# General Chiropractic Council Meeting Agenda

12 December 2019 at 10.30
Meeting Room K
GCC, Park House, 186 Kennington Park Road
London SE11 4BT

**Declarations of interest:** members are reminded that they are required to declare any direct or indirect pecuniary interest, or any non-pecuniary interest, in relation to any matters dealt with at this meeting. In accordance with Standing Orders, the Chair will rule on whether an interest is such as to prevent the member participating in the discussion or determination of the matter.

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<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
<th>Paper</th>
<th>Time</th>
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<tr>
<td>1.</td>
<td>Welcome, apologies and declarations of interest</td>
<td>Chair</td>
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<td>10.30</td>
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| 2.   | A. Council Minutes of 20 September 2019  
     B. Matters Arising | To approve | Chair | CO191212-02A; CO191212-02B | 10.35 |
| 3.   | Chair’s Report | To note | Chair | CO191212-03 | 10.40 |
| 4.   | Chief Executive & Registrar’s Report | To note | CER | CO191212-04 | 10.50 |
| 5.   | Performance Reports  
     A. FTP Performance Update  
     B. Business Plan 2019 Update  
     C. Finance Update 2019 Forecast | To note | B&PM | CO191212-05 | 11.00 |
| 8.   | Budget 2020 | To approve | DoF | CO191212-08 | 12.00 |
| 9.   | GCC Draft Disclosure Policy for Consultation | To approve | Head of FtP | CO191212-09 | 12.25 |
| 10.  | Records Retention Policy | To approve | DoF | CO191212-10 | 12.35 |
| 11.  | Committee Chair updates  
     A. Audit and Risk Committee (ARC)  
     B. Remuneration & HR Committee  
     C. Education Committee and The Annual Report of the Education Committee 2019 | To note | Committee Chair | CO191212-11 | 12.40 |
| 12.  | Any Other Business | Chair | --- | 12.45 |

Close of meeting: 12.45pm*

*Lunch in Meeting Room 36 (Room 36)
Minutes of the General Chiropractic Council meeting on 20 September 2019
held at Park House, 186 Kennington Park Road, London SE11 4BT

Members present
Mary Chapman (Chair of Council)  Ralph Pottie
Roger Dunshea  Keith Richards
Tom Greenway  Julia Sayers
Steven Gould  Carl Stychin
Gareth Lloyd  Gay Swait
Sharon Oliver  Phil Yalden

Apologies
None

In attendance
Nick Jones, Chief Executive and Registrar;
Penny Bance, Director of Education, Registration and Standards;
Jamie Button, Registrations Manager;
Rui Domingues, Director of Finance;
Richard Kavanagh, Business and Project Manager;
Nirupar Uddin, Acting Head of Fitness to Practise

1. Apologies and declarations of interest

The Chair commenced proceedings, welcoming all Council members and observers to the meeting. In particular she welcomed students and their lecturer from London South Bank University the first time the GCC had received such a visit.

The Chair also advised that Alan Clamp, CEO of the Professional Standards Authority, would join the meeting a little later due to transport delays.

No declarations of interest were made.

2. Draft minutes of the Council meeting of 27 June 2019 and matters arising

A. Minutes (CO-190920-2A)
Council agreed that the minutes were an accurate record of the meeting.

B. Matters arising (CO-190920-2B)
The Chair confirmed that the matters arising were scheduled for discussion within agenda items.

3. Chair’s report, July to September 2019
The Chair presented her report of activities since the meeting of Council in June 2019 (CO-190920-3). She was pleased to confirm Nick Jones’ appointment as Chief Executive and Registrar, following the successful completion of his probationary period.

She commented on the Department of Health and Social Care’s (DHSC) consultation on the future of regulation and that work was now progressing on fitness to practise procedural changes and to revise the operational framework of the regulators. With regards to the recruitment process for the Member for Northern Ireland she thanked Carl and Gay for agreeing to be on the Selection Panel.

A number of meetings had been held with stakeholders and in particular the inaugural meeting of the UK Chiropractic Forum on 12th September had given professional bodies and the GCC the opportunity to examine issues of importance to the profession and a determination to work together on issues.

The Chair thanked all those, particularly the registrant members of Council and Penny Bance, for their contribution to the Council Development Day on 19th September and the excellent session on the profession and the GCC’s duty to develop it.

Council noted the report.

### 4. Chief Executive and Registrar’s report

The Chief Executive and Registrar introduced his report by saying he was glad to have been confirmed in post and thanked the GCC team for their support. He introduced the shared vision for the GCC as a place to work, which had been developed by the staff team to bring the values alive.

The CER updated the Council on the work that had been carried out following the consultation on a revised CPD summary form and the further revisions that had been made with the approval of the Education Committee. He clarified that the new CPD form would be available for completion once the new website and CRM were live in October and registrants were being kept informed of our requirements and timeframe. There were plans to produce further guidance and evaluate the new process (included in the draft business plan for 2020).

With regards to the notification of intention to investigate from the Information Commissioner’s Office (ICO), the CER confirmed that we had submitted our response and were still awaiting a decision notice.

Commenting on the research and recent publications from the Professional Standards Authority (PSA) the CER drew Council’s attention to the report on Sexual Misconduct. The GCC plans to disseminate findings of such research and that of our own, drawing on PCC reports for example, to registrants and Council members.

**Action:** To implement a bulletin or such like to disseminate functions from relevant research to key stakeholders.

On engagement with the profession, the CER had held a number of meetings and engagements and in response to a query regarding the meeting with Richard Brown, World Federation of Chiropractic he commented that the WFC was an influential stakeholder, promoting evidence based practice and the meeting had explored expectations around chiropractic practice.
Council noted the report with no other questions.

5. FTP Performance Report

The Business and Project Manager presented the performance report (CO-190920-5A) to Council, drawing attention to two improvements to the FTP Dashboard, with five years averages added and two charts showing length of time that cases are open for and closed at. The GCC continues to receive a higher number of complaints, compared to complaints that were received by the GCC in the past. 24 complaints were closed by the Investigating Committee in the last quarter, five cases are now to be heard by the Professional Conduct Committee and progress is being made to clear previously neglected Section 32 cases.

In response to a question regarding nature of complaints (Section 20 cases) he confirmed that the majority were still clinical cases and a new risk rating process had been introduced in 2019. A further improvement was suggested by Council to the definition of Severe Risk with inclusion of sexual misconduct. Regarding Section 32 cases complaints about practitioners from patients receiving treatment were prioritised. Some cases were long standing and some individuals had several complaints against them.

Council noted the report.

Action (CO-2706-5A):

1. Acting Head of FTP to expand the definition of Severe risk to include sexual misconduct.

B. Business Plan 2019 Update

The Business and Project Manager presented the update (CO-190920-5B). Most activities are on track and will conclude in the next quarter. Timescales for large scale projects have moved slightly back but there will be no adverse impact. ‘We develop the profession’ activities have been consolidated and will form work for 2020. Following the development day yesterday this area would be further considered with projects planned for 2020. There were some questions around the CRM and assurance that this work was progressing well and it was welcomed that some registrants would be involved in the planned testing phase.

Council noted the report.

6. Finance report

The Director of Finance introduced the report (CO-190920-6), showing a better than budget financial position and outlined the key points from the management accounts for the year to August 2019:

- Under expenditure in the CER office mainly on transformation costs.
- Lower volume of hearings but higher current FTP case volumes.
- Slower delivery of technology projects with some costs planned now for 2020.
- Refund of statutory sick and maternity pay allowances offset by unbudgeted business rate liability.

It was noted that the higher volume of complaints could have implications for fitness to practise costs next year and the Director of Finance agreed to do some scenario planning of the implications if complaints continue to rise for the 2020 budget for the December meeting. There would also be an ongoing need to invest in technology.
Action: Scenarios for different case volumes to be presented underpinning the 2020 budget.

Council noted the report.

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<th>7.</th>
<th><strong>Fitness to Practice developments, June – September 2019</strong></th>
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<td></td>
<td>The Acting Head of Fitness to Practice introduced the paper, dividing her presentation into three parts for Council’s consideration and approval: (A) an update on advertising cases and review of lessons learned; (B) FTP consultation responses and (C) FTP recent governance and audit updates.</td>
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<td>For Part A, Council were advised that all advertising complaints had been considered by the IC, all with “no case to answer” outcomes. Consideration of all 293 complaints was now complete. Council members were further updated on the progress made against the recommendations made in June. Further clarity was requested on timescales around next steps and particularly for the publication of evidence from the expert and the establishment of a steering group to monitor scientific publications and maintain a profession-wide, up-to-date shared database of evidence in support of various treatment modalities and conditions treated. Questions were asked around how the GCC might deal with a similar situation in future and Council were reassured that the project plan had worked and could be followed in future, albeit with budget implications should a team need to be put in place.</td>
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<td><strong>Action:</strong> HoFtP to develop an action plan with timescales for completion against each item. December 2019.</td>
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<td>Council noted the update.</td>
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<td>For Part B, Council was reminded that it had agreed to a consultation from 1 July – 31 August 2019 on draft guidance documents for the Investigating Committee (IC) and a proposal to amend B3 in the Code of Practice. 83 general responses and 27 detailed responses had been received and analysed.</td>
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<td><strong>Guidance:</strong></td>
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<td>With regard to the introduction of guidance to inform the decision-making of the IC:</td>
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<td>- Over 70% agreed guidance was clear</td>
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<td>- Almost 90% agreed guidance achieved purpose in achieving proportionate &amp; appropriate outcome</td>
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<td>- Over 70% agreed guidance was clear and helpful in respect of the following areas:</td>
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<td>o issuing advice;</td>
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<td>o executive recommendations;</td>
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<td>o providing reasons; and</td>
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<td>o case to answer test.</td>
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<td>There had been some general concerns as to:</td>
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<td>- Accessibility of the document</td>
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<td>- Relevance of public interest</td>
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<td>- Applicability of Threshold Criteria</td>
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<td>- Case examiners</td>
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With regards to the guidance on Threshold Criteria on unacceptable professional conduct over 85% had agreed that the introduction of guidance would enable decision-making to be more open & transparent; over 85% also agreed with the criteria as drafted.

There had been some general concerns as to:
- Treatment of advertising complaints
- Code B3 ‘Verifiable’
- Vexatious complaints

Members welcomed the large number of responses and the positive reception, on the whole.

Council approved the final version of the IC Guidance incorporating the Threshold Criteria, and for it to be published in October 2019.

**Code Amendment:**

Over 80% of responses had agreed with why an amendment to the Code was being sought.

Council approved the change to B3 of the Code, subject to minor word changes, with the final amendment reading: *Ensure your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to their current guidance such as the CAP Code.*

On Part C Council were informed that a recruitment exercise had been undertaken, four lay chairs had been successful and Council approved their appointment.

Council noted the FTP committee rule change. The amendment removes upper limits of panel sizes of not more than 30 members with a minimum 10 member requirement.

Council noted the 2019 audits of FTP activity. The Auditor did not identify any concerns in cases reviewed in Feb 2019 and Aug 2019 suggesting that the public is not protected by the GCC’s investigation processes or by the decision of the IC and its Chairs.

The Chair thanked Niru Uddin and Juliet St Bernard for their considerable work on the consultation and guidance documents.

**8. Reduced Fee Consultation outcome and recommendation**

The Registrations Manager presented the paper, advising Council that 61 responses had been received from 60 individuals and 1 stakeholder. The majority of responses agreed that the proposed policy statement was appropriate and proportionate. Minor revisions have since been made to the policy statement to aid clarity.

Council considered the results of the consultation and approved the policy statement.

The CER shared early proposals regarding the 2020 Business Plan, which is about change and framed around the four pillars of our five year strategy. Business as usual activities, which consume most of our resource, would be included in the final version. The layout and format were welcomed and further thought would be given to the projects relating to Developing the Profession, following the discussion at the Council Development Day. In particular, the Chair emphasised the importance of developing the profession rather than promoting Chiropractic. The GCC’s activity in this area is not a GCC statutory duty and will be undertaken as part of the GCC’s core regulatory work.

Some prioritisation would be carried out and further thought given to timeframes and budgets but the CER commented that it was affordable and consistent with our financial sustainability objectives. Council was happy with the broad direction.

Members identified that work relating to ensuring registrants' obligations as regards whistleblowing be included; and consideration be given to policy work on ‘vulnerability’ of complaints, and patients more generally within our core duties.

Council **agreed** the draft Business plan, and noted that that the final plan would be presented for agreement at the December meeting of the Council.

### 10. Digital update and website demonstration

The Business and Project Manager presented an update to Council of the major projects in progress and in particular the emerging new website. Council and observers gave this their general endorsement and were particularly interested in the analytics function and search engine optimisation capability.

Council **noted** the report.

### 11. Committee Chair updates

- **Audit and Risk Committee**

  The Chair of the Audit and Risk Committee advised that there had not been an Audit and Risk Committee meeting since the last Council meeting.

- **Education Committee**

  The Chair of the Education Committee presented her report to Council and presented the case for amending the terms of office for non-Council Education Committee members to bring it in line with Council and other Committees and allow for continuity and stability in terms of the busy programme of work and unprecedented number of new programmes requiring approval.

  Council **noted** the report and **approved** the proposed changes to terms of office.

### 12. Any other business

Council was notified of a significant piece of research, a large systematic review, on the effectiveness of spinal manipulation for the management of non-musculoskeletal disorders. The focus of the recent summit in Toronto on 15/15 September attended by top researchers and leaders of the profession was on patients and the public. The aim is to develop evidence-based, patient-centered policy recommendations to inform patients, the public and decision makers about
the effectiveness of using spinal manipulation to prevent or treat non-musculoskeletal disorders. The results will be published in early 2020 and shared with Council.

The CER notified Council that the GCC had received the draft performance report from the Professional Standards Authority for 2018-19 and an action plan would be brought to the December Council meeting.

The Chair thanked the staff team for their work in producing an excellent set of Council papers.

The Chair thanked Council members for their valuable contribution.

Date of next meeting: 12 December 2019
**Agenda Item:** CO191212-02B  
**Subject:** Matters Arising from 20 September 2019 Meeting  
**Presenter:** Mary Chapman, Chair GCC  
**Date:** 12 December 2019

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<th>Item</th>
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<td>CC190920-4</td>
<td>Chief Executive and Registrar’s report</td>
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<td><strong>Action:</strong> To implement a bulletin or such like to disseminate functions from relevant research to key stakeholders.</td>
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<td>CO-190920-5A Sep 2019 meeting</td>
<td>FTP performance report</td>
<td>Completed</td>
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<td><strong>Action:</strong> Acting Head of FTP to expand the definition of Severe risk to include sexual misconduct.</td>
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<tr>
<td>CO190920-7</td>
<td>Fitness to Practice developments, June – September 2019</td>
<td>See below</td>
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<td><strong>Action:</strong> HoFtP to develop an action plan with timescales for completion against each item. December 2019.</td>
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<td><strong>Recommendation</strong></td>
<td><strong>Timeframe</strong></td>
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<td>1 Publication of GCC’s lessons learned report.</td>
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<td>Completed</td>
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<td>2 Liaising with the Expert with a view to making the report publically available.</td>
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<td>Completed</td>
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<td>3 Consultation on amendments to GCC code B3.</td>
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<td>Completed</td>
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<td>4 On completion of current advertising caseload, the March 2015 policy paper be superseded by operational arrangements in place.</td>
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<td>5 Engagement with the following:</td>
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<td>1. Complainant to provide feedback on complaints closed;</td>
<td>February 2020</td>
<td>1. To be completed</td>
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<td>2. ASA/CAP to update list of conditions and agree MOU.</td>
<td>May 2020</td>
<td>2. To be completed on completion of recommendation 6</td>
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<td>6 Consideration of establishing steering group to monitor scientific publications and maintain a profession-wide, up-to-date shared database of level one and other scientific evidence in support of various treatment modalities and conditions treated.</td>
<td>April 2020</td>
<td>To be completed</td>
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<tr>
<td>7 Consideration of traffic light system of conditions which chiropractors can claim to treat.</td>
<td>May 2020</td>
<td>To be completed on completion of recommendation 6</td>
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To: General Chiropractic Council  
From: Mary Chapman  
Subject: Chair’s Report, September – December 2019  
Date: 12 December 2019

My main focus during this period has been reflection on the further development of the GCC. Emerging from the annual appraisal discussions with Council Members is a consensus that, while there is now much greater clarity about the GCC’s strategic aims, there still needs to be a realistic assessment of what we can achieve in each of the priority areas. The proposed business plan enables further discussion of that issue. There is also an appetite for a more creative external focus: engaging with patients, learning from other professions and other regulators, communicating more effectively with the public and identifying opportunities for collaboration which could bring genuine added value to the GCC’s work.

