

## General Chiropractic Council Meeting Agenda

**14 March 2023 at 9:30 (MS Teams)**

Item	Action	Presenter	Time
1. Welcome, apologies and declarations of interest		Chair	9.30
2. A. Council Minutes of 8 December 2022 B. Matters Arising	To approve	Chair	9.35
3. Chair's Report	To note	Chair	9.45
4. Chief Executive & Registrar's Report Inc Comms update	To note	CER	9.55
5. Fitness to Practise Update	To note	D of FtP	10.10
6. Finance Update – Management Accounts to February 2023	To note	D of CS	10.25
7. 2023 Business Plan update	To note	D of CS/BPO	10.35
8. Annual reports on key operational areas:  Fitness to Practise Report 2022 Registration Report 2022	To note	D of FtP D of Devt	10.50
<b>Break (15 minutes)</b>			11.00
9. A. Annual Report from the Professional Conduct Committee (PCC)	To note	Chair of PCC	11.15
B. Annual Report from the Investigating Committee (IC)	To note	Chair of IC	11.30
10. Welsh Language Standards – draft response to the consultation by Welsh Language Commissioner	To note	CER	11.45
11. Government's proposals for the reform of health and social care professional regulation	To note	CER	11.55
12. Report from the Chair of the Audit and Risk Committee	To note	Chair, ARC	12.05
13. Any Other Business		Chair	12.10

**Close of meeting: 12.15**

**Date of next meeting: 15 June 2023**



**[Unconfirmed] Minutes of the meeting of the General Chiropractic Council  
Held at General Chiropractic Council**

**Park House, 186 Kennington Park Road,**

**London SE11 4BT**

**8 December 2022 at 11:00am**

**Members present**

Mary Chapman (Chair of Council)	Elisabeth Angier
Sharon Oliver	Steven Gould
Phil Yalden	Jennie Adams
Annie Newsam	Carl Stychin
Keith Walker	

**Apologies**

Ralph Pottie  
Keith Richards  
Fergus Devitt

**In attendance**

Nick Jones, Chief Executive and Registrar	Nirupar Uddin, Director of Fitness to Practise
Penny Bance, Director of Development	Temwa Mkandawire, Committee Administrator
Joe Omorodion, Director of Corporate Services	Mary Nguyen, Business and Project Officer

**Observers**

Kate Steele, Partner, Capsticks Solicitors.	Christine Chalmers, Vice President, McTimomey Chiropractic Association
Steve Wright, Scrutiny Officer, Professional Standards Authority	Elizabeth Austin, Education and Standards Officer

<b>1.</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>Apologies were received from Ralph Pottie, Keith Richards, and Fergus Devitt. Jennie Adams joined the meeting from Agenda item number 5 (Fitness to Practice Update).</p>
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	<p>Members' interests were captured in the Register which is published on the GCC website and were accurate. No member notified additional interests.</p> <p>The Chair informed members that this was the last meeting of Council that Carl Stychin and Phil Yalden would attend as their terms came to an end.</p>
2.	<p><b>Draft minutes of the Council meeting of 28 September 2022 and matters arising</b></p> <p><b>A. Minutes</b> Council <b>agreed</b> the minutes were an accurate record of the meeting with an amendment to Item No. 1 Declaration of Interest to read as follows:</p> <p>In relation to item 9: Annie Newsam, as a lecturer employed by <u>University of South Wales</u>, restated the declaration of her interest.</p> <p><b>B. Matters arising</b> The Chair confirmed the matters arising from the previous meeting, as set out in the report, were completed.</p>
3.	<p><b>Chair's report, to December 2022</b></p> <p>The Chair presented her report on the activities undertaken since the meeting with Council in September 2022.</p> <p>Council <b>noted</b> the Chair's report.</p>
4.	<p><b>Chief Executive and Registrar's report</b></p> <p>The Chief Executive and Registrar (CER) presented his report.</p> <p>The CER drew attention to the progress made in implementing actions further to the Council's action plan on Equality, Diversity and Inclusion (EDI). Key among them were the creation of an EDI working group; the review and development of EDI policy and toolkit; mandatory EDI training for GCC employees and a review of GCC functions and processes (for example, a thematic review of Investigating Committee closed cases).</p> <p>The CER also highlighted the important requirements regarding the implementation of the Welsh Language Standards Regulations. It was noted that a meeting was held with the Welsh Language Commissioner's office regarding the GCC's compliance obligations with the new regulations. A notice of compliance from the Welsh Language Commissioner was expected in December 2022, alongside a consultation on the requirements, to which the GCC would respond. The CER confirmed that a response to the consultation would be submitted with a plan of implementation to meet the requirements and noted the commitment in the proposed Business plan for 2023.</p> <p>Council noted the importance of incorporating the Welsh language into the activities of the GCC and to observe the link between that and inclusion.</p>

	<p>The Chair of Council noted that considerations of EDI were uppermost in minds, referencing the recruitment campaign for a lay Member of Council and the importance of ensuring Council was representative of the population through an inclusive, open and fair recruitment process.</p> <p>Council <b>noted</b> the report.</p>
<p>5.</p>	<p><b>Performance updates</b></p> <p>The Director of Fitness to Practise (FtP) presented her report.</p> <p><b>A. Fitness to Practise Update</b></p> <p>Council was invited to note the first section on operational matters. The second section was an update following a review of the potential use of clinical advisors as a resource available to support Fitness to Practise activity.</p> <p>The Director of FtP highlighted the findings of the review and the proposed model for implementation in 2023. Council noted the importance of careful consideration as to the selection, training and appraising of the clinical advisers.</p> <p><b>Action:</b> The Director of FtP agreed to provide an update on the implementation of the Clinical Adviser model at the next meeting of Council in March 2023.</p> <p>The Director of FtP concluded the update by inviting Council to note the standard FtP performance information whilst also highlighting the commitment made in the report regarding performance about Standard 15 of the Professional Standards Authority (PSA) framework – that the GCC had not met in its latest Performance Review. The Director of FtP emphasised the work to reduce time taken to progress complaints heard by the Investigating Committee and Professional Conduct Committee and referenced the implementation of the Clinical Adviser model as a factor in reducing timescales.</p> <p>The Chair of Council referenced the concerns the PSA had with the timeliness of FtP case progression across the professional regulators within its oversight and that the PSA had written to the Secretary of State for Health and Social Care on the matter.</p> <p>Council <b>noted</b> the report.</p> <p><b>B. Hearings Protocol</b></p> <p>The Director of FtP presented the Protocol for approval. She drew attention to the substantive amendments to the Protocol following the consultation, set out in the report of the consultation. The Director of FtP also assured Council that legal advice had been obtained on the proposed Protocol.</p>

	<p>Council recognised the breadth of the consultation and the importance of acknowledging the feedback provided by most interested stakeholders to the process.</p> <p><b>Action:</b> The Director FTP to confirm the outcome of the consultation to the professional associations.</p> <p>Council <b>approved</b> the Hearing Protocol</p> <p><b>C. Revised Investigating Committee Guidance</b></p> <p>The Director of FtP presented this item and drew attention to several substantive amendments to the IC Decision-Making Guidance following consultation and explained that legal advice had been sought on any amendments proposed.</p> <p>Council discussed the issues around perceived conflict of interest in the case of interim suspension hearings (paragraph 13 of the Guidance), where a member who sits on the referral panel also sits on the Investigating Committee considering the suspension matter. Council noted that although this did not, of itself, create a potential conflict of interest, it is the usual practice of the Executive when listing interim order hearings to try to avoid the same committee member sitting on both the referral panel and the interim order hearing panel.</p> <p>Council also discussed the wording of paragraph 89 of the Guidance as to the level of detail required in the IC's written reasons for its decision. Council agreed that the wording of paragraph 89 should be amended to read that reasons 'may' include the list of factors noted as opposed to 'should' include the list of factors noted.</p> <p>Council <b>approved</b> the revised Investigating Committee Decision-Making Guidance subject to the amendments to paragraph 13 and 89.</p>
6.	<p><b>Finance update – Management Accounts to November 2022</b></p> <p>The Director of Corporate Services presented the report of the management accounts for the 11 months to 30 November 2022.</p> <p>The Director noted the results for the period under review showed the achievement of £197k underlying surplus compared to the target underlying surplus for the same period of £161k. The Director of Corporate Services added that at the end of the financial year, the year-end underlying forecast results were expected to be in the region of £75k (subject to final year-end adjustments to the accounts by the external auditors).</p> <p>The Director of Corporate Services further confirmed that the GCC's financial position remained strong with reserves at £3.379m.</p> <p>Council <b>noted</b> the report.</p>

7.	<p><b>Business Plan 2022 – Performance update</b></p> <p>The Business and Projects Officer (BPO) presented an update on the delivery of the Business Plan 2022, highlighting that it was the final report to Council for the year.</p> <p>The BPO reported the positive progress made by the Executive in the delivery of the 2022 business plan (BP). Council noted that of the 10 projects in the BP, seven were completed and three were being progressed to completion. The status of the three projects would be reported to Council in 2023</p> <p><b>Action:</b> The Executive to present a status update on the remaining projects for completion at its next meeting with Council in March 2023.</p> <p>In relation to communication and social media activities, the BPO noted that the targets set for the GCC website and Twitter and the main social media platform used by the GCC were met. The BPO further noted that in 2023, the focus would shift to building the GCC’s LinkedIn profile, the social media platform primarily used for professional networking and career development.</p> <p>Further to the report by the CER earlier, highlighting progress of the activities relating to EDI, the BPO restated the commitment to the delivery of the 15-point action plan continuing over 2023, and as reflected in the proposed Business Plan for 2023. The BPO drew attention to the activities to review GCC functions and processes. It was noted that the thematic review of IC closed cases was underway with a report under preparation for publication in early 2023.</p> <p>Members were interested in the high number of visits to <i>Concerns about a chiropractor</i> page on the GCC website. The Director of Development noted that the page provided information including determination of FtP hearings and guidance process for the subject of complaint. It was also noted that prospective students were advised to visit the page for guidance and information.</p> <p>Council <b>noted</b> the report.</p>
8.	<p><b>Review of Education Standards and Quality Assurance Handbook</b></p> <p>The Chair acknowledged the work of the Education Committee and its Chair in navigating this very important work and providing Members with early sight of the report of the consultation so that Members had been able to prepare fully for their decision.</p> <p>The Chair of the Education Committee introduced this item noting the recommendations to Council from the Education Committee.</p> <p>The Chair of the Education Committee highlighted the report of responses to the consultation on the proposals noting the balance between responses to the ‘online’ consultation and feedback from the wide-ranging discussions within the focus groups set up. The Chair of the Education Committee asked Council to</p>

note the depth of the report of the consultation and commended its publication to Council.

In discussion, Council noted the feedback and the thoroughness with which that had been set out. It noted the high-level responses, those of a technical nature and the themes identified. It also noted the detail of the GCC response to the issues raised.

Council commended the report and **approved** its publication.

The Chair of the Education Committee then introduced the new Education Standards and the document *How the Education Standards are used*, accompanying the Education Standards. She highlighted that these incorporated the feedback received from the consultation, and noted the positive response received from the education providers, who would be subject to them.

Council enquired whether the deficiencies identified in the scoping review undertaken in 2021 had been addressed in the new Standards. The Chair of the Education Committee confirmed they had.

Council highlighted the Standards and the supporting document as positive in setting the framework for graduates and the future of the profession.

The Chair of the Education Committee reported that the Education Standards would be implemented from 1 March 2023, noting that plans for their implementation would be agreed with each education provider. Further, that a 'phased approach' would be agreed in relation to existing programmes allowing for a smooth transition and a collaborative approach as far as possible with the education providers.

The Chair of the Education Committee commended the revised Quality Assurance Handbook, noting the revisions and improvements made, which built upon the recent experiences in considering programme applications and the monitoring of new programmes.

In response to a query relating to the monitoring of programmes and how feedback was obtained from staff and students in particular, the Director of Development confirmed that monitoring arrangements were in place with evidence gathered from staff, students (selected randomly where necessary) and patients - to triangulate evidence.

**Action:** Report on progress on the implementation of the Standards would be provided to each meeting of Council as part of the report by the Chair of the Education Committee.

Council commended the Education Committee and team for its work on the consultation and the production of the suite of documents.

	<p>Council <b>approved</b> the:</p> <ul style="list-style-type: none"> <li>• Education Standards</li> <li>• Document titled 'How the Education Standards are used'; and</li> <li>• Quality Assurance Handbook.</li> </ul>
<p><b>9.</b></p>	<p><b>GCC Strategy 2022 – 2024: Business Plan 2023</b></p> <p>The CER presented the Business Plan for 2023, reminding Council that members commented on the draft outline at their last meeting in September, with this draft benefiting from those insights.</p> <p>The CER noted the Business Plan for 2023 was the second Plan of the three-year strategy, focusing both on fulfilling core activities the GCC must carry out, and in innovating and making improvements for greater impact.</p> <p>The CER reported that the Business plan for 2023 was somewhat different in shape compared to the plan for 2022. The CER highlighted core activities aimed at enabling GCC to function well which were resource-intensive, and projects for improvement - noting the balance needed to be struck between each.</p> <p>The CER set out the main themes and actions within the Plan.</p> <p>Council agreed the Plan matched expectations as regards focus and intent. Reservations were expressed as to the outcome measures in relation to Project 6 relating to research into the current and future workforce.</p> <p><b>Action:</b> The Executive to review the measures and outcomes for Project 6 and present to Council within the business plan performance update report at its next meeting in March 2023.</p> <p>Council <b>approved</b> the Business Plan for 2023</p>
<p><b>10.</b></p>	<p><b>Budget 2023</b></p> <p>The Director of Corporate Services presented the proposed budget for 2023. He highlighted the GCC historical revenues and costs from 2013 to 2022 alongside budgeted amounts for 2023, for completeness.</p> <p>Council noted this helpful context and the steady increases in revenues over the years – leading to a forecast peak level of £3m at the end of 2022 and £3.1m by December 2023.</p> <p>The Director of Corporate Services noted that operating costs had averaged £2.9m in each year between 2013 and 2022, with expected costs in 2023 of £2.8m. The Director also noted the total budgeted income in 2023 was £3.087m and expenditure was £2.820m.</p>



	<p>The Director outlined the proposed budgeted surplus of £267k for the 2023 financial year, noting this represented a surplus margin of 8.9% (compared to the target surplus margin of 1.5% in the 2023-25 financial strategy, approved by Council in June 2022). The Director of Corporate Services explained that the relatively high level of budget surplus from the 2023 financial year was due to the more ambitious assumptions made on retention income and the planned efficiency savings.</p> <p>The Director highlighted the income streams and that salaries and regulatory costs accounted for 76% of the total budgeted expenditure for the 2023 financial year.</p> <p>The Director further noted the key assumptions to the proposed budget.</p> <p>The Director of Corporate Services confirmed that the proposed budget had been subjected to stress testing and drew attention to the report highlighting the results.</p> <p>The Chair of Council invited the Chair of the Remuneration and HR Committee to comment on Committee's recommendations, further to its consideration of the 2023 staff pay award and adjustments to salary levels in relation to some roles, at its meeting in November 2022.</p> <p>The Chair of the Remuneration and HR Committee referenced his report to Council and confirmed the Director of Corporate Services assurance that the proposed budget incorporated the costs resulting from the Committee's recommendations.</p> <p>Council noted the positive picture presented in the budget, considering the increased cost pressures faced by many organisations. A query was, however, raised whether the worst-case scenario considered in the 2023 budget was pessimistic enough to be called "worst case".</p> <p>The CER assured Council that the budgeted surplus for the 2023 financial year was planned to be derived from the more evidence-based assumptions on registrant fees income and the efficiency savings to be achieved through the implementation of the proposed changes to estate, FtP-related professional services costs and other efficiency savings.</p> <p>Council commended the progress towards a sustainable financial framework for the GCC. It agreed to consider in June what action to take in the event of a probable realisation of the proposed budget surplus for the year.</p> <p>Council <b>approved</b> the 2023 Budget.</p>
11.	<p><b>GCC Strategic Risk Register</b></p> <p>The CER introduced the report of GCC strategic risk register (SRR) highlighting it was presented to Council biannually (i.e. June and December) and the six strategic risks remained in place. The CER reported that the GCC's Risk Management Group (RMG), comprised of the Executive and front-line</p>

	<p>staff) met regularly to review the SRR alongside the operational risks, and the Council's Audit and Risk Committee (ARC) Chair had assessed and approved the SRR report at its last meeting in November 2022.</p> <p>Council <b>approved</b> the Strategic Risk Register.</p>
<b>12.</b>	<p><b>Report from the Chair of the Education Committee</b></p> <p>The Chair of the Education Committee introduced two reports – the report following the last meeting of the Education Committee in November 2022 and the annual report of the Education Committee for 2022.</p> <p>The Chair of Council thanked the Committee for its hard work during this year.</p> <p>Council <b>noted</b> the reports.</p>
<b>13.</b>	<p><b>Report from the Chair of the Audit and Risk Committee</b></p> <p>In the absence of the Chair of ARC, the Chair of Council asked members to take the report as read and that the CER would respond to questions.</p> <p>Council <b>noted</b> the report.</p>
<b>14.</b>	<p><b>Report from the Chair of Remuneration and HR Committee</b></p> <p>The Chair of Remco HR had introduced his report earlier in the meeting agenda item number 10 (Budget 2023). He offered his gratitude to the Independent Member of the Committee for their contribution.</p> <p>The Chair of Council invited questions.</p> <p>Council <b>noted</b> the report and <b>approved</b> the recommendations.</p>
<b>15.</b>	<p><b>Any other Business</b></p> <p>The Chair thanked members for their contributions.</p> <p>The Chair specifically thanked Carl Stychin and Phil Yalden for their service and dedication to Council as this was their last meeting.</p> <p>The Council wished both members well for the future.</p>
	<p><b>Date of next meeting:</b> A virtual meeting on 14 March 2023</p>

**Agenda Item:** 02b  
**Subject:** Matters Arising from 8 December 2022  
**Presenter:** Mary Chapman, Chair GCC  
**Date:** 14 March 2023

Item	Actions	Update
4.	<p><b>Chief Executive and Registrar’s report</b></p> <p><b>Action:</b> Submit a response to the Welsh Language Commissioner in response to their consultation on implementing the Welsh Language Standards Regulations.</p>	<p><b>Completed</b> – Item 9 in meeting agenda</p>
5	<p><b>Fitness to Practise update</b></p> <p><b>Action:</b></p> <ul style="list-style-type: none"> <li>a) The Director of FtP to provide an update on the implementation of the Clinical Adviser model at the next meeting of Council in March 2023.</li> <li>b) Hearings Protocol: The Director FTP to confirm the outcome of the consultation to the professional associations</li> </ul>	<p><b>Completed</b> – item 5 (Fitness to Practise Update) in meeting agenda</p> <p><b>Completed</b> – The CER wrote to professional bodies on 20 December 2022</p>
7	<p><b>Business Plan 2022 – Performance update</b></p> <p><b>Action:</b> The Executive to present a status update on the projects for completion to Council in March 2023.</p>	<p><b>Completed</b> – Included in item 7 business plan update 2023</p>
8	<p><b>Review of Education Standards and Quality Assurance Handbook</b></p> <p><b>Action:</b> Report on progress on the implementation of the Standards would be provided to each meeting of Council as part of the report by the Chair of the Education Committee.</p>	<p><b>Ongoing</b> – Education Committee meets on 24 March 2023 and will receive this report. To be reported to Council in June 2023.</p>
9	<p><b>GCC Strategy 2022 – 2024: Business Plan 2023</b></p> <p><b>Action:</b> Review the measures and outcomes for Project 6 [Understanding the current and future workforce (supply and demand)] and present to Council within the business plan performance update report at its next meeting in March 2023.</p>	<p><b>Completed</b> – Included in item 7 business plan update 2023</p>

# Chair's report

**Meeting paper for Council on 14 March 2023**

**Agenda Item: 3**

## Introduction

1. Members are welcomed to this virtual meeting of Council, our first of the year. This meeting in the business cycle has a focus on our performance in 2022. The annual report and accounts will be considered in the private session of Council as they are subsequently laid before Parliament.

## Appraisals

2. During January I completed appraisals of all Members of Council and have also conducted an exit review with Members leaving the Council at the end of 2022. I am grateful to Members for their time in preparing carefully for the meetings and for thoughtful reflections on their work in Committees and at Council.
3. It was very encouraging to hear the extent to which Members feel a strong commitment to their public service through the GCC. That was borne out by the evidence of dedication in undertaking their duties both as Council and Committee Members and in a range of other activities supporting the GCC's work.
4. There is sufficient breadth of skills and experience amongst the membership such that my assessment is that all the required competencies are met as a whole to a high standard. Recruitment of new Members over the last 18 months has emphasised the importance of skills audit as a part of succession planning.
5. I also took the following themes from my discussions:
  - Enthusiasm to contribute more to stakeholder engagement and advocacy work and to brief staff in particular subject areas where Members bring external expertise.
  - Recognition that improvements in planning and objective setting have enabled Members to be more effective in holding the Executive to account and that there is room to build on this.
  - Appreciation of the Council's development days, coupled with a willingness to share own knowledge with colleagues. I intend to follow up

on this by asking Members to design the programme for June, enabling registrants to impart more of their knowledge about the profession to lay Members and lay members to share their knowledge of governance topics, drawing on their experience in other contexts.

6. As part of this year's appraisal round I invited Members to comment on the process to ensure it is still fit for purpose. Some minor changes were suggested which will be incorporated prior to 2023's appraisals. In the main, however, Members considered that the two-stage process of self-assessment followed by the appraisal discussion was effective.

