and in environments varying from small private clinics to large field hospital settings at international sporting events. She specialises in sports injuries and was awarded a Fellowship of the Sports Faculty of the Royal College of Chiropractors in 2020 having gained International Certification of Sports Chiropractic.

Since 2005, Suzi has mentored and supported many new Chiropractic graduates through the RCC PRT scheme, focusing heavily on patient centred care, evidence-based practice and professional ethics and standards. She has also trained over 20 Chiropractors, Physiotherapists and Sports Therapists in the specialist field of immediate trauma management in sports as part of their career development. She has held the position of Lead Sports Medic at Trojans RFC and Hampshire Rugby since 2010 and 2012 respectively.

Suzi has always been involved in raising money and awareness for many charities, becoming a Trustee for Rugby Against Cancer in 2023.

Laura Beaumont-Perry

I knew at the age of 10 that I wanted to be a chiropractor. So when I graduated in 2015, I couldn't wait to be able to help people. I opened my practice in 2021 and now it is time to do some work for the profession that has given me so much. Alongside running my busy and vibrant practice, I look forward to working with the General Chiropractic Council. In my free time, I love to look after my own health – I have a marathon under my belt and I love to test my bodies boundaries. My hobbies include fire walks, ice baths, running and seeing live events.

Fay Waiting

Fay Waiting graduated from Welsh Institute of Chiropractic in 2010, receiving the ECU award for the Chiropractic graduate of the year. Since then, Fay has been in practice in the Northwest of England. Fay has been a PRT trainer with the Royal College of Chiropractors since 2016 and enjoys supporting new graduates transitioning from university into clinical practice. Fay has worked as an external examiner for the General Chiropractic Council since 2021 as an assessor for the Test of Competence exams. Fay is also a member of the GCC Equality Diversity and Inclusion working group.

Chris Julian

Chris was born and raised in Sydney and via his sporting and outdoor lifestyle he took an early interest in becoming a health professional. He completed his training at Macquarie University, Australia in 2003 and then worked in Queenstown, New Zealand – the adventure capital of the world! As a Chiropractor, Chris has been lucky enough to work internationally as Medical Officer and Chiropractor for the New Zealand Men's Ice Hockey team, the Ice Blacks as well as being involved with other international teams and athletes. His research in the field has been published in peer reviewed journals.

Although sport has always been his passion, Chris has also gained considerable experience in a corporate setting and ergonomics during his time working in Canary Wharf both in private practice and providing in house services to Citi Group Bupa Health Centre. His well-rounded experience puts him in a good position to help people from all walks of life from age 1 to 100 reach their full health potential by providing the highest quality, evidence-based care.

Chris also has a particular interest in the governance and progression of the chiropractic profession as a whole and its place within the healthcare landscape. He has held roles with the General Chiropractic Council as a panel member on the Test of Competence for chiropractors entering the UK, as well as the role of Auditor for chiropractors under a conditions of practice order.

GCC Registration 03317, Member of British Chiropractic Association, Member of Royal College of Chiropractors

Mark Stamper-Webster

Mark graduated as a chiropractor in 1993 and has worked in both private practice, as well as higher education. His educational career started in 1999 when he joined the University of Glamorgan (now the University of South Wales [USW]), as a senior lecturer to help develop, the then new, chiropractic degree programme. He later became the Head of Chiropractic at USW, before returning to private practice in 2018, where he currently works, as part of a multidisciplinary team.

Over the years Mark has served on numerous committees including the General Chiropractic Council's (GCC) Educational Committee and he currently sits on the European Council on Chiropractic Education. Where he is the Vice Chair of the Quality Assurance and Accreditation Committee and the European representative to the Councils on Chiropractic Education International.

Mark has also acted as a chair for the GCC's Test of Competence and is currently a GCC assessor for chiropractors wishing to return to practice, along with an educational visitor for the GCC's approval process of chiropractic educational programmes. Mark is also involved with the Royal College of Chiropractors, where he is the Director of Academic Affairs of the college's Pain Faculty.

Paul Allison

Mr Paul Allison graduated from McTimoney College of Chiropractic in 2000. He was a member of the GCC's Fitness to Practice Professional Conduct and Health Committees for 9 years and a panel member for Test of Competence for 8 years. Additionally, he is a 'Trainer' for the Royal College of Chiropractic supporting new graduates in their first year of clinical practice.

Away from chiropractic, Mr Allison is Chair of Governors of a local Catholic school and is a 6th Dan black belt in Shotokan karate, having represented Great Britain in four World Championships.

Finally, Mr Allison was awarded an MBE in 2003 for services to sport and charity.

Faye Deane

Faye Deane graduated from the Welsh Institute of Chiropractic in 2007, working in private practice in Harrogate, North Yorkshire until 2020, in addition to acting as first team chiropractor for Leeds United & Sheffield United Football teams from 2007-2011. Faye completed a master's in international public health in 2013 at The University of York and has interned in both Malawi & Chile working in primary, secondary and tertiary musculoskeletal healthcare settings and with indigenous communities. Championing public health awareness amongst chiropractors, Faye became the World Federation of Chiropractic's Public Health committee representative for the UK and is currently undertaking a Professional Doctorate in Public Health. Her research interests are integrated healthcare, aging, co-morbidity, chronic pain and the microbiome.

Faye now works as a fulltime Senior Lecturer & Placements Coordinator at Teesside University having been involved with the course since its inaugural year. She has co-written the MSci Chiropractic degree and leads numerous modules including in Pathophysiology & Health, wellbeing & lifestyle issues in contemporary chiropractic practice. Faye is a member of Teesside Universities School of Health & Life Sciences research ethics committee for Allied Health Professions & Public Health, and she sits on a panel for academic misconduct hearings within the school.

Faye is also a member of the General Chiropractic Council's working group for Equality, Diversity & Inclusion and the Royal College of Chiropractors Health Policy Unit.

Alison Eaves-Lai

I studied for a BSc (hons) degree in Physiology from Cardiff University and graduated in 2004. I went on to train as a chiropractor at the Welsh Institute of Chiropractic, graduating with merit in 2009.

I worked as a chiropractic associate at clinics across North and West Yorkshire, before setting up my own clinic in October 2010. I am the owner of Revive Chiropractic, based in north Leeds and I employ two chiropractic associates.

I started working as a TOC (Test of Competence) Assessor for the GCC after being appointed in March 2022.

Emma Moir

Emma is a lawyer and works nationally as a senior leader in healthcare, focusing on transformational change and delivery. Prior to that she had a successful career in the Civil Service where she held several Senior Civil Servant roles. Emma has considerable experience of judicial and quasi-judicial roles and currently holds appointments on tribunals, professional conduct, and advisory committees.

Gillian Seagar

Gillian initially qualified as a dietitian and carried out a range of roles which included community work in the UK and research overseas.

After obtaining legal qualifications, she held management positions with regulators such as the Solicitors Regulation Authority, the Independent Police Complaints Commission and the Bar Standards Board. Former roles include Lay Fitness to Practise Member of the Health and Care Professions Tribunal Service and the Nursing and Midwifery Council.

Gillian currently sits as a Lay Panel Chair for disciplinary hearings for the Royal Institution of Chartered Surveyors and is Vice-Chair of the Regulatory Tribunal Steering Committee. Other roles include being a Case Examiner for the General Optical Council, Lay Member of the Investigation Panel for the Architects Registration Board and Disciplinary Assessor for the Association of Chartered

Certified Accountants. She has been a magistrate since 2009 and sits in the adult criminal and family courts.

Fahmina Begum

Fahmina Begum works in the higher education and charity sector. Most recently, since 2019, she has been working as a Senior Education Manager within postgraduate studies at Anna Freud mental health charity for children and families. In this role she is responsible for overseeing the satisfactory development and ongoing delivery of a stream of employment development training mental health programmes and ensuring compliance with University College London academic regulations.

Alongside this, Fahmina actively contributes to Anna Freud's Equality, Diversity and Inclusion (EDI) strategy. Fahmina is Co-chair of the organisation's Interfaith network. She is one of the EDI induction trainers for new staff joining Anna Freud. Fahmina was previously also a Community Organiser, working closely with colleagues internal and external to Anna Freud, and Citizens UK, to work on social justice campaigns. She co-led a Citizens UK campaign on transforming the race dialogue at work and study spaces.

In addition to her Anna Freud roles, Fahmina has held a number of external regulatory and lay positions, including as a lay examiner with the Royal College of Obstetricians and Gynaecologists. She was also a lay review panel member for the Royal College of Physicians Endoscopy accreditation scheme. Fahmina has volunteered as a member of an independent Secondary School admissions appeal panel, and as a lay admissions interviewer for candidates applying for the MBBS programme at Medical School.

Julia Cutforth

Julia started her career as a Chartered Physiotherapist working in both acute hospital and community roles. Following a love of teaching, she progressed into a Physiotherapy lecturing role at the University of the West of England, focusing on clinical education. She developed an interest in assessment and regulation and gained relevant partner posts with the Health and Care Professions Council, regulating in areas of registration, Continuing Professional Development, fitness to practice and university curriculums. Alongside this, she had experience working for the Care Quality Commission.

On returning to frontline healthcare, she took up an operational management role within therapy provision and then managed local community health and social care services. Through these roles, she has worked collaboratively with many

organisations, recognising the successful outcomes resulting from cross organisational system working, the value of diversity and that learning never stops. She currently works within the strategic environment of NHS England.

She has a strong sense of upholding professional standards through a commitment to regulation via a fair and consistent process for all individuals.

Elizabeth Murphy

Liz Murphy is educated to degree level and is a registered social worker. Maintaining her own professional registration means that she is knowledgeable and informed about the purpose and responsibilities of regulatory bodies with regard to protecting the public and promoting public confidence in the safety and quality of professional practice.

Through her own professional practice which spans nearly 30 years, Liz has significant experience of working within legislation and statutory guidance, and with others, to evaluate information and act with impartiality to make evidence-based decisions to protect individuals and the wider community. Furthermore, Liz is able to identify proportionate remedial action that will reduce and manage the likelihood of future harm. She operates with a high degree of integrity and is fully committed to promoting and maintaining professional standards.

Her professional experience along with her personal commitment to protecting the public mean that she is well placed to operate as Lay Member on a GCC Investigating Committee

Leanne Silvestro

Leanne is a solicitor with over 10 years' post qualification experience. She's been in her current role as a senior lawyer at the Nursing and Midwifery Council since December 2018. As a senior lawyer for fitness to practise investigations, she is part of a senior management team with operational responsibility for 10 investigation teams with an overall, combined department-wide caseload of around 1,700 cases. Her role involves supervising a legal team and providing senior legal advice, as required on individual cases or systematic changes.

Before she moved to work in-house at the NMC, Leanne worked in private practice from 2012 – 2018 investigating and preparing fitness to practise cases for a number of regulators. Leanne worked on cases before the Investigating Committee stage for regulators including the Nursing and Midwifery Council and the General Pharmaceutical Council. She also prepared cases for final hearings for the General

Chiropractic Council, the General Dental Council and the Solicitors Regulation Authority.

Scott Handley

Scott graduated from Sheffield Hallam University, in 1989, with a degree in Civil Engineering. Since 1991, he has been a partner at The Handley Partnership, consulting engineers. In 2010, he was appointed as a Magistrate (adult and family & Crown Court appeal panels) in North Yorkshire and he now serves on the Lord Chancellor's Advisory Committee (conduct and recruitment) for Justices of the Peace in North and West Yorkshire. In 2016, he was appointed to be an Assistant Commissioner of the Boundary Commission for England (for the 2018 review). In 2020, he was appointed as an independent member of the Parole Board. He sits on, and chairs, fitness to practise panels for a major UK regulator and is an advisor to the Welsh Government in the area of the assessment of risk to historic buildings and structures.

Peter Wrench

Peter Wrench has held regulatory, governance and adjudication roles with a wide range of organisations. His current appointments include chairing Fitness to Practise panels for the Nursing and Midwifery Council, and sitting as a lay panellist with the Judicial Conduct Investigations Office, CILEx Regulation and the Phone-paid Services Authority. He is the Convener of Disciplinary Tribunal Panels for the Institute and Faculty of Actuaries, and an independent assessor of appeals and complaints against the Student Loans Company. Peter spent thirty years with the Home Office from 1980-2010. After heading its counter terrorism unit, he was the Deputy Director General in charge of immigration and nationality policy, before moving to work on the resettlement of offenders.

Andrew Macnamara

"I'm an experienced, independent, professional decision maker; I understand the importance of professional regulation and proper standards; and I possess valuable transferable skills.

I've applied for this role because of the importance of ensuring the safety of patients and the need to protect the public by ensuring chiropractors meet the GCC's standards for safe practice throughout their careers.

Currently, I chair Fitness to Practise hearings for the Nursing and Midwifery Council (NMC), and I have significant experience with complex dishonesty cases, sensitive sexual misconduct cases and those involving the careful handling of vulnerable witnesses.

I've dealt with unusual, and often last-minute, legal applications and other matters competently and effectively, and I've demonstrated detailed knowledge of the professional regulations, and the NMC's Code when determining whether charges are proven and amount to misconduct. I'm responsible for determining current impairment and for the evidence-based determination.

Since 2012, I've worked as an Ombudsman at the Financial Ombudsman Service. I interpret the regulatory framework set out by the regulator and determine whether a complaint should be upheld. I'm confident assimilating and analysing vast amounts of complex information.

I enjoy roles requiring decision making and risk assessment, and I would like the challenge of working with a different regulatory body in an area where I have an abiding interest. This role with the GCC offers that opportunity.

I live in Yorkshire with my partner, and in both of my current roles, I am equally comfortable working remotely from home or from offices in London."

Rama Krishnan

Lakshmi is an experienced senior public sector manager with expertise in health and social care. She worked for many years in public sector regulation where she managed the registration and inspection of various care services including nursing and care homes. She also held various roles at the Audit Commission undertaking audit, inspection and improvement work with councils and health bodies and was the London policy lead for older people and adult social care.

She currently holds a portfolio of roles which includes working as an independent chair/panellist/committee member for several professional regulators. These including sitting as a Lay Chair on the Investigations Committee for the Nursing and Midwifery Council, Chair and Lay Member on the Conduct and Competence Committee for the General Osteopathic Council , Lay Member for the Medical Practitioners Tribunal Service, Chair of the Audit Registration Committee for the Institute of Chartered Accountants, England and Wales, Lay Member on the Investigations Committee for the Architect's Registration Board, Lay Member for the Professional Conduct Committee for the Chartered Institute of Legal Assessors and Lay Member for the Bar Tribunals & Adjudication Service.

Former roles include Chair on Fitness to Practise Committees for the Health and Care Professional Council until November 2019 and co-opted Lay Member and Chair on the Professional Conduct Committee for the General Chiropractic Council between 2018 and 2022.

Helen Wagner

Helen Wagner has many years' experience of leading transformation and change programmes in a number of professional regulators and the public sector.

Helen serves as an independent member on fitness to practise committees for the General Dental Council, Health and Care Professions Council, Chartered Institute of Management Accountants and Taxation Disciplinary Board in addition to sitting on the Department for Education's adoption and fostering Independent Review Mechanism. She has also been a magistrate in both criminal and family courts for over ten years. Helen is a community mediator and trustee and Vice Chair of the National Association of Child Contact Centres. She is a qualified project manager and member of the Institute of Regulation.

Helen holds an MA in modern languages from the University of Oxford and recently returned to study to complete an MA in Translation at the University of Surrey for which she received the Institute of Translation and Interpreting's student research award.

Tehniat Watson

I hold the following qualifications and roles:

- Solicitor Advocate, LLB (Hons) and LLM, Medical Law (commendation).
- Former Principal Solicitor.
- Senior Solicitor practising in Child Protection, Adoption and Human Rights law
- Judicial role, Chair (Senior member) of the Valuation Tribunal for England
- Legally Qualified Chair (LQC) for Police Misconduct hearings (West Midlands, Avon and Somerset)
- Legally Qualified Chair and Legal assessor at Medical Practitioner's Tribunal
- Panel Member for UK Athletics
- Legal adviser to Local Children's Safeguarding Partnership and Adoption Panel
- Accredited workplace mediator
- Trainer – I devise and deliver various courses on law and practice on Child Protection and Human Rights and Adoption, nationally.