1. Regulatory change

Following the last meeting of the Council there is little to report on the Government’s ‘Promoting professionalism; reforming regulation’ plans. This is disappointing but is reflective of the last Government’s focus on EU exit, and Parliament’s dissolution and a strict application of purdah, such that little is being said externally.

That said, on 14 November 2019 I met with Claire Armstrong, the Department of Health and Social Care’s lead official on healthcare regulatory reform. This was a very helpful meeting and Claire was able to provide reassurances that the work is progressing and that the project plan is not unduly affected by the election.

The meeting also provided an opportunity to talk about the governance proposals – covering the composition of Councils in relation to size, the inclusion of Executive Directors, the balance of professional and lay Members and ‘representation’ from Scotland, Wales and Northern Ireland. Claire emphasised the focus of the proposals was towards effective governance outcomes rather than prescribing the basis for achieving those. As such it is for each Council to ensure that it has the right range and breadth of members with the appropriate governance arrangements to ensure effectiveness. Inevitably within that, each Council will wish to give consideration to the range of necessary competences as well as national and regional coverage.

2. Governance matters – Succession Planning

The Council is due to have a private discussion about succession, in the light of the number of Members who complete either their first or second term of office during
2020. The reforms proposed by Government will be an important consideration in our planning as this is an opportunity to shape the Council for the future.

Interviews take place on 9 December 2019, as planned, for the vacancy of Council Member for Northern Ireland. Members are reminded that the Privy Council makes appointments to the Council in the light of the recommendation from the selection panel and advice obtained from the Professional Standards Authority as to the effectiveness and fairness of the process followed. While I will be able to update members orally as to whether we have been able to make a recommendation, it may be that we will have no confirmation before the end of the year.

3. Working with PSA and health and social care regulators

a) On 1 October 2019 I met the Chair and Chief Executive of the PSA for our annual review meeting. This was a positive meeting and followed the attendance by the Chief Executive of the PSA as observer to the September meeting of the Council.

The PSA was interested in the discussion at that meeting relating to our statutory duty to develop the profession. I was able to assure the PSA that, as well as our taking a measured approach to this duty, the GCC is aware of the potential for conflict between that work and our duty to protect the public through the carrying out of our regulatory functions. I stressed that the work we do is always related to our core functions of regulating effectively. Our emphasis is on enhancing professionalism to the benefit of patients and the public.

The PSA outlined its planned work programme and budget expectations for the year ahead.

We also discussed the findings of the PSA review of the GCC’s performance in 2018-19, published on 8 November 2019.

b) On 26 September 2019 the CER and I attended a dinner meeting with the Chairs and Chief Executives of the eight other UK regulators, Social Work England and representatives from the health and social care systems of the devolved nations discussing how we work together in common cause. This was effective in invoking Chairs’ agreement on the main areas for collaboration between us. That work is to be taken forward by the newly established Chief Executives of Regulatory Bodies (CEORB) group. In summary the focus is:

- External: Leadership; workforce; professionalism; medicines; equalities; technology
- Internal regulatory functions: patient perspectives; higher education; apprenticeships; hearings; aspects of reform
- People issues: leadership development, professional regulation; information governance and so on.

Whilst this builds on much current work, there will be more oversight and involvement by the Chief Executives, and by Chairs, collectively.
c) On 12 November 2019 I attended a PSA Symposium on Collaborative Regulation at the Royal Society. This was an opportunity to get together with the professional healthcare regulators and other regulatory bodies on how we can share ideas and innovate, leading to more effective regulation.

It identified several areas for future collaboration including exploring aspects of ‘vulnerability’ of patients and vulnerable witnesses; how well-supported registrants are when moving from education to practice; and whether the resources we individually commit to research could be pooled. There was also an opportunity to hear from other regulatory bodies as to their experiences.

4. Scotland

On 20th November I went to Edinburgh to meet with Nigel Robinson, of the Regulatory Unit in the Scottish Government. As might be expected, the civil service structures are somewhat different from England and policy matters for health are shared between a number of different Directorates. Our discussion focussed on regulatory reform and the aspects of governance reform which might touch on the requirements for four nation representation.

Unfortunately, Ross MacDonald, President of the SCA and Chair of the Scotland College of Chiropractic Charitable Trust, was taken ill at very short notice so our planned meeting did not take place.

Mary Chapman
Chair, GCC
Summary

This regular report summarises key developments in the period since the last Council last met, on 20 September 2019.

Action required: For information.

1. The GCC team

Since the last meeting the GCC Remuneration and HR Committee has met twice to, amongst other things, discuss and agree my proposals as regards the GCC organisational structure. This involves some modest changes including the creation of a directorate of corporate services (to locate our finance and governance activities) and the establishing of a permanent fitness to practice team with a small number of changes elsewhere. A consultation exercise with staff has commenced and a short update will be provided at the meeting.

I am pleased to report that Niru Uddin has been appointed as Head of Fitness to Practise following her period of ‘acting’ in the role.

2. Update on Registrant Portal and CPD submissions

The new GCC website and Registrant Portal (where registrants carry out transactions with the GCC) was launched on 31 October following a busy period of development.

On the same day emails were sent to all registrants with notification they could sign up to the new online portal to complete their retention application and submit their CPD summaries. Whilst the system worked the launch was not seamless and users experienced some glitches and frustrations. That said none of the issues encountered led us to consider suspending the system. We experienced an increased volume of calls, and usually it was possible to talk through problems during the call. Moreover, we were able to respond to commonly experienced problems by tweaking the system, often swiftly.

Obviously, we must look to understand where we can improve the overall user experience. While registrants have reported issues, they have also indicated that the look and feel of the new summary is an improvement – and we have received
positive feedback. I received direct complaints from a fewer than five registrants, all of whom were satisfied with my explanation.

On 3 December we issued final warning notices, in accordance with our rules, to those registrants who had incomplete retention applications, either in their application form, the fee or both. The notice period allows a further 14 days for registrants to complete their application after which they will lapse from the register. Given the CPD system is new and some registrants have experienced difficulties, we will not be removing anyone for failing to properly complete their summary – at least not summarily. Once the retention period is complete we will turn to look at CPD summaries and contact registrants where there are gaps in their submission. There are currently 2,686 CPD summaries showing as complete, although the number is likely to be higher as several have not been correctly submitted.

3. **Inquest**
An Inquest was held (undertaken by the Coroner on 11-18 November 2019) in to the death in 2017 of Mr John Lawler. The circumstances were very sad and it was difficult to hear the testimony of those affected. The Coroner’s verdict is a matter of public record.

In addition the Coroner has a general duty to highlight areas that may prevent deaths in the future. In relation to the issues arising from this Inquest he GCC is identified as the body to consider and to set out any changes necessary, and the Coroner has now sent his report, asking us to look at first aid training and pre-treatment imaging. We will of course respond accordingly.

4. **Data protection investigation**
As reported to Council at its September 2019 meeting, the Information Commissioner’s Office (ICO) is investigating our decision not to release information made under a Freedom of Information Act request, relating to the publication of fees paid to advisers in relation to fitness to practise matters. Our response was submitted by the deadline of 9 September 2019. We still await the ICO’s consideration of our submission, after which a decision notice will be published on its website.

5. **Meetings and engagements**
- 24 September – welcomed Members of the Investigating Committee to an all-day training event.
- 26 September – attended a dinner hosted by the NMC of Chief Executive’s and Chairs of healthcare regulatory bodies and senior representatives of the health and care system of the UK countries.
- 28 September – spoke and attended dinner at the Scottish Chiropractic Association AGM, in Glasgow
- 1 October – met with the Chair and Chief Executive of the Professional Standards Authority (PSA) for the annual review meeting
- 4 October - met with officials from the PSA to discuss the evolution of standards for good regulation and the basis by which our annual review 2019-20 will be undertaken
10 October - with the Director of Education and Registration attended the inaugural forum of Chiropractic Deans
11 October 2019 - gave a presentation on the GCC to the British Chiropractic Association (BCA) AGM and conference in Birmingham
12 October – with colleagues represented the GCC at its 'stand' at the BCA conference, in Birmingham
19/20 October – with colleagues attended the conference and conference dinner of the United Chiropractic Association, in Birmingham
29 October – met with newly appointed member of the Audit and Risk Committee as part of induction process
5 November – met with Chief Executive of PSA in light of its 2020 fee proposal to seek our views
7 November – met with senior representatives of BCA to receive an update and to discuss our emerging proposals on the GCC business plan 2020
8 November - with the Director of Education and Registration met with Professor Dave Newell and Jonathon Field to discuss chiropractic research
11 November – attended an Inquest in to the death of a patient in York
12 November – With the Chair attended a PSA symposium on collaborative regulation
13 November – welcomed, and participated in training, the GCC Professional Conduct Committee
13 November – attended the annual review meeting of the GCC Test of Competence panel
13 November – attended a meeting of the GCC Remuneration and HR Committee
14 November – with the Chair, held a telephone conference with Claire Armstrong, Director Regulatory reform, Department of Health and Social Care
14 November – with the Head of Fitness to Practise participated in a Council working group meeting further to the development of the draft GCC disclosure policy
21 November – with the Director of Education and Registration met with representatives from Skills for Health
21 November – attended the Chief Executives of Regulatory Bodies group (CEORB) meeting
25 November – met with President and Chief Executive of the Royal College of Chiropractors (RCC) to receive an update and to discuss our emerging proposals on the GCC business plan 2020
27 November – attended the GCC Education Committee meeting
30 November/1 December 2019 – attended and spoke at the McTimoney Chiropractic Association, in Oxford
2 December – attended the second meeting of the UK Chiropractic Forum at the RCC in Reading
10 December – met with colleagues from London South Bank University
11 December - attended reception to mark the retirement of Marc Seale, Chief Executive of the Health and Care Professions Council following 20+ years of loyal service

6. Professional Regulation Conference – Scotland 2020
Please see flyer, overleaf – which is self-explanatory
PROFESSIONAL REGULATION CONFERENCE 2020
SAVE THE DATE

After a long and highly successful run of annual regulatory events that have brought together regulators, policy makers, practitioners and many other stakeholders from across the UK, we have decided to take a break in 2019 and use the opportunity to reflect on what we have learned so far. So, while there will be no event later this year, we plan to co-host a refreshed event on Monday 2 November 2020 at the Edinburgh International Conference Centre (EICC). Please add this date to your calendars!

In the meantime, we are keen to learn about any particular issues relating to regulation of the health and care professions that you would like to see explored at the next event. You can let us know your ideas by emailing the Regulation Unit mailbox – RegulationUnit@gov.scot.

In partnership with...
1. Summary
The paper provides the regular update on performance information on our fitness to practise (FtP) activity.


3. Summary of last quarter
Council has previously been advised that the number of complaints received this year has been historically high. This trend has continued - at the start of December we have received 78 complaints in 2019. We predict, based on the average amount of complaints that we receive per month, 85 complaints will be received by year end. This is higher than we had previously forecasted at the September Council meeting (79). Last year we received 62 complaints and the five year average number of cases per year is 59. This means that the team is dealing with more complaints than in past years.

At the time of writing there are 73 live cases that are at the Investigation stage. This is a high number of live cases, however 16 of these cases will be considered by the Investigating Committee (IC) in December at three separate meetings:

- 3 & 4 December: 5 cases
- 10 & 11 December: 7 cases
- 11 December: 4 cases

Time periods where there is a dip in closures by the Investigating Committee is symptomatic of temporary FTP staff, who will require time to get up to speed with GCC processes, joining the team. This is the reason for large amounts of closures taking place, after the bedding in period, in various months this year combined with a continuing flow of new complaints. We expect that with a more stable team in 2020, the investigation process will be more efficient with cases closed in a shorter time period.

Taking into account average complaints received per month and prospective December case closures, we expect to end the year with 64 live cases remaining, subject to all 16 cases being closed in December.

The median and average amount of time that complaints at IC stage have been open remains similar to the rest of the year.
There are currently 6 cases that are awaiting consideration by the Professional Conduct Committee (PCC) and will be heard in 2020.

**Section 32 (‘Protection of title’) complaints**

At the last Council meeting we reported that we have greater clarity on the number of Section 32 complaints that we are currently processing. The dashboard has been updated accordingly, splitting information into complaints received, complaints that are currently open and complaints closed. We often receive more than one complaint against a particular individual and for this reason we have included how many separate complaints there are and how individuals these relate to.

We continue to progress this work, increasing the number of complaints that have been closed in recent months – 23 were closed in November. We aim to clear our backlog in 2020 with the aim of dealing only with complaints received in the same year.

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4. **Recommendations and next steps**
The Council is asked to note the report.

5. **Attachments**
**FTP Dashboard**

**Open complaints/Closures**

<table>
<thead>
<tr>
<th>Complaint received</th>
<th>Investigation stage</th>
<th>IC meeting</th>
<th>PCC hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new complaints received in the period <strong>78</strong> (See figure 1 for year to date vs 2018)</td>
<td>Number of current open S20 complaints <strong>73</strong> (See figure 3 for monthly trend)</td>
<td>Number of complaints closed in period <strong>47</strong> (See figure 2 for monthly breakdown)</td>
<td>Number of open complaints at PCC <strong>6</strong></td>
</tr>
<tr>
<td></td>
<td>Risk rating of live complaints</td>
<td>Decisions of IC meetings in period</td>
<td>Number of PCC complaints heard during period <strong>7</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decision</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Severe risk (4):</strong> 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 and may include serious sexual misconduct</td>
<td><strong>No Case to Answer</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>High risk (3):</strong> Issues complained of remain in place, there is an ongoing risk to patients/public from the chiropractor's clinical practice/behaviour that is persistent and/or deliberate and may include sexual misconduct</td>
<td><strong>Referred for hearing</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Moderate risk (2):</strong> Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Low risk (1):</strong> No injury has taking place and/or issues have been addressed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk rating</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe (4)</td>
<td>1</td>
</tr>
<tr>
<td>High (3)</td>
<td>30</td>
</tr>
<tr>
<td>Moderate (2)</td>
<td>14</td>
</tr>
<tr>
<td>Low (1)</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struck off</td>
<td>0</td>
</tr>
<tr>
<td>Suspended</td>
<td>0</td>
</tr>
<tr>
<td>Conditions of Practice</td>
<td>1</td>
</tr>
<tr>
<td>Admonishment</td>
<td>1</td>
</tr>
<tr>
<td>No UPC</td>
<td>5</td>
</tr>
<tr>
<td>No Evidence Offered</td>
<td>0</td>
</tr>
</tbody>
</table>

'The period' is defined as 1 January 2019 – 1 December 2019
FTP Dashboard

Figure 1. Number of complaints received (shown cumulatively)

Figure 2. Number of complaints closed by IC per month

Figure 3. Number of open complaints being investigated at the month start (the balance of figure 1 and figure 2)

Predicted end of 2019/start of 2020 in dotted red
FTP Dashboard

Timeliness

<table>
<thead>
<tr>
<th>Complaints being investigated</th>
<th>Complaints closed by IC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent on current open complaints</td>
<td>From date that the complaint is received to closure by the IC for the period</td>
</tr>
<tr>
<td>Median = 23 weeks</td>
<td>Median = 37 weeks</td>
</tr>
<tr>
<td>Average = 28 weeks</td>
<td>Average = 36 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weeks open</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 13</td>
<td>17</td>
</tr>
<tr>
<td>13 – 26</td>
<td>21</td>
</tr>
<tr>
<td>26 – 39</td>
<td>13</td>
</tr>
<tr>
<td>39 – 52</td>
<td>18</td>
</tr>
<tr>
<td>52 – 103</td>
<td>2</td>
</tr>
<tr>
<td>104 – 151</td>
<td>2</td>
</tr>
<tr>
<td>152 +</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>73</strong></td>
</tr>
</tbody>
</table>

Figure 4. Open cases at month start vs median/average weeks open

Figure 5. Median timescale for closure of case for each quarter

'The period' is defined as 1 January 2019 – 1 December 2019
**FTP Dashboard**

**Interim Suspension Hearings**

Number of interim suspension hearings held in period
10

Outcomes of hearings held

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not suspended</td>
<td>7</td>
</tr>
<tr>
<td>Suspended</td>
<td>3*</td>
</tr>
</tbody>
</table>

Total 10

*Relates to two registrants – one registrant was suspended by both IC and PCC.