### **Governance – recruitment**

7. I am delighted to welcome our new Member of Council to her first meeting. Following Privy Council approval, Professor Catherine Kelly was appointed to Council with effect from 1 March 2023.
8. Catherine is Professor of Law and History at the University of Bristol, appointed as Professor in August 2021 having joined the University in July 2016 as Reader in Law. Prior to that, Professor Kelly worked as a senior lecturer in law at the University of Western Australia and as Senior Policy Adviser at the Australian Medical Association and in practice as a qualified Solicitor.
9. I ask Council to note that, as previously discussed in relation to succession arrangements, Catherine will join the Education Committee as a Member with immediate effect.
10. I also report that the recruitment process for a registrant Member of Council is progressing. A substantial number of applications was received and the appointments panel meets on 27 March to conduct interviews. I am grateful to Ralph and Jennie for their involvement on the panel. I am hopeful the appointment will be effective from 1 May 2023 with the successful candidate able to attend the June 2023 meeting of Council.

### **Department of Health and Social Care – programme of reform**

11. At previous meetings of Council I have reported slow progress as to expected announcements from the Department of Health and Social Care (DHSC) on next steps. It is therefore important to report that there has been a significant development. On 17 February 2023, the government's response to the 2021 consultation on reform of professional regulation was published alongside a draft S.60 Order.
12. Today's agenda has an item on the detail contained within the announcement and we can discuss further then. We will issue our full response to the

consultation when we have considered it and spoken with our stakeholders including the chiropractic profession, its representatives, and patients.

- 13.** The potential for the proposals to deliver real benefits in the protection of public and patients can be seen, but I have concerns over the timetable for implementation and the risk of further years of uncertainty over regulation for the chiropractic profession. On its publication I welcomed this important first step towards improving the regulation of health and care professionals. I added:

*Our 30-year-old legislation often hampers our ability to deal with complaints in the most effective and timely way. If implemented well, this proposed legislation would be a once-in-a-generation opportunity to deliver the agile and flexible regulatory regime that modern chiropractic healthcare requires. We will now take time to consider the details, and consult with our stakeholders, to ensure that our response meets the expectations of the public and patients; and is informed by the insights of professionals and our experience in regulating the profession.”*

#### **Engagements (all virtual unless stated otherwise\*)**

- 6 January 2023 – Conducted appraisal and objective setting meeting in-person with Nick Jones, CER
- Throughout January and February 2023: met with individual Members of Council to conduct appraisal reviews
- 10 January 2023 – met with Clare Bonnet, overall Chair of the Professional Conduct Committee of the GCC
- 21 February 2023 – introductory meeting with Professor Catherine Kelly, newly appointed Member of Council

**Mary Chapman**

**Chair**

# Chief Executive & Registrar Report

Meeting paper for Council on 14 March 2023

Agenda Item: 4

## Purpose

This regular report summarises key developments in the period since the Council last met, on 8 December 2022, not covered elsewhere on the agenda.

## Recommendations

Council is asked to note the report.

### General update

1. Recruitment and retention remains a challenge, notably in roles supporting Council and Committees. We are seeing stability in other operational areas. We have undertaken team and leadership development in the first quarter and staff are engaged and supportive in the achievement of goals, and of each other.
2. Working patterns around the hybrid operating framework are well-established and are kept under review. Colleagues see each other regularly and as Spring arrives there is a desire for more contact and social activities.

### Recent milestones

3. The year to date has seen significant activity:
  - Publishing the new Education Standards and Quality Assurance Framework on 1 March 2023
  - Published revised Guidance for Investigating Committee and a Protocol for Hearings – also agreed by Council in December 2022
  - Launched three toolkits: *Patient-Centred care – professionalism in chiropractic*; *Enhancing patient care through leadership*; *Enhancing patient care through competency*
  - Launched a new guide for students explaining the role of the GCC, highlighting standards we expect of registered chiropractors

- Preparing the annual report and accounts for consideration today.

## Professional Standards Authority (PSA)

### a) Performance Review

4. Further to changes to the PSA approach to performance reviews in 2021, this year is a periodic review, taking place every three years – with the other two years a lighter touch monitoring review. Our performance review period is from 1 July 2022 to 30 June 2023. As in previous years, our assessment will include consideration of information collected during previous performance reviews; our datasets; information further to review of cases under the Section 29 process; other information in the public domain; and feedback received from third parties including any concerns raised with the Authority.
5. 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* will be made, we expect at the end of April 2023. The PSA then drafts our report, with the expectation that the report will be published within three months of the end of the period (by the end of September 2023).

### b) PSA Strategic Plan

6. Last year the PSA launched a consultation on its Plan to 2026, 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.
7. We responded and welcomed the Plan as covering important themes. Marrying the ambition with the remit, powers and resources available is a limiting factor (for us all) and we expressed some reservations as to the extent which Performance Reviews (our principal interaction with the Authority) and their evolution and improvement can drive desired outcomes. We committed to supporting the evolution of Performance Reviews.
8. We also affirmed that our performance in fitness to practise is an important aspect contributing to the safety of patients. We urged the Authority to be more active in workforce supply, notably education. We noted that if the regulators are perceived as simply overseeing an existing landscape of education provision rather than shaping workforce supply, using insights and collaboration with other system partners, then that is both problematic and an opportunity.



## Meetings and engagements (all virtual unless stated otherwise)

### January 2023

- 17 January – Appointments Seminar hosted by the Professional Standards Authority
- 25 January – The Royal College of Chiropractors annual conference (in person)
- 27 January – Meeting of CEORB
- 30 January – The GCC Quarterly Defence Meeting of stakeholders

### February 2023

- 7 February – Hosted a webinar on recruitment of GCC Council and Committee Members information evening
- 9 February – Meeting of Health and Social Care Regulators Forum hosted by CQC
- 10 February – met with external auditors further to audit of accounts
- 16 February – Health Education England roundtable update for professional regulators
- 22 February – Senior leadership team development session
- 23 February – Institute of Regulation annual conference (in-person)
- 27 February – Briefing on the DHSC draft Order given by FieldFisher Solicitors
- 28 February – Inter-Regulatory meeting on DHSC draft Order
- 28 February - Regulated Professions Advisory Forum of Department for Business and Trade

### March 2023

- 1 March – Meeting of the Audit and Risk Committee of the GCC
- 8 March – Training day for new Test of Competence Assessors

**Nick Jones**

**Chief Executive & Registrar**

# Fitness to Practise update

Meeting paper for Council on 14 March 2023

Agenda Item: 5

## Purpose

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

- Part A Operational update
- Part B Fitness to Practise performance report

## Recommendations

The Committee is invited to note the updates in this report.

### A) Operational update

#### *Internal Recruitment*

1. 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 picked up in the next month or so. The impact of this can be seen in Q4 and likely to be seen in the next quarter.

#### *Recruitment of IC*

2. We are currently recruiting for IC members as indicated in the Annual Report from the IC (8 registrant committee members and 12 lay committee members, four of which will also act as Chairs). The interviews are due to take place in April, with offers to candidates in May. Council approval for the new members will be sought at the June meeting of Council.

### *Update on recruitment to Clinical Adviser role*

3. Council raised some questions at its December meeting. Having undertaken further work this year, including with stakeholders, we have revised our model for the introduction of the Clinical Adviser (CA's) model. This will be limited to CA's providing formal reports for consideration by the IC. We see the role as being distinct but complementary to commissioning expert advice i.e. we instruct independent advice for each case, an opinion is provided).
4. This was in view of concerns expressed as to the potential challenge to independence of the CA's should they input into the investigation of the matter for example by advising at case plan / evidence gathering stage or in providing clinical input into the drafting of FTP regulatory concerns/allegations.
5. Advantages under the revised model remain and include:
  - The speeding up investigations where a clinical opinion is necessary, as a CA will be more readily available;
  - More efficient PCC process as experts would be freed up from providing all clinical reports at the IC stage and instead can focus on the more serious cases which are likely to be referred to PCC.
  - Cost savings as indicated to Council in December of approximately £60,000 where experts' reports would not be necessary for all clinical cases and would be suitable for a CA report.
6. We expect recruitment to Clinical Advisers to start later this month. The interviews are due to take place in May, with offers to candidates shortly thereafter and with an anticipated start date of June, followed by induction and training in July.

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

7. 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.
8. 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 median for cases closed by the IC in 2022 was 46 weeks. The median for all cases considered by IC and referred as a case to answer was 75 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 December, implementation of the Clinical

Adviser model at the IC stage from June onwards will help to speed up investigations where a clinical opinion is necessary.

- With regards to the second stage, the median end-to-end for 2022 was 94 weeks. If the cases listed in table 11 conclude as predicted, performance is likely to improve to approx. 86 weeks for PSA cycle 2022/2023, a significant reduction from the 134 weeks reported to PSA for 2021/2022, yet performance for PSA cycle 2023/2024 is likely to be impacted as several older complex IC cases are listed for consideration in the second half of 2023.

## B) Fitness to Practise performance Report

1. This paper provides Council with an update on the operational performance of the FtP team in the period October to end-December (Q4).
2. Council asked that bi-annually, we capture our performance (on key metrics) shown against other regulators. We do so in this report and will present again in September 2023.

### Performance report summary

- 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 47 weeks. The performance at end-December has decreased slightly 46 weeks, a result of continuing to close some long-standing complex complaints in this quarter.
- iii. Two *interim suspension hearings* (ISH's) were held in the period resulting in no order, compared to three ISH's held in the previous quarter. The median time (from information received indicating need for an interim order to the hearing date) was five weeks – an increase from four weeks in 2021, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.
- iv. Four PCC *hearings* were scheduled in Q4 with three cases concluding and one adjourned to 2023. We ended 2022 with an end-to-end median of 94 weeks, which was a reduction from 102 weeks in Q3 and a significant reduction from the 134 weeks reported to PSA for 2021/2022. Our performance also improved at the end of 2022 in Table 13 - a reduction of 23% in median weeks in comparison to 2021.

Comparative performance summary:

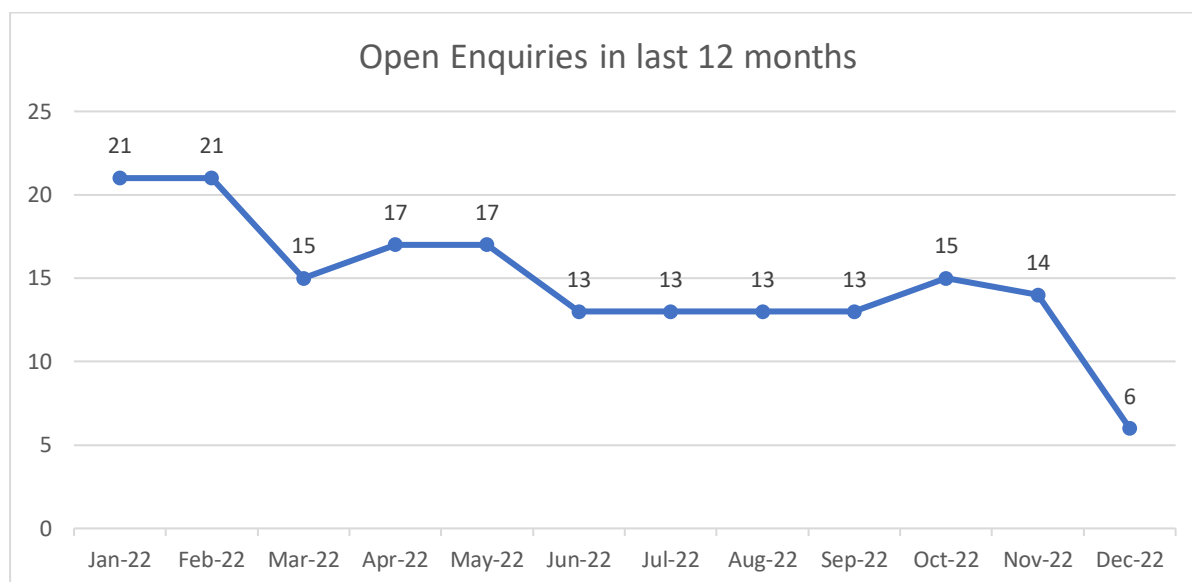
- The GCC's median time from receipt of complaint to closure by IC has declined somewhat compared to 2021, albeit better than most of our peer group.
  - Where the IC determine that there is a case to answer to be heard by the PCC our performance significantly improved in 2022 in comparison to 2021, indicating that we have been holding hearings sooner after an IC decision has been made.
  - When looking at the median weeks from referral of complaint to final PCC decision (end to end), our performance improved as above.
- 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 Q4 was 40 cases relating to 33 individuals and the median time to close complaints up to this period was 15 weeks.
3. 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 December 2022, there were 6 enquiries open. All 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 2021 & 2022

Table 1

Type	2021	2022			
	Q4	Q1	Q2	Q3	Q4
Outside of remit	0	2	0	0	0
No consent	0	3	0	0	0
Wants to be anonymous	0	0	0	0	0
No consent and wants to be anonymous	0	1	0	0	0
General enquiry	0	1	0	0	0
Unclear if it is a complaint	8	7	13	13	6
Chiropractor unknown	0	0	0	0	0
Other	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>14</b>	<b>13</b>	<b>13</b>	<b>6</b>

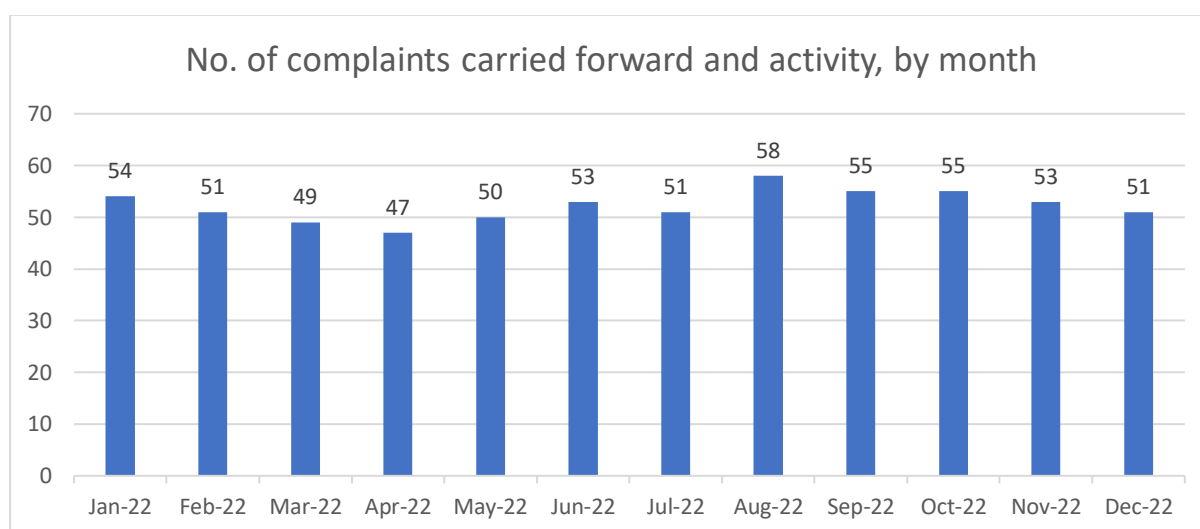
## Total number of enquiries closed/promoted in 2021/2022

Table 2

	2022			
	Q1	Q2	Q3	Q4
Closed with no further action	11	12	11	11
Promoted to s.20	1	2	6	4
<b>Total closed</b>	<b>12</b>	<b>10</b>	<b>17</b>	<b>15</b>

### A. S.20 (IC) Complaints in 2021/2022

Chart 2



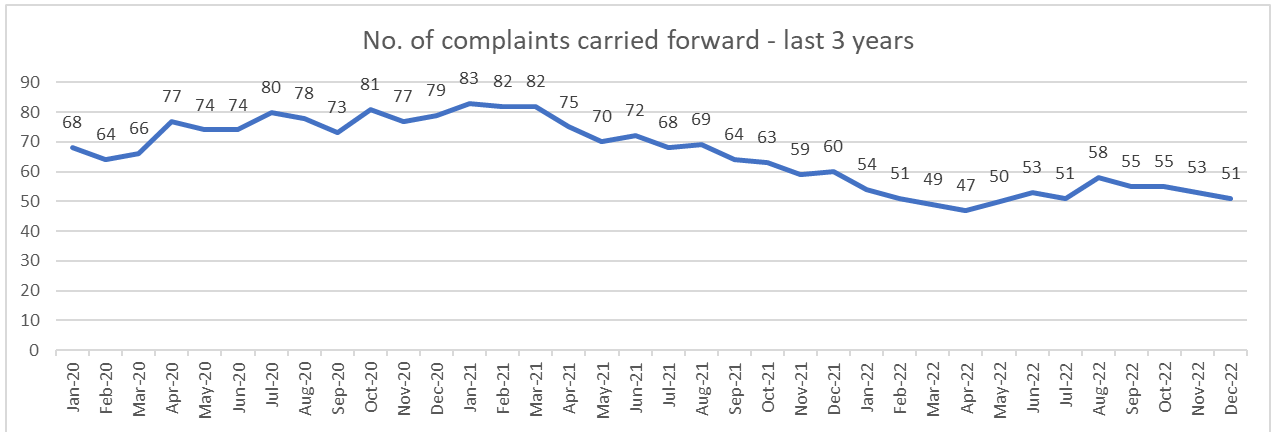
Given the importance of s.20 complaints and the impact on complainants and registrants we have continued to prioritise efficient case management of complaints, focusing on closing higher risk and long-standing complex complaints.

Table 3

	Jan -22	Feb -22	Mar -22	Apr -22	May -22	Jun -22	Jul -22	Aug -22	Sep -22	Oct -22	Nov -22	Dec -22
<b>New s.20 complaints in (no.)</b>	5	3	4	3	5	5	4	10	3	3	4	4
<b>Cases determined (no.)</b>	11	4	6	5	2	2	6	3	6	3	6	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 as a result of newer legal assessors sitting for the first time.

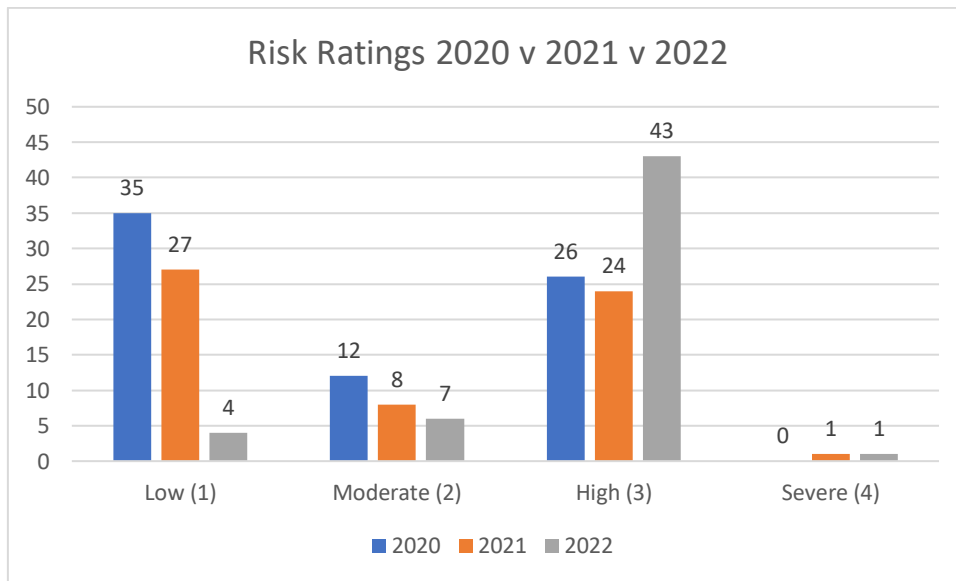
**Chart 3**



Our caseload of open s.20 complaints reduced slightly from 55 at the end of Q3 to 51 at the end of Q4.

**Risk rating of open IC complaints**

**Chart 4**

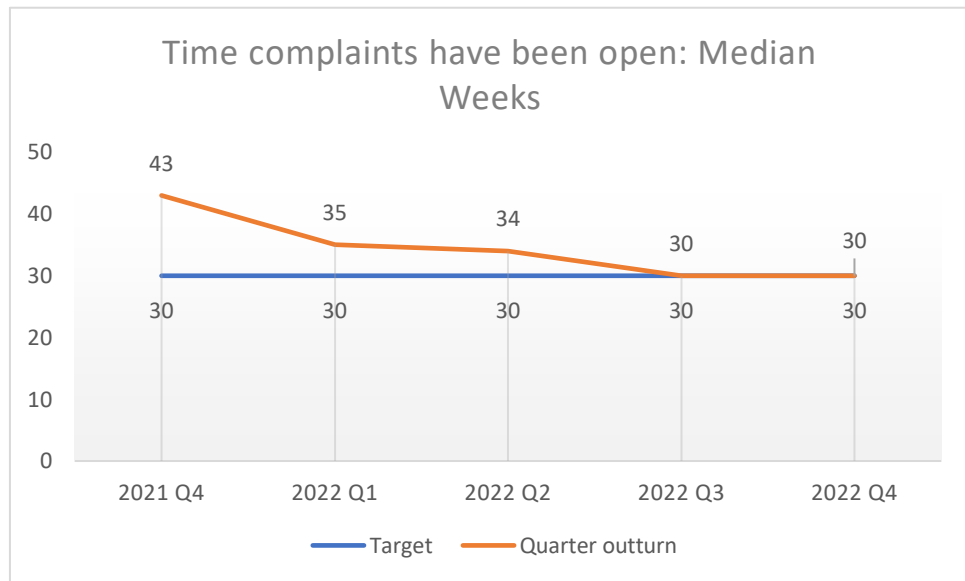


There were more high-risk cases in 2022, and fewer moderate and low risk cases. This followed an independent audit of IC cases in October 2021, where the auditor suggested that the *absence of injury* when assessing risk and categorising the risk rating should be removed as a descriptor and consideration 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, work to capture the amended risk rating is continuing to taking place and will shortly feed into the performance report.



## Time complaints have been open: median weeks

Chart 5



The median time of open complaints remained at 30 weeks from the last quarter, reflecting the hard work of the FTP team.