Finance Update - Management Accounts to May 2023

Meeting Paper for the Council on 15 June 2023

Agenda Item: 05

Purpose

The purpose of the management accounts is to report, promptly, the financial and non-financial performance to-date compared to the set budget or forecast by Council. This is to assist Council and the Executive to exercise effective oversight, allow scrutiny of the GCC's finances and management controls and make plans for a sustainable financial future of the GCC.

This paper presents our performance against the budgeted income and expenditure targets for the period to 31 May 2023. The Executive reviews the management accounts each month and takes the required corrective actions to manage material deviations from the set financial targets.

This report was circulated to the Executive on 5 June 2023.

Recommendations

The Council is asked to note this report.

Introduction

1. The management accounts pack is comprised of the:

- Statement of income and expenditure account for the period to 31 May 2023 and commentary on variances ([Annex 1a and 1b](#))
- Balance sheet as at 31 May 2023 ([Annex 2](#)), and
- Recommendations.

Summary of income and expenditure account for the period to 31 May 2023

2. The table below shows year-to-date (YTD), projected and budgeted results for the first five months of this financial year.

	A	B	C	D	E	F
	YTD Actual	YTD Budget	YTD Variance	Full Year Forecast 2023 [Fixed]	Full Year Forecast 2023 [Dynamic]	Full Year Budget 2023
£'000s	£	£	£	£	£	£
Income	1,259	1,238	✓ 21	📊 3,092	📊 3,092	3,087
Expenditure	1,046	1,066	✓ 20	⬆️ 3,033	⬆️ 3,033	2,820
Headline Surplus /-Deficit	213	172	✓ 41	▶️ 59	▶️ 59	267
Underlying Surplus /-Deficit	221	180	✓ 41	▶️ 67	▶️ 67	275

3. The realised headline surplus for the period is £213k (column A of the table), compared to the headline budget surplus of £172k (column B) for the same period.
4. The variance between the actual and fixed budgeted income and expenditure is shown in column C. Column C is made up of the YTD positive income variance of £21k and positive expenditure YTD variance of £20k respectively.
5. The variance analysis threshold, commentary on the variance and detailed statement of income and expenditure account are provided in [Annexes 1a and 1b](#).
6. The headline full year fixed budget surplus for the year is £267k (column F). The forecast/fixed year-end surplus by December 2023 is currently projected to be £59k (column D). The dynamic forecast (column E) tracks how we have performed against the fixed forecast in the period under review. The projections also respond to the question, '*what surplus or deficit do we expect to realise at the year-end?*'.

Balance sheet as of 31 May 2023

7. The balance sheet at [Annex 2](#) shows a total net asset of £3.441m (December 2022: £3.280m). This is represented by the general and designated reserves.
8. The cash at bank as at 31 May 2023 is £1.438m (December 2022: £2.123m). This shows a cash ratio of £0.67 that is available to settle every £1 of the short-term liabilities. Although the ratio is below the standard level of at least £1/£1, this is not considered to be a material solvency issue at this point.
9. The value of the investments decreased by £63k (1.4%) from £4.461m as of 31 December 2022 to £4.398m on 31 May 2023. The unrealised investment loss (i.e. paper loss) in the period is £52k (December 2022: paper loss of £401k).
10. We confirm that there has not been any disposal of the funds in the investment portfolio since September 2018.



Recommendations



11. That the Council notes this report.

Joe Omorodion
Director of Corporate Services

Variance analysis threshold and reasons for variances in the statement of income and expenditure for the period to 31 May 2023

Year-to-date variance analysis threshold policy

1. The Audit and Risk Committee (ARC) agreed to implement a £10k variance analysis threshold policy from January 2021. This means that a detailed commentary is to be provided on each cost centre line item of actual income and expenditure which has a positive or adverse cumulative variance of £10k or more in the period under review.
2. Other line items in the income statement which are below the variance analysis threshold are to be, on a risk and materiality basis, noted and considered as immaterial for control and monitoring purposes.
3. In the Variance column of the report, this icon  shows that the variance amount is positive. That is, the actual income variance is more than the target level of income in the period and expenditure is under the expected level. This icon  is the reverse.

This directional symbol  shows a downward movement on key items on the balance sheet page of the report; the upward icon  indicates an increased position.

4. Applying the £10k variance analysis threshold, the following comments are provided on the income and expenditure variances in the period.

Commentary on YTD income variance – overall actual income is more than the budget by £21k

The breakdown of the total income variance is shown in the *Report by Income & Cost Centre* section of this report.

5. In this period, the total actual income earned is more than the budget income by £21k (i.e. a positive variance) from following sources:
 - a. **Registrant fees income** – this is £8k more than we profiled to receive from retention (practising) at this time of the year.

Following the end of the retention renewal period at the end of last year, registrants who were removed from the register subsequently paid their registration fee in the period under review. Hence, the increased income from this source.

- b. **Other income (bank interest)** – we received £13k more on money market deposits than expected in the period. This is mainly due to the bank passing on more of the increases in the Bank of England base rate¹ to depositors than we had anticipated in the period under review.

Commentary on YTD expenditure variance – total actual spend is under budget by £20k

- 6. The breakdown of the total expenditure variance is shown in the *Report by Income & Cost Centre* section of this paper.
- 7. Total actual budget expenditure in the period is under-spent by £20k. However, no cost centre is under-spent by £10k or more in the same period.
- 8. On the over-spent budget lines, the following cost centres (from the Report by Income & Cost Centre section of the report) have been over-spent by £10k or more in the period as follows:
 - a. **CER's Office cost centre** – over-spent by £11k. This is mainly due to the cost of reviewing and preparing our response to the DHSC Consultation on the reform agenda. The cost was not allowed for in the initial budget.

¹ The Bank of England has unexpectedly increased the base rate four times since September 2022 as follows: 22Sep-22: 2.25% | 03Nov-22: 3.0% | 15Dec-22: 3.5% | 02Feb-23: 4.0% | 23Mar-23: 4.25% | 30Apr-23: 4.25% | 11May-23: 4.50% |

Overview - Statement of Income and Expenditure Account



	MONTH				YEAR-TO-DATE (YTD)				Full Year FIXED FORECAST 2023	Full Year DYNAMIC FORECAST 2023	Full Year BUDGET 2023
	MAY				MAY 2023						
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %			
INCOME	£	£	£		£	£	£		£	£	£
Registrant fees	231,996	231,309	687	0	1,178,079	1,170,095	7,984	1%	2,897,506	2,897,506	2,898,167
Investments	10,000	10,000	0	0	50,000	50,000	0	0%	120,000	120,000	120,000
Test of Competence (ToC)	2,000	2,000	0	0	16,000	16,000	0	0%	56,000	56,000	64,000
Other Income	3,088	425	2,663	6	14,933	2,125	12,808	603%	18,783	18,783	5,100
TOTAL INCOME	247,084	243,734	3,350		1,259,012	1,238,220	20,792		3,092,289	3,092,289	3,087,267
EXPENDITURE											
Governance costs ¹	9,888	9,949	61	0	54,876	57,759	2,883	5%	154,825	154,825	148,892
Shared Central costs ²	95,295	88,649	-6,646	-0	398,397	391,443	-6,954	-2%	971,332	971,332	927,671
Fitness to Practise (FtP) ³	79,710	88,708	8,998	0	387,940	397,471	9,531	2%	1,225,022	1,225,022	1,123,831
Development costs ⁴	61,076	60,922	-154	-0	205,122	219,048	13,926	6%	682,086	682,086	619,608
TOTAL EXPENDITURE	245,970	248,228	2,258		1,046,335	1,065,721	19,386		3,033,265	3,033,265	2,820,002
Underlying Operating Surplus / -Deficit					220,676	180,499	40,177			59,024	275,264
HEADLINE OPERATING SURPLUS / -DEFICIT	1,114	-4,494	5,608		212,676	172,499	40,177		59,024	59,024	267,264
<i>Percentage</i>	<i>0%</i>	<i>-2%</i>	<i>2%</i>		<i>17%</i>	<i>14%</i>	<i>3%</i>				
GAINS/-LOSSES ON INVESTMENTS					-52,127						
SURPLUS / -DEFICIT BEFORE TAXATION					160,551						

NOTES ON EXPENDITURE CATEGORIES

1. Council, ARC and RemCo
2. CER, Technology, HR, Finance and Property
3. Investigations, IC, PCC, ISH and Protection of Title
4. Policy, QA, Test of Competence (ToC), Communications and Education Committee
5. Fixed Forecast 2022 – to be approved by Council in Jun-23
6. Dynamic Forecast 2023 – tracks performance against the Fixed Budget or Forecast
7. Budget 2023 – as agreed by Council in Dec-22

General Chiropractic Council
 May 2023 Management Accounts
 Report by Income & Cost Centre

Annex 1b

			MONTH				YEAR-TO-DATE (YTD)				Full Year FIXED FORECAST	Full Year DYNAMIC FORECAST	Full Year BUDGET
			MAY				MAY 2023				2023	2023	2023
Detailed Income Statement Dept			Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance	£	£	£
			£	£	£	%	£	£	£	%	£	£	£
Income	72	Initial Regn Fees - Practising	4,500	4,500	0	0%	33,000	36,150	-3,150	-9%	173,250	173,250	180,750
	72	Initial Regn Fees - Non-practising	0	0	0	0%	-	100	-100	-100%	700	700	800
	72	Retention Fee- Practising	221,363	221,651	-289	0%	1,116,413	1,108,255	8,158	1%	2,665,956	2,665,956	2,659,817
	72	Retention Fee- Non Practising	2,183	2,058	125	6%	10,917	10,290	627	6%	25,400	25,400	24,700
	72	Non- Practising to Practising	3,200	1,600	1,600	100%	6,400	4,800	1,600	33%	9,600	9,600	9,600
	72	Restorations	750	1,500	-750	-50%	11,350	10,500	850	8%	22,600	22,600	22,500
		Total Registrant Fees	231,996	231,309	687		1,178,079	1,170,095	7,984		2,897,506	2,897,506	2,898,167
	74	ToC Income	2,000	2,000	0	0%	16,000	16,000	0	0%	56,000	56,000	64,000
	33	Investments	10,000	10,000	0	0%	50,000	50,000	0	0%	120,000	120,000	120,000
	33	Other	3,088	425	2,663	627%	14,933	2,125	12,808	603%	18,783	18,783	5,100
		Total Investments & Other	15,088	12,425	2,663	21%	80,933	68,125	12,808		194,783	194,783	189,100
		TOTAL INCOME	247,084	243,734	3,350	0%	1,259,012	1,238,220	20,792	2%	3,092,289	3,092,289	3,087,267
Governance Costs	10	Council	9,888	9,949	61	1%	53,594	56,249	-2,655	5%	151,682	151,682	145,522
	11	Audit & Risk Committee	0	0	0	0%	982	1,210	-228	19%	1,583	1,583	1,810
	12	Remuneration Committee	0	0	0	0%	300	300	0	0%	1,560	1,560	1,560
		Total Governance	9,888	9,949	61		54,876	57,759	2,883		154,825	154,825	148,892
CER Office Costs	30	CER's Office	25,584	14,183	-11,401	-80%	82,319	71,815	10,504	-15%	183,511	183,511	172,904
Shared Central Costs	31	Technology	14,222	16,043	1,821	11%	54,107	53,843	-264	0%	153,167	153,167	156,443
	32	Human Resources	6,635	7,516	881	12%	29,883	31,993	2,110	7%	63,412	63,412	64,384
	33	Corporate Services	28,983	30,861	1,878	6%	132,737	136,232	3,495	3%	327,197	327,197	336,066
	34	Property	19,873	20,046	173	1%	99,351	97,560	1,791	-2%	244,045	244,045	197,875
		Total Shared Central Costs	95,295	88,649	-6,646		398,397	391,443	-6,954		971,332	971,332	927,671
Fitness to Practise Costs (FTP)	50	FTP Team	33,294	31,808	-1,486	-5%	161,789	157,915	-3,874	-2%	379,447	379,447	379,075
	51	Investigating Committee	4,067	10,911	6,844	63%	67,572	71,321	-3,749	5%	192,995	192,995	170,202
	52	Professional Conduct Committee	39,908	42,651	2,743	6%	145,333	148,720	3,387	2%	583,011	583,011	512,088
	53	Interim Suspension Hearing	46	2,038	1,992	98%	10,452	14,685	4,233	29%	39,045	39,045	41,286
	54	Protection of Title	2,396	1,300	-1,096	-84%	2,794	4,830	2,036	42%	30,522	30,522	21,180
		Total FTP	79,710	88,708	8,998		387,940	397,471	9,531		1,225,022	1,225,022	1,123,831
Development Costs	70	Development Team	24,434	24,270	-164	-1%	119,337	122,935	3,598	3%	401,527	401,527	389,821
	73	Quality Assurance	6,541	5,722	-819	-14%	8,324	9,068	744	8%	46,465	46,465	36,336
	74	Test of Competence	1,474	2,230	756	34%	15,038	18,235	3,197	18%	53,934	53,934	62,915
	75	Communications	27,518	27,200	-318	-1%	56,131	59,212	3,081	5%	168,128	168,128	115,590
	13	Education Committee	1,109	1,500	391	26%	6,292	9,598	3,306	34%	12,032	12,032	14,946
		Total Development	61,076	60,922	-154		205,122	219,048	13,926		682,086	682,086	619,608
		TOTAL OPERATING COSTS	245,970	248,228	2,258	1%	1,046,335	1,065,721	19,386	2%	3,033,265	3,033,265	2,820,002
		Underlying Operating Surplus / -Deficit					220,676	180,499	40,177		67,024	59,024	275,264
		HEADLINE OPERATING SURPLUS / -DEFICIT	1,114	-4,494	5,608		212,676	172,499	40,177		59,024	59,024	267,264
		Percentage	0%	-2%	-2%		17%	14%	3%		2%	2%	9%
		GAINS/-LOSSES ON INVESTMENTS	-52,127				-52,127						
		SURPLUS / -DEFICIT BEFORE TAXATION	-51,013				160,551						

GCC Balance Sheet
As at 31 May 2023

Annex 2

	31 December 2022		31 May 2023		Movement
	£	£	£	£	
Fixed Assets					
Tangible Assets	0		0		
Investments	<u>4,460,653</u>	4,460,653	<u>4,397,661</u>	4,397,661	↓ -62,991
Current Assets					
Debtors	42,356		83,834		
Bank	<u>2,123,351</u>	2,165,707	<u>1,437,942</u>	1,521,776	↓ -685,409
Current Liabilities					
HMRC and pensions	45,586		35,318		
Payments in advance	2,681,350		1,564,121		
Trade creditors	70,073		160,055		
Corporate tax	6,775		6,775		
Other creditors	<u>328,482</u>	3,132,267	<u>497,912</u>	2,264,181	↓ -868,086
Current Assets less Current Liabilities:		<u>-966,560</u>		<u>-742,405</u>	
Total Assets less Current Liabilities:		<u>3,494,093</u>		<u>3,655,256</u>	↑ 161,163
Long Term Liabilities		213,883		214,497	↑ 614
Total Assets less Total Liabilities:		<u>3,280,210</u>		<u>3,440,759</u>	
Funds of The Council					
Total Reserves	3,280,210		3,280,210		
Transfers in the Period			0		
Surplus or -Deficit Account	0		160,549		
		<u>3,280,210</u>	<u>160,551</u>	<u>3,440,759</u>	↑ 160,549
		-	-1		
		-			

Business Plan 2023 Update

Meeting paper for Council on 15 June 2023

Agenda Item: 05C

Purpose

The Council sets the GCC strategic priorities and ensures the necessary resources are available for them to be met.

This paper provides an update on our performance against the 2023 Business Plan so that Council can scrutinise progress and be assured that progress is being made in meeting its strategic objectives and risks to delivery and budget.

Recommendations


Council is asked to note the report.

Background

1. Council agreed the 2023 Business Plan in December 2022, along with the six projects to be delivered this year.
2. This is the second year of the three-year strategy 2022-24. Earlier, the CER confirmed that we continue to meet the priorities of the Council with expected impacts likely to be achieved. Progress as to delivery of the business plan is reported to Council at each meeting.