**ISH timeliness**

Time taken from GCC receiving information that could warrant the need for an ISH to hearing date

Average = 3 weeks
Median = 3.5 weeks

'The period' is defined as 1 January 2019 – 1 December 2019
### FTP Dashboard

**Section 32 (‘protection of title’) complaints**

<table>
<thead>
<tr>
<th>Complaints received</th>
<th>Open complaints</th>
<th>Complaints closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of S32 complaints received in 2019 50, relating to 39 individuals</td>
<td>Number of current open S32 complaints 47, relating to 30 individuals</td>
<td>Number of S32 complaints closed in 2019 111, relating to 89 individuals</td>
</tr>
</tbody>
</table>

*2 cases closed in December, to date*

![Figure 6. Number of complaints closed by month](image-url)
1. Summary
The paper provides an update on our performance against the 2019 Business Plan.

2. Action required: For information

3. Introduction and background
The Business Plan was agreed by Council in December 2018. There are four strategic areas that form both the five year strategy and the business plan 2019. These are:

- **We promote standards**
  We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning

- **We develop the profession**
  We will facilitate collaborative strategic work to support the profession in its development

- **We investigate and act**
  We will take right touch action on complaints, the misuse of title or where registration standards are not met

- **We deliver value**
  We will be a great place to work, work together and deliver effective /efficient services

The 27 projects within the business plan (the programme) have been grouped into three sections. These are:

- High priority/Large scale work
- Medium priority
- Low priority/Small scale or policy work
Some of the projects have been grouped together as they are related and can be considered one project in total, for example the staff survey, HR approach, personal development. Programme board meetings are held every two/three weeks with members of staff directly involved in delivering the projects. Updates on the programme are reported to the SMT on a weekly basis. A table setting out the current status of each project within the programme is at Annexe A.

4. Summary

We previously reported that the programme of work that was agreed by Council in December 2018 was ambitious.

Of the 27 business plan activities that were set in December 2018:

- 19 activities have been completed (this includes activities that are ‘ongoing’)
- Seven activities, all of which relate to ‘developing the profession’ were consolidated into work plans for 2020 at the September 2019 Council meeting
- One activity has not been completed and work relating to this will move into the 2020

All of the activities that we have categorised as large scale or high priority work have been completed. We consider the activities in this section as transformative and are excellent building blocks for much of our work in coming years. For example, the new website will enable us to change and improve perceptions of the public and registrants and will enhance our engagement activities – much of which will happen as part of the 2020 Business Plan.

We consider the completion of the activities in the 2019 Business Plan to be a great success, taking into account the large number of activities that were closed and the small number of staff that worked on each of these. Much of the activities that were completed in 2019 took considerable work from several different areas of the organisation. For example, work on the CRM system involved projects, registrations and finance as well as various facilitators from outside the organisation.

As previously reported, seven business plan activities have been consolidated into one large scale piece of work under the heading ‘Developing the profession.’ This is important work for us to move forward in 2020, and was the subject of a comprehensive review by the Council at its development day on 19 September 2019. As such, the business plan 2020 will take in these activities, where we consider them to be appropriate.

The activity that was not completed was the revised approach to protection of the title ‘chiropractor’. However, progress has been made on the outstanding complaints – see FTP dashboard. As we make progress through this work, the need for a business plan activity relating to it becomes redundant. We will continue to tackle these complaints in 2020 as part of business as usual.
5. Implications

a. Strategic
The business plan relates directly to the five year strategy.

b. Legal and compliance
There are no legal and compliance implications.

c. Risk assessment / analysis

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Risk likelihood</th>
<th>Impact of risk</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational – unable to complete some activities in timescales that we have previously communicated to the profession</td>
<td>5</td>
<td>1</td>
<td>Work moves into business as usual 2020</td>
</tr>
</tbody>
</table>

* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)
† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)

d. Equality
There are no equality implications.

e. Communications
There are communications implications arising from this paper. There are increased opportunities and requirements to engage with all of our stakeholders as part of the programme work and work completed can be communicated to the profession.

6. Recommendation
The Council is asked to note the report.

7. Attachments
Annexe 1 – Business plan status table, December 2019
## High priority/Large scale work

<table>
<thead>
<tr>
<th>BP Ref</th>
<th>Bus Plan Activity</th>
<th>BP strategy</th>
<th>Timescale</th>
<th>Status</th>
<th>Department responsible</th>
<th>Interdependencies with other BP activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Develop and implement a proportionate approach to CPD submissions and audit</td>
<td>WPS</td>
<td><strong>September</strong></td>
<td>Completed</td>
<td>Registrations</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>October</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Complete a full FtP review and implement changes to ensure we can be more ‘right touch’ within our current legal framework</td>
<td>WIAA</td>
<td><strong>August</strong></td>
<td>Completed</td>
<td>FTP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>October</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23-24</td>
<td>Upgrade our registrations database so that it is fit for purpose and provides a better user experience / Revise our registration procedures so that the process is streamlined and effective</td>
<td>WDV</td>
<td><strong>July</strong></td>
<td>Completed</td>
<td>Projects</td>
<td>24/6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>November</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Launch a new website</td>
<td>WDV</td>
<td><strong>September</strong></td>
<td>Completed</td>
<td>Projects</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>November</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Deliver the first year of our three year financial sustainability plan</td>
<td>WDV</td>
<td>December</td>
<td>Completed</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Provide support to current and emerging new providers throughout 2019</td>
<td>WPS</td>
<td>Ongoing</td>
<td>Ongoing – Completed for this year</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>19-21</td>
<td>Carry out a staff survey and work together to act on the results to embed our values and behaviours / Complete a programme of work to refresh our HR approach including policies, pay and benefits and our staff handbook / Establish and implement a new approach to personal development and review</td>
<td>WDV</td>
<td>December</td>
<td>Completed</td>
<td>CE</td>
<td></td>
</tr>
<tr>
<td>BP Ref</td>
<td>Bus Plan Activity</td>
<td>BP strategy</td>
<td>Timescale</td>
<td>Status</td>
<td>Department/Person responsible</td>
<td>Interdependencies with other BP activities</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>--------------</td>
<td>--------------</td>
<td>------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>Run a publicity campaign on the benefits of seeing a registered chiropractor and encourage practices to display the 'I'm registered' logo</td>
<td>WPS</td>
<td>December</td>
<td>Completed</td>
<td>Education</td>
<td>23</td>
</tr>
<tr>
<td>9 &amp; 10</td>
<td>Agree specific profession wide projects/ Complete specific profession wide projects</td>
<td>WIAA</td>
<td>July/December</td>
<td>No specificity of the projects required. Held</td>
<td>Dir. Reg/Ed.</td>
<td></td>
</tr>
<tr>
<td>11 &amp; 12</td>
<td>Co-ordinate the collation of a baseline of current work and plans to further develop research and governance / Agree a plan to further develop research and governance</td>
<td>WDV</td>
<td>May</td>
<td>Sees Business Plan 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Contribute to the collection and review of baseline data on workforce, education planning and diversity/inclusion</td>
<td>WDV</td>
<td>November</td>
<td>Sees Business Plan 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 &amp; 26</td>
<td>Facilitate agreement on a plan of work to enable the profession/chiropractors to better support newly qualified chiropractors / Work with patient representatives to agree a patient involvement approach for the GCC’s work</td>
<td>WIAA</td>
<td>December/September</td>
<td>See Business Plan 2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WPS = We Promote Standards / WIAA = We Investigate and Act / WDV = We Deliver Value / WDTP = We Develop the Profession
### Small scale pieces/policy work

<table>
<thead>
<tr>
<th>BP Ref</th>
<th>Bus Plan Activity</th>
<th>BP strategy</th>
<th>Timescale</th>
<th>Status</th>
<th>Department/Person responsible</th>
<th>Interdependencies with other BP activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete qualitative research (in partnership with GOsC) into the role of patients in chiropractic education and agree an action plan</td>
<td>WPS</td>
<td>November</td>
<td>Completed</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Develop and agree a strategy for student engagement</td>
<td>WPS</td>
<td>November</td>
<td>Completed</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>With GOsC disseminate findings of Boundaries research into ‘How is touch communicated in the context of manual therapy?’ and commission further research, if necessary.</td>
<td>WPS</td>
<td>October</td>
<td>Completed</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Refine our new quality assurance processes and procedures to ensure they are effective and efficient throughout 2019</td>
<td>WPS</td>
<td>Ongoing</td>
<td>Ongoing reviews - Completed this year</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Produce and publish guidance and policy documents, as appropriate, that support chiropractors in best practice during 2019</td>
<td>WDTP</td>
<td>Ongoing</td>
<td>Completed</td>
<td>As required</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Publish a revised approach to protecting the title ‘chiropractor’ and report on action we take</td>
<td>WIAA</td>
<td>October</td>
<td>Not completed. Moved to Core tasks 2020</td>
<td>FTP</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Regularly publish shared learning and intelligence from the work we, and other regulators, do during 2019</td>
<td>WIAA</td>
<td>Ongoing</td>
<td>When appropriate</td>
<td>Cross-functional</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Agree and launch a range of communication/engagement initiatives including our new newsletter for registrants and stakeholders during 2019</td>
<td>WDV</td>
<td>Ongoing</td>
<td>Completed</td>
<td>Comms/All</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Review and publish our policies on judgements we make to decide if registration standards are met</td>
<td>WIAA</td>
<td>August</td>
<td>Completed</td>
<td>Registrations</td>
<td></td>
</tr>
</tbody>
</table>

WPS = We Promote Standards / WIAA = We Investigate and Act / WDV = We Deliver Value / WDTP = We Develop the Profession
1. Summary
The paper provides a summary update on the 2019 financial forecast. Detailed information is covered in the item on the 2020 proposed budget, at item 8.


3. Summary
This a brief summary on the forecast for 2019 and will presented in more detail in the budget 2020 paper.

<table>
<thead>
<tr>
<th></th>
<th>Budget 2019</th>
<th>Forecast 2019 v2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>2,740,150</td>
<td>2,753,500</td>
</tr>
<tr>
<td>Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance</td>
<td>158,514</td>
<td>192,758</td>
</tr>
<tr>
<td>Central</td>
<td>1,280,786</td>
<td>1,157,819</td>
</tr>
<tr>
<td>Investigations</td>
<td>1,260,760</td>
<td>1,223,518</td>
</tr>
<tr>
<td>Education &amp; Registration</td>
<td>370,093</td>
<td>288,759</td>
</tr>
<tr>
<td>Total Costs</td>
<td>3,070,153</td>
<td>2,862,854</td>
</tr>
</tbody>
</table>

The forecast is at deficit, however performance exceeds 2019 budget expectations by over £200,000.

4. Recommendations and next steps
To note.
1. Summary
This paper provides Council with a summary of the implications of the review of our performance by the Professional Standards Authority (PSA) for 2018-2019, together with the approach to be taken by us for its review of performance this year 2019-20.

2. Action required:
For information

3. Introduction
The PSA formally review the performance of statutory healthcare regulators annually. It is now routine and is, on the whole, both proportionate and useful. The cycle starts in March each year with the submission of our self-assessment of our performance with regard to the PSA ‘standards of good regulation.’

Our performance review for 2018-19 was published on 8 November 2019. The report and the snapshot summary are attached (at annexes 1 & 2) for information.

As discussed at Council at its meeting in September 2019 the GCC was preliminarily assessed as not meeting two of the 24 standards – in relation to registration, dealing with complaints of illegal practise (that is section 32 matters, where it is alleged practitioners are using the protected title of chiropractor) and fitness to practise timeliness of arranging hearings in dealing with applications for interim suspension of a registrant.

4. Implications

a. Strategic
The risks the GCC fails to protect the public and patients caused by poor, ineffective or ultra vires processes [within education, registration, or fitness to practise] which may result in the GCC suffering reputational damage, loss of confidence and intervention by the Privy Council/PSA are captured within our strategic risks framework (at SR 1, and SR2).
b. Legal and compliance

The PSA has sweeping powers in the event of concerns as to the performance of the regulators within its scope. We are subject to an annual review process with the PSA Chair and CEO meeting with the GCC Chair and CER. Our latest annual review meeting took place in October 2019, where assurances were provided that we have a firm grip on the issues raised.

c. Risk assessment / analysis

See above, for strategic risk impact. The risk has crystallised, and some reputational consequences arise albeit manageable. We wholly accept the overall assessment albeit there are mitigating features and they were ‘known’ areas of weakness.

In relation to illegal practise, the Council took a deliberate position in 2018 to balance our responsibilities here against other areas. That said, additional resource was applied (commissioning our legal advisers to deal with all cases) and we are now on a much more stable footing, with the backlog reduced and under control, clear performance metrics in place alongside weekly performance reporting to the senior management team. Our target is to have no cases open that were raised prior to 2019 (unless legal action has commenced) and no cases raised in 2019 that have not been reviewed with a clear action plan. The performance report elsewhere on the agenda confirms good progress.

In relation to applications for interim suspension hearings, we have very little room for manoeuvre in relation to our having to provide the registrant with 10 days’ notice of a hearing. The fitness to practise team has always prioritised the handling of interim suspension matters and our performance in the year to date is being managed.

The assessment framework for performance this year – 2019-20 has evolved as a consequence of the Authority’s piloting of its new standards for good regulation. Whilst we have been across developments, and indeed participated in a pilot review of one of the standards (standard 2), we are revising the arrangements we put in place to meet the new requirements.

In previous years, we have put in place ‘action plans’ to assess and monitor steps necessary to meet areas of weakness identified in the annual report. My preference is to use the new framework to form part of work to develop the management team ownership of our ‘better regulation’ agenda. We increasingly
need to see the framework as less of an area for us to demonstrate compliance (although we must do this) and more a set of things that any well-functioning regulator should be doing consciously. We are building on firm foundations. The components of this work (underway) include:

- Workshops with staff to review the framework
- Reviews of progress at (weekly) senior team meetings
- Regular updates to Council
- Incorporating within the operational risk framework

d. Equality
There are no equality implications of this report.

e. Communications
As indicated above the report of our performance in 2018-2019 was published by the PSA on 8 November 2019. We published on our own website the same day and publicised through other channels, including the GCC monthly newsletter.

5. Recommendations and next steps

The Committee is asked to
- Note this report;

6. Attachments

Annexe 1 PSA performance report of GCC
About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators’ performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement, we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation. We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

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1 Right-touch regulation revised (October 2015). Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation
About the General Chiropractic Council

The General Chiropractic Council (the GCC) regulates chiropractors in the United Kingdom. Its work includes:

- Setting and maintaining standards of practice and conduct for the chiropractic profession
- Maintaining a register of qualified professionals
- Assuring the quality of chiropractic education and training
- Acting to restrict or remove from practice registrants who are not considered to be fit to practise.

As of 31 March 2019, the GCC was responsible for a register of 3,284 chiropractors. It recognises and assures the quality of degree programmes at four education institutions.

The GCC’s fee for initial registration is £750. The fee for retention is £800. The GCC offers a reduced fee of £100 for those who register as non-practising.²

² Non-practising registration is a rate of registration fee set out in the fee schedule of the Registration Rules. It is not a distinct category of registration nor is it a Register separate to that containing practising registrants. The sole distinction between practising and non-practising registration is that those registrants not intending to practise as chiropractors within the UK for an entire registration year may pay the reduced fee of £100. The GCC publishes details on its website to indicate to the public and patients which registrants are paying the lower rate and therefore not practising in the UK.
At a glance

Annual review of performance

Regulator reviewed: General Chiropractic Council

Standards of good regulation

<table>
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<th>Core functions</th>
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1. The annual performance review

1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the GCC. More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.

1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.