## Breakdown of open current complaints

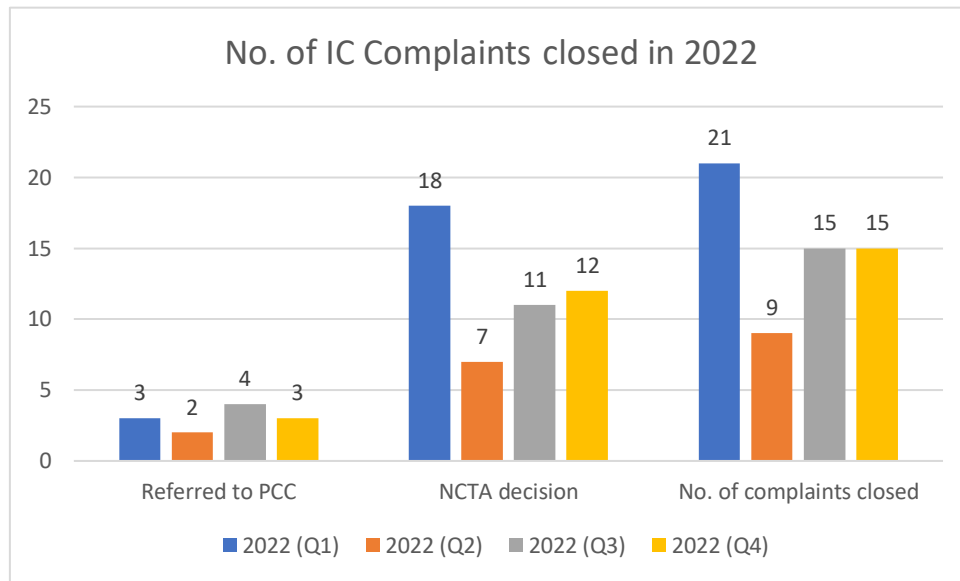
Table 5

	2022			
	Q1	Q2	Q3	Q4
Under 52 weeks	36	38	45	40
52 weeks +	9	13	9	11
104 weeks +	3	2	1	0
153 weeks +	1	0	0	0

At the close of Q4, there were no cases that were open over 104 weeks. There are 11 cases open that are over 52 weeks old. We will continue to focus on cases that are oldest to try to ensure that they do not enter the 104<sup>th</sup> week mark.

## Number of complaints closed by the IC in 2022

Chart 6



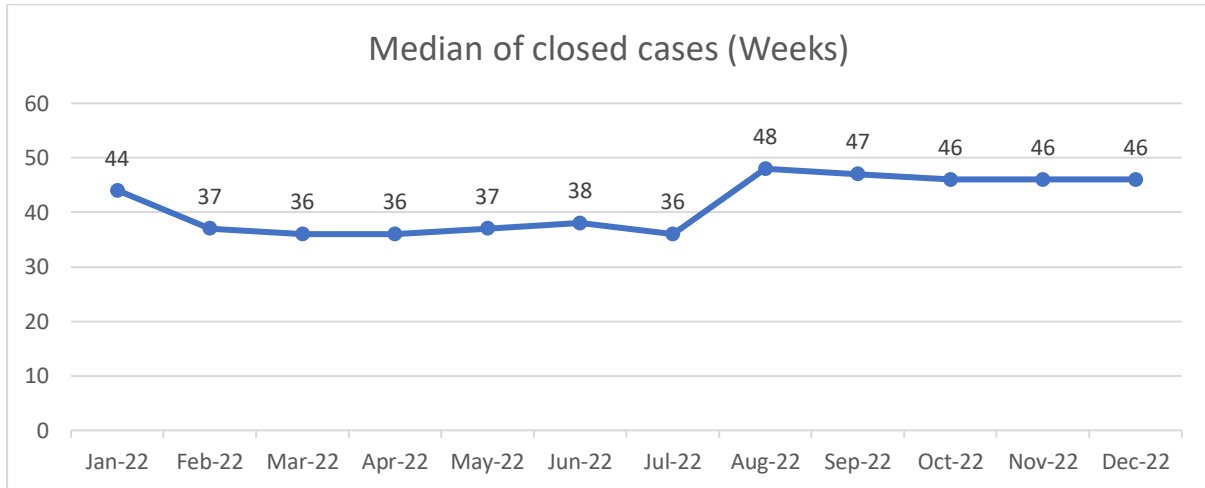
The IC met on six occasions, determining in the quarter 15 substantive IC matters: with 12 closed as ‘no case to answer’ and three referred to the Professional Conduct Committee (PCC) as a ‘case to answer.’ The referrals are within expected levels including within assumptions made in the budget for 2023.

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 Q1. 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 in 2023. In the interim, we will continue to list additional IC meetings where possible.

At the close of 2022, 60 complaints were closed by the IC with 48 NCTA and 12 referred to PCC.

**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*)

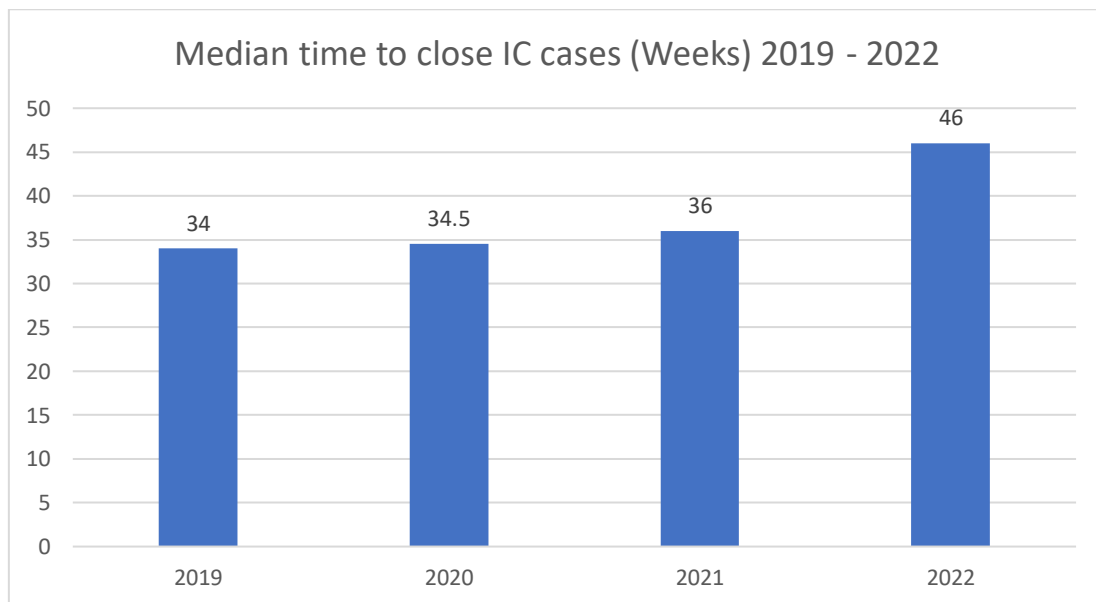
**Chart 7**



Performance and median has 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 47 weeks in the last quarter to 46 weeks – the target is 30. Looking at the profile of cases in 2022, we closed more older and complex cases in 2022 which shifted the median.

## Complaints opening to closure by IC – Comparison with other regulators

Table 6

Median weeks to close a complaint	2018	2019	2020	2021	2022
GCC	27	37	33	36	46 <sup>1</sup>
Comparative median for receipt of complaint to closure by IC or equivalent (weeks)					
GOC	47	51	60	74	73 <sup>2</sup>
GOsC	34	20	28	24	36 <sup>3</sup>
GPhC	52	49.1	60.4	80.1	73.6 <sup>4</sup>
HCPC	41.1	61	61.6	58	50 <sup>5</sup>
<b>Average</b>	<b>44</b>	<b>45</b>	<b>53</b>	<b>59</b>	<b>58</b>

Looking at the median time from receipt of complaint to closure by IC, the performance of the GCC has declined somewhat in 2022, albeit we are better than most of our peer group.

### B. Interim Suspension Hearings

Table 7

	2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ISH hearings	0	1	0	2	0	1	2	0	1	1	1	0
Suspension imposed	0	1	0	0	0	0	1	0	0	0	0	0
Suspension not imposed	0	0	0	2	0	1	1	0	1	1	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. Two IC interim suspension hearings (ISH's) were held in the period, compared to one 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, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.

<sup>1</sup> December 2022

<sup>2</sup> March 2022

<sup>3</sup> December 2022

<sup>4</sup> June 2022

<sup>5</sup> December 2022

## 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 2022

Table 8

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

### Hearings of the PCC

Table 9

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

In 2022, 10 PCC cases have concluded, with one held in December which was adjourned and has been re-listed in 2023.

### Decisions of PCC cases concluded in 2022

Table 10


















Decision	Number
Removal from Register	1
Suspended	1
Conditions of Practice Order	0
Admonishment	3
No UPC	5

The decisions (sanctions) of the PCC in 2022 so far are in line with decisions made in previous years.

### Open PCC cases: Listing progress

There were 11 open PCC case at the end of Q4. The target established for 2022 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	04/07/2022	03/03/2023	 Listed
Case 6	06/09/2022	03/07/2023	  Listed
Case 7	06/09/2022	17/04/2023	 Listed
Case 8	09/09/2022	09/05/2023	 Listed
Case 9	08/11/2022	10/07/2023	 Listed
Case 10	06/12/2022	02/10/2023	  Listed
Case 11	06/12/2022	14/06/2023	 Listed

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 and will meet its target for listing if the hearing proceeds as anticipated.
- Case 6 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 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 and will meet its target for listing if the hearing proceeds as anticipated.
- Case 10 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 11 is now listed and will meet its target for listing if the hearing proceeds as anticipated.

### Referral from IC to the final PCC decision - Comparison with other regulators

Table 12

Time from IC decision to final PCC decision: Median Weeks	2018	2019	2020	2021	2022
GCC	33	25	32	68	46
Comparative Median from IC decision to final PCC Decision (weeks)					
GOC	70	67	67	N/A	33.5 <sup>6</sup>
GOsC	32	29	39	34	55 <sup>7</sup>
GPhC	34.8	37.7	39.9	48.4	44.9 <sup>8</sup>
HCPC	49.6	50	33.6	51	57 <sup>9</sup>
<b>Average</b>	<b>47</b>	<b>46</b>	<b>45</b>	<b>44</b>	<b>48</b>

Our performance significantly improved in 2022 in comparison to 2021, indicating that we held PCC hearings sooner after an IC decision has been made. (It should be noted that the data of the other regulators vary in terms of the period in 2022 – please refer to the footnotes).

Table 13

Median weeks from referral of complaint to final PCC decision (end to end)	2018	2019	2020	2021	2022
GCC	86	53	91	122	94
Comparative Median from IC decision to final PCC Decision (weeks)					
GOC	124	112	120	141	83
GOsC	58	59	65	65	98
GPhC	95	93.7	98.3	119	126.1
HCPC	92	102	103.2	118	123
<b>Average</b>	<b>92</b>	<b>92</b>	<b>97</b>	<b>111</b>	<b>108</b>

Our performance also improved at the end of 2022 - a reduction of 23% in median weeks in comparison to 2021.

<sup>6</sup> March 2022

<sup>7</sup> December 2022

<sup>8</sup> June 2022

<sup>9</sup> December 2022

### 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 2022 was 12 weeks. The reason for the lower median in comparison to 2021 was that majority of the cases closed were received in 2022 (resulting in a lower median).

The median time to close complaints up to Q4 is 15 weeks.

Table 14

Section 32	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of cases (at beginning of the month)	14	19	24	28	33	38	27	30	34	39	39	40
Number of new cases in a month	5	5	4	6	5	4	3	4	5	1	1	1
Number of cases closed in period	0	0	0	1	0	15	0	0	0	1	0	2

**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"> <li>a) he has been guilty of unacceptable professional conduct;</li> <li>b) he has been guilty of professional incompetence;</li> <li>c) he has been convicted of a criminal offence; or</li> <li>d) his ability to practise is seriously impaired due to a physical or mental condition.</li> </ul> <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"> <li>▫ Risk Rating 1: <u>Low risk:</u> (No injury has taking place and/or issues have been addressed)</li> <li>▫ Risk Rating 2: <u>Moderate risk:</u> (Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed)</li> <li>▫ Risk Rating 3: <u>High risk:</u> (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</li> <li>▫ 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.</li> </ul> <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	<p>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).</p>

	Target not met
	Postponed / Part Heard
	Target met
	Awaiting Listing

# Finance Update – Management Accounts to February 2023

Meeting Paper for the Council on 14 March 2023

## Agenda Item: 6

### 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 28 February 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 6 March 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 28 February 2023 and commentary on variances ([Annex 1a](#) and [1b](#))
  - Balance sheet as at 28 February 2023 ([Annex 2](#)), and
  - Recommendations.

## Summary of income and expenditure account for the period to 28/02/2023

2. The table shows year-to-date (YTD), projected and budgeted results for the 2023 financial year for the first two months of this financial year.

	A	B	C	D	E
	YTD Actual	YTD Budget	YTD Variance	Full Year Projected 2023 [Dynamic]	Full Year Budget 2023
£'000s	£	£	£	£	£
Income	516	506	✓ 10	3,087	3,087
Expenditure	379	416	✓ 37	2,820	2,820
<b>Headline Surplus /-Deficit</b>	<b>137</b>	<b>90</b>	✓ 47	267	<b>267</b>
<b>Underlying Surplus /-Deficit</b>	<b>145</b>	<b>98</b>	✓ 47	275	<b>275</b>

3. The realised headline surplus for the period is £137k (column A of the table), compared to the headline budget surplus of £90k (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 £10k and positive expenditure YTD variance of £37k respectively.
5. The variance analysis threshold and the reasons for the variance are provided at Annex 1a; the detailed statement of income and expenditure account at 1b.
6. The headline full year fixed budget surplus for the year is £267k (column E). The projected/dynamic year-end surplus (column D) by December 2023 is currently projected to be £267k. The dynamic forecast tracks how we have performed against the fixed forecast during 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 28 February 2023



7. The balance sheet at Annex 2 shows a total net asset of £3.484m (December 2022: £3.280m). These are represented by the general and designated reserves.
8. The cash at bank as at 28 February 2023 is £1.836m (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 increased by £62k (1.4%) from £4.460m as of 31 December 2022 to £4.523m on 28 February 2023. The unrealised investment gain (i.e. paper gain) in the period is £68k (December 2022: paper loss of £401k).



**Joe Omorodion**  
**Director of Corporate Services**

## Annex 1a

### Variance analysis threshold and commentary on the variances in the statement of income and expenditure for the period to 28 February 2023

#### 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 £10k

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 £10k (i.e. a positive variance) from following sources:
  - a. Registrant fees income – this is £9k more than we profiled to receive from retention (practising) as of 31/12/22.

Following the expiry of the retention renewal deadline in December 2022, registrants who were removed from the register subsequently paid their registration fees in the period under review. Hence, the increased income from this source.

## Commentary on YTD expenditure variance – total actual spend is under budget by £37k

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 £37k. However, no cost centre is over-spent by £10k or more in the same period.
8. The following cost centres (from the **Report by Income & Cost Centre** section of the report) have been *under-spent* by £10k or more in the period as follows:

### **Professional Conduct Committee cost centre (PCC) – under-spent by £16k:**

9. This budget line is driven by the number of hearings held in any given period.
10. Although 5-half days (2.5 days in total) of preliminary hearings were held days in January – February 2023, there were no PCC hearings in the months of January and February due to the non-availability of panellists. The total budgeted PCC hearing days for January - February was 14.
11. The underspend relates to Legal Assessor, Stenographer and Legal fee charges.

# Annex 1b Statement of income and expenditure for the period to 28 February 2023

General Chiropractic Council		FEBRUARY 20		FEBRUARY		YEAR-TO-DATE (YTD)				Full Year PROJECTED DYNAMIC 2023	Full Year BUDGET 2023
February 2023 Management Accounts		FEBRUARY		FEBRUARY 2023							
Overview - Statement of Income and Expenditure Account		Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %	£	£
INCOME		£	£	£		£	£	£			
Registrant fees		243,146	233,611	9,535	0	487,642	479,222	8,420	2%	2,898,167	2,898,167
Investments		10,000	10,000	0	0	20,000	20,000	0	0%	120,000	120,000
Test of Competence (ToC)		4,000	2,000	2,000	1	4,000	6,000	-2,000	-33%	64,000	64,000
Other Income		4,519	425	4,094	10	4,619	850	3,769	443%	5,100	5,100
<b>TOTAL INCOME</b>		<b>261,665</b>	<b>246,036</b>	<b>15,629</b>		<b>516,261</b>	<b>506,072</b>	<b>10,189</b>		<b>3,087,267</b>	<b>3,087,267</b>
<b>EXPENDITURE</b>											
Governance costs <sup>1</sup>		8,662	9,949	1,287	0	18,573	19,898	1,325	7%	148,892	148,892
Shared Central costs <sup>2</sup>		77,191	78,504	1,313	0	149,540	153,076	3,536	2%	927,671	927,671
Fitness to Practise (FTP) <sup>3</sup>		73,933	69,753	-4,180	-0	145,336	167,895	22,559	13%	1,123,831	1,123,831
Development costs <sup>4</sup>		33,027	36,827	3,800	0	66,034	75,349	9,315	12%	619,608	619,608
<b>TOTAL EXPENDITURE</b>		<b>192,814</b>	<b>195,033</b>	<b>2,219</b>		<b>379,483</b>	<b>416,218</b>	<b>36,735</b>		<b>2,820,002</b>	<b>2,820,002</b>
<b>Underlying Operating Surplus / -Deficit</b>						<b>144,778</b>	<b>97,854</b>	<b>46,924</b>		<b>267,264</b>	<b>275,264</b>
<b>HEADLINE OPERATING SURPLUS / -DEFICIT</b>		<b>68,852</b>	<b>51,003</b>	<b>17,849</b>		<b>136,778</b>	<b>89,854</b>	<b>46,924</b>		<b>267,264</b>	<b>267,264</b>
Percentage		26%	21%	6%		26%	18%	9%			
<b>GAINS/-LOSSES ON INVESTMENTS</b>						<b>67,763</b>					
<b>SURPLUS / -DEFICIT BEFORE TAXATION</b>						<b>204,542</b>					

**NOTES ON EXPENDITURE CATEGORIES**

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



# Annex 1b - continued

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

			MONTH				YEAR-TO-DATE (YTD)				Full Year PROJECTED DYNAMIC	Full Year BUDGET
			FEBRUARY				FEBRUARY 2023				2023	2023
Detailed Income Statement Dept			Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance	£	£
			£	£	£	%	£	£	£	%	£	£
Income	72	Initial Regn Fees - Practising	6,000	6,075	-75	-1%	21,750	24,150	-2,400	-10%	180,750	180,750
	72	Initial Regn Fees - Non-practising	0	100	-100	-100%	-	200	-200	-100%	800	800
	72	Retention Fee- Practising	230,963	221,651	9,312	4%	452,325	443,302	9,023	2%	2,668,840	2,659,817
	72	Retention Fee- Non Practising	2,283	2,058	225	11%	4,367	4,116	251	6%	24,700	24,700
	72	Non- Practising to Practising	800	1,477	-677	-46%	1,600	2,954	-1,354	-46%	9,600	9,600
	72	Restorations	3,100	2,250	850	38%	7,600	4,500	3,100	69%	13,477	22,500
		<b>Total Registrant Fees</b>	<b>243,146</b>	<b>233,611</b>	<b>9,535</b>		<b>487,642</b>	<b>479,222</b>	<b>8,420</b>		<b>2,898,167</b>	<b>2,898,167</b>
	74	ToC Income	4,000	2,000	2,000	100%	4,000	6,000	-2,000	-33%	64,000	64,000
	33	Investments	10,000	10,000	0	0%	20,000	20,000	0	0%	120,000	120,000
	33	Other	4,519	425	4,094	963%	4,619	850	3,769	443%	5,100	5,100
		<b>Total Investments &amp; Other</b>	<b>18,519</b>	<b>12,425</b>	<b>6,094</b>	<b>49%</b>	<b>28,619</b>	<b>26,850</b>	<b>1,769</b>		<b>189,100</b>	<b>189,100</b>
		<b>TOTAL INCOME</b>	<b>261,665</b>	<b>246,036</b>	<b>15,629</b>	<b>0</b>	<b>516,261</b>	<b>506,072</b>	<b>10,189</b>	<b>2%</b>	<b>3,087,267</b>	<b>3,087,267</b>
Governance Costs	10	Council	8,144	9,949	1,805	18%	18,055	19,898	1,843	9%	145,522	145,522
	11	Audit & Risk Committee	519	0	-519	100%	519	-	-519	100%	1,810	1,810
	12	Remuneration Committee	0	0	0	0%	-	-	0	0%	1,560	1,560
		<b>Total Governance</b>	<b>8,662</b>	<b>9,949</b>	<b>1,287</b>		<b>18,573</b>	<b>19,898</b>	<b>1,325</b>		<b>148,892</b>	<b>148,892</b>
CER Office Costs	30	CER's Office	14,184	14,633	449	3%	28,367	28,816	449	2%	172,904	172,904
Shared Central Costs	31	Technology	9,094	9,023	-71	-1%	17,302	18,604	1,302	7%	156,443	156,443
	32	Human Resources	9,840	9,516	-324	-3%	14,863	15,032	169	1%	64,384	64,384
	33	Corporate Services	24,054	26,621	2,567	10%	48,215	51,867	3,652	7%	336,066	336,066
	34	Property	20,020	18,711	-1,309	-7%	40,793	38,757	-2,036	-5%	197,875	197,875
		<b>Total Shared Central Costs</b>	<b>77,191</b>	<b>78,504</b>	<b>1,313</b>		<b>149,540</b>	<b>153,076</b>	<b>3,536</b>		<b>927,671</b>	<b>927,671</b>
Fitness to Practise Costs (FtP)	50	Investigations	35,008	31,808	-3,200	-10%	65,012	63,241	-1,771	-3%	379,075	379,075
	51	Investigating Committee	11,109	10,510	-599	-6%	26,284	26,667	383	1%	170,202	170,202
	52	Professional Conduct Committee	25,795	23,012	-2,783	-12%	50,110	66,576	16,466	25%	512,088	512,088
	53	Interim Suspension Hearing	2,020	3,123	1,103	35%	3,930	7,881	3,951	50%	41,286	41,286
	54	Protection of Title	0	1,300	1,300	-100%	-	3,530	3,530	-100%	21,180	21,180
		<b>Total FtP</b>	<b>73,933</b>	<b>69,753</b>	<b>-4,180</b>		<b>145,336</b>	<b>167,895</b>	<b>22,559</b>		<b>1,123,831</b>	<b>1,123,831</b>
Development Costs	70	Policy team	24,046	24,430	384	2%	46,902	48,970	2,068	4%	389,821	389,821
	73	Quality Assurance	300	300	0	0%	300	300	0	0%	36,336	36,336
	74	Test of Competence	3,447	3,452	5	0%	3,447	7,931	4,484	57%	62,915	62,915
	75	Communications	3,131	3,503	372	11%	12,640	13,006	366	3%	115,590	115,590
	13	Education Committee	2,104	5,142	3,038	59%	2,745	5,142	2,397	47%	14,946	14,946
		<b>Total Development</b>	<b>33,027</b>	<b>36,827</b>	<b>3,800</b>		<b>66,034</b>	<b>75,349</b>	<b>9,315</b>		<b>619,608</b>	<b>619,608</b>
		<b>TOTAL OPERATING COSTS</b>	<b>192,814</b>	<b>195,033</b>	<b>2,219</b>	<b>1%</b>	<b>379,483</b>	<b>416,218</b>	<b>36,735</b>	<b>9%</b>	<b>2,820,002</b>	<b>2,820,002</b>
		Underlying Operating Surplus / -Deficit					144,778	97,854	46,924		267,264	275,264
		<b>HEADLINE OPERATING SURPLUS / -DEFICIT</b>	<b>68,852</b>	<b>51,003</b>	<b>17,849</b>		<b>136,778</b>	<b>89,854</b>	<b>46,924</b>		<b>267,264</b>	<b>267,264</b>
		Percentage	26%	21%	-6%		26%	18%	9%		9%	9%
		GAINS/-LOSSES ON INVESTMENTS	<b>67,763</b>				<b>67,763</b>					
		SURPLUS / -DEFICIT BEFORE TAXATION	<b>136,615</b>				<b>204,542</b>					