Business Plan Performance Summary

3. This is the second performance report on the 2023 Business Plan to Council this year, covering the period to end-May 2023.
4. The performance targets for the period under review have been achieved. There are no significant concerns about the delivery of the six projects, and all are being progressed within the established budgets for this financial year.
5. There are three annexes to this report:

- **Annex A** displays summary information on progress made in delivering the projects in the 2023 business plan. The status of projects is shaded in green and denoted by this icon .
 - **Annex B** provides a more detailed commentary on the status or progress of each of the projects. The status of each project is assessed against the agreed measures (e.g. Key Performance Indicators, KPIs, Project Schedule Variance, PSV, and Milestones) in the business plan.
6. Of the six projects, one is complete. The remaining projects have all commenced and progressing as planned.
 7. The update on the cross-cutting work on equality, diversity and inclusion (EDI) is at **Annex C**.

The key takeaways here are:

- The 15-point action plan on EDI is progressing well on several points.
- There is an additional project linked to EDI as part of the implementation of the new Education Standards. These set out the GCC's expectations for EDI to be embedded throughout chiropractic education programmes.
- Following the Professional Standards Authority (PSA)'s review of its approach to Standard 3 in relation to EDI, they have published a new evidence matrix that will be used to assess regulator's performance at the end of the 2023/24 cycle, which will be in March 2024 at the earliest.

Scoping Review of the GCC Code

8. In his report, the CER referenced bringing forward to this year scoping work in our review of the Code of Practice. This was not included in the business plan and is now proposed for this financial year.
9. During the latter part of 2023, we plan to engage with our key stakeholders through surveys, focus groups and discussion. The scoping work enables us to understand how external users perceive, access and apply the Code; identify any necessary updates to reflect changes in practice, including the scope of practice. Further, to examine whether changes are necessary in relation to developments in social media and online conduct, conflict of interest, maintaining professional boundaries and the safety of patients.
10. If approved, we expect a report outlining the key findings and recommendations will be presented to Council in December 2023 to inform the proposed business plan for 2024.

Update on the implementation of Welsh Language Standards

11. Following the meeting with Council in March 2023, the GCC responded to the consultation on the implementation of the Welsh Language Standards (8) Regulations 2022 for healthcare professional regulators addressing the Standards needed for additional time.
12. We received the final compliance notice from the Welsh Language Commissioner on 6 June 2023, and the imposition date to achieve these standards is six months' time from that date. The one exception to this relates to the implementation date for Standard 20. We have requested for an additional period of six months for its implementation so we can have more time to make the required changes to our CRM system. This has been granted, so we have a further six months for its implementation.
13. That said, as we reported in March 2023, our preparatory work proceeds – and further understanding the changes and costs to be incurred. **Annex B** outlines further details.
14. As expected, our costs of compliance are likely to be high. We expect, in light of this, that a business case will be prepared for the Council to consider at its meeting in September 2023.

Conclusion

15. Council is asked to note the report.

Mary Nguyen

Business and Projects Officer

Annex A: Business Plan Dashboard, 6 June 2023

This dashboard presents BP 2023 projects' progress, priority level, external impact and risk of not delivering them in the current financial year. The order in which the projects are listed is according to their project number.

Annex A: Business Plan Dashboard, 6 June 2023				
No.	Project	Status	% Completion GAW[1]	External Impact
1	Promote the value of regulation and registration to patients and the profession	On schedule	✘ 35%	High
	Key milestones: March, June, September 2023			
2	Develop registrant resources to support professionalism	Complete	✔ 100%	High
	Key milestones: March, June, September 2023			
3	Embed a culture of safer care	On schedule	✘ 40%	High
	Key milestones: September and December 2023			
4	Integrate innovation and effectiveness within the I.T framework	On schedule	✔ 85%	High
	Key milestones: January, March, April, May and June 2023			
5	Comply with Welsh Language Standards	Commenced	✘ 25%	High
	Key milestones: March 2023, December 2023			
6	Understand the current and future workforce (supply and demand)	Commenced	✘ 15%	Moderate
	Key milestones: June and September 2023			

Annex B – Business Plan 2023 Projects

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
1	<p align="center">Promote the value of regulation and registration to patients and the profession</p>	<p align="center">2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Develop revised suite of resources, guidance and web copy for registrants to promote their GCC registration. Determine potential for personalised materials. March 2023 2. Implement 'I'm Registered' campaign with stakeholders to motivate registrants to apply resources throughout their communication channels. June 2023 3. Implement patient/public campaign Sept 2023 <hr/> <p>Project Targets</p> <ol style="list-style-type: none"> 1. By 2024, an increase in GCC Patient Portal users by 100%, based on 2021 results (8,500-17,000 users). 2. By 2024, to have 50% of registrants using and promoting their registered status. 	<p>Council Project Summary</p> <p>Deliverable 1: Work has continued on developing a suite of resources, guidance and web copy in English and Welsh to enable registrants to promote their GCC registration and for patients to better understand this regulated profession and value seeing a registered professional.</p> <p>The new resources (logo and posters) were soft launched in March on website with an application form and on the registrant portal and promoted in the April newsletter.</p> <p>Consideration is also being given to redesign and format of the registration certificate.</p> <p>Deliverable 2: Research with patients and registrants are planned to seek views on the new resources and inform the forthcoming campaigns.</p> <p>We've commissioned Community Research to refresh and re-convene the patient advisory group to review the kitemark and communications resources; explore the value of regulation and registration to the patient and help shape the messaging for the planned public/patient campaign. This will take the form of a week-long online forum in June with up to 24 participants.</p> <p>STATUS: On schedule</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
2	Develop registrant resources to support professionalism	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Published toolkits on aspects of professionalism: Patient Centred Care, Competence, Leadership and Reflective Practice June 2023 2. Publication of Consent research with patient community. March 2023 3. Published toolkit for registrants incorporating patient expectations on Consent. September 2023 <p>Project Targets</p> <ol style="list-style-type: none"> 1. By 2024, to have published GCC resources (e.g. guidance, toolkits etc) on all key themes identified in patient research findings. 	<p>Council Project Summary</p> <p>Deliverable 1: Toolkits have been published and promoted monthly via the GCC newsletter and social media (Twitter and LinkedIn) on Patient Centred Care, Leadership and Competence. The Reflective Practice toolkit was published in the June newsletter.</p> <p>Deliverable 2: The Consent research conducted by Community Research with the GCC Patient Advisory Group has been received and a report was published with an article in the March newsletter.</p> <p>Deliverable 3: A toolkit for registrants on Consent has been published and promoted in the April newsletter and on social media.</p> <p>STATUS: Complete</p>
3	Embed a culture of safer care	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Revised guidance and toolkit resources on Candour for registrants informed by research with the GCC patient community. September 2023 2. Toolkit and learning resources for registrants and the profession building on the diagnostic imaging guidance. September 2023 3. Scope out potential for additional resources around avoiding and managing conflicts of interest. December 2023 	<p>Council Project Summary</p> <p>Deliverable 1: The current Candour guidance has been updated and the draft document has been circulated to all chiropractic professional associations and the Royal College for feedback. The project plan has been drafted, as has the patient research brief. Discussions have been held with Community Research for patient research on Candour and with GOsC on collaboration on this area of work with patients. A focus group is being planned for</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
		<p>4. Promoted and publicised the RCC incident reporting system (CPiRLS). Increases in number of incidents reported. December 2023</p> <hr/> <p>Project Targets</p> <p>1. By 2024, to have published GCC resources (e.g. guidance, toolkits etc) on all key themes identified in patient research findings.</p>	<p>chiropractic and osteopathic patients.</p> <p>Deliverable 2: Meetings have been held with CQC, UKHSA and SOR to discuss the current CQC inspections and learnings for the profession, undergraduate training, CPD, post graduate training and referrals. The Forum of Deans has gathered information in relation to chiropractic pre-registration (undergraduate) education and training of imaging techniques. Responses will be used to inform the debate about the different approaches currently taken, and the potential need for providing clarity to the profession and external stakeholders. A toolkit is in development with the RCC and expert group. The RCC has arranged access for chiropractors to Health Education England’s essential IRMER and MRI Safety for Referrers learning modules, free to RCC members and at a small fee for non-members.</p> <p>Deliverable 3: Current resources remain available in the Registrant resource centre including the Joint Statement by regulators and scenarios. We await the work now focused on Doctors by DHSC prior to any decision being made to update the Joint Statement. This is unlikely to take place in 2023. This deliverable is therefore removed from current priorities.</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
			<p>Deliverable 4: The RCC article ‘ Ten years of online incident reporting and learning using CPIRLS: implications for improved patient safety was published in March. The RCC is planning to relaunch CPIRLS and after that we plan a communications campaign to promote the benefits of a safe culture of care and reporting of incidents with the benefit of using these as a method of learning. The CER will issue a clear statement inviting registrants to participate in the system.</p> <p>STATUS: On schedule</p>
4	<p>Integrate innovation and effectiveness within the I.T framework</p>	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Identify the IT expert to help plan and produce the specification for the tender for IT service provider January 2023 2. Identify 3 IT service providers and invite them to enter the tender exercise March 2023 3. Conduct a tender exercise with IT service providers. March/April 2023 4. ARC appoints/re-appoints IT support provider. May 2023 5. Preferred IT service provider commences service [planning stages of the handover to commence June 2023] 	<p>Council Project Summary</p> <ol style="list-style-type: none"> 1. An IT consultant was commissioned to assist the GCC with the tender for an IT service provider. The IT consultant was selected based on their previous work with the GCC across various implementations including iMIS. 2. The invitation was sent to eight IT service providers on 6 March 2023. Six of them submitted their proposals. 3. The panel met on 13 April 2023 and agreed to meet with the four providers who scored highest. 4. The four shortlisted providers met and presented their proposals to the panel on 27 April 2023. 5. A preferred provider was identified and recommended to the Audit and Risk Committee for consideration on 24 May 2023.

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
			<p>6. ARC approved the process of the tender and the Chair of ARC has reported this in their report to Council.</p> <p>Status: On Schedule</p>
5	Comply with Welsh Language Standards	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> Submit consultation response by 22 March 2023 Complete the Standards (where required and unless stated otherwise) 6 December 2023 <hr/> <p>Project Target</p> <ol style="list-style-type: none"> Update report to Council on requirements and progress 	<p>Council Project Summary</p> <p>The GCC received its draft notice of compliance in December 2022 for complying with 67 standards. The consultation period commenced on 13 December 2022 and ended on 22 March 2023.</p> <p>The GCC responded to the consultation requesting further time to implement two of the Standards relating to ICT solutions and requesting a more relaxed trigger point for requiring live translation of an event. We received the final compliance notice on 6 June 2023, with a deadline to complete the standards by 6 December 2023 (unless stated otherwise).</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
			<p>We have begun exploring translation and interpreter costs. We met with five (5) Welsh language translation providers to better understand their business and services.</p> <p>We have also begun reviewing the required pages for translation on one of the ICT solutions. Discussions are being held with the developer on how best to incorporate the pages. We await to receive estimated costs for their work.</p> <p>Status: On Schedule</p>
6	Understand the current and future workforce (supply and demand)	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Report on changes to the profession profile over the last 10 years. September 2023 2. Predictive modelling including infographics on what the chiropractic profession will look like in 2026, 2030 and 2033 September 2023 3. Financial model showing the effects of growth and other assumptions including the effects of fee reduction and discounting. December 2023 <p>Project Target</p> <ol style="list-style-type: none"> 1. Analyse existing data held on the Register (size, joiners, leavers including average age of retirement, gender demographics, age profile, length of time likely to typically 	<p>Council Project Summary</p> <ol style="list-style-type: none"> 1. The outcome measures have been revised and was presented to Council at its March meeting for noting. 2. We met with GOsC and the researchers they had used on a recent similar project to discuss and share data and information. 3. The project has commenced, and researchers have been provided with data and past annual reports to conduct their research. <p>Status: On Schedule</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (June 2023)
		<p>spent on the Register, where does drop off occur).</p> <ol style="list-style-type: none"> 2. Determine potential for growth in students and registrants and any barriers and how they might be mitigated. 3. Determine drivers and motivations for leavers or those opting for non-practising registration. 	

Annex C – Equality, Diversity and Inclusion (EDI)

The GCC has a three-year 15-point EDI action plan (2022-2024).

The following actions and projects are underway in 2023 (action points identified in parenthesis):

- **EDI Working Group**, new members joined in February 2023, including a Welsh speaking registrant, all of whom can provide valuable insight and advice from personal and professional experience. **(1)** The Working Group has developed its Terms of Reference and held its first quarterly meeting of 2023, where members received an update of EDI activities to date. The Working Group agreed several key action points including contacting individual Associations to meet the demand for pragmatic, clinical-based EDI guidance following the release of the GCC's EDI Toolkit; developing a plan to raise registrants' awareness of the regulatory reform consultation and its relevance to registrants; and ways in which the WG could support the GCC's IC recruitment campaign.
- A second meeting was held in May 2023. We have added more new members to the EDI working group which brings the group to 11 members, including two BAME registrants and one registrant with an international chiropractic qualification. At the Q2 meeting, the Working Group provided input into the Defining EDI Consultation question set and helped develop scenario-based reflective questions for the 2023-2024 CPD year which will focus on EDI.
- **Review GCC functions and processes** to identify and address any possible equality issues (positive, adverse or neutral) and how best to address any of the findings. **(2)**

The first project under this action point is a thematic review of Investigating Committee closed cases. The findings were published in the March newsletter and work has addressed some of the areas including further diversifying the pool of Investigating Committee members. A Summary Report has been prepared for publication and next steps include a review of PCC hearings in order to identify if potential EDI concerns are affecting differential rates of sanction.

Work has begun on scoping work relating to registrations as well as looking at the academic diversity of staff delivering our approved education programmes.

- **GCC Corporate inclusion policy (4.)** An initial draft has been developed for internal discussion. In addition, a "Transitioning at Work" policy has been drafted.
- **Defining EDI consultation.** This project will identify key concerns regarding EDI from registrants and external stakeholders; develop an understanding of how EDI relates to the chiropractic profession and the core level of knowledge regarding EDI within healthcare; support the GCC and the profession in understanding the context, issues and potential impact of EDI; and enable the GCC EDI Working group to steer future actions, further work and strategy in relation to EDI within the chiropractic profession. Draft questions for these

consultation surveys are nearing completion with the help of the working group. (5)

- **Review of GCC brand guidelines** (visual and voice) to ensure they remain fit for purpose and reflect current EDI considerations, visually and verbally. (7). The GCC brand guidelines contain a foundation of accessibility standards such as conformity to the Web Content Accessibility Guidelines (WCAG). The brand guidelines need to be adapted and enhanced, with the addition of suggestions that may help all who use documents created by GCC staff to access the content (i.e. PowerPoint presentation with alt text on images for those who are visually impaired).

In considering the brand guidelines it was determined that there were also EDI considerations within the website that may need addressing and reviewing (e.g. updating of accessibility statement). An accessibility audit is under consideration.

The EDI monitoring forms for recruitment have now been updated and editable PDF created for the current recruitment round for Council, IC and Education Committee members.

- **Develop an EDI data collection policy**, defining reasons for data collection and outputs, all within the Equality Act 2010 and GDPR rules and definitions. This work needs to ensure a greater understanding (internally and externally) of why we collect protected characteristic data, use the correct wording and definitions, and produce relevant actions to address any findings of concern. For example, do not collect information on protected characteristics that are not reviewed or used, or collect information outside the Equality Act, such as gender. (8)

Note: Currently all healthcare regulators are discussing the possibility of creating standardised data sets which will be collected on all registrants. Although this does seem a sensible approach (and the GCC is supportive), issues on GDPR and some regulators collecting EDI-styled data have slowed the process. We are anticipating a draft proposal to be put forward in 2023.

The Education Committee reviewed the annual monitoring form for 2021/22 and agreed that for the first time the GCC would ask for EDI data around five protected characteristics (age, sex, disability, ethnicity and sexual orientation) for current students as part of the annual monitoring process and a report was shared with the Committee in March 2023. This will be published as part of the 2022 education review.

- **An EDI communication and activation plan** based on actions contained within the plan has been created to allow for timely and ongoing reporting and communication to registrants and stakeholders (9). An update on what was achieved in 2022 was published in the February newsletter and on social media. The findings from the FtP Thematic Review were published in the March newsletter and a summary report has been [published](#).

Equality, Diversity and Inclusion within Education Standards

An additional project is underway to support the implementation of the new Education Standards, which set out the GCC's expectations for EDI to be embedded throughout chiropractic education programmes.

Phase 1 of the project focused on engaging with the current programme providers to identify how the GCC can support them and their students to integrate these EDI expectations in their programmes. The first phase of this project has involved consultations with the heads of the academic institutions within the UK. A report was produced and shared with the Education Visitors and the Education Committee.