1.3 These performance reviews are our check on how well the regulators have met our Standards of Good Regulation (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:

- it tells everyone how well the regulators are doing
- it helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

1.4 We assess the regulators’ performance against the Standards. They cover the regulators’ four core functions:

- Setting and promoting guidance and standards for the profession
- Setting standards for and quality assuring the provision of education and training
- Maintaining a register of professionals
- Taking action where a professional’s fitness to practise may be impaired.

1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.

1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12 months. We use this to decide the type of performance review we should carry out.

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3 These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, and the Pharmaceutical Society of Northern Ireland.
1.7 When considering information relating to the regulator’s timeliness, we consider carefully the data we see, and what it tells us about the regulator’s performance over time. In addition to taking a judgement on the data itself, we look at:
   - any trends that we can identify suggesting whether performance is improving or deteriorating
   - how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators
   - the regulator’s own key performance indicators or service standards which they set for themselves.

1.8 We will recommend that additional review of their performance is unnecessary if:
   - we identify no significant changes to the regulator’s practices, processes or policies during the performance review period; and
   - none of the information available to us indicates any concerns about the regulator’s performance that we wish to explore in more detail.

1.9 We will recommend that we ask the regulator for more information if:
   - there have been one or more significant changes to a regulator’s practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator’s performance that we wish to explore in more detail) or;
   - we consider that the information we have indicates a concern about the regulator’s performance in relation to one or more Standards.

1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.

1.11 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk
2. What we found – our judgement

2.1 During April 2019 we carried out an initial review of the GCC’s performance from 1 April 2018 to 31 March 2019. Our review included an analysis of the following:

- Council papers, including performance reports
- Policy and guidance documents
- Statistical performance dataset
- Third party feedback
- A check of the GCC register
- Information available to us through our review of final fitness to practise decisions under the Section 29 process.\(^4\)

2.2 As a result of this analysis, we carried out a targeted review of Standards 5 and 6 of the Standards of Good Regulation for Registration and Standards 3, 4 and 8 of the Standards of Good Regulation for Fitness to Practise.

2.3 We obtained further information from the GCC relating to these Standards through targeted written questions.

2.4 As a result of a detailed consideration of this further information, we determined that the GCC had not met Standard 5 for Registration and Standard 4 for Fitness to Practise. The reasons for this are set out in the following sections of the report.

Summary of the GCC’s performance

2.5 For 2018/19 we have concluded that the GCC:

- Met all the Standards of Good Regulation for Guidance and Standards
- Met all the Standards of Good Regulation for Education and Training
- Met five out of the six Standards of Good Regulation for Registration – the GCC did not meet Standard 5
- Met nine out of the ten Standards of Good Regulation for Fitness to Practise – the GCC did not meet Standard 4.

2.6 The GCC’s performance this year represents a decline since last year, when it met all the Standards.

\(^4\) Each regulator we oversee has a ‘fitness to practise’ process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators’ fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002](https://www.legislation.gov.uk/ukpga/2002/46/contents) (as amended).
3. Guidance and Standards

3.1 The GCC has met all the Standards of Good Regulation for Guidance and Standards during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard.

**Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care**

3.2 The GCC’s *Code: Standards of conduct, performance and ethics for chiropractors* (the Code) became effective on 30 June 2016. There have been no further significant developments over the course of this period of review in respect of this Standard, and we have not identified any concerns. We are satisfied that this Standard is met.

**Standard 2: Additional guidance helps registrants apply the regulator’s standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care**

3.3 We reported last year that the GCC published updated *Guidance on Advertising to the Public* in January 2018, to reflect the guidance on the use of chiropractic in relation to babies and children issued by the Advertising Standards Authority (ASA)/Committee on Advertising Practice (CAP) on 9 November 2017. A letter was sent to all GCC registrants jointly from the ASA and the GCC, providing information about the new guidance.

3.4 Since then, the GCC has included pointers and information about advertising in its newsletters to registrants. For example, in its July 2018 newsletter the GCC signposted registrants to a CAP webinar covering FAQs by chiropractors on how the advertising rules affect the way in which chiropractors advertise their services.

3.5 During this review period the GCC has reviewed its current strategic statement 2018-2020 and concluded that a full refresh of its strategy is appropriate. The GCC therefore has set out its strategic direction over the next five years in its Strategy 2019-23.

3.6 One of the aims and objectives of the GCC Strategy 2019-23 is to ‘promote standards.’ The GCC said that it aims to do this by strengthening its ‘support and assurance of high quality education, professional standards and continuing professional development so that patients and the public are safe and have confidence in chiropractors.’

3.7 The GCC Council approved the GCC Strategy 2019-23 in December 2018 and we will continue to monitor its progress. We are satisfied that this Standard is met.
Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders’ views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator’s work

Joint research project

3.8 The GCC and GOsC jointly commissioned a literature review on ‘how touch is communicated in the context of manual therapy’. The research was conducted by a research team from the University of Huddersfield. The GCC said the research showed that patients report a high level of satisfaction about their care, but they reported some concerns about consent and the quality of communication from practitioners. The GCC published the report on 26 March 2019.

3.9 Additionally, two joint GCC/GOsC workshops on 26 and 27 March 2019 were held to explore this area further. The GCC invited patients, chiropractors, osteopaths and educators. The aim of the workshops was to share the findings of the literature review, seek feedback from participants about their response to the findings, promote discussion and generate proposals to better balance the therapeutic benefit and concerns experienced by some patients. The GCC said the next steps will be to disseminate the findings of the research and commission further research by October 2019.

Five-year strategy 2019-23

3.10 As part of the preparation for developing the GCC five-year Strategy 2019-23 (mentioned above) the GCC said it has listened to feedback from public, patients, registrants, professional associations and stakeholders. A programme of engagement also took place involving meetings with professional bodies, education providers, the Patients Association and registrants.

3.11 The GCC has explained how its approach took account of stakeholders’ views and experiences. The evidence we have seen suggests it has used stakeholder feedback from around the UK to inform its five-year strategy development. We will continue to monitor how the GCC engages with all relevant stakeholders.

3.12 We are satisfied that this Standard is met.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

3.13 The GCC’s website provides information about its standards, how to complain if an individual has concerns about a registrant and what action can be taken under the GCC’s fitness to practise procedures. The current version of The Code: Standards of Performance, Conduct and Ethics for Chiropractors is published on the GCC’s website, along with its supporting guidance.

3.14 However, the GCC accepts that the current website is ‘out-dated, not user-friendly or responsive and has poor accessibility and does not facilitate efficient
processes for registrants or for the GCC team’. The GCC’s 2019 Business Plan proposes to launch a new website to address these issues.

3.15 It is positive that the GCC has recognised these issues and is taking action to ensure registrants and members of the public can find standards and guidance published by the regulator. We did not receive any feedback or concerns from members of the public that they have found it difficult to get the information they need from the GCC’s website. We will monitor any developments and report on the GCC’s progress during the next performance review.

3.16 We are satisfied that this Standard is met.

4. Education and Training

4.1 The GCC has met all the Standards of Good Regulation for Education and Training during 2018/19. Examples of how it has demonstrated this are indicated below each individual Standard.

| Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process |

4.2 In the last performance review report we mentioned that the GCC had commissioned research to find out whether graduates were as prepared as they could be to treat patients, and what could be done to help graduates be more prepared. The results of this research were published in December 2017 and a series of recommendations were made. These included:

- to increase the number of work placements, mentoring and role-playing opportunities by which graduates could further develop vital communication skills;

- to ensure that the education course content sufficiently covered key patient centred skills including those areas identified as weakest in newly-qualified practitioners; and

- to widen opportunities for, and encourage, greater take-up amongst newly qualified practitioners of mentoring, shadowing and other forms of development to broaden experience.

4.3 Since publishing that research, the GCC has said that actions have been incorporated into the GCC 2019 business plan to ‘facilitate agreement on a plan to enable the profession/chiropractors to better support newly qualified chiropractors’ to be completed by December 2019. We will continue to monitor the GCC’s progress in this area.
Between March and April 2018 the GCC consulted on two sets of draft revised guidance for chiropractic students and chiropractic educational institutions. In September 2018 the GCC published *Professionalism in Action*, which incorporates both guidance documents it consulted on. The consultation on these areas demonstrates that the GCC is engaging with stakeholders when developing its standards of education and training. Therefore we are satisfied that this Standard is met.

**Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator’s standards for registration**

In the last performance review report we mentioned that the GCC had introduced new approval and monitoring arrangements. As part of these new arrangements, a pool of 15 education visitors (nine lay and six registrants) had been recruited and trained to quality assure education programmes. The approval and monitoring processes are documented in the GCC’s Quality Assurance Handbook.

Since then, the GCC continued to carry out its quality assurance programme during 2018/19 and there have been no significant changes to its process for quality assuring education programmes.

The GCC has also continued discussions with the European Council on Chiropractic Education (ECCE) regarding closer collaboration and joint working on approval of programmes. In April 2018 the GCC met with education providers to discuss issues arising from the annual monitoring returns and share good practice. The joint discussion with all providers centred on the research into the perceptions of the preparedness of chiropractic graduates for practice mentioned at 4.2 above. Broad topics such as the impact of the UK leaving the EU, student feedback and patient engagement in teaching and learning were also discussed.

The GCC has said that these themes will continue to be key items for further progress in 2019. It told us that it has requested annual monitoring information for the 2017/18 academic year from its education providers. The GCC has said that the information being requested from providers should provide the most relevant information as a starting point for discussions on progress and quality issues in addition to these broader themes.

In November 2018 the GCC also met with the Health and Care Professions Council to share areas of best practice with regard to approval and quality assurance of degrees.

We are satisfied that this Standard is met.

**Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments**

The GCC continues to publish information on its website about how concerns can be raised about an education provider. We have not identified any information
during this performance review period to indicate that the GCC has had to act on any such concerns.

4.12 We are satisfied that this Standard is met.

| Standard 4: Information on approved programmes and the approval process is publicly available |

4.13 The GCC continues to publish reports of visits to education providers on its website, once the reports have been approved by the Privy Council. During this performance review period the GCC has published the visit and approval/re-approval reports for four programmes, three of which were subject to conditions.

4.14 We are satisfied that this Standard is met.

5. Registration

5.1 As we set out in Section 2, we considered that more information was required in relation to the GCC’s performance against Standards 5 and 6 for Registration and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review, we concluded that Standard 5 was not met and therefore the GCC has met five out of the six Standards of Good Regulation for Registration in 2018/19.

| Standard 1: Only those who meet the regulator’s requirements are registered |

5.2 We have not seen any information during this performance review period which suggests that the GCC has added anyone to its register who has not met the registration requirements.

5.3 We are satisfied that this Standard is met.

| Standard 2: The registration process, including the management of appeals, is fair, based on the regulator’s standards, efficient, transparent, secure, and continuously improving |

5.4 There were no rejected registration applications or registration appeals in 2018/19.

5.5 In relation to registration application processing times, we note that the GCC’s performance has remained consistent, with the median time from receipt of completed application to approval being one day.

Test of competence (TOC)

5.6 The GCC has kept its registration requirements under review and each year it publishes its TOC External Examiner’s annual report. The latest was published in March 2019 and covered the TOC process from January 2018 to January 2019. Overall, the report found that the process is satisfactory with ‘standards maintained and public safety assured’. The report also made recommendations which the GCC has committed to reviewing.
5.7 In summer 2018, a new TOC External Examiner was appointed and inducted. The annual review meeting with TOC assessors and the External Examiner was held in November 2018. The GCC said that this year’s annual review meeting included discussions focused on equality and diversity issues and training on unconscious bias.

5.8 We are satisfied that this Standard is met.

**Standard 3: Through the regulator’s registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice**

**The published register**

5.9 An issue arose during last year’s review in relation to the GCC’s published register. Under the Chiropractors Act 1994 (the Act), the GCC has an obligation to publish the registered address of every registrant, including those that are ‘non-practising’. Until 2006, the GCC published a hard copy of the register with this information. However, this was discontinued because of the cost and because it was out of date by the time of its publication.

5.10 To meet this legal requirement, the GCC now publishes annually an online document which provides a snapshot of the register based on data collected following completion of the retention cycle in January each year. However, the GCC’s website advises people that the information in this document is not current, and the online search facility should be used for the most up-to-date information.

5.11 In last year’s review, we were concerned that there would be significant discrepancies between the published register and the information on the online search function and that this could result in a lack of clarity for members of the public. We were also concerned that the published register did not appear to indicate non-practising registrations or sanctions, and as it would not be updated throughout the year, it would contain information about people who no longer continued to be registered. This raised the risk that the published register could give the false impression to members of the public that such individuals were registered or had no restrictions.

5.12 We sought further information from the GCC. It recognised that publishing information that would quickly become out of date had the potential to cause confusion, but noted that it had to comply with its legal requirements. We considered that the GCC was managing the risks arising from the publication of the register in this way by giving clear information on the website to direct users to the online search facility for up-to-date information.

5.13 During this review period the GCC confirmed that it would use the online search function to satisfy the publishing requirements in the Act. The GCC explained that this requires an amendment to be made to the online search function to include the addresses of non-practising registrants. The GCC said it has made enquiries...
about the changes required to the online register to facilitate this and has established that its service provider is unable to complete this work at present.

5.14 The GCC said it is planning an upgrade to its registrations database which would resolve the register issues and be compliant with the Act. At the time of writing, this upgrade has not yet been completed but we will continue to monitor developments and comment on any changes in the next review.

5.15 We note that the GCC is taking steps to improve its registration database, however the timeline for delivery remains unclear. In the meantime the GCC has measures in place to direct website users to the most up-to-date information about registrants.

Accuracy of information on the online search function

5.16 In last year’s review, we reported that we had identified irregularities in that the information on the published register did not match the results of the online search.

5.17 The GCC investigated the issue and told us that it had identified the source of the problem. It said that an error had been identified whereby the extracted data from its register was not being fully uploaded to the online search function. The issue had been identified and resolved, and the GCC said it was actively monitoring the data to ensure that it did not recur. To ensure that the website information contained up-to-date information, the GCC further explained it routinely checked that the most recently registered chiropractors appeared on its online search facility.

5.18 During this review period we conducted a check of on the GCC’s register. We did not identify any errors or inaccuracies during the register check and the issues we identified in last year’s review appear to be resolved.

Conclusion

5.19 We consider that the GCC has taken steps to ensure that it meets the requirements set out in its legislation regarding the publication of information about registrants and has an up-to-date online search facility. However, it appears the GCC has not published on its website an updated list of its register since January 2018. We note the GCC plans to update its registrations database and we will monitor any progress in our next review. We also note that the accuracy issues we found last year have not recurred this year. We are therefore satisfied that this Standard continues to be met.

Standard 4: Employers are aware of the importance of checking a health professional’s registration. Patients, service users and members of the public can find and check a health professional’s registration

5.20 As noted above under Standard 3 for Registration, the GCC’s website includes an online search function as well as a published register. The online search function is clearly displayed on the front page of the GCC’s website and can easily be found through online searches.

5.21 We are satisfied that this Standard is met.
5.22 During this performance review it came to our attention that there had been a high number of section 32 (illegal practice) cases which the GCC has recently dealt with, and, in the absence of any previous information regarding this work, we carried out a targeted review of this Standard.

5.23 The GCC told us that, due to senior staff changes, an office move and dealing with a large number of advertising complaints, the GCC was receiving more illegal practice cases than it was able to deal with, which led to a backlog. This backlog of cases grew over time from 2015. The GCC identified the backlog as a risk in June 2018.

5.24 Whilst we are looking specifically at the GCC performance during this performance review period (April 2018-March 2019) we note that this issue dates back to 2015. However, the GCC only disclosed the backlog of section 32 cases in public papers at its December 2018 Council meeting once it had identified the risk and had taken action. It is a concern that the GCC did not identify and report its illegal practice backlog earlier.

5.25 The GCC explained that in June 2018 it took steps to manage the backlog using temporary staff recruited for its work on advertising cases.\(^7\) By October 2018, it identified that this was not achieving the required outcome, and recruited additional temporary staff to work specifically on the illegal practice cases. Thereafter it made progress in reviewing and acting on cases to reduce the backlog.