**Annex 2**  
**GCC balance sheet as at 28 February 2023**

**GCC Balance Sheet**  
**As at 28 February 2023**

	31 December 2022		28 February 2023		Movement
	£	£	£	£	
<b>Fixed Assets</b>					
Tangible Assets	0		0		
Investments	<u>4,460,653</u>		<u>4,522,997</u>		
		4,460,653		4,522,997	↑ 62,344
<b>Current Assets</b>					
Debtors	42,356		80,815		
Bank	<u>2,123,351</u>		<u>1,835,856</u>		↓ -287,495
		2,165,707		1,916,671	
<b>Current Liabilities</b>					
HMRC and pensions	45,586		39,535		
Payments in advance	2,681,350		2,234,458		
Trade creditors	70,073		111,717		
Corporate tax	6,775		6,775		
Other creditors	<u>328,482</u>		<u>347,636</u>		
		3,132,267		2,740,122	↓ -392,145
<b>Current Assets less Current Liabilities:</b>		<u>-966,560</u>		<u>-823,451</u>	
<b>Total Assets less Current Liabilities:</b>		<u>3,494,093</u>		<u>3,699,546</u>	↑ 205,453
<b>Long Term Liabilities</b>		213,883		214,796	↑ 913
<b>Total Assets less Total Liabilities:</b>		<u><b>3,280,210</b></u>		<u><b>3,484,750</b></u>	
<b>Funds of The Council</b>					
Total Reserves	3,280,210		3,280,210		
Transfers in the Period			0		
Surplus or -Deficit Account	0		204,540		
		<u><b>3,280,210</b></u>	<u>204,542</u>	<u><b>3,484,750</b></u>	↑ 204,540
		-	-1		
		-			

# Business Plan 2023 Update

Meeting paper for Council on 14 March 2023

Agenda Item: 7

## Purpose

The 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 and risks to delivery and budget are identified and being managed.

## Recommendations

Council is asked to:

- **Note** the report.
- **Note** the outcomes and impact set out for Project 6 “*Understanding the current and future workforce (supply and demand)*” and a component of the GCC Financial Strategy 2023-25.


## Background

1. Council agreed the 2023 Business Plan, along with the six projects to be delivered this year, subject to the Executive revisiting the outcomes and impact for Project 6.
2. This is the second year of the three-year strategy 2022-2024. The delivery of the business plan is reported to Council at each meeting.

## Business Plan Performance Summary

3. This is the first performance report on the 2023 Business Plan to Council this year. It covers the first two months of this financial year.
4. Progress to date this year has been as expected. No significant concerns relating to delivery are identified and costs are as budgeted. Further detail is provided.
5. There are four annexes to this report:

- **Annex A** displays the key information on the progress we have made in delivering the projects in 2023 business plan in the period under review.
- **Annex B** provides a more detailed commentary on the status or progress of each of the projects to be delivered this year. 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.

All of the projects have commenced and are being progressed as planned (shaded in green and denoted by this icon  in Annex A).

#### 6. Cross-cutting activity

- **Annex C** provides an update on our ongoing work on Equality, Diversity and Inclusion.
- **Annex D** provides an update on our communications activities.

#### Revising Project 6: Understanding the current and future workforce (supply and demand)

7. In December 2022, Council expressed some reservations about the outcome measures in relation to the research into the current and future workforce project as the scope and measures lacked clarity. The Executive was tasked with reviewing the scope of the proposed research work and identifying clearer impact and outcome measures.

- **Annex E** sets out a revised project summary and outcome measures.

**Mary Nguyen**

**Business and Project Officer**

## Annex A: Business Plan Dashboard, 2 March 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 progress. In the chart below we present the BP allocated expenditure by quarter.

Annex A: Business Plan Dashboard, 2 March 2023				
No.	Project	Status	% Completion GAW[1]	External Impact
1	Promote the value of regulation and registration to patients and the profession	On schedule	25%	High
	<b>Key milestones:</b> March, June, September 2023			
2	Develop registrant resources to support professionalism	On schedule	25%	High
	<b>Key milestones:</b> March, June, September 2023			
3	Embed a culture of safer care	On schedule	20%	High
	<b>Key milestones:</b> September and December 2023			
4	Integrate innovation and effectiveness within the I.T framework	On schedule	10%	High
	<b>Key milestones:</b> January, March, April, May and June 2023			
5	Comply with Welsh Language Standards	Commenced	5%	High
	<b>Key milestones:</b> March 2023			
6	Understand the current and future workforce (supply and demand)	Commenced	5%	Moderate
	<b>Key milestones:</b> June and September 2023			

## Annex B – Business Plan 2023 Projects

No.	Project	Measures (KPIs, PSVs, milestones)	Progress
1	<p align="center"><b>Promote the value of regulation and registration to patients and the profession</b></p>	<p align="center"><b>2023 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Develop revised suite of resources, guidance and web copy for registrants to promote their GCC registration. Determine potential for personalised materials. <b>March 2023</b></li> <li>Implement 'I'm Registered' campaign with stakeholders to motivate registrants to apply resources throughout their communication channels. <b>June 2023</b></li> <li>Implement patient/public campaign <b>Sept 2023</b></li> </ol> <p><b>Project Targets</b></p> <ol style="list-style-type: none"> <li>By 2024, an increase in GCC Patient Portal users by 100%, based on 2021 results (8,500-17,000 users).</li> <li>By 2024, to have 50% of registrants using and promoting their registered status.</li> </ol>	<p><b>Council Project Summary (March 2023)</b></p> <p><b>Deliverable 1:</b> 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 will be soft launched in March on website with an application form and on the registrant portal and promoted in the April newsletter.</p> <p>Consideration has also been given to redesign and format of the registration certificate.</p> <p><b>Deliverable 2:</b> Focus groups with patients and registrants are planned to inform the forthcoming campaigns.</p> <p><b>STATUS: On schedule</b></p>
2	<p align="center"><b>Develop registrant resources to support professionalism</b></p>	<p><b>2023 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Published toolkits on aspects of professionalism: Patient Centred Care, Competence, Leadership and Reflective Practice <b>June 2023</b></li> </ol>	<p><b>Council Project Summary (March 2023)</b></p> <p><b>Deliverable 1:</b> Toolkits were published and promoted monthly via the GCC newsletter and social media (Twitter and LinkedIn) on Patient Centred Care, Leadership and</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress
		<p>2. Publication of Consent research with patient community. <b>March 2023</b></p> <p>3. Published toolkit for registrants incorporating patient expectations on Consent. <b>September 2023</b></p> <hr/> <p><b>Project Targets</b></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>Competence. The Reflective Practice toolkit is at design stage.</p> <p><b>Deliverable 2:</b> The Consent research conducted by Community Research with the GCC Patient Advisory Group has been received and a report has been published with an article in the March newsletter.</p> <p><b>Deliverable 3:</b> Work has commenced on a toolkit for registrants on Consent.</p> <p><b>STATUS: On schedule</b></p>
3	<p><b>Embed a culture of safer care</b></p>	<p><b>2023 Deliverables and Milestones</b></p> <p>1. Revised guidance and toolkit resources on Candour for registrants informed by research with the GCC patient community. <b>September 2023</b></p> <p>2. Toolkit and learning resources for registrants and the profession building on the diagnostic imaging guidance. <b>September 2023</b></p> <p>3. Scope out potential for additional resources around avoiding and managing conflicts of interest. <b>December 2023</b></p> <p>4. Promoted and publicised the RCC incident reporting system (CPiRLS). Increases in number of incidents reported. <b>December 2023</b></p>	<p><b>Council Project Summary as of March 2023</b></p> <p><b>Deliverable 1:</b> Work has commenced on reviewing the current Candour guidance. Discussions have been held with Community Research for patient research on Candour and with GOsC on collaboration on this area of work with patients, registrants and IC members.</p> <p><b>Deliverable 2:</b> 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. Work is underway with the Forum of Deans to surveying the education institutions to gather information in relation to chiropractic pre-registration (undergraduate) education and training of imaging techniques. Responses will used to</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress
		<p><b>Project Targets</b></p> <ol style="list-style-type: none"> <li>By 2024, to have published GCC resources (e.g. guidance, toolkits etc) on all key themes identified in patient research findings.</li> </ol>	<p>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 planned.</p> <p><b>Deliverable 4:</b> The RCC <a href="#">article</a> ‘ Ten years of online incident reporting and learning using CPiRLS: implications for improved patient safety has been published. We are considering what we are going to do to raise awareness of this system and enable greater learning opportunities.</p> <p><b>STATUS: On schedule</b></p>
4	<p><b>Integrate innovation and effectiveness within the I.T framework</b></p>	<p><b>2023 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Identify the IT expert to help plan and produce the specification for the tender for IT service provider <b>January 2023</b></li> <li>Identify 3 IT service providers and invite them to enter the tender exercise <b>March 2023</b></li> <li>Conduct a tender exercise with IT service providers. <b>March/April 2023</b></li> <li>ARC appoints/re-appoints IT support provider. <b>May 2023</b></li> <li>Preferred IT service provider commences service <b>June 2023</b></li> </ol>	<p><b>Council Project Summary as of March 2023</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>The Executive and the IT consultant developed a specification list. This enabled the tender pack to be produced.</li> <li>The invitation was sent to eight IT service providers on 6 March 2023. They will have four weeks to develop a proposal and a shortlist will be invited to present to the GCC in April 2023.</li> </ol> <p><b>Status: On Schedule</b></p>



No.	Project	Measures (KPIs, PSVs, milestones)	Progress
5	Comply with Welsh Language Standards	<p><b>2023 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Submit consultation response by 22 March 2023</li> </ol> <hr/> <p><b>Project Target</b></p> <ol style="list-style-type: none"> <li>Update report to Council on requirements and progress</li> </ol>	<p><b>Council Project Summary as of March 2023</b></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 will end on 22 March 2023.</p> <p>If we are of the opinion that one or more of the standards included within this notice is unreasonable and/or disproportionate we must state why the standard is unreasonable and/or disproportionate, noting all supporting reasons and evidence we consider relevant; and whether varying a requirement to comply with a standard would make it reasonable and/or proportionate. For example, by introducing the requirement at different times.</p>
6	Understand the current and future workforce (supply and demand)	<p><b>2023 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>Report on changes to the profession profile over the last 10 years. <b>September 2023</b></li> <li>Predictive modelling including infographics on what the chiropractic profession will look like in 2026, 2030 and 2033 <b>September 2023</b></li> <li>Financial model showing the effects of growth and other assumptions including the effects of fee reduction and discounting. <b>December 2023</b></li> </ol>	<p><b>Council Project Summary as of March 2023</b></p> <ol style="list-style-type: none"> <li>The outcome measures have been revised and is presented to Council at its March meeting for approval.</li> <li>A consultation was opened to respond to the draft compliance notice.</li> <li>The GCC has reviewed the list of Standards and will prepare to draft a response to the draft compliance notice that will close on 22 March 2023.</li> <li>We plan to engage with a contractor to conduct the work and hope to commence the work in April 2023.</li> </ol>

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

## 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):

- **Reconvening of standing EDI Working Group**, with new members joining 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.

- **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 begun to address some of the areas including further diversifying the pool of Investigating Committee members.

- **Defining EDI consultation.** This project will identify key concerns regarding EDI from internal GCC staff, 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. Pending approval, the internal survey will be released in Q2. (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 eg updating of accessibility statement. An accessibility audit is under consideration.

The EDI monitoring forms for recruitment have now been updated and an 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 this will be analysed once annual monitoring has concluded in March 2023.

- **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.

## **Equality, Diversity and Inclusion within Education Standards**

An additional project has commenced 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. This project focuses 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. Currently there is one interview outstanding with all others completed. A subsequent report will be developed for the GCC to review, which will then determine the scope of Phase 2 of the project. It is hoped for this report to be compiled ahead of the Education Committee meeting in March.

### **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 will be drawn from the data available to be 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 are reviewing the Equality Impact Assessment Guidance and Assessment Template and adding in requirements to consider Welsh Language speakers.
- We have reviewed the photography brief and image release form for EDI purposes ahead of commissioning new photos.
- The Action Plan is currently 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.

### **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. In mid-September 2022 the PSA held workshops with the regulators to gather their input to their work on reviewing their approach to assessing Standard 3. The discussions at these workshops have contributed to ongoing development work. Following the September workshops, they surveyed stakeholders to seek their views on the areas discussed with regulators.

The Authority is developing outcome statements and updating the evidence framework for Standard 3 and shared these with regulators for feedback in February. The PSA plans to finalise the outcome statements, evidence framework and accompanying guidance, by the end of March 2023 ahead of implementation for the start of the 2023/24 cycle in April 2023.

The Authority has increased its expectations and expects that more regulators may not meet this Standard, even if they currently do so. There will be expectations for 2023/24, progress expected during 2024/25 and impacts/outcomes to see in 2025/26.

We have reviewed the draft outcome statements and evidence framework for Standard 3 and have raised concerns about specific aspects of these with the Authority. We have begun to identify projects which will help the GCC meet these standards and identify ways in which we can evidence our attainments.

## Annex D – Communications Update

Following the recruitment of a new Communications and Policy Lead in January 2023, the GCC is in the early stages of developing a communications plan for 2023 and beyond.

The core parts of the plan will be:

- Understanding, mapping and categorising the audiences the GCC needs to regularly communicate with including:
  - Registrants:
    - Practising/non practising
    - Experienced/newly qualified/returning to practice
  - Other stakeholders:
    - other regulators
    - chiropractic organisations
    - government
    - insurance and clinical defence specialists
  - Students studying chiropractic
  - Education providers
  - Patients
    - Experienced and new patients
    - Complainants and satisfied patients
  - The wider public
- Reviewing existing communication channels for the GCC, understand their past performance, the audiences that use them and how they can evolve to meet the needs of the relevant audience and the GCC.
- Developing messages for the year, prioritising and categorising those to ensure they reflect the business plan, seasonal messaging (for instance retention and CPD) and organisational priorities.

The communications plan will then look to bring together these three areas of research into a plan for the year, which will act as a model for future years, with the aim of “smoothing out” the frequency of messaging across the channels and reducing the reliance on the monthly newsletter (while retaining the newsletter as a regular roundup of activity). The intention is to move towards “outcome driven” messaging (where messages encourage the recipient to take an action such as reflecting on some research, changing behaviour or applying for a role) and away from “awareness” messaging. Where possible, measurement of performance of communications will move to reflect that outcome-driven approach.

In the first two months of 2023, we have learned a lot about how this approach could work in the future.

In February 2023 there was a focus across all channels on recruitment for Council, Education Committee and Investigating Committee roles. Communications included:

- The newsletter

- An evening “meet the registrar” online event (attended by 13 people) with video shared after the event
- Advertising on the Guardian and other websites
- An individual personal invitation from Nick Jones to registrants
- Social media activity

All activity directed interested people to the opportunities page on the website which, in one month, has received almost half of the total page views for the whole of 2022 (3717 in February vs 7643 in 2022). More importantly this led to 1118 recruitment packs downloaded and over 300 applications across all roles. As a result of this campaign there will be further reflection on the role and appropriateness using iMIS for mass communication, the use of the registrar as a way to increase registrant engagement, and the possibility and ethics of tailoring messaging to specific audiences (e.g., is it appropriate to exclude new registrants from council recruitment when they are not eligible for the role).

The first three professionalism toolkits published (Communication (Dec 2022), Patient-centred care (Jan 23), and Leadership (Feb 23) have been downloaded 505 times (the fourth, on competency, was published at the start of March 23), however this may be an underestimate as it is difficult to measure links directly from the email or social media to a downloaded file. As a result of the professionalism campaign there will be further reflection on how we link to information to enhance our own measurability and impact.

## Annex E: Revised Project Summary

### Project 6: Understanding the current and future workforce (supply and demand)

1. This project sets out the shape, size and profile of the registrants and perform some predictive modelling of the chiropractic profession based on data held by the GCC.
2. The GCC's revenue flows are predictably cyclical and are predominantly sourced from registrant fees. The year-on-year growth has been slow and to predict the future, we need to understand the past and present.
3. In delivering this project, we plan to conduct both quantitative and qualitative research. Each method is briefly explained below.

#### *Quantitative Research*

- a) Analysis of trends (from 2013-present) to determine what the chiropractic profession looks like currently drawing particularly on:
  - Total size of the Register, patterns in numbers joining the register according to gender, age range and years spent on the Register
  - Patterns in final year students graduating and joining the register
  - Patterns in numbers leaving the register according to years on the Register prior to deregistration, reasons for leaving (resignation, deceased or administrative reasons including CPD non-compliance, fees or FTP) reasons cited in resignations and year of qualification
- b) Produce predictive modelling including infographics of what the chiropractic profession will look like in 3-5 years' time, including a range of scenarios. Take into account:
  - Numbers graduating
  - Total size of the register
  - Numbers joining the register
  - Numbers leaving the register and average age of retirement
  - Gender demographics
  - Age profile
  - Length of time likely to typically spend on the Register



## *Qualitative Research*

- c) This will look at registrants on the current database as to intentions, and attitudes towards hosting placements, contributing to education and training of students and new graduates; job opportunities; relationship of numbers to fees (if fees were to be reduced for all, reduced for new graduates, pro-rata and any impact); future plans for practice and working patterns, and so on.
  - d) Exploring with education institutions current and future plans, opportunities and barriers to growth (teaching facilities, staff, recruitment and support for students and clinical placements). For example, is access to clinical placements saturated and preventing higher intakes of students? If so – are there alternative models that meet the same objectives?
  - e) We considered the feasibility of the proposed activities undertaken for each research method such that the results enable internal and external stakeholders (i.e., GCC, Council, professional associations) to make informed opinions and decisions. Considerations included existing data from the registrant survey conducted in 2020 through a census of registrants, annual reports on Registrations and Test of Competence since 2013 and annual monitoring of all its approved degree programmes delivered by five universities.
4. The revised outcome measures are set out in Table 1.

<b>Measures</b> (KPIs, PSVs, milestones)	<b>Outcomes and Impact</b>
<p><b>2023 Deliverables and Milestones</b></p> <ol style="list-style-type: none"> <li>1. Report on changes to the profession profile over the last 10 years. <b>September 2023</b></li> <li>2. Predictive modelling including infographics on what the chiropractic profession will look like in 2026, 2030 and 2033 <b>September 2023</b></li> <li>3. Financial model showing the effects of growth and other assumptions including the effects of fee reduction and discounting. <b>December 2023</b></li> </ol>	<p><b>Outcomes (short-medium term impact)</b></p> <ol style="list-style-type: none"> <li>1. Gain a greater understanding of:             <ol style="list-style-type: none"> <li>a. The size and profile of the Register in the short, medium and long term.</li> <li>b. The impact of that on income (and to some extent expenditure).</li> <li>c. The financial effect of choices we make as to fee levels, applying any discounts (e.g. graduate joiners); pro-rating of fees (e.g. part-year registration)</li> </ol> </li> </ol>
<p><b>Project Targets</b></p> <ol style="list-style-type: none"> <li>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 spent on the Register, where does drop off occur).</li> <li>2. Determine potential for growth in students and registrants and any barriers and how they might be mitigated.</li> <li>3. Determine drivers and motivations for leavers or those opting for non-practising registration</li> </ol>	<p><b>Impact (long-term impact)</b></p> <ol style="list-style-type: none"> <li>1. Successful completion of the development work identified in the GCC 2023 – 2025 Financial Strategy will contribute to the long-term financial growth and sustainability of the GCC.</li> </ol>

# Annual Reports

Meeting paper for Council on 14 March 2023

Agenda Item: 8

## Purpose

The purpose of the reports on Registration and Fitness to Practise is to update Council on activity during 2022 fulfilling our accountability objectives. They are summarised in the Council's annual report.