Phase 2 has now commenced and will produce a literature bank of best practice guidance from wider UK healthcare regulators, which will provide a legacy database for the GCC, UK institutions and registrants to utilise for general support. A chiropractic specific document will be developed and distributed to our education providers, which will outline EDI best practice in a way that is specific to chiropractic and will help meet the Education Standards at programme level. An online feedback mechanism will be established for education providers to use to share best practice examples and utilise as evidence of how they have adopted EDI best practice guidance as part of our annual monitoring.

Further work:

- We are currently reviewing EDI data from students within UK institutions with the intention of reviewing the current diversity of chiropractic student population, prospects for diversity within the profession given the student intake, and steps taken by institutions to help diversify their student cohort. Headlines were presented at the Education Committee in March.
- We are reviewing the current Annual Registration Report to identify further EDI considerations that may influence the data captured from Registrants in the future.
- We have reviewed the Equality Impact Assessment Guidance and Assessment Template and added in requirements to consider Welsh Language speakers.
- We reviewed the photography brief and image release form for EDI purposes ahead of commissioning new photos in April at the LSBU Croydon Campus.
- The Action Plan is under review to identify targets and milestones for each of the Action Points. This will help the GCC to provide evidence to meet the updated PSA standards in addition to being of benefit to GCC internal staff, registrants and stakeholders.
- The Education Committee agreed at its March meeting that the next focus of CPD for all registrants would be on EDI. Work has commenced on developing guidance and the reflective questions.
- A survey is currently being developed to review the diversity profile of teaching staff within the chiropractic education programmes, including paid lecturers, clinical supervisors, and placement providers. This will feed into the ongoing work on widening participation to the Chiropractic profession and the Education Standards projects.

PSA Performance Standard 3: EDI

As part of its overall equality, diversity and inclusion (EDI) action plan, the PSA has been reviewing its approach to Standard 3 in relation to EDI.

We reviewed the draft outcome statements and evidence framework for Standard 3 and raised concerns about specific aspects of these with the Authority. In April the PSA responded to all regulators with significant amendments to the draft evidence matrix and a new guidance document. We were pleased to see the amendments and that indicators relating to key organisational metrics have been removed, with the focus remaining on regulators' activity as regulators, not employers. These documents have been published on the PSA website.

The updated matrix will be used to assess regulators' performance at the end of the 2023/24 cycle, which will be in March 2024 at the earliest. The PSA will work with us to determine which indicators are and are not achievable in that period and assess each regulator based on their individual circumstances.

The PSA plans to review the Standards of Good Regulation in 2024/25.

GCC Communications and Engagement Plan

Meeting paper for Council on 15 June 2023

Agenda Item: 06

Purpose

The communications plan sets out our approach to communication and engagement with individuals and stakeholders, enabling us to build trust in our regulatory approach and to support the GCC to deliver on its overarching goals, as set out in the 2022-2024 Strategy.

Our communications will be targeted, timely and responsive, using exposure and reinforcement to make sure they are effective, and measuring the impact to prove they have made a difference.

Recommendations

Council is asked to discuss and adopt the plan.

Background

1. Good communications and engagement are key to pre-emptive (up-stream) regulation, and delivery of the GCC strategy (2022-24) and 2023 business plan.
2. The GCC has a strong record of communicating with stakeholders, registrants and patients. **Annex A** highlights positive work carried out recently.
3. However, there are opportunities to grow this further which are set out in **Annex B** (the Communications and Engagement plan).

Communications performance since January 2023 (Annex A)

4. Analysis of the GCC communications channels shows that we are very good at reaching registered chiropractors. The strongest channel is email – the average open rate of 71% compares very favourably with industry benchmarks (28% open rate for government emails).

5. Across social media we have less idea who is following us (this is a piece of work still to be done) but we still get a good return (in terms of traffic to relevant pages on the website) for the time spent on the channels.
6. The website also performs consistently well in terms of visitors, but there is more that can be done to identify who is visiting and why. Some of this information can be inferred from the pages users visit, with searches for chiropractors and the “I’m a chiropractor” section both performing well.
7. The patient portal (designed to reach patients specifically) had 4117 views across the whole section – more needs to be done to identify and reach patients.
8. While the newsletter is sent to stakeholders and partners, it is difficult to separate the metrics, as the newsletter is predominantly of interest to chiropractors, and many stakeholders receive it in their role as a chiropractor as well.
9. The website is also a strong channel for recruitment, and one where conversion (in terms of job applications) can be directly measured.

The GCC Communications and Engagement Plan (Annex B)

10. The plan sets out in more detail our vision for our communications, and what we need to do to get there.
11. The vision for our communications is that they will be targeted, timely and responsive, using exposure and reinforcement to make sure they are effective, and measuring the impact to prove they have made a difference.
12. **Targeted** - We want to build on the understanding we already have of our audiences, to target them with information that is directly relevant to them.

We will target new graduates with more information on Continuing Professional Development (and specifically Post-Registration Training) where they have less experience of filling in the CPD record.

13. **Timely** – we will move to communicating when it is relevant, rather than once a month through the newsletter. The newsletter will continue as a round up of recent news and information.

We will publish updates on the website and social media before they are published in the monthly newsletter, so our social media has value for people who also read the newsletter.

14. **Responsive** – we will share messages from our partners that reflect our own position to build conversations.

We will speak to partners about upcoming campaigns (for instance CPiRLS) with the aim of all speaking about the same issue at the same time, and “amplifying” the message for all involved.

15. Exposure and Reinforcement – we will repeat our messages multiple times, over a longer period of time, to ensure that as many people as possible see them. We can recycle content from older toolkits to make sure that people are reminded of their importance.

To remind people of our expectations we will promote the toolkits we have produced at regular intervals, not only when the toolkit is new.

We will look to reuse content in different ways across different channels wherever possible.

16. Measuring the impact – we are good at measuring the reach of communications (how many people have seen it), so we will focus on measuring whether the communications are changing the audiences' behaviours and beliefs.

We will count toolkit downloads, and each toolkit will include a short impact survey asking registrants how it will change their practice.

Patient Communication

17. In 2022 we were successful in engaging with patients through the patient panel, and then developing the patient portal.
18. We will continue to use the patient panel to develop understanding of patients – we will shortly be holding panels on 'I'm Registered' and 'Candour'.
19. We have recently completed a piece of work into patient satisfaction with researchers from AECC University College.
20. Our research into patient satisfaction and with the patient panel will help us to promote the 'I'm Registered' logo as a way to persuade patients to use the register, and the patient portal, when choosing a chiropractor.

Chiropractor Communication

21. We have a strong recognition among chiropractors, but there is an opportunity to communicate with them in a more targeted and personal way.
22. We will segment the audience using research and data from the register so that we can better communicate with different subgroups.

We could target chiropractors in different parts of the country with devolved legislation changes (for instance compliance with the Welsh Special Procedures Register)

We could target chiropractors we believe take x-rays with more detailed imaging guidance

We could target more experienced chiropractors with opportunities to be more involved in the GCC's work as a PCC member, TOC assessor or Council member.

23. We will support "up-stream" regulation - seeking to prevent harm from occurring by continuing to promote the importance of professionalism.

When we become aware of specific behaviours that are of concern, even before the behaviour is caught by the FTP process, we can share information to try and prevent future occurrences.

Stakeholder Communication

24. Much of our communication with stakeholders is held face to face by the senior management team.

25. While this is a very effective approach, there is an opportunity to widen who we influence by considering communications specifically for stakeholders.

We will try to grow the stakeholder newsletter mailing list, and use it to highlight activities that are of specific interest to our stakeholders.

26. There may also be an opportunity to reach chiropractors, patients and the public through our stakeholders.

27. We will look to develop a clearer understanding of our stakeholders' agendas and points of view, in order to influence the direction of regulation of the profession.

We will consult stakeholders whether there is a need to review The Code.

Conclusion

28. Council has been rightly interested in how the GCC communicates and how we measure our effectiveness.

29. We do not seek to reinvent our communication and engagement, but to build on a solid basis by using best practice in segmentation and measurement.

30. The purpose of this paper is to ensure Council is fully aware of the approach being taken and has an opportunity to comment before it is adopted.

Andrew Fielding

Communications and Policy Lead

Annex A: Overview of communications January to May 2023

This is a brief summary of the main GCC communications channels and how they performed between January and May 2023 to support the communications plan.

Overall Summary

Analysis of the GCC communications channels shows that we are very good at reaching chiropractors. The strongest channel is email – the average open rate of 71% compares very favourably with industry benchmarks.

Across social media we have less idea who is following us (this is a piece of work still to be done) but we still get a good return (in terms of traffic to relevant pages on the website) for the time spent on the channels.

The website also performs consistently well in terms of visitors, but there is more that can be done to identify who is visiting and why. Some of this information can be inferred from the pages users visit.

While the newsletter is sent to stakeholders and partners, it is difficult to separate the metrics, as the newsletter is predominantly of interest to chiropractors, and many stakeholders receive it in their role as a chiropractor as well.

The website is also a strong channel for recruitment, and one where conversion (in terms of job applications) can be directly measured.

Individual channels

Email

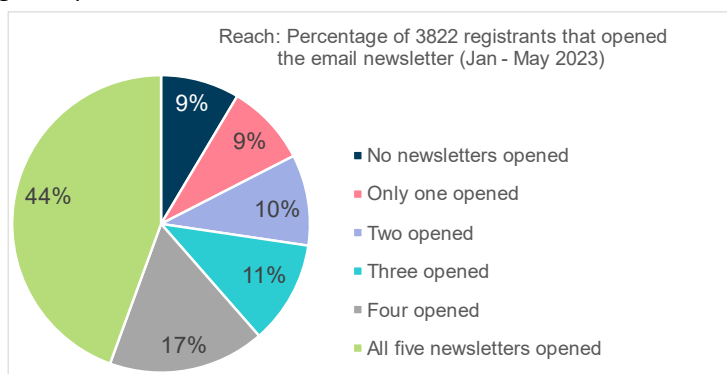
The email newsletter to registrants is sent on the first Wednesday of each month to 3822 registrants (currently 3,635 on register) as well as 154 other contacts.

Email Reach

Average open rate:
(Average for government: 28.77%)

71%

44% of recipients opened all five newsletters

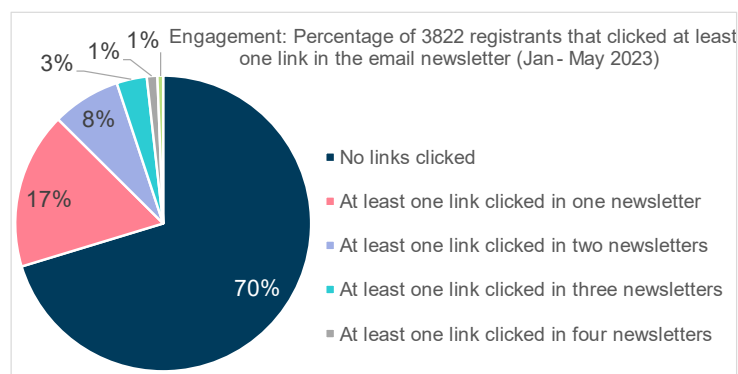


Email Engagement

Average click-through rate:
(Average for government: 3.99%)

14%

30% Of recipients have clicked at least one link in the last five months.



Twitter: Reach and Engagement

Posts	Reach ¹	Engagement ²	Followers
84	12,910	468 (3.62%) Includes 95 URL clicks (0.7%)	1 Jan – 1016 1 Jun – 1052

1 Reach is also called impressions. Defined as the post appearing on a user's timeline – can be multiple times for same user and post.

2 Engagement is defined as the user clicking on the post to interact in some way – open an image, favourite, share or open a URL.

LinkedIn: Reach and Engagement

Posts	Reach ¹	Engagement ²	Followers
69	9,715	581 (5.9%) Includes 320 URL clicks (3.3%)	1 Jan – 682 1 Jun – 797

Website

Page Views ³	Active Users ⁴	Toolkit Downloads
234,035	56,732	1,459

3 defined as a page delivered to a device

4 defined as unique user/device combinations visiting the site.

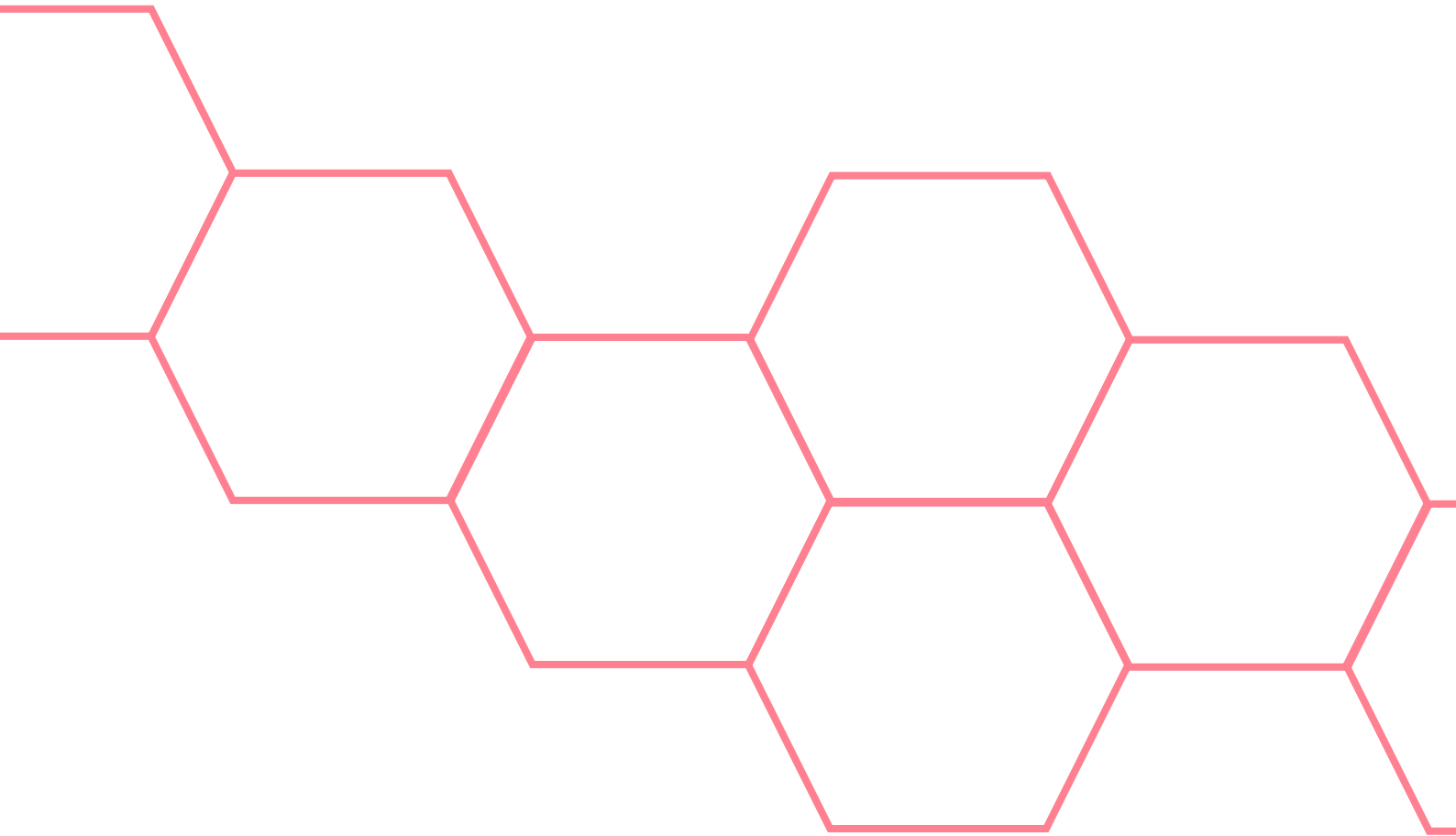
The most popular pages of the site January – June 2025 are:

- Chiropractor search 70,317 views
- Homepage 58,480 views
- Chiropractor resources 14,619 views
- Studying to become a chiropractor 8,039 views
- Opportunities 6,319 views
- PCC and IC decisions 4,110 views

The patient portal (designed to reach patients specifically) had 4117 views across the whole section (seven pages).

Annex B

**GCC Strategic Communications
and Engagement Plan 2023**



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Executive Summary

This communications and engagement plan sets out our approach to communications and engagement with individuals and stakeholders, enabling us to build trust in our regulatory approach and to support the GCC to deliver on its overarching goals, as set out in the 2022-2024 strategy.