5.26 The GCC told us that, as part of dealing with the backlog, it took a risk-based approach and prioritised all patient-related complaints and older matters first, with some of these complaints dating back to 2015/16. Thereafter, the GCC said that resources continued to be deployed to deal with the remaining cases. According to Council papers in March 2019, by the end of this performance review period all but one of the section 32 cases had been reviewed out of a revised total of 107 cases and 59 cases remained active amid ongoing review and investigation.

5.27 Although outside this review period, the GCC’s Council meeting in September 2019 noted that two members of staff have been tasked to clear the backlog. We will continue to monitor the GCC’s performance in this area to be assured that it continues to reduce its backlog further.

5.28 It is a concern that the GCC had a historic caseload of illegal practice complaints dating back to 2015 which it did not fully begin to address until October 2018. Cases of illegal practice have the potential to put the public at risk of harm and damage public confidence in the profession. Although the GCC put efforts in place to reduce this backlog it was not able to make any significant progress in

\(^7\) See paragraphs 6.8 to 6.16 below.
addressing this until most of the way through the review period. Taking the GCC’s performance against this Standard into account over the whole performance review period, we conclude that this Standard is not met this year.

<table>
<thead>
<tr>
<th>Standard 6: Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise</th>
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<tr>
<td>5.29 We carried out a targeted review of this Standard to obtain further information on the GCC’s redevelopment of its continuing professional development (CPD) systems.</td>
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<td>5.30 The GCC has been working to develop a revised CPD process since 2015. The drivers for change followed detailed checks the GCC undertook on all registrants’ CPD summaries since 2015, which found that much of the information registrants completed annually was neither proportionate nor right-touch. The GCC also found that some registrants were not completing the CPD form correctly and some were struggling to articulate their learning needs early on in the learning cycle or link it to their actual learning activity.</td>
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<td>5.31 The GCC has experienced a number of delays which has meant that it has not been able to make the substantive changes to the CPD process as it would like. For example, the GCC piloted aspects of a redeveloped CPD scheme with registrant volunteers in December 2016, and it was intended that the pilots would continue throughout 2017. However, in June 2017 the GCC said that it would need to re-evaluate the plans for the pilot because of a lack of participation from registrants.</td>
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<td>5.32 Additionally, as we reported in the last performance review report, the GCC had initially planned to consult on a proposed new CPD scheme in 2018 with a view to implementation in 2019. However, the GCC later said this was not possible as its legislation does not allow for the proposed CPD scheme to become a statutory requirement unless it is able to make changes to its CPD rules.</td>
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<td>5.33 As a result, in 2018 the GCC’s Education Committee agreed that, in the absence of the necessary legislative change, the proposed scheme would be put on hold, and instead learning points from the 2016/17 piloted CPD scheme would be communicated to registrants. This meant that elements of the proposed CPD scheme would be brought forward and, according to the GCC, registrants would be encouraged to adopt these as part of their ongoing CPD.</td>
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<td>5.34 During this performance review period, the GCC has published CPD guidance 2018/19 (the guidance) which sets out its current CPD requirements. The guidance also includes the GCC’s current thinking on how it might develop the CPD scheme in the future, such as asking registrants to undertake a small number of CPD hours in an area that the GCC identifies as of importance to the profession as a whole. The GCC said that such an approach will help the profession address common issues (such as ongoing issues that arise in fitness to practise cases or the introduction of new legislation) by encouraging registrants to have a structured discussion about their CPD with someone else to support them in reflecting on their learning and development and applying it to their practice.</td>
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Following the above guidance, the GCC is developing its CPD scheme further and recently launched a CPD consultation. The consultation ran from 1 May-12 June 2019 to which we provided a response. This however is outside the reporting period and we will report on this in more detail at the next performance review period. However, we can see that, despite the delays in developing a new CPD process, the GCC is taking proactive steps to develop the process further and this recent consultation is evidence of this taking place.

Moving forward, the GCC said that a report on the consultation will be considered at a meeting of the Education Committee in July 2019 with a view to implementing a new CPD process by September/October 2019, subject to the new GCC website and database being implemented. The GCC said that it will also be producing guidance for registrants on the new process.

Conclusion

It is clear that the GCC has been taking steps to develop a revised CPD scheme. Despite delays the GCC has faced, notably those surrounding legislative issues which are out of its control, it has been proactive in making any changes it can and sign-posting to future thinking in its 2018/19 CPD guidance document. In addition, we have not identified any significant risks to public protection in this performance review period as a result of the GCC’s approach or delay in progress.

Given the information provided and the steps the GCC is taking, we are satisfied that this Standard is met. We will continue to monitor the next steps in the GCC’s plans to develop its CPD scheme.

6. Fitness to Practise

As we set out in Section 2, we considered that more information was required in relation to the GCC’s performance against Standards 3, 4 and 8 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review, we concluded that Standard 4 was not met and therefore the GCC has met nine out of the 10 Standards of Good Regulation for Fitness to Practise in 2018/19.

**Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant**

The GCC’s website continues to explain how concerns can be raised about registrants and how the GCC investigates complaints. The website provides details about the types of concerns the GCC can deal with, how it investigates concerns, and contains a link to an online form to submit a complaint as well as alternative contact details.

We are satisfied that this Standard is met.
Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

6.4 In last year’s review we mentioned that in August 2017 the Care Quality Commission (CQC) shared a revised draft information-sharing agreement with the GCC after the latter had fed back comments on the draft to the CQC. A final version of the agreement was said to be pending.

6.5 We understand that the revised agreement was due to be finalised by March 2019. At the time of writing no agreement is publicly available. Although we note the delay to finalising the agreement, we have not seen any evidence of a risk to public protection arising from the delay.

6.6 We are satisfied that this Standard is met.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant’s fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

6.7 We carried out a targeted review of this Standard to learn how the GCC is managing complaints about registrant advertising. We reported on this in last year’s report and we said that we would monitor developments during this performance review period.

6.8 Last year we reported that the GCC received a total of 339 advertising complaints. This year, the GCC explained that 306 of these complaints came from one complainant and as such these were all dealt with as part of its advertising caseload.

6.9 As part of our targeted review, the GCC explained that it received the majority of advertising complaints from the one complainant in 2016, with the last batch received in December 2016, and began to deal with these in line with an internal policy. The GCC told us that during 2016 it had to commission and consider legal advice as to how to proceed with the complaints. This caused a delay in dealing with further cases until May 2017 when the GCC applied its advertising claims policy so complaints would be categorised and dealt with as follows:

- referral to the ASA in the first instance, before the concern is then considered by the GCC’s Investigating Committee (IC); or
- progression for consideration by the IC directly; or
- closure without further action (closure being possible only in very limited circumstances).

6.10 The GCC explained that the decision to investigate a complaint took several months and due to the volume of complaints received and complexity of the issues raised, a detailed project plan was developed to manage all the remaining complaints.

6.11 The project plan initially estimated that complaints could be progressed in batches of 50, whereby the IC would consider 50 complaints per week in week-long meetings. The GCC projected that the IC would need seven weeks to consider all advertising cases. However, following the first week’s IC meeting, it
became apparent that the IC would only be able to consider 25 complaints at each week-long meeting. The GCC said that it promptly therefore scheduled a further eight weeks of IC meetings. As a small regulator we understand that these cases put the GCC under significant pressure – listing so many IC meetings would have needed a large resource.

6.12 The IC meetings were scheduled from October 2018. According to the GCC a total of 290 cases have been considered within the review period, with the last three cases due to have been considered in August 2019.

6.13 The GCC also said that it prioritised certain cases over others. For instance, cases were put into three categories, with Category 1 being prioritised as they involved website claims which raised serious issues of unprofessional conduct which were investigated by the GCC’s Fitness to Practise Team with a view to referring those matters to the IC first. As a result, the first eight weeks of IC meetings consisted of cases identified as Category 1 cases. Notwithstanding the large number of Category 1 cases, the GCC told us that of 290 cases considered, there was a ‘no case to answer’ decision on all 290 individual cases and no cases have yet been referred to the GCC’s Professional Conduct Committee (PCC).

6.14 As part of our targeted review, the GCC told us that the fact that all complaints so far resulted in a decision of ‘no case to answer,’ should not be equated with the complainant not raising valid concerns. Rather, in many cases the IC found that matters which may have been a concern at the time of the original complaint (in 2016/17) had subsequently been fully remedied at the point of consideration by the IC in 2018 and 2019.

6.15 The GCC also explained that, as part of its wider ‘Fitness to Practise Review’, it will be completing a lessons learned review in order to consider how such cases would be managed in the future. This is a positive step and we will comment on this in more detail when the review has been completed and published.

6.16 It is clear from the information provided that the GCC has taken a robust and focused approach in dealing with such a large volume of complaints, the majority of which it received within a short space of time. As a result, it put measures in place to deal with these complaints. We note the length of time it took for the GCC to deal with the complaints, however, given the size of the GCC and its resources along with the relatively small number of cases it usually deals with coupled with the time taken to get legal advice (mentioned above) we can understand this timeframe. In addition, whilst progress was slow, the GCC fitness to practise process does not allow for the closure of such cases at an early stage. This contributed to the length of time taken to deal with the cases. We are assured that the GCC is taking steps to learn from the way it handled these complaints.

6.17 We are therefore satisfied that this Standard is met.
Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

6.18 We have carried out a targeted review of this Standard following the concerns we raised last year about GCC’s risk assessment processes and interim order timeliness.

Risk assessments

6.19 During our audit last year, we identified some concerns about risk assessments. The GCC said that, following our last report it has incorporated a risk rating process on all cases which came into effect from January 2019 and has provided relevant guidance from its revised Fitness to Practise Manual (the manual) published in January 2019. The GCC says this will assist in identifying those cases where risk may still be present and require prioritisation even though the case may not meet the high threshold for referral for an interim order hearing. It is positive that the GCC has taken on board our concerns and says it now carries out a risk rating on all cases.

6.20 The risk assessment guidance in the manual states that a risk assessment should be carried out on receipt of a complaint. The GCC confirmed that on receipt of new information (such as records, observations, comments, expert reports) a further risk assessment is carried out when completing a ‘file review document’.

Interim order timeliness

6.21 We ask the regulators to provide us with the median time from receipt of a complaint to an interim order decision, and the median time from receipt of information indicating the need for an interim order and the decision. The former is an indicator of how well the regulator’s initial risk assessment process is working; whether it is risk assessing cases promptly on receipt, identifying potential risks and prioritising higher risk cases so that further information can be obtained quickly. The latter indicates whether the regulator is acting as quickly as possible once the need for an interim order application is identified.

6.22 During the targeted review the GCC provided us with revised data regarding interim order timeliness. It revised its annual figures from 2016/17 and 2017/18, as the figures it had previously provided were incorrect. The table below shows the correct figures.

<table>
<thead>
<tr>
<th>Median time to IO decision from:</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt of complaint</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Receipt of information indicating need for IO</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

6.23 We can see from the revised figures above that the median time from receipt of complaint to interim order committee decision remained relatively stable from 11 weeks in 2016/17 to 10 weeks in 2017/18. However in 2018/19 this figure has increased to 21 weeks.
6.24 We note that the increase in time taken may be because, as a small regulator, the GCC deals with a small caseload and therefore it is likely that the medians will fluctuate from one year to the next.

6.25 However, whilst we reported last year that the annual median time from the point that information is received indicating the need for an interim order to the decision itself being taken had remained stable, the revised figures show that this has not been the case. From the revised data we can see that since 2015/16, the annual median has increased year on year, from four weeks to six weeks. It is concerning that the median time from receipt of information indicating a need for an interim order has increased steadily over a number of years. This is less likely to be explained by a small caseload with one or two longer cases given this has occurred over a sustained period of time.

6.26 Overall, the increase in the time taken to make an interim order decision following receipt of information indicating a need for one is a serious concern. By definition, an interim order is meant to address a serious and immediate risk. Any avoidable delay in this process has the potential to pose a serious risk to public protection.

Conclusion

6.27 It is positive to see that the GCC has taken on board our concerns regarding risk assessments and we will monitor work in this area following any further developments. However, it is a concern that the GCC’s performance regarding interim order timeliness has declined, as these are cases that by definition involve a public protection risk. The information provided, including the revised dataset figures, demonstrates that although the GCC appears to review on receipt serious cases, its processes are such that not all cases are put before an interim order committee in a timely manner. The dataset figures since 2015/16 evidence that this has been an ongoing issue which has slowly deteriorated over time and therefore the GCC’s performance is such that we have concluded that this Standard is not met.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

6.28 In the last performance review, we mentioned that the GCC was seeking comments via a public consultation on suggested changes to its Indicative Sanctions Guidance (ISG).

6.29 The consultation ran until March 2018. In our response to the consultation, we were supportive of the guidance, but suggested that the GCC could offer further explanation of the importance of professionals adhering to the duty of candour, and that it might be useful for the guidance to refer to the GCC’s guidance for registrants on candour and the regulators’ joint statement on candour. The GCC considered our comments and the published version of the Conditions Bank and ISG, which came into force in May 2018, referred to the GCC guidance on candour and the joint regulatory guidance on candour.

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8 The GCC’s interim order data this year was based on a total of five interim order cases.

9 www.professionalstandards.org.uk/what-we-do/improving-regulation/find-research/duty-of-candour


11 www.gcc-uk.org/good-practice/duty-of-candour/
6.30 We have not identified any concerns from the publicly available information to suggest that the process being operated by the GCC is not transparent, fair, proportionate or focused on public protection.

6.31 We are satisfied that this Standard is met.

**Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders**

6.32 In our audit last year we identified significant delays in the four advertising cases we reviewed that were closed by the IC. The GCC did not progress these cases in a timely manner. However, we were aware that most of that caseload was still open and the GCC had a clear plan to deal with the remaining cases. As discussed above in relation to Fitness to Practise Standard 3, the GCC has made good progress during this performance review period in dealing with its advertising complaints.

**The dataset and performance**

6.33 We collect a set of annual and quarterly performance data from each regulator. The table below compares the GCC’s performance against the dataset measures of timeliness this year and the previous four years.

6.34 Last year we reported that the data demonstrated a mixed performance. Although median time from receipt of initial complaint to an IC decision decreased from 35 weeks in 2016/17 to 26 weeks in 2017/18, the median time from IC decision to final Fitness to Practise Committee decision slightly increased over the same period from 31 weeks to 33 weeks. Meanwhile, the median time from receipt of initial complaint to final Fitness to Practise Committee decision significantly increased from 64 weeks in 2016/17 to 86 weeks in 2017/18.

6.35 During this reporting period the data shows the GCC has made progress in reducing the median time taken from final IC decision to final Fitness to Practise Committee decision and time taken from time from receipt of initial complaint to final Fitness to Practise Committee decision. The figures below suggest an overall improvement in the GCC’s performance during this reporting period:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>From receipt of initial complaint to the final IC decision</td>
<td>18</td>
<td>21</td>
<td>35</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>From final IC decision to final Fitness to Practise Committee decision</td>
<td>43</td>
<td>44</td>
<td>31</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>From receipt of initial complaint to final Fitness to Practise Committee decision</td>
<td>72</td>
<td>61</td>
<td>64</td>
<td>86</td>
<td>53</td>
</tr>
</tbody>
</table>

6.36 The dataset also captures the number of open cases which are older than 52 weeks. As the following table demonstrates, the total number of open cases over
52 weeks has fluctuated over recent years. This is to be expected given the numbers are relatively small.

<table>
<thead>
<tr>
<th>Number of open cases</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>52-103 weeks old</td>
<td>5</td>
<td>3</td>
<td>13</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>104-155 weeks old</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>More than 156 weeks old</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total over 52 weeks old</td>
<td>7</td>
<td>4</td>
<td>14</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

6.37 Based on the information we reviewed, we do not have concerns about the GCC’s performance and are satisfied that this Standard is met.

**Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process**

6.38 Last year, we audited the GCC and found a reduction in the number of customer service concerns identified when compared with the previous audit in 2015/16. We did not identify any serious customer service concerns and considered that there was evidence that the GCC took into account the needs of parties, as well as provided a generally good level of customer service in its communications. We considered that there was therefore evidence of an improvement in the customer service provided by the GCC, and determined that this Standard was met.

6.39 The GCC has said that it continues to provide three-weekly updates to parties involved in a fitness to practise matter to ensure that they are kept informed of the progress of their complaint. The GCC also said that an external audit report dated August 2018 identified no concerns.