## Recommendations

The Committee is invited to **note** these reports.

## Key points

The key points of note in the Registration report are:

- The register grew by 144 (4.1% on 2021 figures), with an increase in initial registrations. The highest percentage increase in five years
- If this trend continues, we should see a healthy increase in the register population over the next five years
- The GCC welcomed a further 265 registrants, who joined the register in 2022, 57 more than 2021.
- 38 chiropractors registered through our international route, 18 more than in 2021 with 21 qualifying in South Africa
- The profession is beginning to attract a more diverse student base (more information will be published in our annual education review), which is beginning to filter through to the register
- 12% of the register population identify as coming from an ethnic minority background, which compares with 2021 census results showing 18.3% of UK identified as coming from an ethnic minority background.
- Under 30's age bracket increased by 2.7%, while the over 60's age bracket increased by 2%

The report has been presented in a new format and style this year. Last year's can be found [here](#) for reference.

The key points of note in the Fitness to Practise report are:

- In 2022, the number of complaints received about chiropractors' fitness to practise decreased by 13% compared to 2021.
- A lower number of cases were considered by the Investigating Committee in 2022 compared to 2021.
- Complaints were made about 53 chiropractors.
- Most complaints were received from patients or relatives of patients.
- Most complaints related to clinical care and communication.
- Of the cases concluded by the Investigating Committee, 12 of these were referred to a Professional Conduct Committee hearing.
- Five chiropractors were found guilty of unacceptable professional conduct by the Professional Conduct Committee.

**Niru Uddin**  
**Director of Fitness to Practise**

**Penny Bance**  
**Director of Development**

# Fitness to Practise Annual Report 2022



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## Introduction

This report published annually sets out information relating to the various stages in the fitness to practise process, the volume and type of complaints received and our performance in managing those complaints.

## About Fitness to Practise (FtP)

### The Code

The Code represents the benchmark of conduct and practice against which chiropractors are measured.

The Code became effective from 30 June 2016 replacing the Code of Practice and Standard of Proficiency (2010).

The Code is arranged around eight principles that require chiropractors to:

- Put the health interests of patients first
- Act with honesty and integrity and maintain the highest standards of professional and personal conduct
- Provide a good standard of clinical care and practice
- Establish and maintain a clear professional relationship with patients
- Obtain informed consent for all aspects of patient care
- Communicate properly and effectively with patients, colleagues and other healthcare professionals
- Maintain, develop and work within professional knowledge and skills
- Maintain and protect patient information



## Investigating complaints

The GCC must investigate any complaint made about a registrant. The types of complaint it can investigate are:

- Treatment, care or advice given by a chiropractor
- The professional or personal behaviour of a chiropractor
- Serious impairment of fitness to practise due to the physical or mental health of a chiropractor

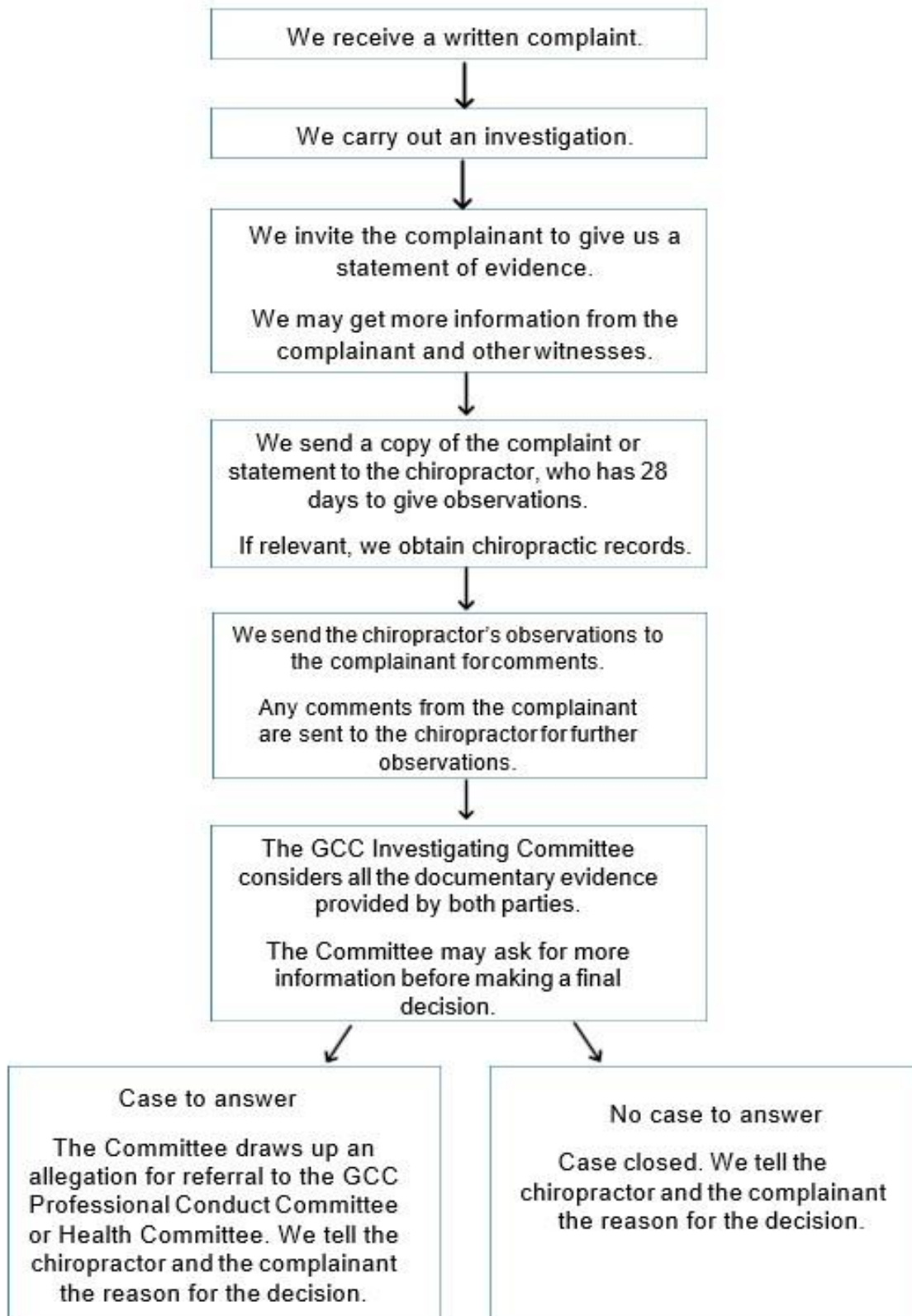
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What complaints are the GCC unable to investigate?

- The GCC can only investigate registered chiropractors
- The GCC regulates individual chiropractors and does not accept complaints against clinics
- The GCC cannot resolve matters that relate solely to payment
- The GCC has no power in relation to compensation whatsoever



The investigating process followed by the GCC fitness to practise team is as follows:



## Fitness to Practise in 2022 - summary

Our focus in 2022 was ensuring our system of regulation was innovative, flexible and transparent and that lessons learned during COVID-19 were absorbed and applied. As a regulator, we have a significant role to play in promoting equality and diversity and work to ensure that we are an inclusive regulator, committed to understanding the diversity of registrants and patients, working together with all our stakeholders and understanding the effect of differential outcomes to our work.

The PSA published its annual performance review of the GCC in July 2022, with the GCC meeting 17 of the 18 standards of good regulation. The GCC did not meet Standard 15, the time taken to process Fitness to Practise cases from the receipt of the complaint to the final consideration by the Professional Conduct Committee. Measures have been taken to identify ways to reduce time taken.

The meetings of the Investigating Committee (IC) proceeded to be held virtually as agreed in 2021.

A revised guidance for the GCC Investigating Committee was also consulted on and agreed – setting out a framework for its decision-making processes and ensuring transparency and clarity for all involved in the complaints process.

Building on the experiences from 2021 in holding virtual hearings in response to the pandemic and having published its Remote Hearing Protocol in February 2021, A Hearing Protocol setting out the basis of how hearings are held was consulted on and agreed by Council in 2022.

There was a reduction in the number of fitness to practise concerns raised in the year. There was a 13% decrease in the number of concerns received in 2022 compared to 2021.

It is too soon to determine if the reduction in concerns raised represents a trend. We disseminate best practice and lessons learned to the profession, identified from analysis of complaints made and so on, and are hopeful this is also contributing to reduced levels of complaints. We will continue to monitor developments.

However, we received fewer referrals this year (seven) requiring urgent consideration for interim suspension due to the nature of the concerns. Whilst a suspension order was made against two registrants, we must remain vigilant where concerns identified represent a potential risk to patients.

In 2022, ten cases were referred for hearings before the Professional Conduct Committee. One of the hearings were part-heard and carried forward into 2023 for completion. The median number of weeks taken from the receipt of the complaint to consideration by the PCC was 94 weeks.

Whilst seeing a decrease in the volume of complaints received, with some of these complaints raising serious concerns, they represent a small proportion of the number of treatments carried out by chiropractors.

## Performance summary

		2022	2021	2020
Number of cases concluded by Investigating Committee		60	82	87
Number of cases concluded by Investigating Committee with the following outcome:	No Case to Answer	48	73	78
	Referral to Professional Conduct Committee	12	9	9
Number of cases concluded by Professional Conduct Committee		10	11	6
Number of registrants removed ('erased') from the register		1	2	0
Number of registrants suspended from the register		1	1	0
Number of registrants receiving a conditions of practice order		0	0	0
Number of registrants receiving an admonishment		3	2	2
Time from receipt of initial complaint to the final Investigating Committee decision (in weeks):	Median	46	36	33
	Longest case	163	123	156
	Shortest case	11	8	7
Time from receipt of initial complaint to the final PCC decision (in weeks):	Median	94	122	91
Number of open cases (at the end of the year) which are older than:	52 weeks	10	13	17
	104 weeks	0	4 <sup>1</sup>	0
	156 weeks	0	0	0

### Key points

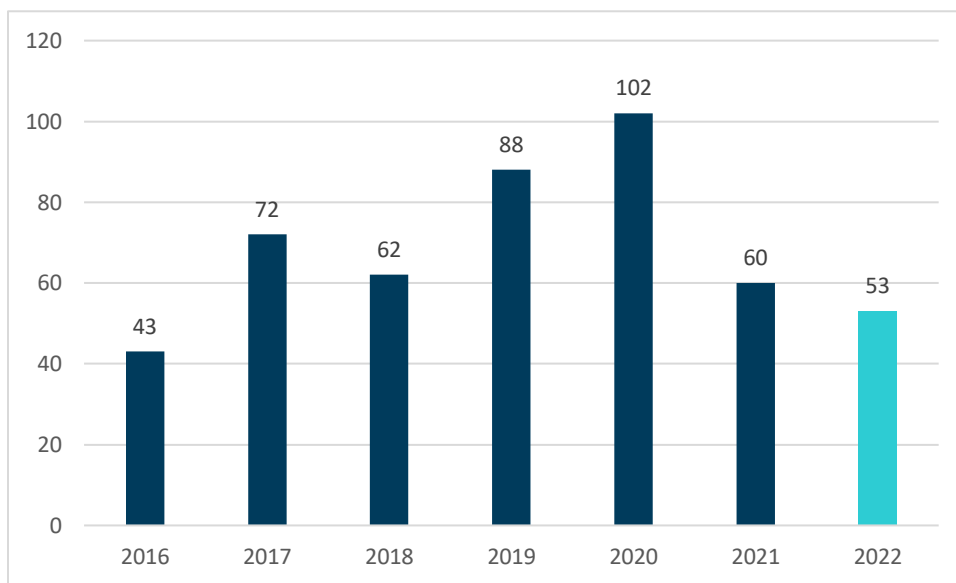
- In 2022, the number of complaints received about chiropractors' fitness to practise decreased by 13% compared to 2021.
- A lower number of cases were considered by the Investigating Committee in 2022 compared to 2021.
- Complaints were made about 53 chiropractors.

- Most complaints were received from patients or relatives of patients.
- Most complaints related to clinical care and communication.
- Of the cases concluded by the Investigating Committee, 12 of these were referred to a Professional Conduct Committee hearing.
- Five chiropractors were found guilty of unacceptable professional conduct by the Professional Conduct Committee.

## Complaints received

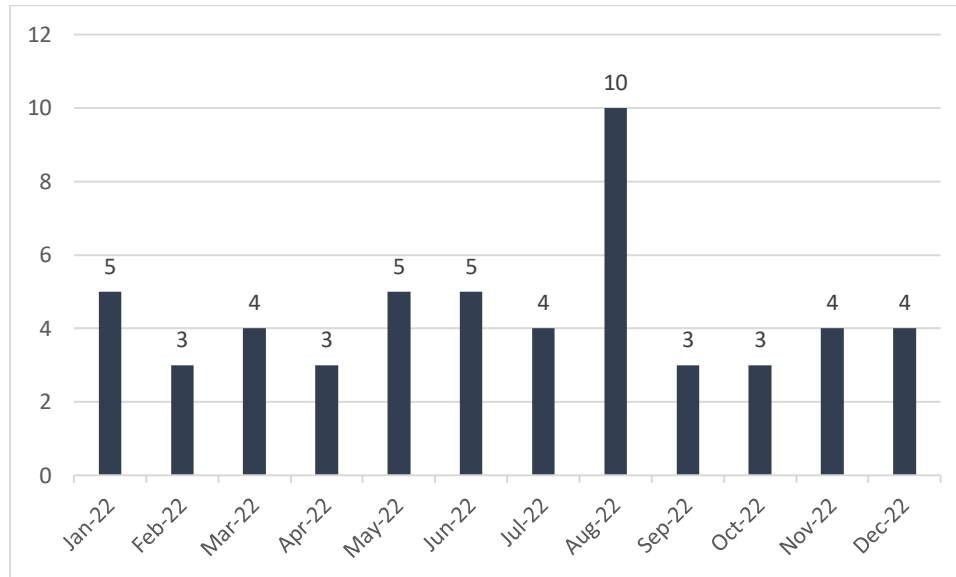
In 2022, the GCC received 53 complaints about chiropractors. This is a 13% decrease in complaints compared to 2021. Over the last five years, the GCC has, on average, received 72 complaints per year.

The complaints related to 53 registered chiropractors.



### Complaints received by month

On average we received 4 complaints per month with a peak of 10 complaints received in August.



### Source of complaints

Most complaints are made by a patient or a relative of a patient, accounting for 39 of the complaints received in 2022.

Source of complaint	Number
Patient/Relative of	39
Member of public/private organisation	3
Other Chiropractor/Clinic where worked	4
Anonymous	2
Other Healthcare Professional	1
Public Sector Organisation (e.g. Police)	1
Registrar	0
Self-Referral	3
<b>Total</b>	<b>53</b>

### Nature of complaints

Understanding the nature and volumes of complaints contributes to the development of the profession. We want to support the profession by being transparent about complaints and where necessary provide guidance where there are common themes or trends – so that the learning shared informs practice.

Importantly, allegations raised are just that, *allegations*. Whether or not these are proven is not a consideration in this section of the report, and in highlighting serves to aid understanding where complaints have been made.

### Our approach

A complaint received by the GCC is reviewed by a member of the fitness to practise team, who completes an initial case report recording the allegation and issues raised by the complainant. This case report records all allegations made, including where more than one allegation is made by a complainant. This explains why the number of allegations (149) is greater than the number of complaints received in the year (53).

Cases are assigned a category and broken down into type and, in some cases, subtype. For example, a complaint concerning injury from treatment is categorised as *clinical care*, the type would be *substandard treatment* and the subtype *rough or aggressive treatment causing injury/pain*.

Category	Type	Subtype
Clinical care	e.g. substandard treatment/inadequate record keeping etc.	e.g. Rough/aggressive treatment causing injury/pain

### Nature of complaint by category

Most complaints contain more than two allegations about the chiropractor. The highest number of allegations made in a complaint was 13.

Of the 53 complaints received, there were 69 allegations of a failing relating to *clinical care*.

In 23 separate complaints there was an allegation of a failing in *communication/consent or professional relationships*.

In ten cases there was an allegation made about a chiropractor's *probity*.

All allegations made are listed in the table below.

Base: 53 cases (received in 2022)

Nature of Complaint	Number of allegations raised
Clinical care	69
Communication/Consent/Professional Relationships	41
Probity	12
Conviction/Criminality	8
Health	3
Working with colleagues	2
Other	1
Unprofessional behaviour outside practice	0
Business/employment issues	0
Promoting anti-vaccination	0
Compliance with GCC investigations	0
<b>Total</b>	<b>136</b>

### Clinical care allegations - by type and subtype

The most commonly occurring allegation relating to clinical care was the patient receiving substandard treatment.

Type	Number of allegations raised
Substandard treatment	62
Breach of patient confidentiality	3
Inadequate record keeping	2

Poor hygiene practice	1
Clinic facilities/premises	0

### Substandard treatment

This covers a wide variety of concerns raised, the most common examples being concerns about the treatment technique/approach or the patient was injured.

Subtype (Substandard treatment)	Number of allegations identified
Concern about treatment techniques/approach/dissatisfied with treatment	19
Rough/aggressive treatment causing injury/pain	15
Inappropriate/contraindicated/excessive treatment/lack of clinical justification	11
Misdiagnosis/No diagnosis	6
Lack of further investigation/follow up/review	3
Lack of clinical justification for investigations/x-rays	2
Failure to work within limits of knowledge, skills and competence	2
Failure to cease treatment	1
Failure to refer, when appropriate	1
Inadequate assessment/case history	1
Failure to examine/inadequate examination	1
Failure to adhere to x-ray guidelines	0



## Communication/Consent/Professional Relationships by type and subtype

The second largest category of complaint is Communication/Consent/Professional Relationships.

Type	Number of allegations raised
Communication	30
Sexual boundaries	5
Consent	3
Intimidation of patient/pressure/undue influence to undergo treatment	2
Failure/delays in providing access to records	1
Failure to preserve patient's privacy and dignity/not providing chaperone	0
Financial impropriety with patients	0

### Communication

Poor communication between patient and chiropractor or inappropriate language/comments forms an element of or reason for a referral.

Subtype (Communication)	Number of allegations raised
Rudeness to patient/lack of respect or sympathy/empathy	11
Inappropriate comments/language	8
Failure to respond to communication from complainant/comply with patient request	6
Failure to explain or agree diagnosis/treatment or treatment plan/results	3
Failure to explain fees adequately/mechanisms for payment	2
Failure to provide adequate information about complaints procedure/poor complaint handling	0
Failure to explain refusal to treat	0

Bullying/Harassment/discrimination	0
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The most commonly occurring complaint received related to the chiropractor's rudeness to a patient / lack of respect or sympathy / empathy.

### Sexual boundaries

There were five separate complaints alleging sexual behaviour by a chiropractor. This is a decrease from the previous year where there was seven.

Subtype (Sexual boundaries)	Number of allegations raised
Inappropriate personal/sexual relationship with patient	3
Indecent/sexualised behaviour	2
Inappropriate contact with patient's body/intimate areas	0
Use of sexualised language/comments	0

### Probity

In this category, the largest number of allegations related to financial deception / fraud/ improper charging, misleading advertising or claims on websites as well as improper alteration of records / clinic diary.

Subtype (Probity)	Number of allegations raised
Financial deception/fraud/improper charging	3
Misleading advertising/claims made on website	3
Improper alteration of records/clinic diary	3
False representation of skills/experience/registration/use of doctor title	1
Practising while not registered/Practising on non practising register/ Practising without indemnity insurance	1
Removal of patient records/data from clinic	1

Dishonesty/Failure to fulfil duty of candour to be open and honest with all patients	0
Improper use of patient database/soliciting patients	0

## Commonly occurring allegations in 2022

The most commonly occurring allegations in 2022 were:

1. Concern about treatment techniques/approach/dissatisfied with treatment –
2. Rough or aggressive treatment causing injury or pain to the patient –
3. Inappropriate/contraindicated/excessive treatment/lack of clinical justification –
4. Rudeness to patient/lack of respect or sympathy/empathy –
5. Inappropriate comments/language ↑
6. Misdiagnosis/No diagnosis ↑
7. Failure to respond to communication from complainant/comply with patient request ↑
8. Sexual boundaries / lack of further investigation / failure to obtain informed consent

It is of note that whilst the most common occurring allegation may relate to substandard treatment, if appropriate or clear communication between chiropractor and patient had taken place, this could have avoided this type of allegation being referred to the GCC. 1-4 above remain in the top four commonly occurring allegations as 2021. Although 5-7 appears in the list of commonly occurring allegations in 2021, they have moved up in the list with lower number of sexual boundary cases than 2021.

## Investigating Committee

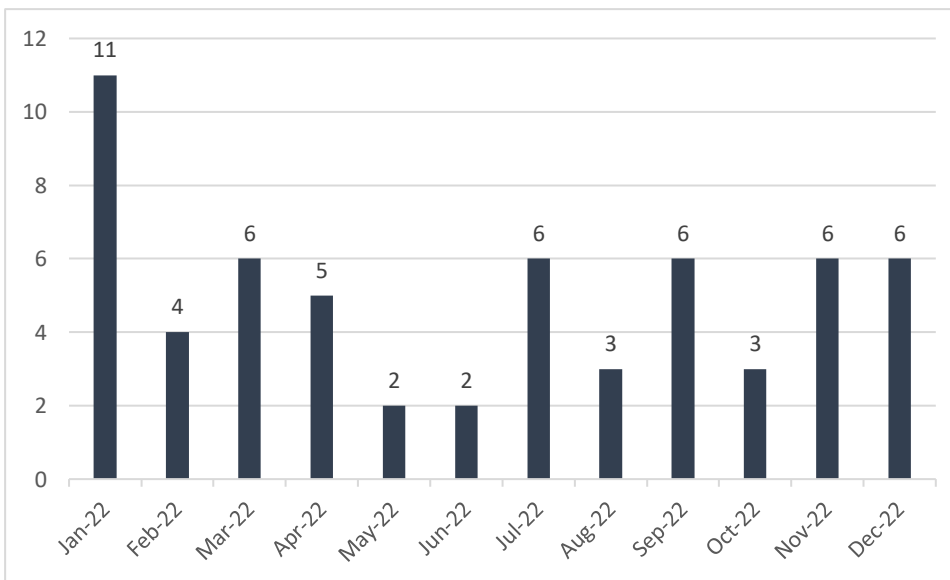
The GCC Investigating Committee (IC) investigates complaints made to the GCC about a chiropractor’s conduct, professional incompetence or health, to establish whether there is a ‘case to answer’. If there is a case to answer, the IC will refer the complaint for consideration by the GCC Professional Conduct Committee (PCC) or Health Committee (HC).