It is meant to formalise and develop our approach by building on the [existing successes](#) of the GCC.

The communications vision is that:

Our communications will be timely and responsive, using exposure and reinforcement to make sure it is effective, and measuring the impact to prove it has made a difference.

Introduction

The primary purpose of the General Chiropractic Council (GCC) is, as a regulator, to ensure the safety of patients and the public.

This document explains how we will approach communications and engagement to deliver the aims and objectives of the [GCC 2022-2024 Strategy](#), the accompanying 2023 [business plan](#) and business as usual activity.

Woven throughout the communications plan is a commitment to deliver communications in a way that both supports and delivers other policies and strategies within the GCC:

- The [15 point EDI action plan](#), supporting the Equality, Diversity and Inclusion policy.
- The plan to deliver our responsibilities under [The Welsh Language Standards \(No. 8\) Regulations 2022](#).

Objectives and Goals

The objectives of the communications and engagement plan are taken from within the business plan. The goals define how we will help to deliver those objectives.

Strategic Aim 1 - Patients and the Public:

To place patients and their care at the centre of all GCC work.

We will do this by

- targeting the public/prospective patients when they are most responsive to influence – for instance when they are first looking for a chiropractor, or when they are looking for a new chiropractor. We will develop [patient personas](#) (semi-fictional pen portraits discussing the patient's experience, needs and behaviours) to identify when and how we can have most influence on them to use the register to identify that they are dealing with a registered chiropractor.
- promoting the "I'm Registered" mark, and explaining what regulation means to the public to influence their choice of MSK professional.
- developing a deeper understanding of the decisions made by patients, and the behaviours they value in professionals, to support the development of a profession with patient safety and patient focused care at its heart.
- ensuring that there is consistency in message, style and delivery across the organisation to enhance the view of the GCC as a respected regulator.
- ensuring we offer accessible content and, where required, Welsh language content.

Strategic Aim 2 - Chiropractors:

To promote continuing chiropractic best practice, professionalism and value within the health and social care system.

We will do this by

- segmenting the chiropractor audience, so that chiropractors at different stages of their career are communicated with differently (in order to better influence them). As an example, an established chiropractor does not need to be told of the post-registration training programme.
- measuring the impact of the professionalism toolkits on chiropractor behaviour, attitude and practice through a survey as part of each toolkit.
- developing further toolkits and exploring innovative new approaches to encouraging best practice and professionalism.

Strategic Aim 3 – The GCC:

To regulate effectively, efficiently, innovatively and inclusively.

We will do this by

- looking for trends in the complaints and enquiries received (before they reach the IC and PCC process) to signal opportunities for learning across the chiropractic profession, with the intention of preventing future cases rather than receiving future complaints (this is known as upstream regulation).
- consulting on a new policy on communicating regulatory outcomes – both proven and not-proven – in the best interests of patients, individual chiropractors and the profession. For instance, if a chiropractor is found guilty of unprofessional conduct, how that should be shared with their patients and the community they work with.

Strategic Aim 4 – The Profession:

To enhance the nature and form of regulation for the profession for the future.

We will do this by

- increasing the reach of our stakeholder communications, and raising the profile of chiropractic regulation, across healthcare (particularly within NHS England and equivalents in the other UK countries).
- highlighting examples of upstream regulation of chiropractic within the NHS.
- supporting the Royal Chiropractic College (RCC) with promotion of [Chiropractic Patient Incident Reporting and Learning System \(CPIRLS\)](#).
- consulting with stakeholders, both formally and informally, to understand their aspirations for the regulation of the profession and using this insight to prepare for future regulatory reform.

Our Approach to Communications

Our communications will be targeted, timely and responsive, using exposure and reinforcement to make sure they are effective, and measuring the impact to prove they have made a difference.

Currently most GCC communications follows the cycle of the monthly newsletter to registrants. This is sent on the first Wednesday of each month, and the social media content for the rest of the month is based on the content of the newsletter.

While this model has been successful (see [Annexe A](#)), and we have good measures of how many people have seen our messages, we are less successful at measuring impact (especially over time) and it is less suited to the modern media landscape.

Specifically we want to:

- be more agile in our messaging (publishing when we are ready, or when there is a newsworthy opportunity, not when the newsletter comes out – **timely and responsive**)
- use repeat messages to ensure that the audience is aware of the message (**reinforcement**) and has maximum opportunity to see the message (**exposure**)
- recycle messages from older products (previous toolkits, news items etc) to periodically remind the audience of the message (**reinforcement**) over a much longer time period.
- use regular **measurement of impact** to identify which messages need further promotion (**responsive**).

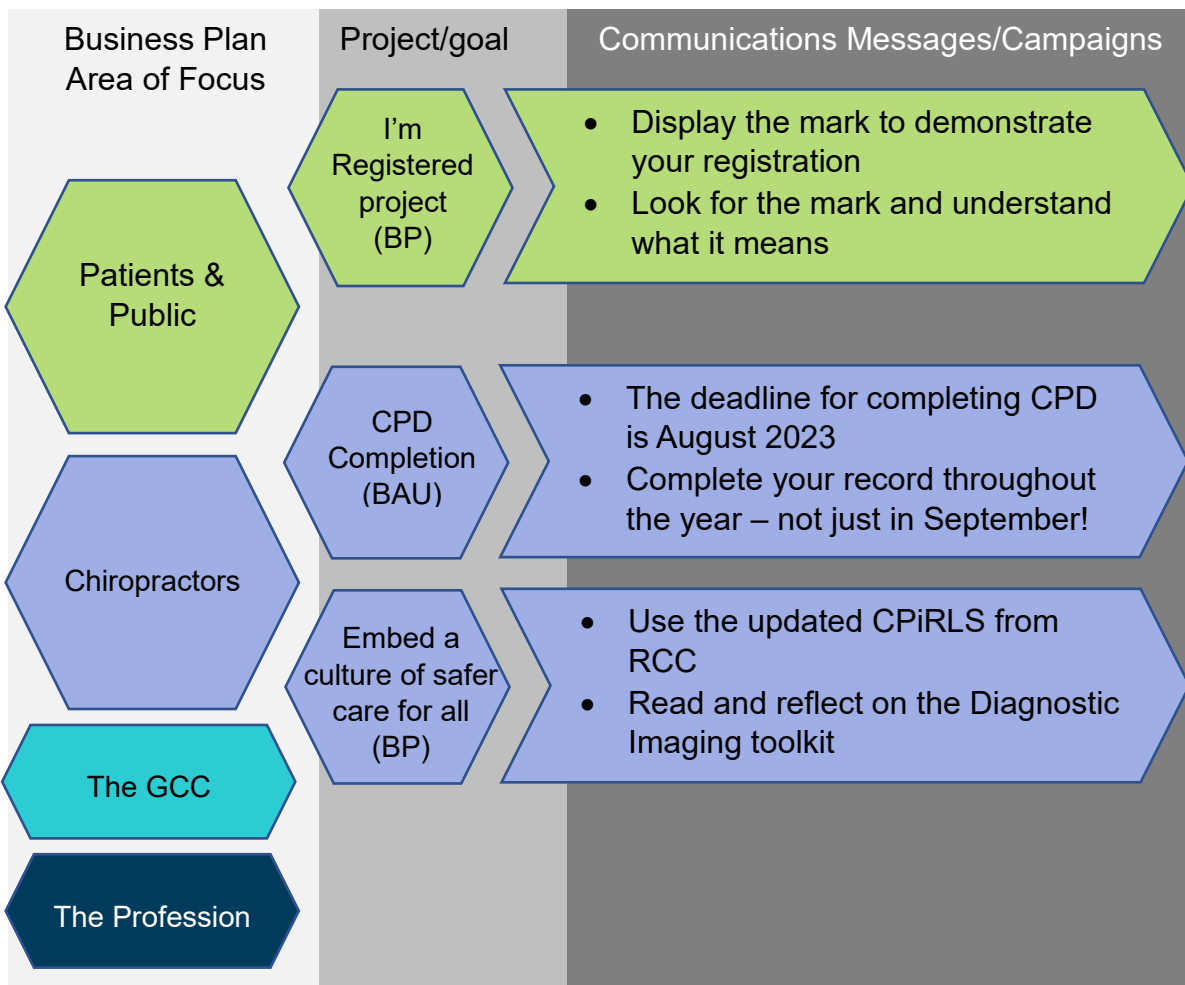
The newsletter will evolve to become a round up of the most important messages – rather than the only opportunity to reach the registrants and other audiences.

Thematic Messaging

We will create a layered approach to our communications based on the corporate strategy.

Starting with the four areas of focus of the business plan, we will then categorise activity into multiple goals and projects (business plan objectives and business as usual). These projects will each contain multiple messages which will be shared multiple times in multiple ways.

An example of this structure is shown below:

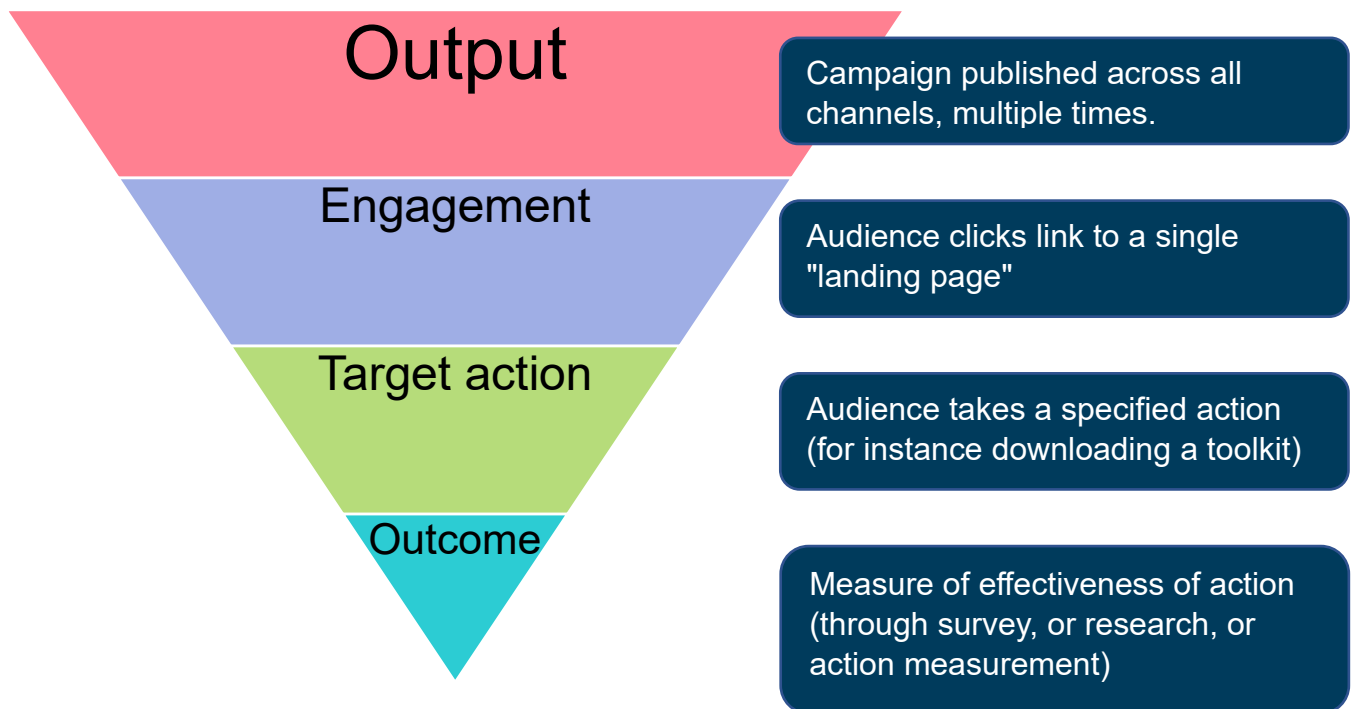


Scoring, Measurement and Evaluation Approach

The measurement of good communications is the outcome, not the output – that is the behaviour changed, belief shifted or change created; rather than the number of messages published. This can be complex to measure, and requires understanding of the start and end point of the audience, and a “theory of change”.

While it is our aspiration to measure the outcome wherever possible, we can also evaluate the engagement with a message as a rough indicator of whether the message was at least considered by the audience.

For each campaign, we will look to create a message funnel:



By measuring the progress through the funnel we can look at the effectiveness of specific campaigns. We can aggregate across projects and strategic areas of focus to understand the impact communications are having across the organisation.

We will create an evaluation dashboard using both quantitative and qualitative measures to show the whole picture. We will report on our key performance indicators regularly – focusing not only on the figures, but also the “so what?” and “what now?” so that our delivery of the plan can be assessed.

Audience and Stakeholder Insight

There are four key regulatory perspectives, which neatly encompass audiences and stakeholders and their relationship with the GCC.

We have separated audiences (where a person acts in their own interest) from stakeholders (where a person acts in the interests of a group) as the communications requirement is very different.

This table gives examples of the regulatory perspectives (with an example of each). A fuller version is found in [Annex C](#).

Perspective	Example	Audience or Stakeholder?
Regulators Includes co and peer regulators	Professional Standards Authority (PSA)	Stakeholder
Regulated Those directly subject to regulation	Chiropractors (including non-practising & students)	Audience
Stakeholders Those with a clear interest or stake in regulation	Royal College of Chiropractors (RCC)	Stakeholder
Wider Community Those on whose behalf we regulate.	Current patients	Audience

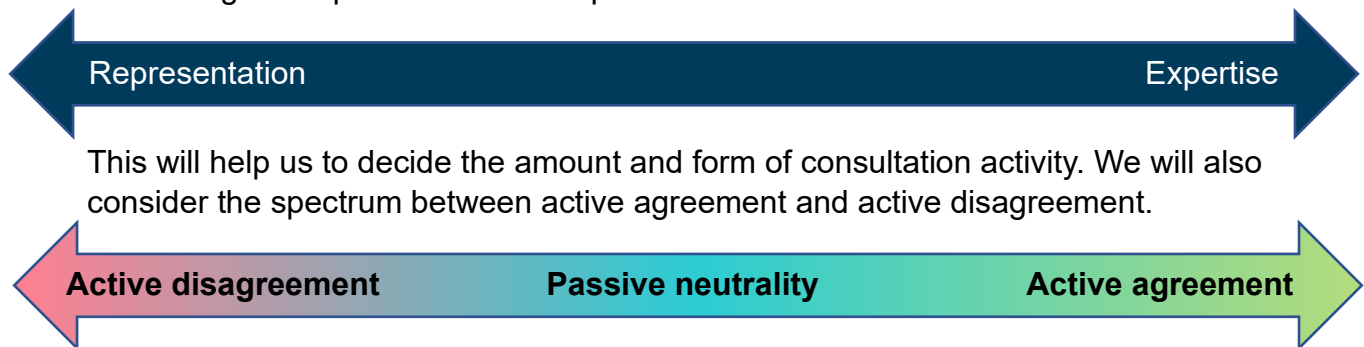
We want to use data and research to maximise the impact of communications and create behaviour change. We will map where they are now (in terms of behaviour and beliefs), where we want them to be, and how we can get them there.

Stakeholder Mapping

For stakeholders we will begin this process with Mendelow stakeholder analysis:



Before consulting a stakeholder, we will consider why we are consulting them – are we looking for “representation”? “expertise”? Or somewhere in between?



This will help us to decide the amount and form of consultation activity. We will also consider the spectrum between active agreement and active disagreement.

Positioning each organisation on the agreement spectrum will identify:

- our allies for particular messaging (where we can ask stakeholders to advocate with us and we can amplify each other’s messages);
- the more neutral organisations that we can urge towards active agreement by highlighting similarities between our positions;
- the organisations which actively or passively disagree with our position.

Audience Mapping – Chiropractors

We will divide the registrant audience into segments using variables such as length of practice, insights from [the 2020 Registrant Survey](#), register data and further research. Each segment will be described by a “persona” – a brief description of an “ideal” or “stereotypical” audience member, which will help us to focus our messaging.

For example, a newly qualified chiropractor will be motivated by different messages than one that has been practising for a long time. It is also likely that different segments will prefer different communications channels.

We will introduce a regular (monthly) proportional survey of chiropractors to try to understand the positions of each of the personas as we develop campaign messaging and materials.