6.40 During this review we have not seen any further evidence to suggest that this Standard is not met. For example, we have not received any concerns about the adequacy of updates or customer service in fitness to practise cases. Therefore we are satisfied that this Standard is met.

**Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession**

6.41 We carried out a targeted review of this Standard following concerns we noted in our last report in relation to the GCC’s handling of some conviction cases, and a gap in its powers to impose interim orders to cover appeal periods.

**Conviction cases**

6.42 Last year we reported on the GCC’s response to an issue identified in its handling of some conviction cases. The Act states that anyone with a criminal conviction must be referred through fitness to practise procedures. However, previous Registrars of the GCC had decided some conviction cases themselves (as is permissible for cautions) rather than refer them to the IC under the fitness to practise process. Last year the GCC said that it had identified 27 such cases which dated back to when the register opened in 1999.
6.43 The GCC undertook a project to identify any further conviction cases not dealt with correctly and referred these to the IC. The GCC explained that the project identified eight further conviction cases, which brought the total to 35 cases. The GCC explained that this increase followed further investigation as the GCC found that its information about criminal offences declared by registered chiropractors did not distinguish whether or not the individual had been convicted.

6.44 The GCC has confirmed that it has taken further action so that all 35 cases have now been dealt with in accordance with its powers. It has also explained that it has changed its processes to ensure that all conviction cases it receives are dealt with appropriately. While it was concerning that the GCC was not previously complying with a requirement of the Act, we have not seen any evidence of a significant risk to the public as a result.

Interim orders to cover appeal period for substantive sanctions

6.45 In our last performance review we raised a concern that the GCC’s legislation does not allow for a final Fitness to Practise Committee to impose an interim order of conditions. This means that a registrant subject to a substantive sanction of conditions can practise without restriction until the end of the 28-day appeal window, or, if an appeal is made, until that appeal is resolved. Last year we noted that the GCC did not impose any conditions of practice orders, therefore there was no risk to the public. This year, the GCC said that it has imposed two conditions of practice orders on registrants at final hearings. Given the GCC’s inability to impose interim conditions during the appeal period, a risk to public protection exists. However, we recognise that the GCC is currently powerless to intervene.

6.46 The GCC explained that following our last performance report and comments regarding this issue, it wrote to the Department of Health and Social Care (DHSC) and flagged this risk. The GCC said that DHSC responded stating that it would not take the matter forward at present but rather, this would be picked up in a wider reform package. Since the GCC provided its written response to this Standard, the Government has published its response to its consultation on regulatory reform, which sets out its proposals for changes to the regulation of healthcare professionals.\(^{12}\) We understand the GCC is not able to tackle this risk until wider changes are made to its legal framework. We will comment on any reform in this area in the next performance review.

Conclusion

6.47 The GCC has changed its processes for dealing with conviction cases and has identified and dealt with all the cases which it did not previously manage correctly. It has also taken appropriate steps to highlight to DHSC the risks associated with its legislative restraints regarding interim orders. We will comment on any developments in this area in the next review.

6.48 We are satisfied that this Standard is met.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

6.49 The GCC continues to publish fitness to practise decisions on its website, with the exception of those that relate to the registrant’s health. We have seen no evidence to suggest that the GCC has failed to publish or communicate any fitness to practise decisions. No concerns have been identified through our check of the register, and we are satisfied that this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

6.50 During the period of this performance review, the GCC reported no data breaches to the Information Commissioner’s Office.\(^\text{13}\) We have not identified any other concerns or developments and are therefore satisfied that this Standard is met.

\(^{13}\) The Information Commissioner’s Office is the UK’s independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.
1. Summary

The purpose of this paper is to seek Council approval for the Business Plan and Budget for 2020, which represents the second year of the five year Corporate Strategy 2019-2023.

2. Action required: For agreement.

3. Introduction and Background


3.2 Four strategic areas form the basis of both the five year strategy and the Business Plan:

- We promote standards
- We develop the profession
- We investigate and act
- We deliver value

3.3 Each of our four aims is supported by a number of strategic objectives and these are set out below.

<table>
<thead>
<tr>
<th>Strategic aim</th>
<th>Strategic Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We promote standards</strong></td>
<td>Our assurance and support of education provision will reflect best practice in education and healthcare</td>
</tr>
<tr>
<td>We will set, assure compliance and</td>
<td>Our assurance and support of continuing professional development will facilitate best practice lifelong learning</td>
</tr>
<tr>
<td>promote educational, professional &amp;</td>
<td>Our continued development of professional and registration standards will ensure those standards are relevant and meaningful</td>
</tr>
<tr>
<td>registration standards alongside</td>
<td>Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients</td>
</tr>
<tr>
<td>lifelong learning.</td>
<td></td>
</tr>
</tbody>
</table>
**Strategic aim** | **Strategic Objectives**
---|---
**We develop the profession.**  
We will facilitate collaborative strategic work to support the profession in its development. | Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation  
Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care  
Our involvement in a profession-wide development strategy will support the profession to play its part in the wider/national health and well-being system  
Our communication of guidance and policy will support chiropractors and the profession to deliver great care

**Strategic aim** | **Strategic Objectives**
---|---
**We investigate and act.**  
We will take right touch action on complaints, the misuse of title or where registration standards are not met. | Our development of more ‘right touch’ fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe  
Our focus and transparent work on protecting the title ‘chiropractor’ will provide clarity to the public and registrants  
Our approach to decisions on registration standards will provide clarity to the public, students and registrants  
Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns

**Strategic aim** | **Strategic Objectives**
---|---
**We deliver value.**  
We will be a great place to work, work together and deliver effective/efficient services. | Our culture, values and people development will make us an employer of choice  
Our financial planning and use of resources will provide a secure future for the GCC  
Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience  
Our communication, engagement and collaboration will build confidence and trust

### 4. Business Plan aim

4.1 The proposed business plan 2020 sets out the key areas of work under the four strategic aims and builds on the work that we have undertaken in 2019 both in developing the foundations and transforming how we work. It is particularly informed by the Council Development day in September 2019, and discussions with stakeholders, with its focus on supporting the long-term development of the chiropractic profession and understanding better the public and patients’ experiences of chiropractic such that our policies better take that into account. Our objective is improvements to patient care and safety.
It is for others to take action to promote the benefits of chiropractic, and the profession. Our first task is to regulate the profession to protect the public. We must be conscious of the potential for conflict between our duty to regulate and our duty to develop the profession.

4.2 Under each of the strategic aims activities considered necessary over and above business as usual activities are proposed. These activities are modest in terms of investment and in line with the activities and spending patterns of other regulators and enable greater transparency as to what chiropractic is and the diversity of the profession.

4.3 The business plan is presented alongside the proposed GCC overall budget. In preparing this plan our expectation is that it is affordable, achievable and consistent with our financial sustainability objectives. The allocation of resources required to progress with the business plan activities as well as normal operational delivery informs the proposals for the budget. It will benefit from revised staffing arrangements within the GCC and draw upon the support of individuals and organisations external to the GCC, where appropriate.

4.4 The plan is presented in a similar format to that of 2019 giving it continuity in approach and consistency in terms of performance monitoring.

4.5 Having delivered the majority of the Business plan for 2019, we now can look at 2020, taking into account any activities that will be continuing into 2020 and which we can build on and refine – for example the continuous improvement of the new GCC website and online portal for registrants.

5. **Business plan proposal**

5.1 Our focus in 2020 will be:

- doing our regulatory work well and more efficiently;
- addressing the need to better promote good standards and professionalism, by communicating our expectations more effectively and frequently – preventive ‘upstreaming’ to reduce the impact of poor practise;
- Improved care by better meeting patient and public expectations around chiropractic treatment.
- More engagement with registrants by us in terms of CPD returns, correspondence, regular communication and more efficient FTP processes.

5.2 We will use our knowledge and experience and better use the intelligence we hold to address what does not work so well such as, communication and engagement around the nature of complaints, IC findings to ensure registrants better understand what is required of them as professionals and what might feature in their own professional development plans - leading to better quality of care for patients. Having substantially changed the CPD summary form this year we will be evaluating whether the new focus on reflection is encouraging chiropractors to reflect upon their own learning and whether it has better enabled
chiropractors to implement lessons drawn from a major learning activity into their professional practice.

5.3 It is important that the public has confidence in the quality and safety of chiropractic care. We need to ensure that as an organisation we understand patient and public needs, views and concerns so that we can improve the information we communicate to patients and the guidance we provide for chiropractors is informed by this—in addressing emerging issues, for example pre-treatment assessment, consent and so on. We must engage, listen and build relationships with patients in order to understand and be able to respond to public needs and concerns.

5.4 Taking the view that the public is better protected if we know what patients want from chiropractic and its regulation, and who perceive benefit from the protection provided by regulation in terms of our information provision role and in taking strong action where necessary, we propose to carry out qualitative and quantitative research to provide a strong evidential basis for our policy and standards work as well as informing and improving our wider regulatory activities.

5.5 Discussions have been held with the professional associations and Royal College of Chiropractors (RCC) on areas where they have a particular role and ability to lead on or support areas of activity, particularly those included within the aim of ‘Developing the Profession’: the GCC facilitating rather than leading.

5.6 We recognise the need to better understand the profile and practice features of the current chiropractic workforce. This will allow us to be able to better plan for ensuring a flow of chiropractors into the profession, to attract a more diverse workforce, identify trends and strategic change, respond to the growth of education programmes and as part of our student engagement activities to map out and raise the profile the breadth of career opportunities that are available to new graduates. These opportunities may be clinical, academic or research based or a combination of all of these so that future researchers and academics can be supported and nurtured pre and post graduation and that undergraduates are supported to make informed career choices. The goal must be a profession responsible individually and collectively for the provision of care that patients understand and expect; with a stronger academic and research base indicative of a mature and reflective status.

5.7 The plan also includes a commitment to determine how public health should be included within our Education Standards and therefore the undergraduate curriculum. We are developing this in parallel with the RCC’s new public health society coming into being, that will help shape the developing public health role of chiropractors, develop their public health role and provide access to public health resources and focused CPD as we recognise that chiropractors have a public health role, not least because MSK health is a public health issue. The profession has an opportunity, and arguably duty, within the wider health system
to support people in making positive changes to their general health and wellbeing as part of a greater professional responsibility.

5.8 We plan to collaborate with the RCC to produce a set of competences, approved by the GCC, setting out the professional knowledge, skills, values and behaviours that new UK chiropractic graduates must know and be able to demonstrate. This builds on current research looking at the preparedness of new graduates for practice. We recognise and expect that newly qualified chiropractors will still need ongoing practical experience to develop and consolidate their skills and capabilities during the key first few years in practice. A clear progression from undergraduate to post graduate education and training is key; there is a need to ensure employers are better placed to offer the necessary support and mentoring to enable newly qualified chiropractors to grow and develop and practise safely. We therefore expect all new graduates to benefit from a structured programme of learning and training during this transition year: either through the RCC Post registration training programme (PRT) or an equivalent and for this to form their CPD for at least their first year in practice. We will be taking a risk based approach to our CPD audit as a means of mitigating this particular risk at this stage in a chiropractors’ career.

5.9 Should the Government come forward with legislative change then we will need to carry out a fundamental review of all of our Rules and would need to direct resources to this, proposals would necessarily come back to Council. However, if reform doesn’t come forward then there could be significant cost in pursuing several s60 changes.

6. Implications
   
a. Strategic
The Business Plan 2020 relates directly to the five year strategy. In the coming year we will carry out key areas of work as well as continue to deliver our regulatory responsibilities and we are continually seeking opportunities to improve on how we deliver these core functions.

   b. Legal and compliance
There may be projects/activities that require legal advice and the budget will incorporate this.

   c. Risk assessment / analysis
There are risk implications arising from this paper. Risks will be captured in the organisational risk register once the business plan activities are agreed.

   d. Equality
There are equality implications arising from this paper. Projects which cause changes to the way we work and have an impact on individuals may require equality impact assessments.
e. Communications
There are communications implications arising from this paper. There are increased opportunities and requirements to engage with all of our stakeholders as part of the programme of work. We will communicate the business plan to registrants and our stakeholders and publish this on our website.

We will continue to develop specific communications on activities in the business plan and this includes information on our website, wider communications through social media and directly through communications material including our monthly newsletter. We will aim to reach all our key interest groups including patients and the public.

7. Recommendations and next steps
The Council is asked to:

- Agree the proposed Business Plan and budget for 2020 to support year two of our Strategic Plan 2019 – 2023.

8. Attachments
Annex 1 – Business Plan 2020
## WE PROMOTE STANDARDS

We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning

<table>
<thead>
<tr>
<th>Activity</th>
<th>Expected outcomes</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| Capture and use our knowledge to provide a sharper focus in our regulatory work by publishing and promoting guidance that supports chiropractic best practice and enables ‘upstreaming’ of complaints | ✓ Findings and recommendations within and out of the GCC will allow us to implement new requirements  
✓ Better standards of chiropractic care for the public  
✓ Fewer complaints received in the organisation  
✓ More engagement with the profession using various platforms  
**Measures:** Publication of guidance, lessons learnt and content disseminated to the profession on a regular and ongoing basis. Seek feedback from the profession as to usefulness in doing so. | Regular and ongoing |
| Review the need for changes to our education standards to include the wider public health agenda. | ✓ Ensures chiropractic is not seen as a solitary profession outside of the wider healthcare system  
✓ Ensures that our education standards are relevant and meaningful and in line with other regulators and healthcare professions  
**Measures:** Revised standards published. Increased activity amongst the profession in the wider healthcare system. | To Education Committee by November |
| Evaluate whether the changes made to our CPD summary have led to greater evidence of reflection amongst registrants | ✓ To ensure that chiropractic learning has a positive impact on patient care and to understand how this has been achieved  
**Measures:** Evaluation report published. | June |
| Respond to policy relating to Governance and FTP emerging from the department of health’s regulatory reform agenda | ✓ Ensure our voice is heard in the wider healthcare domain  
**Measures:** GCC core requirements identified and included in final proposal. | As required |
## WE DEVELOP THE PROFESSION

We will facilitate collaborative strategic work to support the profession in its development

<table>
<thead>
<tr>
<th>Activity</th>
<th>Expected outcomes</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| Commission research to understand current and future workforce needs and challenges of the profession | ✓ Greater knowledge of the profile and practice features of the profession  
✓ To inform future planning – education programmes, entry to the profession and our fitness to practice duties  
**Measures:** Demographics, requirements, validated research findings and recommendations on how the chiropractic workforce can be developed and supported in the future | December   |
| Commission research and survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice | ✓ Greater understanding and evidence base of chiropractic patient experiences and satisfaction, to allow us to better provide relevant regulatory functions and guidance  
✓ Greater understanding of how patients access information and advice about the profession and treatment  
✓ Understanding of whether patients look for and value seeing a registered professional  
**Measures:** Creates baseline of a systematic review of literature around chiropractic patient experiences and satisfaction nationally and internationally. A report based on survey and interviews with UK chiropractic patient cohort undergoing care | March 2021 |
| Implement student engagement strategy                                    | ✓ Engage more regularly and effectively with students enrolled on GCC recognised education programmes in order to promote professionalism  
✓ Better knowledge and understanding of the GCC amongst current chiropractic students  
**Measures:** Student awareness of the GCC to have changed from current limited understanding. We will have had contact with every student during their course. Targeted student information on the website. | Ongoing    |
| Develop a set of competencies for new graduates                           | ✓ Allows newly qualified chiropractors to build on and develop their knowledge and capabilities as they move into practice and post-graduate training.  
✓ Ensure that all new UK graduates benefit from a structured programme in their key transitional year into practice  
**Measures:** New set of competencies, resulting in fewer complaints received against new graduates and better standards of care for patients. Annual CPD audit will check new graduates’ submissions. | June       |
| Survey the public on their views and expectations of the chiropractic profession and regulation | ✓ Greater understanding of the public perception of chiropractic and regulation and how this influences the information that we provide  
**Measures:** Ascertains the level of awareness chiropractic and perceptions of what chiropractors do among the public and enables us to inform 2021 work | December   |
| Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways | ✓ Better patient care  
✓ Raises profile of range of career opportunities within chiropractic  
✓ Expands the research base of chiropractic  
✓ Ensures supply of future academic staff  
✓ Addresses need for future leaders  
**Measures:** A clear map of career opportunities for new professionals | December   |
| Support and promote inter-professional learning and working between chiropractors and other healthcare professionals | ✓ Chiropractors will gain understanding of the wider healthcare system through learning and working with other healthcare professionals  
✓ Better communication between professionals and joined up high quality patient care  
✓ Mutual respect between professionals  
**Measures:** Case studies published in collaboration with GOsC illustrating inter-professional work | April      |
WE INVESTIGATE AND ACT