IC meetings are not held in public. The Committee sits with a Legal Assessor to advise them on points of law and procedure, but the Legal Assessor has no decision-making role.

In 2022, the IC determined 60 cases compared to 82 cases in 2021.

	2022	2021	2020	2019	2018	2017
Cases determined	60	82	87	62	58	67

### Cases determined by month



### Decisions of the Investigating Committee

Of the 60 cases that were determined by the IC in 2022, twelve were referred on to the PCC (20%). Whilst there was a slight increase in 2021, overall there has been a reduction in the proportion of referrals made to the PCC over the last 5 years.

Decision of the IC	2022	%	2021	%	2020	%	2019	%	2018	%	2017	%
No Case to Answer	48	80%	73	89%	78	90%	54	87%	47	81%	51	76%
Referred to PCC	12	20%	9	11%	9	10%	8	13%	11	19%	16	24%
<b>Total</b>	<b>60</b>		<b>82</b>		<b>87</b>		<b>62</b>		<b>58</b>		<b>67</b>	

## Professional Conduct Committee

The Professional Conduct Committee (PCC) determines allegations about a chiropractor’s conduct or professional incompetence referred to it by the IC.

Allegations that have been referred to the PCC are considered at a public hearing. On rare occasions, parts of a hearing may be held in private.

The PCC members are both chiropractors and, non-chiropractic lay members. At each hearing there must be at least three PCC members present, including one chiropractor and one lay member. The panel is chaired by a lay member. The PCC sits with a Legal Assessor, advising the Committee on points of law and procedure, and who has no decision-making role.

If the PCC decides that the allegation against the chiropractor is not well founded, no further action will be taken. However, if the PCC decides that the allegation is well founded, it must impose a sanction.

Sanctions available to the PCC are:

- Admonishment
- Conditions of practice order
- Suspension
- Removal from the register

In 2022, 10 cases were determined by the PCC.

Five chiropractors were found guilty of unacceptable professional conduct in 2022. Of those, one chiropractor was removed from the register, a further three were given admonishment and one chiropractor was suspended. Further details of each are set out below.

In five cases the chiropractor was found not guilty of unacceptable professional conduct.

PCC decision	2022	2021	2020	2019	2018	2017
Removal	1	2	0	0	1	1
Suspension	1	1	0	0	0	2
Conditions of Practice	0	0	0	1	2	0
Admonishment	3	2	2	1	2	5

No UPC	5	6	4	5	4	6
GCC offered no evidence	0	0	0	0	2	2
<b>Total</b>	<b>10</b>	<b>11</b>	<b>6</b>	<b>7</b>	<b>11</b>	<b>16</b>

The median number of weeks taken from the receipt by the GCC of the initial complaint to the decision taken by the PCC was 94 weeks for decisions made in 2022.

### Review hearings

Where a chiropractor has been either suspended or a conditions of practice order imposed at a previous hearing, a review hearing may be held to ensure the chiropractor is safe to return to the register.

There were no review hearings held in 2022.

### PCC Caseload

At the end of 2022 there were 11 cases that were yet to be determined by the PCC. This is an increase of two cases compared to those at the end of 2021.

### Health Committee

The Health Committee (HC) determines allegations of serious impairment of a chiropractor’s fitness to practise due to ill physical or mental health.

The HC did not meet in 2022.

### PCC cases where the chiropractor was found guilty of Unacceptable Professional Conduct (UPC)

This section of the report is produced in accordance with the Chiropractors Act 1994, Section 22(14), which requires the Committee to publish a report setting out the names of those chiropractors in respect of whom it has investigated allegations and found the allegations to be well founded.

Name and registration number of Registrant	Date of Decision	Source of complaint	Outcome
Waller, Thomas	20/01/2022	Patient/Relative of	Admonishment
<p><b>Summary of facts found proved and amounting to UPC</b></p> <p>The registrant treated Patient A at sessions lasting approximately 3 minutes which was insufficient to be able to adequately or properly conduct those appointments. The registrant also failed to adequately review Patient A's care on two occasions and failure to accurately record Patient A's treatment.</p>			
Welsh, Peter	02/02/2022	Other Chiropractor	Removal
<p><b>Summary of facts found proved and amounting to UPC</b></p> <p>The registrant made a number of inappropriate comments on social media relating to the Covid-19 pandemic, the government's response to it and the public health measures that were being used to prevent the spread of the virus such as mask wearing, vaccination, isolation and PCR testing.</p>			
Fraser-Nash, Jamie	07/04/2022	Patient/Relative of	Admonishment
<p><b>Summary of facts found proved and amounting to UPC</b></p> <p>The registrant failed to offer a chaperone to a young female patient before conducting an intimate examination.</p>			

Name and registration number of Registrant	Date of Decision	Source of complaint	Outcome
Owen, Gareth	14/06/2022	Patient/Relative of	Suspension
<p><b>Summary of facts found proved and amounting to UPC</b></p> <p>The registrant failed to provide Patient A with the opportunity to have a chaperone present or consider the need for a chaperone to be present during the course of the intimate examination.</p>			
McAllister, Zacchariah	23/06/2022	Patient/Relative of	Admonishment
<p><b>Summary of facts found proved and amounting to UPC / material relevance of the criminal offence.</b></p> <p>The registrant failed to obtain Patient A's informed consent to the treatment (which consisted of dry needling) in that he did not explain the nature and/or objectives of the proposed intervention and did not explain the risks of that intervention.</p>			

## Interim Suspension hearings

### Investigating Committee

If a complaint received raises an immediate concern for the protection of the public, the Investigating Committee (IC) will hold an 'interim suspension' hearing to consider whether it should suspend the registration of the chiropractor being investigated.

If the IC decides that it needs to suspend the registrant to protect the public, the order cannot last longer than two months and will be in place while the complaint is investigated. If granted, the Interim Suspension Order is effective immediately. The Committee has no power to revoke an order once it has been made.

There were seven registrants who were the subject of interim suspension hearings by the Investigating Committee in 2022, a decrease of two from the previous year.



	2022	2021	2020	2019	2018	2017	2016
<b>Hearings held</b>	<b>7</b>	<b>9</b>	<b>3</b>	<b>10</b>	<b>3</b>	<b>7</b>	<b>13</b>
Interim suspension ordered	2	1	0	2	0	1	3
Interim suspension not ordered	5	8	3	8	3	6	10

### Professional Conduct Committee

If the PCC decides that a complaint that has been referred to it by the IC is so serious that the public might need immediate protection, it will hold an interim suspension hearing. If the PCC decides that it needs to impose an Interim Suspension Order to protect the public, the Order is effective immediately, and it lasts until the end of the PCC process.

There were two PCC interim suspension hearings held in 2022, an increase of one from the previous year. Of the two, one was a result of suspension for a registrant.

### Section 32 complaints

Under Section 32 of the Chiropractors Act 1994, a person who (whether expressly or by implication) describes themselves as a chiropractor, chiropractic practitioner, chiropractitioner, chiropractic physician, or any other kind of chiropractor, is guilty of an offence unless they are a registered chiropractor.

Over the course of a year, several complaints are received relating to individuals that describe themselves as above where they are not a registered chiropractor.

Following review, the GCC can take several courses of action. These include:

- Issuing advice to result in changes to websites, publications and other relevant marketing materials
- Sending a ‘cease and desist’ letter
- Instructing inquiry agents to obtain more information
- Recommending that the case is closed.

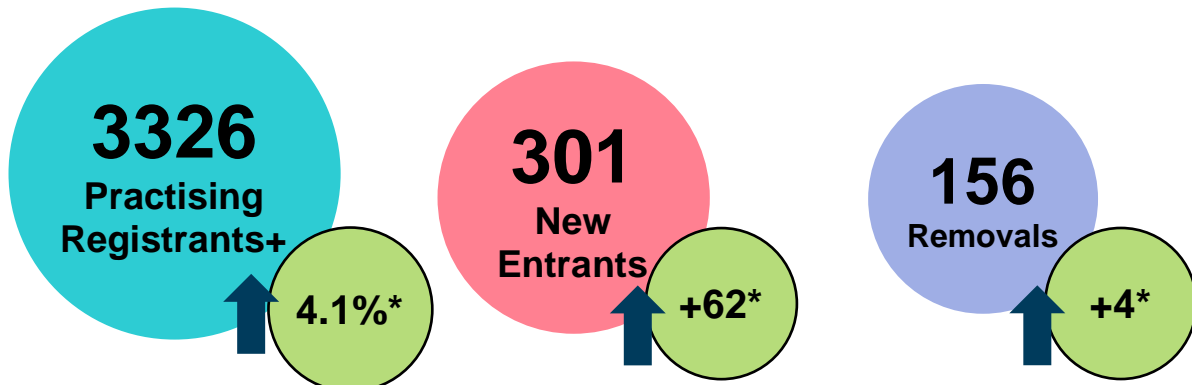
Where letters have been sent, the GCC checks that appropriate action has been taken.

In cases where the breach or potential breach of section 32 is of very serious concern, the Registrar will consider whether to prosecute. One prosecution was instigated in 2021, however no evidence was offered in 2022 relating to this matter due to the witness being unfit to attend the hearing.

During 2022, the GCC continued to focus on clearing older section 32 complaints. 19 complaints were reviewed and closed in 2022, leaving 40 complaints open at the end of 2022, an increase from 7 open at the end of 2021.

# The Register in 2022

This report provides an overview of registration activity in the General Chiropractic Council between 1 January to 31 December 2022 and is a snapshot of the Register of Chiropractors as of 31 December 2022.



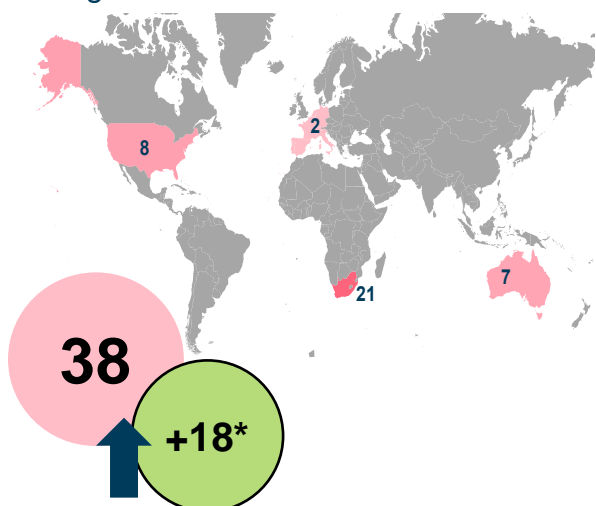
+At 31 December 2022

\*When compared to 2021 figures

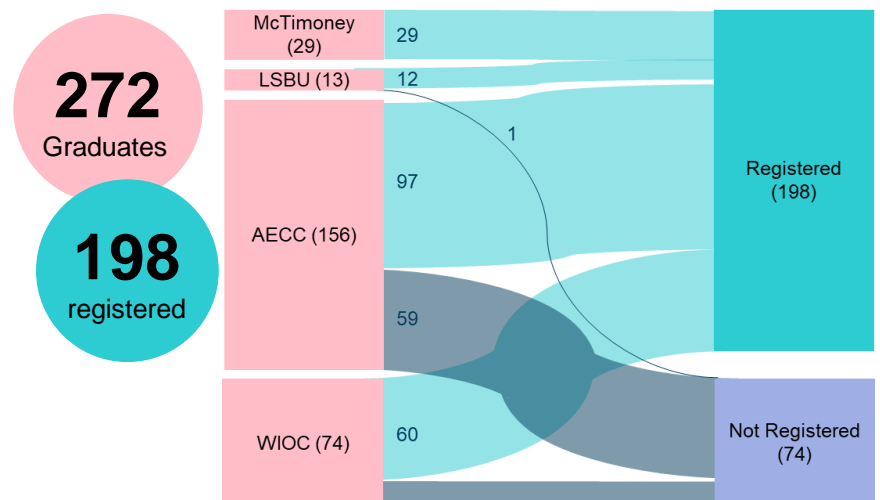
The register grew in 2022; with the highest percentage increase year on year since 2015; and is predicted to continue growing for at least the next five years.

## Origins of New Registrants

Qualification Country of New Registrants via International Route

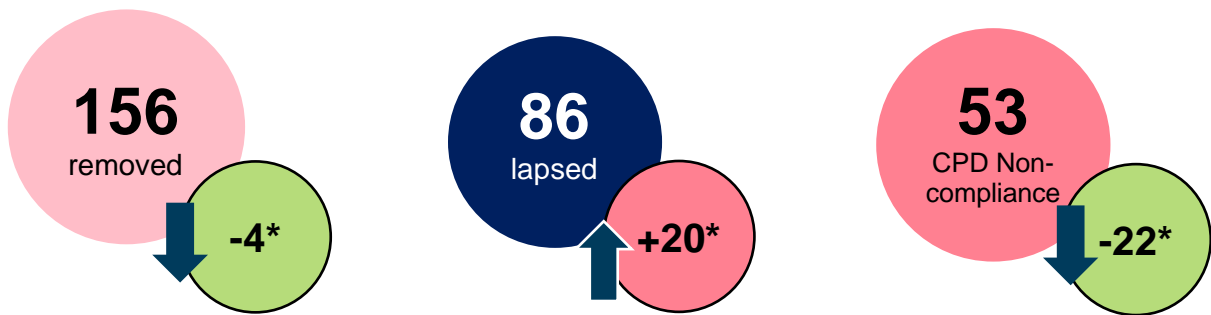


Destination of UK Approved Course Graduates

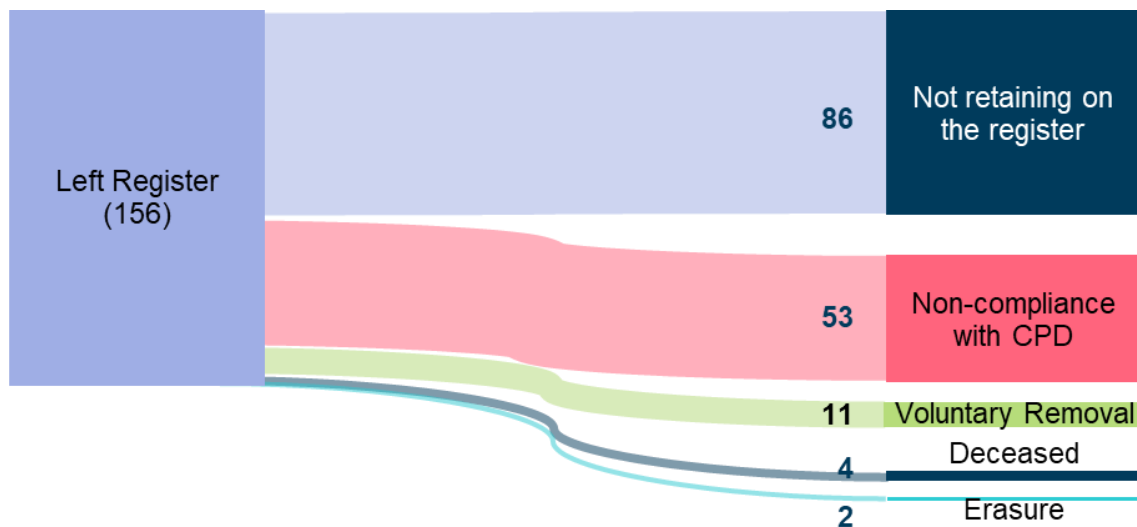


The growth in the register is driven by increased intake of students at existing colleges (McTimoney College of Chiropractic (MCC), AECC University College, University of South Wales (WIOC)). We expect it to continue as the first cohorts graduate from the two newest programmes, with the first cohort graduating from London South Bank University (LSBU) in July 2022. While there was a marked increase in registrations through the international route in 2022, we do not consider this to be a sustained trend.

## Trends in Register Leavers - 2022



In 2022, 156 registrants were removed from the register, which is comparable to 2021 (160) and 2020 (162). Of note is that there was an increase in lapses (failure to complete the retention process) on the previous year; and a corresponding decrease in failure to complete CPD.

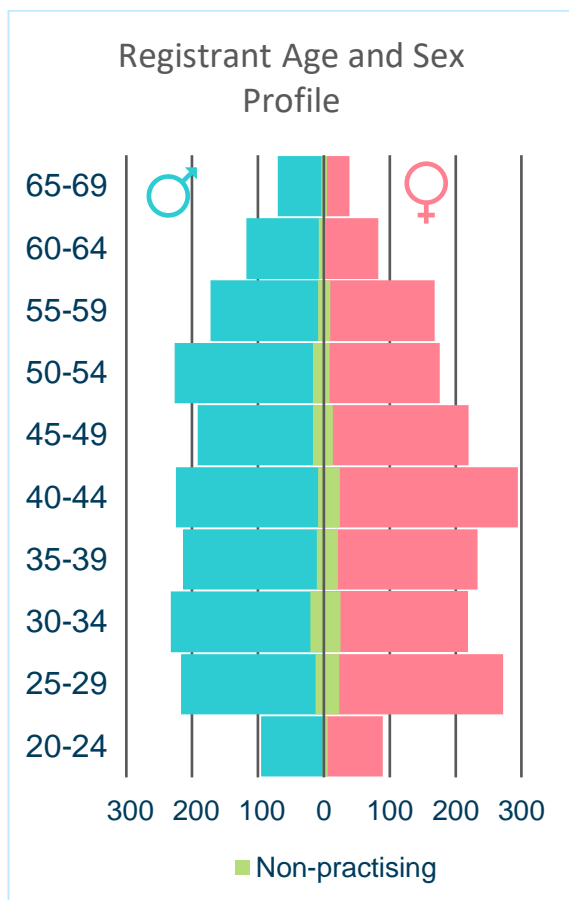


Although the register is split equally across the sexes, more females left in 2022 than males. Women leaving were younger (largest cohort aged 30-44) than men (largest cohort aged 45-59). It may be that women were leaving for family reasons, while the men were taking early retirement, but further research is needed to confirm this.

In terms of years in practice, the greatest cohort of leavers had been registered for between 1 and 5 years.

# Demographic profile of the register population

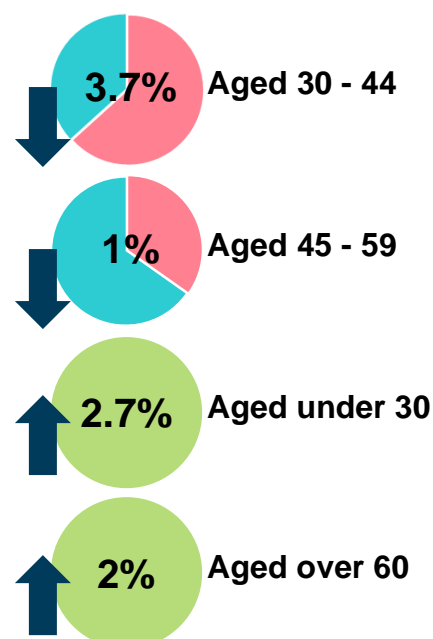
## Age and Sex



The GCC has 100% data on sex of registrants, showing an even balance:

**50.2% Female: 49.8% Male**

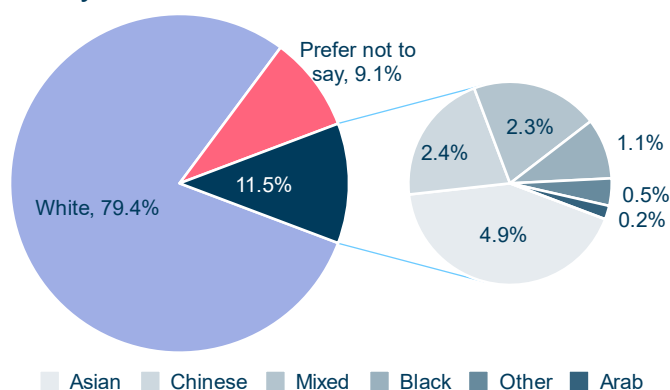
Changes since 2021



While the profession is very balanced in terms of sex, more females (54%) than males (46%) left the profession in 2022.

The percentage increases in representation below age 30 are due to an increase in graduate numbers, and as a proportional response to the leavers.

## Ethnicity



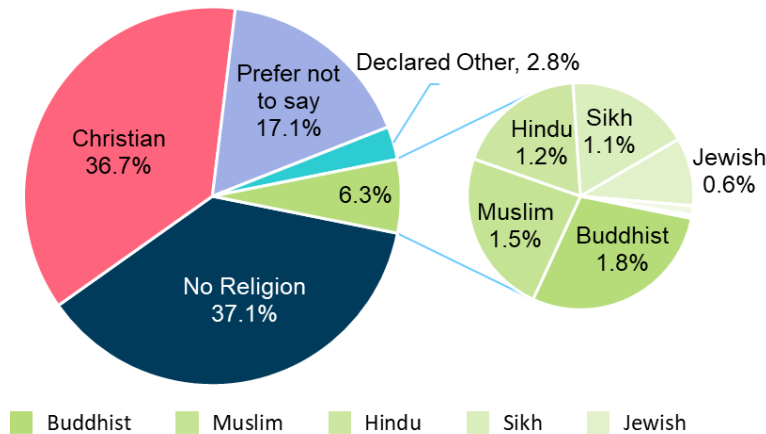
A more diverse student intake is beginning to be reflected in the register, with a 1% shift away from registrants identifying as white in 2022.