We will also consider the role that clinics play in the provision of chiropractic - specifically where a chiropractor outsources some of their responsibility (for instance over advertising) to a business – and how we can ensure that these businesses understand their responsibilities to patients and chiropractors.

Audience Mapping – Patients

We will continue to develop our understanding of patients and their beliefs, behaviours and needs; building on the [public perceptions research carried out in 2021](#). This original work led to the development of the patient portal and an understanding of what patients value about regulation. We have already commissioned further work including patient panel research into demonstrating registration and, separately, the duty of candour; alongside [research into patient satisfaction](#).

As with chiropractors, we will look to use research to segment the patient audience and create personas. Patient segmentation will be based on the behaviour of the patient (for instance have they been to a chiropractor before) their beliefs, and how we can influence them.

It is easiest to influence behaviour at points of transition – so one of the key points for us to influence is the choice to go to a chiropractor for the first time.

Example Patient Persona

My back is currently in pain, and has been for around two weeks. I have been treating it with painkillers, but it does not feel like it is getting better. I am looking for someone who can actively help.

Beliefs

- I have never visited a chiropractor before and have questions about whether it is safe.
- I believe my NHS doctor is too busy to help with back pain.
- I have used other approaches to my pain, and chiropractic is a last resort.

Behaviours

- I will choose a chiropractor by
 - Searching online
 - Relying on recommendations

Then I will search for a voucher to make my sessions cheaper.

By understanding their beliefs and behaviours, and the role we want the GCC register and patient information to play in the patients' decision making, we can help to ensure that patients only use regulated and registered professionals.

Communications Channels

Existing Channels

Although we have categorised the effectiveness of each channel at reaching specific audiences, this will be further refined as we develop our audience knowledge.

Channel	Audience		
	Public	Chiropractors	Stakeholders
Twitter	Unknown	Low	Medium
LinkedIn	Unknown	Low	Unknown
Monthly Email (mailchimp)	Low	High	High
Website -GCC-uk	Unknown	High	Unknown
Website -iMIS	N/A	High	N/A
Email via iMIS	N/A	High	N/A
Personalised email from Registrar	Unknown	High	High
Column in the BCA Newsletter	N/A	Medium	Unknown
Patient Panel	High	N/A	N/A
Meet the registrar	Low	Medium	Unknown
Attendance at events	Unknown	High	High
Posters	Unknown	Low	Unknown

New Channels for Consideration

As we research our audiences we will remain open-minded to developing new channels, and discontinuing old ones. The decision to change our communications channels will be based on a clear understanding of the audience need.

Possible channels for Chiropractors	Possible channels for Patients
<ul style="list-style-type: none"> • Direct email (outside of newsletter) • Closer ties with professional association publications. • Podcast – either appearing as a guest, advertising or hosting our own. • Targeted online advertising • Targeted event attendance • Further social media channels: <ul style="list-style-type: none"> ○ YouTube ○ Whatsapp 	<ul style="list-style-type: none"> • Partnerships with voucher sites to explain registration. • Closer working with partners to promote the “I’m Registered” mark as a representation of registration. • Advertising to identify new patients. • Providing materials for chiropractors to use with their patients • Further social media channels: <ul style="list-style-type: none"> ○ Youtube ○ Whatsapp

Annex C – More complete list of stakeholders

In the following table, we seek to influence “primary” players, while those who have some role in our work are “secondary”:

Perspective	Examples (with links)	
	Primary	Secondary
Regulators Includes co and peer regulators	<ul style="list-style-type: none"> • Professional Standards Authority (PSA) • DHSC • Devolved governments and devolved NHS • GOsC • Advertising Standards Authority (ASA) • Care Quality Commission • Police 	Other health regulators <ul style="list-style-type: none"> • GMC • NMC • GOC • GPC • GDC • PSNI • HCPC International Regulatory Boards Business Regulators <ul style="list-style-type: none"> • ICO (Information Commissioners Office) • Companies House
Regulated Those directly subject to regulation	<ul style="list-style-type: none"> • Chiropractors (including non-practising & students) • Non-chiropractor MSK practitioners (using chiropractic techniques) 	<ul style="list-style-type: none"> • Clinical insurers • Private health providers • Chiropractic marketers • Clinics employing chiropractors
Stakeholders Those with a clear interest or stake in regulation	Professional Bodies: <ul style="list-style-type: none"> • British Chiropractic Association • United Chiropractic Association • McTimoney Chiropractic Association • Scottish Chiropractic Association Education: <ul style="list-style-type: none"> • Royal College of Chiropractors (RCC) • AECC University College (AECC) • London South Bank University • McTimoney College of Chiropractic • Teesside University • University of South Wales/WIOC 	Chiropractic Organisations <ul style="list-style-type: none"> • World Federation of Chiropractic (WFC) • European Chiropractors Union (ECU) • European Council on Chiropractic Education (ECCE) Other organisations <ul style="list-style-type: none"> • Good Thinking Society
Wider Community Those on whose behalf we regulate.	<ul style="list-style-type: none"> • Current patients • Prospective patients 	Patient Representatives

Strategic Risk Register

Meeting paper for Council on 15 June 2023

Agenda Item: 07

Purpose

The effective management of our risks helps to strengthen the decision-making processes of Council, Committees and the Executive. It also helps to reduce both the possibility of a risk occurring and its potential impact. It additionally contributes to the protection of our reputation and in the achievement of a sustainable financial future for the GCC.

The report presents the six principal risks in the strategic risk register (SRR) which the Council reviewed and approved in December 2022. The register is presented to Council at its meetings twice a year in June and December.

Recommendations

That the Council approves the Strategic Risk Register as of May 2023.

Summary

1. The risk ratings attached to the six principal risks in the SRR are unchanged since the last meeting of the Council in March 2023. A summary of the SRR is presented at **Annex 1**. The detailed register is at **Annex 2**.
2. Although the risk ratings have remained unchanged since last March, we have continued to strengthen the agreed risk controls to mitigate any potential risk failures and their impact on our operations.
3. For example, performance against the 2023 financial targets has been closely monitored, and the set targets for the period to 31 May 2023 have been achieved. We have also scheduled a penetration test to be conducted on our CRM system by the end of June 2023.
4. Four of the risks in the register are currently rated as 'minor' (green); one (DHSC reform agenda) as 'severe' (red); and one (organisational capacity) as 'moderate' (amber).

5. We currently assess our failure to identify significant emerging risks as minor (a green rating).

Background

GCC's risk agenda

6. Our risk agenda is designed to:
 - Give assurance and confidence to Council and other stakeholders that we have robust risk management protocols in place and that we take our risk monitoring and reviewing seriously.
 - Encourage and support clear decision-making at Council, Committee and Executive levels of the GCC. This includes the effectiveness of budget allocations, project planning and delivery.

Council responsibility

7. The Council is responsible for establishing policies and procedures for managing the risks to which the GCC is exposed. It also oversees the internal control framework and determines the principal risks the GCC is willing to take to achieve its long-term sustainable success.
8. Council has delegated the above responsibility to the Audit and Risk Committee (ARC). The ARC reviews the SRR at each of its meetings, conducts regular risk assessments of the GCC's risk management systems, including information on 'close calls'/'near-misses'.
9. The assessments are aimed at assisting the Council to determine whether the risk management systems in place are adequate to deal with known and emerging risks to the GCC.
10. The ARC reports its risk assessment findings to Council every March. These confirm whether the Committee members are satisfied with the GCC risk management policy and practices in place.

Risk management group responsibility

11. The Executive has set up a risk management group (RMG). The group acts as the first and second lines of assurance in the management of our strategic and operational risks. The third, fourth and fifth lines of assurance are the ARC, Council and independent external parties (i.e. external auditors and the Professional Standards Authority, PSA).
12. The group is comprised of the senior management team and three co-opted risk champions drawn from front line staff, co-opted into the group in June-22.
13. The group meets monthly to review the SRR and operational risk register (ORR). The group adopts a shared ownership approach to the management of

the risks in both registers. The group's meetings also provide the opportunity to ask insightful questions about potential '*black swan events*' and gaps in our current risk management approach.

Nick Jones
Chief Executive and Registrar

Annex 1 – Summary of the GCC SRR as of 31 May 2023

No	Risk event / category	Risk rating Nov-22	Risk rating May-23	Comment
1	Failure to protect the public GCC fails to meet core objective of public protection in FtP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	9	9	Unchanged since last meeting – with risk mitigation controls up-to-date.
2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	6	6	Unchanged since last meeting – with risk mitigation controls up-to-date. For example, budget targets for the period have been achieved and the mid-year income statement forecast will be presented to the Council in June 2023.
3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	24	24	Unchanged since last meeting. This risk is outside of the control of the GCC.
4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	12	12	Unchanged since last meeting – with risk mitigation controls up-to-date. For example, all staff vacancies have now been filled.
5	Cyber security The GCC is subject to a denial of service due to cyber-attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	9	9	Unchanged since last meeting – with risk mitigation controls up-to-date. For example, a more robust penetration test on our IT infrastructure is scheduled to be conducted by June 2023.
6	Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	9	9	Unchanged since last meeting – with risk mitigation controls up-to-date.

Annex 2

GCC STRATEGIC RISK REGISTER - MAY 2023

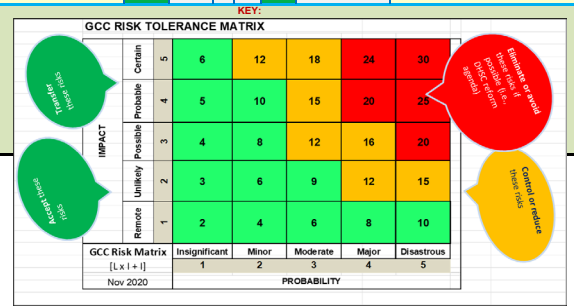
GCC - STRATEGIC RISK REGISTER (SRR) MAY 2023													Residual Score		Council and/or Committee Assurance	Further Actions (i.e. progress to-date on the achievement of the agreed mitigation response targets/milestones [Column M])	Risk Appetite	Link to ORR	Mapped to SRR of Feb-22
ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Controls in Operation	Gaps in Controls	Mitigation Response	Response Completion Date	Value: Last Period		Value: This Period								
									B	L	B	L							
SR1	Failure to protect the public GCC fails to meet core objective of public protection in FIP. Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	Mar-22	Reputational risk	D, DEV D, FTP	Clear strategy and business planning cycle. Regular reporting of performance through monthly executive and quarterly Council scrutiny. Formal contractual relationship with legal advisers – handling all PCC matters and general advice available on request. Close scrutiny of the performance by Education Committee on education programme and registration activities, including CPD. Committee draws on advice of appointed external experts. Formal consultation on significant changes to approach and a focus on stakeholder relationships. Regular meeting cycle with PSA scrutiny team, defence organisations, Deans' Forum, RCC and UK chiropractic forum. Feedback to Council by statutory committee Chairs and GCC Chair meetings with stakeholders.	Partial business continuity arrangements in some key functions, notably data management and registration.	Enhanced implemented CRM system digitising core tasks; training of wider group of staff on system.	Completed in 2020. Wider group of staff training by Nov-22.	9	==	2	3	6	COUNCIL / ARC	1. GCC's performance review for 2021/22 has concluded and PSA noted that the GCC had met 17 out of 18 standards of good regulation. GCC failed to meet standard 15 relating to the Regulators process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers. 2. GCC taking steps to action end-to-end timeliness but will not see changes in the short term. Failure of standard 15 does not mean a failure of SR1 to protect the public (as any high risk cases will be subject to an interim suspension and therefore public protected until conclusion of hearing) and does not affect the ruling. 3. Council approved the new Education Standards and QA Handbook in December 2022. These are effective from 1 March 2023. Work has commenced on implementing the new Standards.	Low	OR #1 OR #2	SR1 / SR4 and SR5	
SR2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	Mar-22	Financial / Liquidity	DCS	Prepare annual budget for Council approval. Produce forecast income statement for Council approval. Produce monthly management accounts for the Executive and GCC Chair, and take corrective actions as they arise. Circulate quarterly management accounts to Council. Produce management accounts report for review by the Audit and Risk Committee at its meetings.	1. Prepare a new 3-year financial strategy for the GCC to replace the current 2019-2023 strategy by Jun-22 2. Financial institutions going bust in the event of a banking crisis	Produce a new 3-year financial strategy for Council approval. Prepare a 'balanced' budget for the next financial year effective 1 January, and have Council's sign-off by December of the prior year.	June 2022 1st Draft: September meeting Final Draft: December meeting	6	==	1	3	6	COUNCIL / ARC	The 3-year financial strategy 2023-25, including the 7 recommendations therein, was approved by Council in Jun-22. The 2023 Budget was approved by Council in Dec-22 with an expected budget surplus of £267k (9% surplus margin). The target surplus margin in the Financial Strategy 2023-25 is 1.5%.	Low	OR #8 OR #9 OR #10 OR #14	SR11 / SR12	
SR3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	Mar-22	Business risk	CER	Regular and sustained involvement in reform developments notably the S.60 Order and review of regulators, including meeting with Director General. Surveillance of the professional and regulatory landscape – monitoring of social media; regular meetings with stakeholders (as SR1) and CERs group. Routine reporting of developments to Council.	The Executive capacity is limited. As soon as we get additional requirements as a result of reform (i.e. s60 becomes real), we will need to act swiftly to provide the needed additional capacity.	Business case to Council to release some funds from reserves to meet capacity needs - when required.		24	==	5	4	24	COUNCIL	February 2023 DHDC issued draft Order and response to April 2021 consultation. Our initial priorities are to absorb and understand proposals; socialise with Council (14 March 23); and then develop a communication and engagement plan with stakeholders – Registrants and professional bodies. Premature to develop rules; output here is response to consultation by May 2023.	Medium	OR #4	SR3 /SR6 and SR7	
SR4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	Mar-22	Operational risk	CER	Executive arrangements for performance scrutiny - monthly performance board to act as early warning. Suite of employment policies including probation, performance appraisal and objective-setting and consistent application by Directors for their teams. GCC operating model intended to ensure optimal working patterns in place. Ability to use temporary staff to cover for prolonged staff absences. Business continuity plans.	The BP 2022 document storage project (i.e. migration of physical documentation to a cloud-based storage system) will draw excessively upon the technical knowledge of core staff - and potential risk of failing to fully comply with GDPR and best practice requirements regarding records retention time limits).	Close management of the document storage project to limit the exposure of key individuals within flexible windows. Development of procedure guides on data systems – that is FIP data system and CRM. Review the existing divisional cover arrangements in place.	Daily Jun-21 Nov-22	12	==	3	3	12	COUNCIL	Scoping report on the project was completed in Aug-22. Preliminary work on the project commenced in Oct-22. Field work on document 'weeding' and scanning to commence in Dec-22. Completed in 2020. Corporate Services team re-visited its cover arrangements in Jun-22. Currently developing process maps for its core finance and payroll activities. Extra resilience deployed in the Development team. FTP process documents are up-to-date.	Medium	OR #11	SR9 / SR10	