We will take right touch action on complaints, the misuse of title or where registration standards are not met.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Expected outcomes</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| **Carry out necessary recruitment exercises for our regulatory committees** | ✓ Enables a bigger, more diverse pool of chiropractic members to hear PCC cases  
✓ Allows for PCC cases to be heard in a shorter timeframe from referral from IC  
✓ Better reporting and oversight of the Investigating Committee | March (IC)  
September (PCC) |
| **Legal policy review of our correspondence with complainants taking into account consent and of whistleblowing in clinics.** | ✓ Improved efficiency measures  
✓ Ensure we follow best practice in the regulatory sector  
✓ Better communication with complainants and more clarity of the process | July |
| **Consider our expert witness arrangements** | ✓ Allows for greater efficiencies in the investigation process | October |
| **Increase and improve our engagement with our partners and key stakeholders, including appraisals, regular updates and access to learning opportunities** | ✓ Closer working relationships with our partners while recognising independent decision-making  
✓ Improved decision making and knowledge building among our partners | Ongoing |
| **Hold a 'lessons learnt' steering group regarding the advertising complaints closed in 2019** | ✓ Understanding of all aspects of the process, with hindsight, to allow us to incorporate into future work | May |

**Measures:**
- New committee members
- Less complaints or misunderstanding of the process from complainants.
- Cost efficiencies
- Appraisals and training carried out. Learning points circulated and acted on.
- Report published
<table>
<thead>
<tr>
<th>Activity</th>
<th>Expected outcomes</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| Implement a mandatory learning and development programme for staff and assess performance and development needs on an individual basis | ✓ Increase our staff ability  
**Measures:** Operate as a professional, lean organisation | May       |
| Implement a case management system for the FTP department              | ✓ Increased efficiency and less chance of making mistakes/errors in case progression or in relation to data protection | July      |
| Review and update our IT document management arrangements               | ✓ Assessment and cleansing of data no longer required allowing us to better deal with FOIs and other requests. Cost saving measures | March     |
| Move to a paperless system for council and committees                   | ✓ Modernises our Committee meetings allowing better efficiencies in cost, time and work. Reduces paper usage | March     |
| Review IT support contract arrangements                                 | ✓ Ensure that our IT arrangements are adequately supported  
**Measures:** Review undertaken | June      |
| Run a recruitment exercise for two new registrant Council members and one new lay Education Committee member | ✓ New members recruited and inducted | April     |
| Carry out staff initiatives to gauge and improve the contentment and wellbeing of the staff team including publishing a mental health and wellbeing policy | ✓ Creates and maintains a better, more content workforce  
**Measures:** Staff survey undertaken with positive results, fewer sick days | June       |
| Make continuous improvements to the new website and new CRM system      | ✓ Enables us to communicate and engage better with registrants and the public. Greater ease of use and self-service, freeing up time in the registrations department  
**Measures:** More online content and ease of navigation on website. Users’ perception of the system is that it is simpler and more efficient. | Ongoing    |
| Review our existing disaster recovery plan and update                   | ✓ Ensures our current procedures minimise disaster risks which could result in reputational damage, financial loss and work time losses | March     |
## Core Regulatory Functions

These activities form our core work on a day-to-day basis outside of separate projects.

### Education and Registrations
- Approve new and support current education programmes throughout the year
- Carry out annual CPD monitoring
- Make continual improvements to our communication and engagement – workshops, monthly newsletters, increased social media presence
- Carry out educational programme monitoring
- Retain the register
- Register new applicants
- Carry out a minimum of four Test of Competence assessments in the year
- Attend conferences (UK and non-UK)

### Corporate (HR, Technology, Finance, Communications)
- Deliver the second year of our three year financial sustainability plan
- Publish monthly management accounts
- Continual engagement and communication with registrants, key stakeholders and the profession via various mediums
- Carry out annual and mid-year appraisals
- Ensure mandatory training completed on GDPR, Equality and Diversity
- Engage and collaborate with other regulators, including the Chief Executives of regulatory bodies
- Data protection activities
- Ongoing technology and license refresh and updates
- Internal audits
- Day-to-day finance administration

### Fitness to Practice
- Investigate complaints that we receive from the public
- Hold Investigating Committee Meetings and Professional Conduct Committee Hearings
- Hold Interim Suspension Hearings
- Maximise efficiencies with expert witness and legal costs
- Carry out audits of our case files
- Legal policy updates and reviews
- S32 complaints

### Governance
- Hold Committee meetings (Audit and Risk, Remuneration, Education)
- Ensure we meet the new PSA performance standards
- Maintain and review our governance policies and procedures
1. Summary
The Council is required to formally approve the budget for each financial year. This paper presents the proposed budget for the year from 1st January 2020, which is expected to be a break-even position for the year and, along with the position for 2019, delivers the first 2 years of the financial sustainability plan. The proposed budget should be seen alongside the proposed business plan for 2019 – considered in the previous item.

2. Action required: For decision.

Council is asked to approve the budget for 2020.

3. Budget overview

a. Process
This budget is assembled by a review of the forecast position for income and expenditure in 2019 and adjusting this for planned changes in activities and to deliver the business plan activities for 2020. The business plan identifies a break-even position, achieved by reducing costs in a number of areas, derived from efficiencies as a consequence of process reviews undertaken during the current year and additional capacity created at senior management level (further to organisational change).

b. Highlights figures
The table below shows the proposed budget for 2020 in blue, with comparisons against both the 2019 budget and the revised forecast for 2019. Variances are also shown against both for the 2020 budget.
c. 2019 to 2020 movement

The 2019 forecast indicates an improved position against forecast; albeit still a deficit. Given the budget establishes a break-even position a summary analysis of the principal areas of 'movement' between 2019 to 2020 is helpful information. The graph, below, shows the key movements from the 2019 forecast deficit to the breakeven proposed in the 2020 budget.

In short, the green bars are items of expenditure incurred this year that we do not expect to incur in the next; the most significant being the expenditure incurred on
dealing with and closing the advertising cases. In addition this year we invested in technological projects (website and registrant portal) which is not replicated this year. The red bars are pressures or investment opportunities identified within the detailed budgeting and business planning exercise undertaken since Council met in September.

Crucially, through our budgeting and financial sustainability work over the last year we know that the area of activity that contributes to uncertainty relates to volumes and types of complaints received – that have to be considered by the team; and then the Investigating Committee. The detailed information within the annexes, below, capture the central assumptions we make as to that activity. By its nature, that activity is unpredictable.

Given the Council has reserves available to it, there is potential for the Council to adopt a risk-based approach to budgeting. In other words, if the risk of an increase in the volume of complaints above a previously agreed threshold are realised then additional expenditure is applied at the time it is incurred. The value of the availability of the reserve is that it is a source of funding and therefore comfort; equally as part of the normal cost management processes in-year we would seek to obviate the need to draw-down funds, but without squeezing expenditure on the expenditure areas agreed within the business plan. In other words a pre-agreed plan for deficit based on our key variable.

4. Detailed information
This budget paper includes four annexes showing more detail on the 2020 budget. These include:

- An activity analysis of the figures included in the 2020 budget.
- High level information on activities planned
- Scenarios that have been tested as part of the budgeting process.
- Key risks identified as part of the process.

5. Recommendations and next steps

The Council is asked: **To review and approve the budget for 2020.**

6. Attachments
Annex 1 – Budget figures
Annex 2 – Departmental summaries
Annex 3 – Scenario testing
Annex 4 – Key risks
### Annexe 1 – Budget figures

<table>
<thead>
<tr>
<th>Budget</th>
<th>Forecast 19 v2</th>
<th>Budget 20</th>
<th>B19-B20 Var</th>
<th>F19-B20 Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance Council</td>
<td>135,422</td>
<td>177,360</td>
<td>145,616</td>
<td>-10,194</td>
</tr>
<tr>
<td>Audit &amp; Risk Committee</td>
<td>4,518</td>
<td>3,314</td>
<td>3,240</td>
<td>1,278</td>
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<tr>
<td>Remuneration Committee</td>
<td>6,024</td>
<td>536</td>
<td>990</td>
<td>5,034</td>
</tr>
<tr>
<td>Education Committee</td>
<td>12,550</td>
<td>11,548</td>
<td>15,784</td>
<td>-3,234</td>
</tr>
<tr>
<td></td>
<td>158,514</td>
<td>192,758</td>
<td>165,630</td>
<td>-7,116</td>
</tr>
<tr>
<td>Central CER office</td>
<td>403,154</td>
<td>314,703</td>
<td>271,388</td>
<td>131,766</td>
</tr>
<tr>
<td>Technology</td>
<td>326,443</td>
<td>343,816</td>
<td>251,694</td>
<td>74,749</td>
</tr>
<tr>
<td>HR</td>
<td>120,577</td>
<td>63,491</td>
<td>94,860</td>
<td>25,717</td>
</tr>
<tr>
<td>Finance</td>
<td>117,412</td>
<td>109,209</td>
<td>166,472</td>
<td>-49,060</td>
</tr>
<tr>
<td>Property</td>
<td>248,000</td>
<td>271,697</td>
<td>261,396</td>
<td>-13,396</td>
</tr>
<tr>
<td>Communications</td>
<td>65,200</td>
<td>54,903</td>
<td>38,600</td>
<td>-17,303</td>
</tr>
<tr>
<td></td>
<td>1,280,786</td>
<td>1,157,819</td>
<td>1,072,410</td>
<td>208,376</td>
</tr>
<tr>
<td>Investigations General</td>
<td>249,721</td>
<td>374,182</td>
<td>394,392</td>
<td>-144,671</td>
</tr>
<tr>
<td>Investigating Committee (IC)</td>
<td>156,304</td>
<td>197,832</td>
<td>214,176</td>
<td>-17,344</td>
</tr>
<tr>
<td>Professional Complaints Committee (PCC)</td>
<td>613,850</td>
<td>389,572</td>
<td>364,100</td>
<td>249,750</td>
</tr>
<tr>
<td>Interim Suspension Hearings (ISH)</td>
<td>25,616</td>
<td>38,877</td>
<td>40,308</td>
<td>-14,492</td>
</tr>
<tr>
<td>Protection of title (Section 32)</td>
<td>18,600</td>
<td>36,772</td>
<td>33,000</td>
<td>-14,400</td>
</tr>
<tr>
<td>Advertising cases</td>
<td>196,669</td>
<td>186,283</td>
<td>196,669</td>
<td>186,283</td>
</tr>
<tr>
<td></td>
<td>1,260,760</td>
<td>1,223,518</td>
<td>1,045,976</td>
<td>214,785</td>
</tr>
<tr>
<td>Education &amp; Registration General</td>
<td>115,814</td>
<td>98,064</td>
<td>237,548</td>
<td>-121,734</td>
</tr>
<tr>
<td>Education</td>
<td>92,263</td>
<td>46,260</td>
<td>90,024</td>
<td>2,239</td>
</tr>
<tr>
<td>Registrations</td>
<td>95,380</td>
<td>109,132</td>
<td>76,552</td>
<td>18,828</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>27,644</td>
<td>6,567</td>
<td>13,655</td>
<td>13,989</td>
</tr>
<tr>
<td>Test of competence</td>
<td>38,992</td>
<td>28,736</td>
<td>31,480</td>
<td>7,512</td>
</tr>
<tr>
<td></td>
<td>370,093</td>
<td>288,759</td>
<td>449,259</td>
<td>-79,166</td>
</tr>
<tr>
<td>Total Costs</td>
<td>3,070,153</td>
<td>2,862,854</td>
<td>2,733,275</td>
<td>336,878</td>
</tr>
<tr>
<td>Income Registrants</td>
<td>2,570,150</td>
<td>2,531,500</td>
<td>2,576,000</td>
<td>5,850</td>
</tr>
<tr>
<td>Investment</td>
<td>120,000</td>
<td>120,000</td>
<td>120,000</td>
<td>0</td>
</tr>
<tr>
<td>Insurance</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>ToC</td>
<td>50,000</td>
<td>42,000</td>
<td>40,000</td>
<td>-10,000</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2,740,150</td>
<td>2,753,500</td>
<td>2,736,000</td>
<td>-17,500</td>
</tr>
<tr>
<td>Surplus</td>
<td>-330,003</td>
<td>-109,354</td>
<td>2,725</td>
<td>332,728</td>
</tr>
<tr>
<td></td>
<td>-12.0%</td>
<td>-4.0%</td>
<td>0.1%</td>
<td>-330,003</td>
</tr>
</tbody>
</table>
Annexe 2 – Departmental summaries

Costs associated with delivering the 2020 Business plan are included in the budget and those activities have not been repeated here. The following items have been included to give a flavour of other items included in the budget for 2020.

Staff costs
The staffing restructure discussed at the meeting of the Remuneration and HR Committee meeting in November 2019 are modelled in the budget, along with transitional costs associated with that restructure. Also at that meeting the Committee agreed to recommend to Council an across-the-board increase of 2.6% to salaries, taking into account the latest available price index figures and data on salary inflation elsewhere.

Governance
Further to HMRC expectations additional costs are included to take into account the tax and National Insurance implications relating to travel and accommodation costs incurred by Council members. In addition, costs for the recruitment of two registrant Council members and an Education Committee member are included.

Central
Whilst there was substantial technology expenditure in 2019, given the nature of digital investment further technology projects have been included, including further evolution of the new CRM; development of a case management system for our fitness to practise activity to create further efficiencies and to ensure information governance can be assured; and introducing an enhanced document management which will also enable improved transmission of documents to Members and Partners.

Development
The business plan identifies a largely new area of investment for the GCC in taking forward the proposals at the September 2019 meeting of the Council, of a value £120k.
Additionally, given the growth of education programmes increased education visits are assumed.

Investigations
Volume assumptions for investigations are shown below. In summary we expect to receive 85 new complaints in 2019 (78 were received at 30 November 2019). This is a substantial increase on the previous five year average of 60 per year. As such it may be an unusual year rather than a trend. Equally our expenditure in this area increased substantially. And there will be some consequential impact in 2020 - due to the larger numbers of open cases at the start of the year (that is 67 in 2020 compared to 42 in 2019). Our costs for dealing with a 17% increase in activity (which includes complaints being received at the new six-year average) is budgeted for 2020 – a modest increase in the team size and some consequential IC cost impacts.
However, if complaints continue to be received at the same rate as 2019 (that is above 5.33 cases per month then additional activity within the team and IC is unbudgeted. At that point we will need to increase expenditure – at a cost of approximately £8,000 per complaint above 5.33 per month – around £80,000 in total.