In total 12% of the register identify with a minority ethnicity (compared with 18.3% of the UK population in 2021 census).

The data for religion, sexuality and disability is presented for completeness, but does not yield any specific insights. There is very little change from previous years.

## Religion/Beliefs

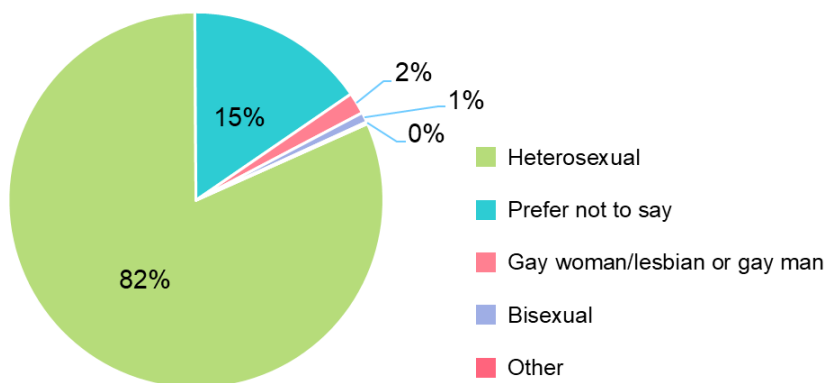
Which religion or belief system does the registrant identify with?



The proportions broadly reflect the [2021 census data](#) (37.2% no religion, 46.2% Christian, 6% prefer not to say, 6.5% Muslim, 1.7% Hindu).

## Sexual Orientation

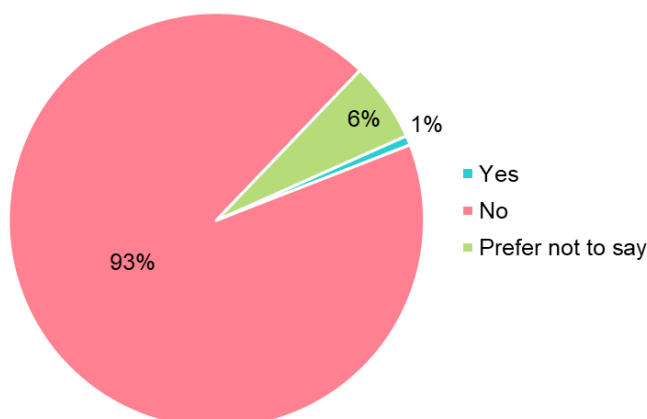
Which sexual orientation does the registrant identify with?



The proportions broadly reflect the [2021 census data](#), (3.2% LGB+, 89.4% heterosexual, 7.5% prefer not to say).

## Disability

Does the registrant consider themselves as disabled?



Not unexpectedly, fewer chiropractors consider themselves disabled than the general populations according to the [2021 census data](#) (17.7% disabled, 82.2% non-disabled, no option to not answer).

# **Annual Report from the Professional Conduct Committee**

**Meeting paper for Council on 14 March 2023**

**Agenda Item: 9A**

## **Purpose**

This report by the overall Chair of the Professional Conduct Committee (PCC) provides Council with an overview of the Professional Conduct Committee's work and related activities in 2022.

## **Recommendations**

Council is asked to note the report and that the Chair of PCC, Claire Bonnet will be presenting it and able to respond to questions.

# Report from the Professional Conduct Committee

## Introduction

1. The Professional Conduct Committee (PCC) continued with its statutory duties in 2022 as well as undertaking other activities and work throughout the year.

## Chair of PCC

2. Helen Potts remained in post as overall Chair of the PCC until her tenure ended on 30 November 2022. A recruitment exercise was conducted among the four Lay Chairs of the PCC in August and September 2022. My appointment was confirmed by Council at its September 2022 meeting, and I formally took over the role on 1 December 2022, following a handover period with my predecessor.
3. I would like to take this opportunity to thank Helen for her leadership of the Committee in the 18 months she served as overall Chair of the PCC and for the very helpful and supportive handover. Helen oversaw the training and induction of the 2021 cohort of new members and continued to provide an important link between PCC Members and the GCC in the course of 2022.
4. Since taking up the role I have continued contact with the Chair of the IC, Jill Crawford. We have now had the opportunity to meet (virtually) and discussed some issues of mutual interest; in particular the **PSA Performance Review 2021-2022** (for the period 1/4/21-30/6/22). One of the key issues identified by the PSA for concern was the time taken to progress cases to resolution which had increased significantly in the period reviewed particularly for the serious cases that reach PCC. The PSA's concern was that the GCC's performance has deteriorated again this year both in terms of the time cases took to reach an Investigating Committee (IC) hearing decision and in the time for a complaint to progress all the way to a final decision at a PCC hearing. This is against a background of the pandemic.

## Committee Membership

5. The membership of the PCC went through a period of moderate change in 2022.
6. Two PCC Chairs (Helen Potts and Philip Geering) and two Registrant Members came to the end of their extended tenure, having each served over 9 years on the PCC. Members who had been co-opted onto the PCC in 2019 also came to the end of their tenure in early 2022, with one of the Co-opted Member remaining on the PCC, having been appointed as a Lay Member during the 2021 recruitment round. As of 1 December 2022, all PCC Members, with that exception were appointed from 1 June 2021 to serve for a period of either 3 or 4 years.
7. From 1 December 2022, there are 17 members of the PCC; four of these are Lay Chairs, eight are Lay Members, and there are five Registrant Members. Of the eight Lay Members, five indicated during the recent appraisal process that they



would be interested in becoming Chairs if there were a pathway to chairing for existing members. I am exploring with the Director of Fitness to Practise whether we could develop a pool of Reserve Chairs from within the existing pool of Lay Members. In addition to providing self-development opportunities for members, this will have the additional benefit of making it easier to resource hearings which is a current issue.

8. The 2021 cohort of PCC members were given the opportunity to observe PCC hearings and then started sitting on hearings alongside existing members from September 2021. Informal mentoring has taken place between existing and new members while sitting together on hearings.
9. There are no immediate plans to recruit further members although this needs to be kept under review. Some PCC members have not sat on many hearings yet and need to continue to develop their knowledge of GCC rules and processes. The results of the PCC Committee Effectiveness Survey indicated some concerns within the membership of the PCC about the diversity of the Committee, which will need to be taken up in the next recruitment process. The Committee will continue to receive training on EDI as part of its now annual all-Committee training programme; in 2023 one of the planned focuses will be on neurodiversity.

## Listings

10. The Committee concluded ten substantive hearings in 2022. While some PCC members have had the opportunity to sit on more than one substantive hearing, four had yet to sit on a substantive hearing, more than a year into their tenure, by the close of 2022. The reasons for this have been multifactorial: one PCC Member has been on Maternity leave, and another has been unavailable by reason of ill-health. The GCC has also on occasions sought availability at short notice when diaries are already full; on other occasions PCC Members have been listed for hearings which have subsequently been postponed; and staff turnover in the Hearings Coordinator role may have meant that sitting opportunities have not been evenly distributed.
11. Having raised the matter with the Director of Fitness to Practise, efforts have been made to prioritise allocation of hearings in Spring 2023 to those members who have had the smallest number of hearings. This is important to ensure that all members are able to maintain their skills and put training into practice.

## Appraisal and Peer Feedback

12. My predecessor, Helen Potts, completed appraisals for 14 of the 17 current members of the PCC during the period from September to November 2022. Three members were unavailable during this period; I completed two of these outstanding appraisals in January and February 2023; one appraisal remains outstanding due to that PCC Member's ill-health.

13. Appraisals were conducted based on completion of a self-appraisal form followed by an appraisal discussion with the overall Chair of the PCC. While there is a mechanism for peer feedback to be provided following each hearing, this had not worked well through most of 2022. Staff turnover in the Hearings Coordinator role meant that forms were not routinely sent out to members following hearings, and at times, information gathered from the feedback forms was difficult to identify who it related to.
14. An online peer feedback form was produced in the second half of 2022 which is now providing evidence-based feedback on performance, and which provided feedback on some members for the purposes of the appraisal process. However, as noted above, some PCC Members had yet to sit/conclude a substantive hearing by the end of 2022 and there was, therefore, very little objective information on which to base an appraisal discussion.
15. Appraisal discussions did, however, provide a useful opportunity for the then Chair of the PCC to check in with individual members at the end of their first year in the role. Members were asked about whether the August 2021 induction training had adequately prepared them for the role and whether they had identified any future training needs which could feed into the next all-Committee training. They were also invited to provide feedback on what support they considered was needed to enhance the effectiveness of the PCC.
16. I have actively encouraged PCC Colleagues to complete the present online feedback form after sitting. This form could still be revised to be make it easier and less time consuming to complete. The feedback obtained is important and allows issues and themes to be identified to be followed through for training and development purposes.

## Training

17. All members were asked during appraisal discussion whether the induction training had adequately prepared them for sitting on the PCC. Registrant and Lay Members had a single day of induction training in August 2021; Chairs had an additional half-day.
18. Almost all members spoke highly of the induction training. Those who had not had the opportunity to sit on a substantive hearing, or who had not done so until sometime after the induction training, felt it would be helpful to have an "Aide Memoire" for hearings to assist in understanding the process. I understand that Adjudications now send the Template decision and existing Aide Memoire not only to the Chair but to all PCC Panel members prior to the hearings. This should also include information about forms of address to be used for participants at hearings.
19. A majority of members said that there had been insufficient training on Rule 3 Meetings (at which the PCC decides whether a case should be considered at a meeting or a hearing). Rule 3 Checklists are now routinely being provided to Committees to address this deficiency.

20. The GCC moved to providing training to PCC members every two years. There was, therefore, no formal training for Members in 2022. Feedback from some members during appraisal discussions was that they felt training every two years was insufficient to support them in the role. While some members sit on fitness to practise panels for other regulators, for others, in particular the Registrant Members, this is the only role of this nature in which they are involved. Annual training will now be re-instated. It is anticipated that the next all-Committee training will be held in Summer/Autumn 2023.
21. There has been strong support from most PCC Members for the next all-Committee training to take place face to face. The current members have never met or worked with one another face to face. This has limited the opportunities for informal mentoring and development to take place. In order to address this, two 1.5-hour virtual workshops were held in November 2022, one for Registrant Members and one for Chairs. I attended and participated in both of these and it gave attendees the opportunity to raise questions of the outgoing PCC Members (Stuart Smellie and Helen Potts) and to share learning and good practice. Feedback from the workshops was very positive with all participants saying they would value similar events in future.
22. Through these workshops, together with feedback during appraisal discussions, a number of themes have emerged as potential areas for the 2023 all-Committee training:
- (a) Several members suggested that it would be useful for members to discuss any challenges they may have encountered in the decision-making process with possible references to case studies
  - (b) One member suggested that it would be useful to invite someone from the PSA to come and talk to the PCC about emerging themes in professional regulation.
  - (c) It was suggested that there could be future joint training with one of the other regulators – perhaps GOsC – to share wider learning and reduce costs. One member reported that GOsC had recently undertaken some research work to update the CHRE (as it was then) on clear sexual boundaries guidance, which would be relevant to PCC Members, taking into account societal changes around the use of social media.
  - (d) Effective questioning had been covered in the initial training but some members felt they would be assisted by having better guidance on the boundaries of acceptable questioning.
  - (e) Lay Members had had a one-hour introduction to Chiropractic as part of their induction training. Through sitting on hearings, some Lay Members felt that they would benefit from having more understanding of the scope of practice of Chiropractors and the different ways and settings in which they practise.

- (f) A case study on the OSD appeal case (see below), including training in neurodiversity – both dealing with neurodivergent witnesses and assessing UPC in the context of a neurodivergent Respondent.
- (g) Several of the Registrant Members were concerned about the potential for conflicts of interest to arise in the context of hearings by virtue of the Chiropractic profession being small. While legal advice is provided in hearings, when conflicts arise, it would be helpful to have training and a guidance note on what potential bias looks like (Porter v Magill test).
- (h) Regulatory case law update. This should form a part of annual training. Some but not all PCC Members said they would like to receive case law updates from the GCC. These are sent out by other regulators (notably the MPTS) and by many law firms.

23. It also became clear through the appraisal discussions that there is a significant amount of experience within the pool of Members and that some areas of training could be covered by presentations and workshops led by Members.

### Committee Effectiveness Questionnaire 2021-2022

24. Thirteen PCC Members completed the 2021-2022 Committee Effectiveness Questionnaire. At the time this was circulated, the majority of PCC Members were new to the Committee; some had not sat on any hearings and were therefore not in a position to comment on some questions asked. Additional feedback from Members was obtained during the appraisal process on the wider support provided to the PCC. Continuing themes include:

- (a) The late circulation of hearings bundles prior to hearings. These often arrive late on the Friday before a hearing scheduled to start on the following Monday and are often voluminous. On occasion, the PCC has had to use the first morning of the listed hearing dates to read the bundle.
- (b) There were some concerns within the membership of the PCC about the diversity of the Committee.
- (c) Request for face/face training for PCC Members to encourage cohesion and to build and strengthen relationships.
- (d) Need for more prehearing case management to deal with some preliminary issues and legal argument in advance of the substantive hearing.

### GCC Support

25. Communication between PCC Members and the GCC was difficult at times in 2022 due to staff turnover in the role of the Hearings Coordinator. The Hearings Coordinator is the main contact point for Members at the GCC. There had been four different people within the role over a short period of time and Members did not always know who to contact about administrative issues. It is hoped that this has now been resolved with the appointment of the current postholder who we welcome to the team and look forward to working with.

26. A new cohort of Legal Assessors was appointed in 2021. It is the Legal Assessor's role to produce the first draft of the PCC decision and to amend it to incorporate comments of PCC Members. This had not always worked well as it depended on the ability of the Legal Assessor generally and being able to share their screen when working remotely. In most other regulators, there is a dedicated clerk or secretary to assist in this process. The lack of this at the GCC increases the time required for the Committee to produce the written determination. The Hearings Coordinator had on occasion stepped in to assist in this role which had been helpful.

## Hearings as of 31/12/22

27. The Committee concluded ten substantive hearings in 2022. Unacceptable Professional Conduct (UPC) was found in five cases with three Chiropractors given an Admonishment, one Chiropractor receiving a Suspension, and one Chiropractor receiving the most serious sanction of Removal from the Register.

28. Allegations arising from breaches of sexual and professional boundaries continued to be a recurring theme in cases coming before the PCC in 2022, with two cases concerning a failure to offer/consider a chaperone concerning intimate vaginal examinations conducted by Chiropractors. Also a breach of professional boundaries relating to social media use.

29. There are currently 13 cases yet to heard and one that commenced in December but was adjourned.

## Issues and Challenges

### ***Disengagement of Witnesses in remote hearings***

30. All hearings in 2022 were conducted remotely on Microsoft Teams. Members contributed to the Hearings Protocol which includes a decision-making tool to assist the GCC in deciding whether hearings should be conducted remotely or face to face. Some PCC Members prefer the format of face-to-face hearings while others prefer the convenience of remote hearings.

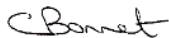
31. A recent challenge which has arisen in the context of remote hearings has been the risk of withdrawal by a complainant where the process of cross-examination has become challenging for them. There have been two recent cases in which the complainant has either withdrawn completely or threatened to leave the remote hearing during challenge to their credibility. This is much more difficult to predict and to prevent in the context of a remote hearing and should be factored into any decision to hold a hearing remotely. Work may need to be done with instructing solicitors around the information which is given to witnesses in advance of giving oral evidence. It may be that more could be done to prepare them for the extent of challenge they might expect to their account and credibility. The complainant should be advised in advance of the hearing that it is the GCC that brings the case and that the case may have changed since their initial complaint. They may, therefore, be asked questions that they do not consider to be relevant.

## **OSD v GCC**

32. The January 2022 case of OSD has been the subject of an appeal. The registrant appealed the PCC's finding of UPC on a number of grounds. The matter was dealt with by way of consent between the parties. The parties agreed that the PCC's reasons for its determination on UPC were flawed and that the determination on UPC ought therefore to be quashed.
33. The parties therefore invited the Court to substitute an order of no UPC in respect of the PCC's factual findings made in relation to the registrant. A copy of the High Court's Consent Order dated 15 September 2022 is published on the GCC's website.
34. A number of learning points for the PCC came out of the case. The Director of Fitness to Practise prepared a learning note for PCC Members and Legal Assessors with input from the then overall Chair of the PCC. The case will also be used as a case study at the upcoming training for PCC Members.

## **NMC v Somerville**

35. Council may be aware of the Court of Appeal case NMC v Somerville [2022] EWCA Civ 229. Somerville, was a Chair of the Fitness to Practise Committee of the Nursing and Midwifery Council (NMC). His services agreement stated that his status was as an independent contractor, and that nothing in the agreement created a relationship of employer and employee. The NMC was not obliged to request Somerville's services, nor was Somerville obliged to provide them if requested. However, if Somerville did agree to provide services, he was to use "all reasonable endeavours" to attend for the full duration of the hearing. Somerville presented a claim for holiday pay in 2018, arguing that, despite the terms of his service agreement, in reality he was either an employee or a worker. The Employment Tribunal found in his favour. The NMC appealed; the Court of Appeal found in Somerville's favour that he was a worker and entitled to holiday pay. The NMC sought permission from the Supreme Court to appeal the matter to get clarity around the complex matter of worker status; that permission to appeal was recently refused.
36. This case has implications for all regulators in how they pay members of their fitness to practise and disciplinary committees which may need to be reviewed.



**Claire Bonnet**  
**Overall PCC Chair**  
Date: 22 February 2023

# **Annual Report from the Investigating Committee**

**Meeting paper for Council on 14 March 2023**

**Agenda Item: 9B**

## **Purpose**

This report by the Overall Chair of the Investigating Committee provides Council with an overview of the Investigating Committee's work and other activities in 2022.

## **Recommendations**

Council is asked to note the report and that the overall Chair of IC, Jill Crawford will be presenting it and able to respond to questions.

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# Report from the Investigating Committee

## Introduction

1. The Investigating Committee (IC) continued with its statutory duties in 2022 as well as undertaking other activities and work throughout the year.

## Overview

2. In 2022 the IC dealt with 60 cases, with 12 being referred to the Professional Conduct Committee, as a result of the ICs assessment that there was a 'case to answer'. The other cases were closed with no further action. This compares to 82 cases considered in the previous year, with 9 being forwarded to a hearing.
3. The reduction in overall number of cases considered at IC is addressed later in the report.
4. The IC sat for 30 days to consider cases referred to it. The IC meets monthly for a two-day meeting and last year, sat six extra days to accommodate any cases that were ready to be considered. Seven Interim Suspension Hearings were held, each being listed for one day; two cases resulted in the imposition of an interim suspension.

## Committee Membership

5. The Committee currently has 14 members, which includes 4 IC chairs. Two members of the IC (one a chair) are unavailable for an extended period due to personal and professional circumstances.
6. In 2022, one member was appointed an IC chair, another to chair Interim Suspension Hearing referral considerations and one member resigned.

## Recruitment

7. Recruitment is underway for the IC to appoint eight registrant members and twelve lay members (four of which will also act as Chair). This is assist with continuity as three of four chairs finish their terms in May 2024 and the other members will finish a second term in 2025.
8. While the overlap is sensible to assist with the transition, the challenge will be to give all members sufficient dates to enable competency and avoid knowledge fade.

## Appraisal

9. All active members have undergone appraisal in February 2023, appraisal being undertaken on a bi-annual cycle.
10. Themes that emerged from members included:



- (a) the existence of strong, mutually respectful relationships between colleagues which enables robust debate and constructive challenge;
- (b) a recognition of the significant preparation time required to do justice to the cases on an IC agenda and need for a reading fee to reflect the financial and personal impact of that on members;
- (c) a welcoming of more regular sittings, which has fostered consolidation of learning and skills and confidence in the role.

11. The findings of the PSA Report and the Independent Audit (summarised below) were discussed with all IC members during appraisal. This enabled reflection on the need to give sufficient weight to the wider public interest considerations, namely maintaining public confidence and professional standards, and of the need to deal with cases in a timely manner.

## Evaluation

### *Professional Standards Authority Report 2022/23*

12. The GCC met four of the five Fitness to Practise standards. In relation to the standard which is not met, the PSA report expresses concern in relation to the time taken to progress cases through the system.
13. Relevance to the IC is that cases were taking 46 weeks from receipt to an IC decision, compared to 36 weeks previously. The GCC executive indicate that this is as a result of an increase in the length of time investigations are taking rather than a bottleneck at the IC; additional IC days have been listed to hear any cases that are ready for consideration. In addition to the increased time for cases to get to IC, it is also taking longer for cases to reach a final PCC decision after the IC has referred a case to the PCC.
14. The PSA report highlights the inadequacy of the GCC legislation in dealing with high-risk cases given that it can only issue an interim order of suspension for a period of two months (many regulators have a range of interim orders which can be imposed for up to eighteen months). This is a matter of significant concern for the IC, which has the responsibility of deciding whether and when an ISH should be held.

### *Independent Audit of Fitness to Practise Decisions 2021-22*

15. An external audit of Investigating Committee decisions carried out twice a year via a sample of IC cases. The latest audit identifies evidence of consistent good practice. It also identified areas for reflection and learning. The first learning point relates the auditors' view that the Committee should more clearly give equal weight to the three limbs underpinning the Council's over-arching objective of protection of the public: protecting public safety; maintaining public confidence; upholding professional standards. The auditors consider that the drafting and, in

some cases, substance, of decisions suggest a focus on patient safety, with less weight being given to the latter two elements.