GCC STRATEGIC RISK REGISTER - MAY 2023

A	B	C	D	E	F	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
31	SR5	Cyber security The GCC is subject to a denial of service due to cyber attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	Mar-22	Operational risk	DCS	IT support and data storage systems are outsourced. All data storage off-site in secure data centres and in the cloud. No information is stored on employee's devices. Access to GCC systems subject to multi-stage authentication. Obtain recognised cyber certifications annually and display on GCC website. If a cyber event occurs (i.e. data loss), GCC is restored to normal operating capacity within a maximum period of 4 hours. Penetration testing of GCC IT infrastructure is carried out at pre-determined intervals (last conducted in 2021) - with assessed low risk of 'rogue actors' penetrating our IT architecture. Staff training on cyber security. GCC to work with other regulator-organisations to collaborate on conducting internal audit on non-financial areas of work (i.e. cyber attack, BCP, procurement, HR, etc). Review risk financing mechanisms to ensure retained risks can be funded from unrestricted reserves each financial year. GCC will not pay 'rogue actors' in the event of a ransomware attack.	Lack of control over business continuity arrangements of IT support company.	To manage third party IT supplier risks, agree a business continuity plan with current IT support company to cover continuity of service and data back-ups (for cloud-based and offline systems). Obtain Cyber essentials (CE) and CE+ certifications each year and display on GCC website. CE is the self-certified standard version. Cyber Essentials Plus is awarded following an on-site visit by an assessor (such as Cyber Strategies). CE Plus standard is optional but often required when working with Government agencies and platforms. Work with GCC IT support company to simulate a cyber attack/data loss event (i.e. a data recovery test); investigate and confirm whether the existing plan and staff response are fit for purpose. Agree Recovery Point Objective (RPO) is 2 hours with IT support company - i.e. to restrict data loss or loss of work to a maximum of 2 hours. Also, agree a Recovery Time Objective, RTO (i.e. target time for the resumption of service delivery after a risk event) of between 0 - 4 hours for different system failure items. Conduct penetration tests on the GCC's IT infrastructure. Penetration test is to be conducted every three years. Organise cyber training for staff. Focus on one area of benchmarking exercise/internal audit with comparable regulator-organisation - at least once every three years. Review annual business risk policy with insurers. Activate agreed action when risk arises.	Oct-21 (Policy agreed with current IT support company) July and October of each year (last certifications: Oct-22) 1. Simulation test: Nov/Dec yearly (last test: Dec-21) 2. RPO and RTI targets agreed Oct-21 Last test: Oct-20 Next test: Oct-23 Nov-22 Last internal audit: Oct-21 Last review: Nov-22	12	2	3	9	EXECUTIVE / ARC / COUNCIL	CE certification for 2022-23 completed in Jul-22. CE+ certification 2022-23 completed in Oct-22. Cyber-attack simulation test was conducted on 27 December 2022. A report has been generated by Nxt Gen in follow up to the test.	High	OR #3 OR #4 OR #5 OR #6 OR #7	SR8 / SR13				
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44	SR6	Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	Mar-22	Governance risk	CER	Annual effectiveness reviews of Council and Committees undertaken. Succession planning arrangements in place for Council, Committees and Partners. Governance policies and procedures in place. Compliance with PSA authorisation processes met consistently. Additional meetings with Council (if required) to maintain contact and focus on strategy.	1. Formalise the process of communicating findings from annual appraisals (to inform budget-setting so CPD costs can be allowed for in the budget). 2. Non-alignment of dates for conducting and reporting Committee and Council effectiveness surveys. 3. Gaps in the recruitment of Committee and Council members.	Conduct of annual effectiveness surveys: 1. EC to conduct its effectiveness survey every 2 years (next survey due: TBA, given new Chair in post). 2. ARC / RemHR: conduct committee effectiveness survey - every 2 years. Take necessary corrective actions. 3. IO and PCC: no effectiveness surveys as the Committees present their annual reports to Council each March. Reporting of effectiveness survey results to Council 1. EC and RemHR: report the survey results to Council. 2. ARC: report the survey results to Council. Succession Planning Provide sufficient resources in the annual budget for Council, Committees and Partner recruitment. Conduct annual appraisals of Council and Committee members between November and January of each year. Report on actionable findings to Council in June. Undertake review of Council performance by external consultant at least once every three years (or as the Chair of Council sees fit).	Conduct of next effectiveness surveys 1. EC: May-2024 2. ARC/RemHR Committees: Nov-24 to Jan-25 Reporting of survey results 1. EC: Sep-24 2. ARC/RemHR: Jun-25 Jan-23: Conclude appraisals and report to Council in Jun-23 1. 2022: by June 2. Next Review: Jun-2025 (to be decided by Chair of Council)	9	2	3	9	EXECUTIVE / ARC / COUNCIL	The Council effectiveness review was completed in Jun-22. Actions were agreed in Sep-22. Completed.	Medium	OR #12 OR #13	SR2				
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KEY

Inherent risk: Gross risk exposure before we put mitigation controls in place
 Residual risk: Net risk exposure after we put mitigation controls in place
 Risk appetite: This is the amount of risk GCC Council is willing to take in order to achieve its strategic objectives.
 Risk tolerance: This is the amount of risk the GCC is prepared to accept in order to achieve its financial objectives. We can best understand risk tolerance when linked to our RAG reporting; intolerable, if the risk score is in the red zone; tolerable, if in the amber zone; green zone shows preferred limit of tolerance.
 Risk attitude: Our response to a single decision (i.e. GCC's investment decision and how much risk to take) which could result in a potential positive or negative outcome (i.e. portfolio growth or decline).
 Business/longevity risk: Risk arising from changes in current and potential registrants' interests in the Chiropractic profession, changes in UK economic and political conditions.
 Financial/liquidity risk: Risk that the GCC is unable to fund its short and long-term liabilities due to insufficient funds.
 Operational risk: Risk arising from inadequate internal processes and systems leading to loss events.
 Reputational risk: Risk from loss of damages to GCC's reputation, its brand name and perceived goodwill.



Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 15 June 2023

Agenda Item: 8A

Purpose

The purpose of this paper is for Council to receive an update from the Audit and Risk Committee.

Recommendations

- a. Council is asked to receive the report from the Chair of the Audit and Risk Committee.
- b. Council is also asked to approve the changes to the Committee's Terms of Reference (TOR).
- c. Council is further asked to note that the Committee was content with the robust process of the IT tender exercise in April 2023; and that the CER would sign the contract with the preferred IT support company (subject to contract and satisfactory references) after the Council meeting in June 2023.

Meeting of the Audit and Risk Committee (ARC) since March 2023

1. The Audit and Risk Committee met once virtually on 23 May 2023, since the last Council meeting in March 2023.

CER Report

2. The Committee received and noted the CER's report covering the period since its last meeting in March 2023. The Committee noted the update on:
 - Staffing matters
 - Risk and business management
 - Regulatory reform
 - Education and registration risks
 - Professional Standards Authority – annual performance review
 - Fitness to Practise risks, and

- IT and cyber security.
3. The Committee further noted that a new cyber security e-learning training suite was in the process of being rolled out to staff, Council members and partners. Additionally, the draft IT and cyber security policy would be presented to the Committee in November 2023.

The Committee welcomed and noted the report.

2022 Review of Effectiveness of External Auditor

4. The Committee reviewed the report on the 2022 effectiveness of the external auditor. Following discussion, the Committee welcomed the positive report findings and agreed that the 2022 external audit process was effective.
5. The Committee then considered the terms of engagement and continued independence of the current external auditor. Members agreed that the appointment and term of the current auditor were within the legal time limit and followed best practice.

Consequently, the Committee agreed that the 2022 audit process was very successful, given the positive responses to the questions in the questionnaire used for the assessment.

The Committee agreed the report.

Management Accounts for the Period to 30 April 2023

6. The Committee noted that the realised headline surplus for the period was £212k compared to the headline fixed budgeted surplus of £177k for the same period.
7. The Committee further noted that the headline forecast surplus for the 2023 financial year was expected to be in the region of £60k.
8. The Committee additionally noted that, notwithstanding the reduced forecast surplus for the year, the target surplus margin of 1.5% (as stipulated by Council in the 2023-25 financial strategy) would still be achieved by the end of the financial year. The Committee noted that the forecast surplus was disappointing but the reasons for its decrease in the forecast annual surplus were understandable.
9. The Committee additionally noted that the net assets of the GCC as of 30 April 2023 were valued at £3.514m (December 2022: £3.280m). The value of GCC investments was £4.473m as of 30 April 2023 (December 2022: £4.461m).
10. The Committee discussed the potential impact of the recent investment bank failures in the USA. The Committee asked the Executive to develop a checklist of

the actions to be taken in the event of a banking/financial crisis, given that the maximum funds protection for each entity or business was only £85k.

11. On the HR Update report, the members noted that there were no immediate concerns from the Executive to be brought to the attention of the Committee.

Managing the Risks Assigned to Fitness to Practise Team and Impact on ARC Work

12. The Committee received the report from the Director of FTP team on the following operational areas:
- people/turnover of staff
 - FTP budget
 - Legal risks
 - Risk of regulatory reform, and
 - Recruitment of partners in 2023.
13. The Committee noted that with both the Protection of Title and Committee Coordinator roles starting with the GCC in the second half of 2023, there was a risk that IC decision-making may be adversely impacted.

The Committee noted the report.

Managing the Risks Assigned to Corporate Services Team and Impact on ARC Work

14. The Committee received the report from the Director of Corporate Services. The report covered the following business activities:
- Financial planning and management, including the delivery of the 2023-25 financial strategy
 - Financial performance within the strategy
 - Risk management, including the risk management Group (RMG)
 - Organisational performance management, including the performance Management Board (PMB)
 - Audit of financial statements and corporate governance arrangements
 - Information security and management
 - Management of change projects and outsourced contracts, and
 - Staff support and development.
15. The Committee observed that the external audit reports in the last three years had been impressive to see.
16. Members noted the achievements of the Corporate Services Team to-date and the potential risk management challenges identified.

17. Members further noted the close alignment of the Corporate Services Team's work with the Audit and Risk Committee's annual work programme.

The Committee noted the report.

Strategic Risk Register (SRR)

18. The Committee reviewed the SRR. Members noted that the number of risks and risk impact ratings in the register had remained unchanged since March 2023 (i.e. when the Committee last reviewed them).

19. Although the risk ratings had not changed since the last meeting, the Committee received assurances from the Executive that the GCC RMG had continued to implement and strengthen the mitigation controls in the register since the last meeting.

20. The Committee raised the question about the potential impact of artificial intelligence (AI) on the work of the GCC. The Committee noted that the issue was discussed at the last Education Committee meeting and that the RMG would discuss it at its next meeting.

The Committee noted the report.

Assurance Map Update

21. The Committee noted that the assurance map provided an objective scrutiny of the risk management and control practices at the GCC. It identified the key sources and forms of assurance across the four-lines of assurance at the GCC.

22. The map also showed the status of the current levels of assurance compared to the desired levels agreed by the Audit and Risk Committee. The current map showed that the assurance ratings had been maintained at the high levels recorded at the Committee's meeting in May 2022. The Committee further noted that there were no areas of concern in the current assurance map.

23. The Committee discussed and noted that operational areas for internal audit would be identified on an ongoing basis.

The Committee agreed the assurance map.

Information Governance Update

24. The Committee **noted** that there were no areas of concern.

Click Travel Report

25. The Committee **noted** that the report should come to the Committee on an exception basis going forward.

Review of ARC Terms of Reference

26. The Committee reviewed the ARC Terms of Reference and agreed the changes highlighted in the Annex to this report.

The Committee agreed to recommend to Council that the proposed amendments to the ARC Terms of Reference are approved.

ARC Governance Responsibilities

27. Members discussed the proposed additional governance responsibilities for the Committee which arose from the ARC Development Session on 1 March 2023.

28. Following discussion, the Committee agreed to:

- a) Produce an annual report for Council each March, effective from March 2024.
- b) Produce and include a governance statement in the 2023 annual report, effective from March 2024.
- c) Document/record in the report from the Executive the assurances received on the annual risk assessment statement that is presented to Council each March.

The Committee agreed to recommend to Council that it notes the agreed actions by the Committee.

Independent Audit Report of Investigation Cases for the Period June to November 2022

29. The Committee received the report from the Director of Fitness to Practise. The Committee noted that the audit identified evidence of good practice in the management of investigations.

30. The Committee further noted that the audit identified areas for improvement by the Executive and that these had been actioned/implemented.

The Committee noted the positive report.

Schedule of GCC Policies

31. The Committee discussed and noted the schedule of GCC policies and their proposed review dates. The Committee urged the Executive to phase the review dates and present any updated policy to the Committee with oversight responsibility for their review and recommendation(s) to Council.

32. The Committee also asked the Executive to consider whether a number of policies should fall within the oversight of the Committee, rather than other Committees.

33. The Committee further noted that the policies would be reviewed when the need arose but not later than once every three (3) years.

The Committee noted the report.

Tender of IT Support Service

34. The Committee received an update on the IT tender exercise that was conducted in April 2023. The Committee noted that the IT Review Panel unanimously agreed to recommend the preferred IT support company to be appointed from 1 July 2023. The initial contract period would be for three years, subject initially to contract and performance.

35. Following discussion, the Committee noted that it was content with the robust process of the IT tender exercise.

36. Consequently, the Committee agreed to ask Council to note the report and that the CER would sign the contract with the preferred IT support company (subject to contract and references) after the Council meeting in June 2023. The Committee further noted the expected efficiency saving of £100k to be realised over a three-year period once the IT support service was moved to another IT support company from 1 July 2023.

The Committee agreed to invite Council to note the IT tender process and that the contract for the IT service would be negotiated and signed by the Executive.

ARC Meeting Dates and Workplan 2023

37. The Committee agreed the Audit and Risk Committee workplan for 2023.

Any Other Business

38. There was no other business considered by the Committee.

Fergus Devitt

Chair of the Audit and Risk Committee

Audit & Risk Committee's Terms of Reference

Duties

The Audit & Risk Committee (**ARC**) is a non-statutory advisory committee of the General Chiropractic Council, working within the policy and priorities agreed by the Council. The Committee does have some delegated powers, and these are highlighted at point 8.

The Committee is required to carry out the following duties for Council.

1 External Audit

The Committee shall oversee the relationship with the external auditor including, but not limited to:

- 1.1 Considering and making recommendations to the Council in relation to the appointment, re-appointment and removal of the GCC's external auditors. The Committee shall oversee the selection process for new external auditors and, if an auditor resigns, the Committee shall investigate the issues leading to this.
- 1.2 Approval of the external auditor's remuneration, whether fees for audit or non-audit services, and ensuring that the level of fees is appropriate to enable an adequate audit to be conducted.
- 1.3 Approval and sign-off of the external auditor's engagement letter and the scope of the audit.
- 1.4 Assessing annually the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the relationship with the auditor as a whole, including the provision of any non-audit services.
- 1.5 Satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and the GCC.
- 1.6 Assessing annually the external auditor's qualifications, expertise and resources and the effectiveness of the audit process which shall include a report from the external auditor on their own internal quality procedures.
- 1.7 Undertaking an annual review of the effectiveness of external audit.
- 1.8 Monitoring the external auditor's compliance with relevant ethical and professional guidance on the rotation of audit partners and other related requirements.
- 1.9 Meeting **at least once a year regularly** with the external auditor, including once at the planning stage before the audit and once after the audit at the reporting stage. The Committee shall meet the external auditor at least once a year, without management being present, to discuss their remit and any issues arising from the audit.

- 1.10 Reviewing and approving the annual audit plan and ensuring that it is consistent with the scope of the audit engagement.
- 1.11 Reviewing the findings of the audit with the external auditor. This shall include but not be limited to:
 - a discussion of any major issues which arose during the audit,
 - any accounting and audit judgments, and
 - levels of errors identified during the audit.
- 1.12 Reviewing any representation letter(s) requested by the external auditor before recommending this for signing by Council.
- 1.13 Review the management letter of the external auditor, any material queries raised by the auditor to management of the GCC in respect of the accounting records, financial accounts or systems of control and the response of management of the Company.
- 1.14 Ensure that the management provide a timely response to the issues raised in the management letter of the external auditor.
- 1.15 Recommend to Council the Annual Accounts and an action plan to deal with any issues raised in the management letter after considering GCC management representations, if applicable.

2. Internal Audit

The Committee shall:

- 2.1 Monitor and review the effectiveness of any internal audit function.
- 2.2 Review promptly all reports to the Audit & Risk Committee on the GCC from any internal auditors.
- 2.3 Where an internal audit function exists, to ensure co-ordination between the internal and external auditors.
- 2.4 Review and monitor management's responsiveness to the findings and recommendations of any internal audit report.

3 Whistleblowing

- 3.1 The Committee shall review the arrangements for employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.
- 3.2 The Committee's Chair will be responsible as required for receiving and investigating all concerns raised under the whistleblowing procedure.
- 3.3 In investigating concerns raised, the Committee's Chair will follow the procedures as described in the GCC's published Whistleblowing Policy.

4 Internal Controls and Risk Management Systems

The Committee shall:

- 4.1 Oversee the principal risks faced by the GCC, the extent of the principal risks it is willing to take to achieve its strategic objectives, and how the risks are being mitigated.
- 4.2 Keep under review the effectiveness of internal controls for ensuring compliance with the regulatory environment within which the GCC operates.
- 4.3 Review and approve the statements to be included in the Annual Report concerning governance, internal controls and risk management.
- 4.4 Review the GCC's Strategic Risk Register, Assurance Map and report to Council any significant changes to the Risk Register.
- 4.5 Ensure that the findings from external and internal audits inform the development of the GCC's Strategic Plan.
- 4.6 Keep under review and advise Council about the effectiveness of the assurance systems in place within the organisation for the identification and management of risks.
- 4.7 The Committee will present the Strategic Risk Register to Council at least twice (i.e. June and December ~~March and September~~) a year.
- 4.8 At every meeting of Council, the Committee will report to Council every risk scoring over 15 on the risk register.
- 4.9 Oversee procurement of contracts in line with expenditure delegations to assure Council that contacts were awarded following relevant policies and due process.

5 Financial Reporting

The Committee shall:

- 5.1 Monitor the integrity of the financial statements of the GCC, reviewing significant financial reporting issues and judgments which they contain.
- 5.2 Review the appropriateness, consistency of and any changes to accounting policies.
- 5.3 Review the methods used to account for significant or unusual transactions where different approaches are possible.
- 5.4 Review whether the GCC has followed appropriate accounting standards and made appropriate estimates and judgments, taking into account the views of the external auditor.
- 5.5 Review the clarity of disclosure in the financial reports and the context in which statements are made.
- 5.6 Review all material information presented with the financial statements and the Annual report, if applicable.

6 Reporting Responsibilities

- 6.1 The Committee Chairman shall report formally to the Council on the Committee's proceedings after each meeting on all matters within its duties and responsibilities, including financial reporting.
- 6.2 The Committee shall make whatever recommendations to the Council it deems appropriate on any area within its remit where action or improvement is needed.
- 6.3 An annual report of the Committee's activities is to be presented to Council each March. A report on the Committee's activities is to be included within the GCC's Annual Report. The Committee is to produce and include a governance statement in the audited annual report and accounts.

7 Other Matters

- 7.1 Ensure that its members take individual responsibility for identifying training appropriate to their needs and raising these requirements with the Chair of Council.
- 7.2 Be provided with an induction programme for new Committee members.
- 7.3 Consider issues in relation to succession planning for members of the Committee.
- 7.4 Give due consideration to laws and regulations.
- 7.5 At least once every two years a year, review its own performance, constitution and terms of reference to ensure it is operating effectively and report the results of this review to the Council for approval.
- 7.6 Oversee any investigation of activities which are within the Committee's terms of reference.
- 7.7 Work and liaise as necessary with all other committees of Council ensuring interaction between committees and with the Council is reviewed regularly, taking account of the impact of risk management and internal controls being delegated to different committees.

8 Authority

- 8.1 The Committee has delegated authority for:
 - agreeing the planned activity of external audit.
 - proposals for tendering for External Audit services or for purchase of non-audit services from contractors who provide audit services.
 - reviewing the GCC's Strategic Risk Register, Assurance Map and reporting to Council any significant changes to the Risk Register.
 - the approval of the auditor's remuneration whether the fees are for audit or non-audit services.

9 Membership

- 9.1 The Chair and members of the Audit & Risk Committee including the independent member shall be appointed by the Chair of the GCC and such appointments will be reported by the Chair to Council.

- 9.2 Appointments to the Committee shall be for a period of three years from the date of appointment, or for the length of term remaining for any particular Council member appointed if less than three years.
- 9.3 Members are eligible for re-appointment and there is no maximum term of membership.
- 9.4 The Committee's membership shall be ~~four~~three members of Council including the Committee's chairman and one independent member.
- 9.5 The Chairman of the Council shall not be a member of the Committee.
- 9.6 The external auditors shall be invited to attend meetings of the Committee ~~at least once a year on a regular basis~~. The Committee may request other staff or professional to attend the meeting, if required, to aid in discharging the duties of the Committee.

10 Audit & Risk Committee Quorum and Meetings

- 10.1 The Director of Corporate Services or their nominee shall act as the Secretary of the Committee.
- 10.2 The quorum necessary for the transaction of business shall be 3 members, one of whom must be the independent member.
- 10.3 If the Committee's Chair is unable to attend a meeting, the members present will select a Chair for that meeting.
- 10.4 In the absence of the external independent member, the Committee would co-opt an external member to cover any such absence.

11 Frequency of Meetings

- 11.1 The Committee shall meet at least three times a year at appropriate times in the reporting and audit cycle, and otherwise as required. Meetings will be planned in advance for each reporting year.

12 Notice of Meetings – exceptional and regular

- 12.1 Exceptional meetings of the Committee shall be convened by the Secretary of the Committee at the request of any of its members or at the request of external or internal auditors if they consider it necessary.
- 12.2 Unless otherwise agreed, notice of each regular meeting of the Committee confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

13 Minutes of Meetings

- 13.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.

- 13.2 The Secretary shall record any conflicts of interest divulged at the meeting.
- 13.3 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Council.

14 Dissolution

- 14.1 Dissolution or changes to the terms of reference of the Audit & Risk Committee shall be at the discretion of the General Chiropractic Council.

Version Control				
Version No.	Key Changes	Agreed By/date	Issue Date	<u>Date of Next Review</u>
1.00	Redrafted the TOR for the Audit Committee. Changes to include changing the name of the Audit Committee (AC) to Audit and Risk Committee (ARC), and enhanced risk management responsibilities for the Committee.	The Audit and Risk Committee (ARC) agreed to recommend the TOR for the Committee to Council.	31/05/18	
1.01	No changes	Council agreed the TOR for the ARC	27/06/18	
2.00	Key changes made: insertion of a new Section 4.1 and change from every meeting to at least once a year in Section 4.7	Presented for a 3-year review by the ARC	09/11/21	
<u>3.00</u>	<u>Updated sections:</u> <ul style="list-style-type: none"> • <u>1.9,</u> • <u>4.4,</u> • <u>4.7,</u> • <u>4.9,</u> • <u>6.3,</u> • <u>7.5,</u> • <u>7.7,</u> • <u>8.1,</u> • <u>9.4 and</u> • <u>9.6</u> 	<u>Reviewed and agreed by the ARC</u>	<u>23/05/23</u>	<u>May 2024</u>

Report from the Chair of the Education Committee

Meeting paper for Council on 15 June 2023

Agenda Item: 08b

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Education Committee and to seek approval for two new Committee members.

Issues arising from Education providers and programmes

1. The Committee noted the monitoring report from LSBU following the graduation of the first student cohort and the final monitoring visit to LSBU held on 21 November 2022 at its new Croydon campus.
2. The Committee noted the meeting between a potential new programme provider and the GCC in March 2023.
3. A discussion was held on students attending CPD events above their competency level and the GCC would be writing to students via education providers to remind them what is appropriate, highlight potential safety issues and assure themselves of the CPD provider's insurance.

Implementation of the Education Standards

4. The Committee considered the implementation activities to date including the publication of the Standards, communication with providers with a provider pack, the education visitor (EV) training day in March 2023 and the allocation of Education Visitors to each provider to support them with the process. Self-evaluation forms were completed by all providers and will enable the GCC and EVs to provide support over coming months, including meetings with each provider in June. Provider action plans will be considered by the Education Committee in July.
5. The Committee discussed in detail the aims of the implementation process for existing providers and the level of scrutiny that it wished to apply to the recognition process. It agreed the aims of the implementation process and would

scrutinise areas of the Education Standards that had changed, i.e. been strengthened or are completely new. This would likely include documentary evidence and a possible monitoring visit. Depending on the evidence provided and the EV evaluation, there is flexibility for this to be light touch, or to be more extensive, if required.

6. The Committee was presented with two reports on areas of work relating to the new Education Standards. One project has focused on engaging with programme providers to identify how the GCC can support them and their students to integrate these EDI expectations in their programmes. The second related to a review considering the implications on the TOC and work has begun on making changes to the website, the Evidence of Practice Questionnaire, the Question and Answer Bank and the Bank of Ethical Scenarios.

Continuing Professional Development Update

7. The Committee was updated on the outcome of the audit of CPD submissions by registrants carried out by the Royal College of Chiropractors, on behalf of the GCC in autumn 2022 and the issues and challenges arising.
8. The Committee discussed and suggested improving communications to support new graduates on their understanding and awareness of their CPD obligations following graduation and registration enabling them to deliver high quality care to patients.
9. The Committee discussed the value of CPD and on the need for a change in perspective on CPD and to see CPD as beneficial for registrants to keep their skills and knowledge up to date. Messages from patients on the importance of CPD could prove useful. The GCC would look at communications and what resources might be developed in different formats for new graduates and registrants to develop their understanding and obligations around CPD.
10. The Committee discussed and agreed that the focus for all registrants for forthcoming year CPD should be on Equality, Diversity, and Inclusion (EDI).

Test of Competence update

11. The Committee received the annual Test of Competence report and the annual report from the External Examiner and noted that there had been an increase of 48% in the number of TOC candidates during 2022. However, at the start of 2023 there had been few applications, which may result in reduced numbers this year.
12. The Committee discussed and raised concern on the increased number of resubmissions received from candidates within a limited time frame and recommended that an appropriate time frame between resubmissions could be included in the Chair's letter.

13. The Committee also recommended that the Chair should be made aware if it was a resubmission, as knowing this could help with the assessment.
14. The Committee discussed the acceptance of non-chiropractic notes as part of the TOC assessment and approved the new policy on anonymised patient notes.

Annual Monitoring

15. The Committee discussed the outcome of the 2021-22 education provider annual monitoring activity and agreed the feedback to be given to each provider.
16. Alongside the annual monitoring process a project had been undertaken to analyse the EDI data captured for the first time around five protected characteristics, to allow the GCC an overview of the make up of the student body.
17. The second annual monitoring review would be published in May 2023.

Scotland College of Chiropractic Charitable Trust – update

18. The Committee discussed events and matters arising since the Committee last met on 17 November 2022. It agreed to proceed to Stage 4 of the recognition pathway; to progress arrangements for the visit; and inform the applicant of the submissions required in advance of the visit.

Committee membership

19. Two non-Council members of the Committee have come to the end of their 8 year term and a recruitment round has been held for one lay member and one registrant member.
20. 13 lay and 10 registrant applications were received. 7 lay and 6 registrants were shortlisted for interview on 2 and 3 May. The interview panel was Sharon Oliver (Chair of the Education Committee); Keith Walker, (Council member of Education Committee) and Hilary Randall (independent member). Interviews were conducted remotely via MS Teams.
21. Council is asked to agree to the appointment of the two new members of Education Committee and their respective biographies can be found at Annex A.
22. Aaron Porter's term has been extended by two months ahead of him joining the Council on 1 August.

Sharon Oliver

Chair of the Education Committee

Annex A

Daniel Moore

Daniel has been a registered chiropractor since 2013 and is currently a senior academic at Teesside University, where he led the design and implementation of the MSci (Hons) Chiropractic degree as course leader.

Daniel is a Fellow of the Royal College of Chiropractors and a Senior Fellow of the Higher Education Academy. His interest in undergraduate and post-graduate education has led to him completing a Doctorate in Education which he began in 2022. Daniel has two PgCerts in Learning and Teaching in Higher Education, and Diagnostic MSK Ultrasound.

He is driven to support contemporary approaches to education and assessment, to ensure high quality training leads to a chiropractic profession that is safe, respected and can support the growing needs of the UK healthcare workforce now and in the future. Outside of the profession Daniel enjoys racing his mountain bike and spending time with his family.”

Jessica Watts

Jessica Watts graduated as a biomedical scientist, holds a Masters degree in Health Service Management and has had a longstanding senior career in the NHS working at Board level in a number of acute, specialist, mental health, community and ambulance trusts across England. Her most recent role is as Director of Operations and Intensive Support at NHS England East Region. Her main career focus has been in the transformation and improvement of healthcare both within NHS Trusts and across healthcare systems. Jessica is an experienced programme and project manager with a Prince 2 practitioner qualification.

Throughout her career Jessica has had a strong interest in education and supporting and developing the capability of others. As Head of Education and Training at East of England Ambulance Trust she led the development of clinical career pathways and delivery of accredited apprenticeship programmes. In addition to her NHS management roles, she has held academic teaching positions working with the Judge Business School, Cambridge University in the development, design and delivery of clinical leadership programmes. Jessica is a qualified Executive Coach and Mentor.

Outside of her professional career, Jessica is an active volunteer across a range of grass roots sports and other community organisations and is a local Club Safeguarding Lead for the English Cricket Board. Jessica lives in Cambridge with her husband and four children.

Report from the Chair of the Remuneration and HR Committee

Meeting paper for Council on 15 June 2023

Agenda Item: 08C

Purpose

This paper provides an update to Council from the Chair of the Remuneration and HR Committee.

Committee Meetings

1. The Committee met once, on 12 April 2023, since the last Council meeting.

CER Operational Report

2. The CER informed the Committee on:
 - Staffing and recruitment matters.
 - Equality, diversity, and inclusion (EDI) monitoring process undertaken for each recruitment campaign, members, executive and partners.
 - The development of a menopause at work policy, complemented by a half-day training course delivered by an external facilitator.
 - Staff learning and development programme, and the development of a proposed staff charter.
3. The Committee agreed that the Executive should conduct post-probationary review meetings with new staff.
4. The Committee **noted** the points above.

Business Case for Registration and CPD Coordinator

5. The Committee discussed the paper and noted that the additional cost to the staffing budget was only £4k, given that the Registration Officer's role was now part-time (i.e., 50% FTE) – in addition to the Registration and CPD Coordinator role.

6. The Committee **approved** the appointment of a permanent full-time Registration and CPD Coordinator.

Succession

7. The Committee **noted** the appointment of two lay members to the Council (i.e. Professor Catherine Kelly, with a start date of 1 March 2023, and Aaron Porter, with a start date of 1 August 2023).
8. The Committee further **noted** the completion of the recruitment of a registrant member to the Council, with the approval of the recommendation of the preferred candidate being awaited from the Privy Council. The appointment was effective from 1 June 2023.

Remuneration and HR Committee Work Programme

9. The Chair of the Committee observed that, in his view, it was difficult for the Committee to review its own performance, given that some members were yet to complete at least a full year on the Committee.
10. Following discussion, the Committee agreed that a review of the effectiveness of the Committee would be conducted in November/December 2023 and that the Committee's terms of reference (TOR) would be reviewed at the July 2023 meeting. It was agreed that the Executive should develop the effectiveness survey questions/instrument and circulate them to the Chair for his review after the July 2023 meeting.
11. The Committee reviewed and agreed the Committee's workplan and meeting dates for 2023.

Next Meeting

12. The next meeting will take place on 10 July 2023 (via Teams).

Recommendation

Council is asked to **note** the report.

Steven Gould
Chair of the Remuneration and HR Committee

Council – Work Programme

For approval

Meeting paper for Council on 15 June 2023

Agenda Item: 09

Purpose

This table outlines the key activities that will be coming to Council meetings for the remainder of 2023 and the first and second meetings of 2024. This enables Council to have sight of annual standing items as well as strategic items which will require Council’s approval, discussion or noting.

Recommendation

Council is asked to:

- note the forward look;
- note the meeting dates for Council in 2024, as previously advised.

Council Forward Look – 2023 and 2024

Strategic Items for discussion or approval

Item	September 2023	December 2023	March 2024	June 2024
Business Plan 2024	To discuss – first draft	To approve – final		
Quarterly Management Accounts	To note	To note	To note	To note
Financial Forecast 2024				
Budget 2024	To note – first draft	To approve – final draft		
Strategic Risk Register		To approve		To approve
Regulatory Reform	To note - update (if any)	To note - update (if any)	To note - update (if any)	To note - update (if any)

Performance Reporting and Review

Item	September 2023	December 2023	March 2024	June 2024
Business Plan Update Report	To note	To note	To note	To note
Fitness to Practise Performance Update	To note	To note	To note	To note
Professional Standards Authority Review	To note - report on the outcome review	To note - finalised report		
Committee Chair Update Report – Education	To note	To note		To note
Committee Chair Update Report – Audit and Risk		To note	To note	To note
Committee Chair Update Report – Remuneration and HR	To note	To note		To note
Operational Update (private session)	To note	To note	To note	To note
Scoping review of the Code report		To discuss		

Annual Reporting

Item	September 2023	December 2023	March 2024	June 2024
GCC Annual Report and Accounts 2023			To approve	
Annual Report – IC			To note	
Annual Report – PCC			To note	
Annual Report – EC		To note		
Annual Report – Registration Annual Report – Audit and Risk			To note	

Council Meeting Dates 2024

Meeting	Date	Meeting	Date
First Meeting	Wednesday 20 March	Third Meeting	Wednesday 25 September
Development Day	Tuesday 18 June	Development Day	Thursday 5 December
Second Meeting	Wednesday 19 June	Fourth Meeting	Friday 6 December