16. Another area for reflection and training is the handling of cases claims made by Chiropractors, in which they are of the view that the Committee has been insufficiently robust. The Council has guidance in relation to this area, which has long been an area of controversy. However, the application of that guidance is complex. While the burden of proof sits with the GCC (therefore often requiring expert evidence), the guidance requires a registrant to be able to substantiate claims. Committees also need to understand the relationship between the GCC and the ASA as well as have access to the existing expert evidence in relation to claims. This is an area which members would be assisted by further training on.
17. In conclusion, the IC is encouraged by the findings of the audit and is committed to using the constructive feedback to ensure going improvement in its processes and decisions.

### Committee Effectiveness

18. Eleven IC members completed the survey on the effectiveness of the IC. All respondents considered that the committee room culture promotes constructive, candid and rigorous deliberations with diversity in opinions being valued. This was echoed during appraisal session in which members who worked in other regulators identified this to be a particular strength of the GCC's IC. This is a core aspect of achieving fairness and is an important achievement. All members also indicated that the Committee has effective leadership, that training of new members was effective and they had a clear understanding of the IC's role.
19. A more challenging area is that almost half of the respondents (5 of 11) considered that papers were not circulated with sufficient time to allow for appropriate review and preparation. Having spoken to members during appraisals, this primarily relates to the late addition of cases to the agenda with the main set of papers being provided well in advance. However, members described their frustration at having set aside significant unpaid time (at least a day's reading) to prepare for the IC and papers coming in after this at a very late stage. Members expressed a genuine desire to be well-prepared and felt compromised in their ability to perform the task to the standard they wished in this regard. Minimising the addition of cases after the main set of papers is sent out would improve IC effectiveness and member satisfaction.

### Other Developments

#### *Legal Assessors*

20. 2022 saw the introduction of new legal assessors. The learning curve undertaken by a new assessor is undoubtedly a factor in the lower number of cases considered at each IC last year.

21. Further, there is a high level of preparation required by legal assessors to enable the IC to achieve the numbers previously considered in 2021. At that time, the majority of ICs were served by the same two legal assessors, both of whom no longer sit as regularly. It is evident that not all legal assessors are willing or able to undertake the amount of preparation needed nor draft as efficiently as historically has been the case. The process of identifying those legal assessors who have successfully and efficiently performed the role is ongoing; securing their services for the coming years will be key to the quality of determinations and the efficiency of meetings.

#### *Draft Regulatory Concerns*

22. The impact of the introduction of Draft Regulatory Concerns (DRC) in the last year has been mixed. DRC were introduced to improve a registrant's understanding of the case against them and encourage a response prior to IC consideration, in the interests of good decision-making. They also provide a framework for allegations, if a case is referred to the PCC. In these instances, the existence of DRC often reduces the time needed to draft an allegation for referral to the PCC.

23. However, in a number of cases with very large bundles and multiple anonymised people, DRC have caused significant issues because it is not easily identifiable what evidence the concern relates to. In these cases, the lack of an executive summary/evidence matrix explaining what the draft concern relates to has made analysis time consuming and difficult. Further, if DRC do not capture the core mischief as perceived by the IC, the case is referred back for further DRC to be put to the registrant.

24. In cases that are referred to the PCC, feedback from the GCC indicates that there is a training need to assist the IC, supported by the legal assessor, to particularise the allegations on the basis of the DRC.

25. A systematic review of the introduction of DRCs would enable learning and analysis of their impact on the efficiency of the IC.

#### *2023 and beyond*

26. There is significant concurrent change to many elements of the IC (new members, legal assessors, experts, clinical advisors). Given the relatively small number of meetings and referrals, gaining organisational knowledge and competence is a slow process. There is a need for strong support from the GCC in terms of induction, ongoing training and procedural frameworks (such as active reference to IC guidance during meetings) to manage this transition.

## **Conclusion**

27. The collective evidence indicates that the IC has performed well throughout 2022. It identifies the IC as an environment that facilitates robust, fair and

balanced decision-making. In 2023, the IC will be particularly mindful of the need to consider the wider public interest carefully during its deliberations and to articulate those considerations clearly. The indication from the GCC is that the IC is not contributing to the increase in timescales for cases. However, IC members will remain vigilant about the need for decision-making to be timely and efficient and is open to suggestion about how it can contribute to efforts to reduce the time taken to consider cases.

28. Going forward, it will be important to support new member through measures such as opportunities to observe meetings and buddying systems. This will mitigate against the risk of loss of committee knowledge. It will also support the maintenance of a culture and framework that facilitates good decision-making, underpinned by constructive, respectful and inclusive debate, to uphold the GCC's overarching objective of protection of the public.

**Jill Crawford**  
**Overall IC Chair**  
**February 2023**

# Welsh Language Standards – Draft Response to the Consultation by Welsh Language Commissioner

Meeting paper for Council on 14 March 2023

Agenda Item: 10

## Purpose

The Welsh Language Commissioner issued a draft compliance notice and began the consultation process on the Scheme with the GCC on 13 December 2022. This paper provides Council with the proposed GCC response and actions.

## Recommendations

To note the update.

## Background

1. Council may recall that the [Welsh Language Standards \(No. 8\) Regulations 2022](#) came into force on 31 October 2022.
2. The Welsh Language Commissioner, responsible for placing the Welsh Language requirements on public bodies and monitoring their compliance with the Standards, held a briefing with all healthcare regulators in September 2022. They also met with the Executive and subsequently issued our draft *compliance notice* on 13 December 2022, for consultation until 22 March 2023. A final compliance notice will be issued by the Commissioner in May/June following the three-month consultation and will provide for six months in which the standards must be met, or progress demonstrated if further time is agreed.

## Review of the Standards

3. There are 67 Standards to be met. The GCC is expected to comply with each standard and its requirements, and produce an annual report, regarding the provision of the standards, in Welsh.

4. We have carefully considered the feasibility of achieving each standard this year and discussed internally with each department. We have looked at the resources and processes to meet each as well as consideration of logistical challenges.
5. Following the review, we are confident that we can meet the majority of the required standards, within the required timeframe of six months, that is November 2023. There will be some increase in our costs; we are not yet clear as to quantum but believe these can largely be incorporated within the operating budget.
6. The primary and ongoing task relates to translation. This affects mainly public facing documents. On the whole, there is not a requirement for documents only aimed at registrants to be made available in both languages.
7. However, there are two standards where we will make a case for an extension of time.
8. A summary of our next steps and how we plan to undertake the implementation is outlined in Annex A.

### Next steps

6. We will finalise our response to the draft consultation, reiterating the same tone and message outlined in this paper, emphasising our commitment to promoting the Welsh language and ensuring that the Welsh language is not treated less favourably than the English language in Wales.
7. While we await to receive the issue of the final compliance notice, we will continue the research and actions (Annex A) necessary to comply with the Standards.

**Mary Nguyen**  
**Business and Project Officer**

## Annex A – The implementation of the Welsh Language Standards

1. Following the internal review, we have identified that compliance of several of the standards will require the services of translation and/or having an interpreter. This will be core to future successful implementation.
2. At this stage, we do not yet have clarity of the costs associated with such services. We will need to undertake research now and by May, we aim to have a better understanding of the financial implications such that we are able to form an accurate budget forecast for the remainder of 2023. Council will then also be able to consider the financial risks involved and make an informed decision (if any).
3. However, whilst we have noted that majority of standards will be achievable, there are two standards where we believe it will be necessary to make a case for extra time.
4. We propose asking for extra time to meet Standard 6.

*“Any automated telephone systems that you have must provide the complete automated service in Welsh.”*

5. We have had initial discussions with the current IT service provider, and they have indicated this is feasible with low-impact costs. However, there are several factors that needed to be considered. We have commenced a tender for an IT service provider and invitees are expected to include best-value solutions for phone systems within their proposal. However, the tender process will not be complete until the end of May. If the provider should change from the current one, there will a notice period required, and there will be logistical planning and potential disruption involved across all aspects of IT.
6. We have significant reservations as to meeting Standard 20 and propose asking for additional time to comply.

*“If you produce an application form that you make available for a registrant to be included on the register maintained by you, you must produce it in Welsh.”*

7. To meet this standard, we will need to make changes to liMS, our customer relationship management system. Informal contact to date suggests that such changes are not straightforward and can be expensive. We will need time to explore our options further with our supplier, create a specification such that the service provider is clear as to our requirements, and then develop a business case with costs and timeline.
8. It is possible that costs will be prohibitive, and we see risks in committing to this requirement in advance of a comprehensive understanding of the implications.
9. It is assuring to know that our fellow healthcare regulators share the same views with Standard 20 and many are seeking an extension of time of around 12

months.

10. We are currently finalising a Welsh language web version of the GCC website having incorporated a specific tool at minimal cost.

11. In terms of the next steps, we have outlined eight key actions to be undertaken and have briefly highlighted what the action would entail in the table below.

No.	Action	What will this involve?
1	Research and engage with a professional translation service. Research and engage with a service for interpretation of meetings.	<p>We will need to explore professional translation services who will be able to provide the support we are seeking. We work with one such agency currently. There may be the opportunity to share services with other regulators.</p> <p>This will be an item with significant ongoing financial implications but will enable us to comply with relevant standards.</p> <p>We will also explore the packages offered – e.g., all-in-one annual service, quote per request, monthly subscription etc.</p>
2	Review the phone system that will be used	We will need to liaise with the IT managed service provider who will be able to assist with sourcing this.
3	Translate Fitness to Practise forms and documents in Welsh	<p>This will be linked to action 1.</p> <p>Identify relevant forms and documents for translation. This links to PDFs on website.</p>
4	Hearings being available in Welsh	<p>This will be linked to Action 1.</p> <p>We will need to ensure that if we are requested to hold a hearing in Welsh, we plan accordingly and enable this to happen.</p>
5	Make the application process for registrants on the CRM system available in Welsh	We will need to explore the options available to action this. Discussions with the developer have begun and we will need to conduct a cost-benefit analysis against the options.



6	Review and consider any form or documents that need to be made available in Welsh.	<p>This will be linked to action 1.</p> <p>The Equality Impact Assessment form is being revised to ensure the Welsh Language is actively considered when developing a new policy, form or document.</p>
7	Annual report	<p>We must produce a report in Welsh, in relation to each financial year, which deals with the way in which the GCC has complied with the standards during that year.</p> <p>This will be linked to action 1.</p>

# Government's proposals for the reform of health and social care professional regulation

Meeting paper for Council on 14 March 2023

Agenda Item: 11

## Purpose

To alert Council to significant proposals with the potential to change the powers of the GCC in the future. It sets out the basis for the changes by signposting to the consultation documents, and anticipates that the GCC will be making a formal response before 16 May 2023. It provides an initial analysis of the proposals to provide context and some criteria as to the focus of the response by the GCC are also given.

## Recommendations

Council is asked to note the report.

## Background

1. There has been a significant development since the last meeting of Council. Members will be aware of the regular updates provided as to policy developments on reform, notably the slow pace.
2. On 17 February the Department of Health and Social Care published a suite of information:
  - A summary of the response to the consultation *Regulating healthcare professionals, protecting the public* (March-June 2021) [here](#)
  - A detailed analysis of the response to the consultation [here](#)

- A draft Order. Members will recall that, originally, the intention was that an Order to be applied to all regulators (or those left standing) be published. The Order being published is almost consistent with that but its primary initial purpose is to bring Anaesthesia Associates (AAs) and Physician Associates (PAs) into GMC regulation by amending the powers of the GMC [here](#).
  - Information explaining the draft Order. This is a helpful and necessary accompaniment to the Order, which by its nature is dense and legalistic in its drafting. It addresses the main functions of a regulator: FtP, Education, Registration. In an earlier manifestation it also included what was called the Governance and Operating Framework (GOF) detailing Board, CER role and so on – and which in its entirety could be applied to any regulator [here](#).
3. There is limited information outlining the effect on the wider system of regulation.
 

*“ ... We will replace each regulator’s current legislation, through a series of statutory instruments, giving each regulator near identical powers through broadly similar legislation ...”*
  4. It goes on to add, however, that the focus after resolving the GMCs powers as regards AAs and PAs is likely to be on the bigger regulators and those closest to the NHS – the NMC and HCPC, and which will take place ‘within the next few years’ and then progress to make changes to the remaining regulators. That step will take into account ‘the size of registrant base, the need for reform, and regulators’ readiness to implement the changes.’

### Next steps

5. We published a statement [here](#) welcoming progress (the changes in the Order have the potential to bring real benefits) but we also express concerns about the timeline and the uncertainty this provides. We also commit to a dialogue with patients, the profession and its professional representatives on the proposal such that views and any concerns can inform our response to the consultation on the Order.
6. Our initial analysis, and considering the views obtained from inter-regulatory workshops that have taken place is, in summary:
  - Many of the concerns raised by us and others in the early drafting stage have been taken into account and addressed.
  - The draft Order is set at a very high, enabling level. In that regard, it differs significantly from earlier drafts.
  - Consequentially, the requirement placed on the regulator to establish rules to replace the prescription of existing legislation is both an opportunity and a challenge. The rule-making powers provide the necessary flexibility to ‘future-proof’ the legislation. Equally the responsibilities in relation to consultation, accountability and providing stability (changing extant rules should not be undertaken lightly) sit with the regulatory body, more starkly.

- The potential for variability and inconsistency (that may or may not be desirable) across the regulators because of the development of rules is apparent.
  - Questions, in particular, that powers in relation to Fitness to Practise do not appear to address the regulator's powers under the *initial assessment* stage – that is the first stage of a previously referenced three-stage process. The case examiner stage (2) and regulatory panel stage (3) are detailed. That first stage is an area that, has always been an issue for the GCC in relation to having to consider virtually all complaints under formal Section 20 powers.
  - Questions, also, in relation to powers in relation to Revisions – or representations/appeals.
7. We will take opportunities over the next few weeks to develop our analysis further; to consult with stakeholders and prepare our response which must be submitted by 16 May 2023. The private session of Council later provides an opportunity to question and clarify these and other points.
8. There are options as to the focus (rather than the detail) of our response.
- The extent to which the safety of patients is protected and/or enhanced
  - The extent to which the Order meets the stated aims of the legislation, set out in accompanying documentation
  - That the things we can do now and that we value, will be available to us in the future – that is, whether there is anything missing from our current powers
  - That things we hoped would be included do not appear to us to be obvious
  - Targeting areas – that is rather than make a set of general points restricting the response to areas of particular concern
  - The extent to which we want to make similar points to other regulators; that is a body of consistent opinion features within the consultation response
  - Posing questions where the issue is not straightforward to us – requiring a consideration of this by officials
  - It is advised that we try to get a response in prior to the deadline allowing officials more time to consider issues raised
  - Consider whether, as well as influencing the legislation, we may wish to make other points in relation to policy.
9. Members' reactions to these and any other points raised in this paper are welcomed.

**Nick Jones**

**CER**

# Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 14 March 2022

Agenda Item: 12

## Purpose

The purpose of this paper is for Council to receive a report from the Chair of the Audit and Risk Committee on the Committee's work since the last Council meeting in December 2022.

## Recommendations

Council is asked to:

- I. Consider and **approve** the following annual risk assessment statement from the Audit and Risk Committee:

*“The Committee agreed at its meeting on 01 March 2023 to confirm to the March 2023 Council meeting that the ARC members reviewed the GCC’s risk management strategy and practices, internal controls, internal audit and assurance map during the 2022 financial year. The Committee is satisfied that the risk management policy and practices are effectively being managed; that they have been strengthened in the year under review, and are achieving the desired risk mitigation results.”*

- II. Consider and **approve** in the afternoon session of the Council meeting the:
  - a. Annual report and audited accounts for the 2022 financial year.
  - b. Letter of representation to the Council to be signed and sent to the external auditors.
  - c. Letter of representation 2022 from the Executive Directors to the ARC and Council.

- III. Review and note the contents of the auditors' findings from their audit of the 2022 financial statements.
- IV. **Note** the other matters in this report which the Committee considered at its meeting in March 2023.

### Meeting of the Audit and Risk Committee (ARC) since December 2022

1. The Audit and Risk Committee (ARC) met in-person on 1 March 2023.
2. The Committee met in two sessions on the day. The morning meeting (to conduct its normal business) was held from 11.00 – 13.00hrs. The afternoon session was held from 13.30 – 15.30hrs to undertake development activities.
3. The report of the meeting is covered in sections 4–21 of this report and the report of the afternoon session is in sections 22–33.

### CER Report

4. The Committee **received and noted** the CER's report covering the period since its last meeting in November 2022. In Committee noted in particular:
  - a. **Staffing matters:** The Executive continued to undertake searches for the Protection of Title and Committee Co-ordinator and Governance Lead roles. Both roles benefited from the salary evaluation agreed by the Remuneration and HR Committee in November 2022 and approved by Council in December 2022.
  - b. **Risk and business management:** The Business Plan (BP) and Budget for the 2023 financial year were agreed by Council in December 2022. The BP represents a manageable but ambitious programme of activity.

The GCC Performance Management Board (PMB) and Risk Management Group (RMG) monthly meetings continued to be effective in ensuring grip and oversight, and benefit from the involvement of a wider cadre of staff representing all business areas.

The meetings share the organisational workload and help to improve the understanding of operational and strategic risks. They support succession planning and the smooth production of reports for Council and Committees.

- c. **Regulatory reform:** The Committee noted that on 17 February 2023, the Department of Health and Social Care published a suite of information which included:
  - A summary of the response to the consultation *Regulating healthcare professionals, protecting the public*.
  - A detailed analysis of the response to the consultation.

- A draft Order. It was noted that, originally, the intention was that an Order would be applied to all regulators (or those left standing). The primary purpose of the Order that has now been published is to enable the GMC to bring Anaesthesia Associates (AAs) and Physician Associates (PAs) into regulation.
- d. Education and Registration risks:** New Education Standards and QA framework were approved by Council in December 2022 and followed extensive development work and consultation. They were published on 1 March 2023 and the Executive are working with education providers to ensure implementation as soon as practicable – with some flexibility available where it makes sense to do so.
- e. Professional Standards Authority – annual performance review**  
The Committee **noted** that further to changes to the PSA approach to performance reviews in 2021, the review this year would be a periodic one. This occurs every three years – with the other two years a lighter touch monitoring review.
- f. Fitness to Practise risks**  
**The Committee noted** that the Executive’s continued focus was on the swift progression of cases
- g. IT and cyber security**  
The Committee **noted** that the outsourced IT service would be subject to a competitive tendering exercise by April 2023.

### Management Accounts for the Period to 31 January 2023

5. The Committee **noted** that for the period first month of the financial year, the headline surplus of £68k was realised in comparison to the budgeted surplus of £38k.
6. The Committee **further noted** that the realisation of the budgeted surplus of £267k for the 2023 financial year was partly dependent on the achievement of the cost saving initiatives assumed in the budget.
7. 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.

### Annual Report and Accounts 2022

8. The Audit and Risk Committee **considered** the four points below and will be presenting recommendations to Council during the afternoon session of the meeting:
  - Reviewed and noted the contents of the auditors’ findings from the audit work on the 2022 financial statements.

- Reviewed the annual report and audited accounts.
- Reviewed and noted the letter of representation from the Executive Directors to the Committee and Council.
- Reviewed the letter of representation from Council to the external auditors.

### Strategic Risk Register (SRR)

9. The Committee reviewed the SRR. Members **noted** that the number of risks and risk impact ratings in the register had remained unchanged since last November (when the Committee last reviewed them).
10. Although the risk ratings remain unchanged, the RMG continued to implement and strengthen the mitigation controls in the register since the last meeting.
11. Of the six strategic risks in the register, four were rated as 'minor' (green), one as 'severe' (red–DHSC reform agenda) and one as 'moderate' (amber–organisational capacity).
12. The Committee **considered** the annual risk assessment statement it makes to Council in March each year and **agreed** to recommend the following statement regarding the GCC's current risk management practices to Council:

*“The Committee agreed at its meeting on 01 March 2023 to confirm to the March 2023 Council meeting that the ARC members reviewed the GCC's risk management strategy and practices, internal controls, internal audit and assurance map during the 2022 financial year. The Committee is satisfied that the risk management policy and practices are effectively being managed; that they have been strengthened in the year under review, and are achieving the desired risk mitigation results.”*

13. In agreeing the above statement, the Committee reflected on the review of the SRR, information governance reports and assurance map at its meetings, and the very clean 2022 external audit findings report.

### Information Governance Update

14. The Committee **noted** that there were three data breach incidents in the period between March 2022 and February 2023. In the prior 12 months, there were two such incidents.
15. The Committee **noted** that the Executive continued to work on reducing the instances of data breaches to the barest minimum (i.e. through training and phishing attack awareness exercises and so on). This had resulted in the data breach incidents being reduced from a peak of seven in 2019 to the 2022 level of three.
16. The Committee **further noted** that all information requests (i.e. data subject access and freedom of information requests) were responded to and concluded within their stipulated time limits.



## Register of Conflicts of Interest

17. The Committee **noted** that the declared submissions did not raise any matter of concern.

## Gifts and Hospitality Register

18. The Committee **noted** that the declared submissions did not raise any matter of concern.

## Click Travel Report

19. The Committee **noted** the advice in the report that all travel should be booked at the earliest reasonable opportunity to obtain the best rates, and through the Click Travel self-service portal.

20. Additionally, best practice is to book tickets at least two weeks before travelling.

## ARC Meeting Dates and Workplan 2023

21. The Committee **reviewed and noted** the workplan which it agreed in November 2022.

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### Development Meeting of the ARC on 01 March 2023

22. During the development session of the meeting, the ARC members considered the following matters and noted the actions to be worked through:

- Review of the effectiveness of the Audit and Risk Committee work in 2022
  - Review of the membership of the ARC
  - Resilience/Resource (succession) planning risk for the Executive
  - Reflections on the streamlined GCC strategic risk register (SRR) – one year on
  - Use of GCC data to engage with the registrants
  - Lessons learnt from the pandemic
  - Organisational capacity
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**Fergus Devitt**

**Chair of the Audit and Risk Committee**