Costs in relation to IC and PCC member recruitment, induction and appraisal required this year are included.
### FtP team and Investigating Committee

<table>
<thead>
<tr>
<th>Forecast to end 2019</th>
<th>Budget 2020</th>
<th>Budget 2020</th>
<th>6 year average for New complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Forecast to end 2019</td>
<td>Budget 2020</td>
<td>Budget 2020</td>
</tr>
<tr>
<td>Open cases start of year</td>
<td>42</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>New Complaints (actuals to end Nov)</td>
<td>78</td>
<td>64</td>
<td>85</td>
</tr>
<tr>
<td>Assumed new complaints in Dec</td>
<td>7 Based on average for 2019 so far</td>
<td>64 Based on 6 year average</td>
<td>85 Based on 2019 figures</td>
</tr>
<tr>
<td>New in year</td>
<td>85</td>
<td>64</td>
<td>85</td>
</tr>
<tr>
<td>Closed at IC to end of Nov</td>
<td>47 Of the 47, 35 were 2018 cases</td>
<td>70 Cases/month = 5.83</td>
<td>80</td>
</tr>
<tr>
<td>Cases to be considered Dec 2019</td>
<td>16 16 listed; assumed 13 closed</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>Assumed adjourned</td>
<td>-3 16 listed; assumed 13 closed</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Closed in year</td>
<td>60</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>Open cases end of year</td>
<td>67</td>
<td>61</td>
<td>72</td>
</tr>
</tbody>
</table>

Cost increase assumption for 2020 budget | 1.17 = 60 / 70

### Professional Conduct Committee

<table>
<thead>
<tr>
<th>Forecast to end 2019</th>
<th>Budget 2020</th>
<th>Forecast 2021</th>
<th>IC to PCC rates</th>
<th>NCTA</th>
<th>PCC</th>
<th>IC total</th>
<th>Referral rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open cases start of year</td>
<td>7</td>
<td>6</td>
<td>11 Substantial increase in 2021 on PCC costs</td>
<td>2019</td>
<td>41</td>
<td>6</td>
<td>47</td>
</tr>
<tr>
<td>New cases to be heard</td>
<td>6</td>
<td>12 Based on 6 year average</td>
<td>2018</td>
<td>47</td>
<td>11</td>
<td>58</td>
<td>19.0%</td>
</tr>
<tr>
<td>Assumed cases heard in Dec</td>
<td>0 Based on no booked PCCs</td>
<td></td>
<td>2017</td>
<td>51</td>
<td>16</td>
<td>67</td>
<td>23.9%</td>
</tr>
<tr>
<td>New in year</td>
<td>6</td>
<td>12 Based on 6 year average</td>
<td>2016</td>
<td>28</td>
<td>15</td>
<td>43</td>
<td>34.9%</td>
</tr>
<tr>
<td>Closed at PCC to end of Nov</td>
<td>7 Normal performance is to close b/fred</td>
<td>7</td>
<td></td>
<td>2015</td>
<td>25</td>
<td>16</td>
<td>41</td>
</tr>
<tr>
<td>Closed in year</td>
<td>7</td>
<td>7</td>
<td></td>
<td>2014</td>
<td>61</td>
<td>29</td>
<td>81</td>
</tr>
<tr>
<td>Open cases end of year</td>
<td>6</td>
<td>11</td>
<td></td>
<td>Totals</td>
<td>253</td>
<td>84</td>
<td>337</td>
</tr>
</tbody>
</table>

Cost increase assumption for 2020 budget | 1.00 = 7 / 7
Annexe 3 – Scenario testing

The following table models some scenarios around key budget assumptions, along with their financial impact on the budget for 2020.

<table>
<thead>
<tr>
<th>Assumption</th>
<th>Scenario</th>
<th>Impact</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary increase of 2.6%</td>
<td>+/-0.5% on assumed increase</td>
<td>+/- £4 each year</td>
<td>Salary increase scrutinised and recommended by Rem Com</td>
</tr>
<tr>
<td>100% staffing</td>
<td>5% vacancy rate for the year</td>
<td>£39k saving in the year</td>
<td></td>
</tr>
<tr>
<td>Development projects</td>
<td>10% under delivery in year</td>
<td>£12k saving in the year</td>
<td></td>
</tr>
<tr>
<td>Technology projects</td>
<td>10% cost overruns in year</td>
<td>£8k extra costs in the year</td>
<td></td>
</tr>
<tr>
<td>Expert savings of 20% and legal savings</td>
<td>Only half the savings are achieved</td>
<td>£40k extra costs in the year and going forward</td>
<td></td>
</tr>
<tr>
<td>10% in investigations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 cases closed at PCC</td>
<td>1 extra case dealt with and closed at PCC</td>
<td>£50k extra costs in the year</td>
<td></td>
</tr>
</tbody>
</table>
## Annexe 4 – Key budget risks

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Risk likelihood*</th>
<th>Impact of risk†</th>
<th>Managing the risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income lower than budgeted</td>
<td>2</td>
<td>3</td>
<td>Activities will be scaled down/deferred in line with any reduced income.</td>
</tr>
<tr>
<td>High volume of multiple complaints around the same issue</td>
<td>1</td>
<td>4</td>
<td>Costs to be funded from reserves, following request to Council.</td>
</tr>
<tr>
<td>Complaint levels above 6 year average</td>
<td>3</td>
<td>3</td>
<td>Weekly monitoring of new complaint levels.</td>
</tr>
<tr>
<td>High level of annual PCC cases impacting on financial sustainability</td>
<td>3</td>
<td>3</td>
<td>Limited action can be taken</td>
</tr>
<tr>
<td>Regulatory reform agenda stalls – requiring substantial s.60 activity on our part and therefore legal advice costs</td>
<td>3</td>
<td>3</td>
<td>Take forward only essential aspects. Feasibility undertaken. Costs to be funded from reserves, following request to Council.</td>
</tr>
<tr>
<td>Welsh language work</td>
<td>1</td>
<td>3</td>
<td>Costs to be funded from reserves, following request to Council.</td>
</tr>
</tbody>
</table>

* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)
† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)
1. **Summary:**

This paper seeks approval for a new Disclosure Policy. The current policy is outdated and impractical. The opportunity has been taken to consider the policy afresh, and to seek feedback on it further to consultation.

2. **Action required:**

The Council is asked to approve the Disclosure Policy, for consultation.

3. **Background:**

Within the regulatory work we undertake we play an important role in making that work transparent, as appropriate. That is creating, publishing and disclosing information primarily on the GCC website such that the public is aware of activity as part of our public protection obligations. This information includes information such as forthcoming professional conduct committee cases and the determination of those and forthcoming matters relating to interim orders. Within those matters there is much to consider in relation to how much information is disclosed; when; and for how long that information remains in the public domain.

In undertaking the review of the policy we have taken into account:

- the practices of other regulators,
- Legal updates, following changes to legislation and case-law;
- Feedback from a working group of Members and a workshop held with GCC staff on their experiences of applying the current policy.
- Advice from our information law solicitors, such that the policy meets our legal obligations.
4. **Legal issues:**

The legal considerations captured within the policy are:

- The extent to which the GCC is specifically required to publish or disclose any information, by virtue of its statutory functions;
- Where the GCC is not specifically required to publish information, what it chooses to publish so as to discharge its overriding objective and broader statutory responsibilities, as well as public law concepts of open justice – which are ultimately policy decisions for the GCC; and
- The balance between being open and transparent about GCC processes and how we make decisions, whilst recognising that these need to be balanced with the legitimate privacy rights of registrants and other stakeholders. This broadly reflects responsibilities under data protection law to process information fairly and proportionately, and not to continue to hold or ‘process’ personal data (which would include its publication and disclosure) for longer than is necessary. However, there are no prescriptive requirements in data protection legislation as to how long these periods should be – again this is for policy decision by the GCC.

The risk of successful challenge to publishing details around a sanction against a registrant for the period of the sanction is low. The registrant’s practise is ‘impaired’ during that time, and therefore the public should know about this.

There is a risk if we continue to publish - or otherwise disclose ‘to the world’ (a member of the public)- details of a sanction against a registrant after the sanction is ‘spent’ as at that stage the chiropractor is not deemed a risk to the public as to their professional conduct.

Here, we must be able to explain why we are continuing to publish details about a registrant’s past professional conduct. In justifying, we might say publication:

- helps patients in their making an informed choice about who they would like to treat them;
- builds confidence in the GCC’s system of regulation, because it allows individuals to understand what action the GCC has taken and why;
- where a professional has repeated interactions with their regulator, may encourage complaints being made about current impairment.

The approach of other health regulators varies. The Nursing and Midwifery Council largely publish details of sanctions only for the duration of the order. The General
Dental Council generally continues to publish details for a month after the period of sanction ends. The General Medical Council continue to publish details of sanctions for considerably longer.

The General Osteopathic Council has a similar legislative framework to the GCC. Its approach to publication is:

- Interim Orders (IC or PCC) – duration of order;
- Admonishment – six months;
- Conditions of Practise – duration of order plus one year;
- Suspension – duration of order plus two years;
- Removal – five years.

Many regulators distinguish between ongoing publication of ‘health’ sanctions (short publication periods/little detail) and ‘professional conduct’ sanctions (longer publication periods/more detail).

Many chiropractors are self-employed and so as well as a conceptual infringement of their privacy by continuing to publish details that their practise was previously ‘impaired’, there is the potential that their business will suffer from publishing those details, which may increase the risk of challenge.

The other risk is reputational, in terms of registrants or other stakeholders expressing dissatisfaction with any policy decision we take via social media, the press or other channels. Conversely, setting publication periods too short may (in the event that there are concerns about a registrant which are ‘missed’ as a result) have serious reputational consequences for the GCC.

The policy seeks to meet our statutory objectives under section 1(4A) and section 1(4B) to ensure that there is a balance between the need to be open and transparent against our obligations to achieve procedural fairness to those we interact with, as well as the rights and freedoms of individuals, so that what we publish or disclose is proportionate.

5. Changes proposed:

We set out as clearly as possible the changes identified between the current version of the policy and the proposed policy and the extent this is in line with other regulatory bodies. It shows several drafting notes with the decisions we are asking Council to consider highlighted in yellow with changes flagged in red text (see annex 2).
6. Next steps

The policy decisions taken will reflect Council’s attitude to publishing. There is merit in undertaking a consultation following the Council’s initial review. It is proposed that public consultation on the draft disclosure policy is undertaken between 6 January 2020 and 14 February 2020. The draft consultation document and questions is at annex 3 and sets out what is included in the consultation and who we consult.

There is no express statutory duty to consult. We have consulted in the past which may give rise to a legitimate expectation of equivalent consultation on similar topics and so on. In any event, we are of the view that documents which are the product of input from a wide range of stakeholders tend to be more balanced and command enhanced status and support in practice. The consultation would also help to inform a ‘data protection impact assessment’ of the proposed policy, which our information lawyers have recommended is also completed once this policy is final.

We will seek approval on the Disclosure Policy at the Council meeting in March 2020.

7. Recommendation

The Council is asked to:

a. Comment on and approve the draft Disclosure Policy

b. Agree to the proposed consultation on the draft Disclosure Policy

c. Note the final draft of the Disclosure Policy be brought forward to the March 2020 meeting of the Council, for agreement.

8. Attachments

Annex 1 – Current version of Disclosure Policy
Annex 2 – Amended draft version of Disclosure Policy
Annex 3 – The consultation document and questions
Disclosure Policy:
Regulatory Committees and Appeal Tribunals
## Background

1

### General Principles in relation to the Public Nature of and/or Disclosure of Proceedings & Findings

2

#### Nature of Publication

2

#### Nature of Information to be Disclosed

3

#### General Policy

3

#### Disclosure of Findings After Publication

3

### Schedule 1

4

#### Disclosure concerning:

- Notice of hearing (Appeal Tribunal) 4
- Notice of Decision (Appeal Tribunal) 4
- Notice of Hearing (Interim Suspension) (IC) 5
- Notice of Hearing (Interim Suspension – Section 10) (IC) 5
- Notice of Decision (Interim Suspension) (IC) 5
- Notice of Hearing (Interim Suspension) (PCC, HC) 6
- Notice of Formal Allegations (PCC) 6
- Notice of Hearing (PCC) 6
- Notice of Decision (PCC) 7
- Notice of Allegations (HC) 8
- Notice of Hearing (HC) 8
- Notice of Decision (HC) 8
Background

The processes for hearings before the General Chiropractic Council (‘the GCC’) regulatory committees (the Investigating Committee, the Professional Conduct Committee and the Health Committee) and the hearing of appeals are governed by the following legislation:

- The Chiropractors Act 1994 (‘the Act’)
- The General Chiropractic Council (Investigating Committee) Rules 2000 (‘the IC Rules’)
- The General Chiropractic Council (Professional Conduct Committee) Rules 2000 (‘the PCC Rules’)
- The General Chiropractic Council (Health Committee) Rules 2000 (‘the HC Rules’)
- The General Chiropractic Council (Appeals Against Decisions of the Registrar) Rules 2000 (‘the Appeals Rules’)

In addition, those processes are subject to other legislative requirements, such as:

- The Human Rights Act 1998 (‘the HRA’)
- The International Covenant on Civil and Political Rights 1966 (‘the ICCPR’)
- The Data Protection Act 1998 (‘the DPA’)
- The Freedom of Information Act 2000 (from 2005) (‘the FIA’)

The interpretation and implementation of such legislation must also be conducted in the light of relevant case law from higher courts.

In order to ensure that it meets its obligations regarding disclosure on information relating to proceedings before the regulatory committees and the appeal tribunals, whilst protecting the rights and freedoms of the parties to such proceedings, the GCC has prepared and is publishing this policy document on the publication of information relating to its function of administering justice.
General Principles in relation to the Public Nature of and/or Disclosure of Proceedings & Findings

The GCC is a public body with specific duties under statute and as such is expected to be open and transparent in its proceedings. Certain parts of the specific legislation under which the GCC’s regulatory committees and appeal tribunals operate require that the proceedings are public, for example:

- Rule 5(4) of the Appeals Rules: “Subject to paragraphs (5) and (6), the meeting concerning the appeal shall be open to the public.”
- Rule 9(1) of the PCC Rules: “Subject to Rules 6(1) and 10(5) and to the following provisions of this Rule, the hearing shall take place in the presence of the parties and in public.”

In addition, Article 6(1) of the HRA states that “In the determination of his civil rights and obligations…, everyone is entitled to a fair and public hearing… Judgement shall be pronounced publicly…” Article 14(1) of the ICCPR states that “…any judgment rendered in a criminal case or in a suit at law shall be made public except where the interest of juvenile persons otherwise requires or the proceedings concern matrimonial disputes or the guardianship of children.” The European Court of Human Rights has interpreted the requirements of Article 14(1) of the ICCPR as going beyond the requirements of merely announcing any judgement in public to making the judgement available to the public.

Nature of Publication

At the heart of any discussion on publication of items related to proceedings and findings is the method of publication used. At present, the main method of publications used by the GCC for Notices of proceedings and findings is the internet, through posting on the GCC’s web-site, as is now the practice of all the other health regulatory bodies. The use of the internet has distinct advantages over other methods of publication, as illustrated below:

1. Posting of Notice at the GCC building (as done by many courts)
   - The public would have to come to the GCC in London to find out what is happening, why and where.
2. Publication in professional journals/newsletters
   - Although the GCC newsletter is circulated to the profession and to chiropractic organisations, use of this method to publish relevant information inherently restricts the audience and thus would arguably fail the GCC’s obligation to make public the intention to do justice and to make public findings.
3. Publication in local/national newspapers

- The same drawbacks would attach to the use of newsletters/journals published by professional associations.

- Advertising in local papers would not address the need to address a wider audience.

- Advertising in national newspapers would be prohibitively expensive.

4. Publication on the Internet

- Although not everyone has access to the internet, an increasing percentage of the population does. Indeed, more people have access to the internet in the UK than take a daily or weekly newspaper.

- Publication on the internet is fast, efficient and relatively inexpensive.

- Publication on the internet allows amendments to be made rapidly where necessary.

**Nature of Information to be Disclosed**

In addition to the specific information outlined in Schedule 1, the GCC would draw to the attention of parties to proceedings before the regulatory committees and the appeal tribunals (and their legal advisors) that any evidence adduced or matters referred to in a public hearing may be subject to subsequent disclosure.

**General Policy**

It should be noted that this is a general policy and exceptions will be considered.

**Disclosure of Findings After Publication**

Findings remain a matter of public record indefinitely. Any person may request details of any findings against a specific chiropractor even after the period where these findings are removed from the web-site.

As a matter of routine, when responding to requests for information from other regulatory bodies, the GCC will indicate any history of findings.
<table>
<thead>
<tr>
<th>Type of Information</th>
<th>When published</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Hearing (Appeal Tribunal)</td>
<td>14 days after service of the Notice of Hearing under Rule 4(2) of the Appeal Rules</td>
<td>Hearings before the Appeal Tribunal are public hearings, although the appellant may elect that the hearing be held in private (Rule 5(5) of the Appeal Rules). When the Notice of Hearing is served under Rule 4(2) of the Appeal Rules, appellants are asked whether they wish to exercise their right under Rule 5(5). The GCC will publish the Notice of Hearing after the date by which the appellant was required to submit their grounds of appeal, if they have not indicated that they wish the hearing to be held in private.</td>
</tr>
</tbody>
</table>
| Notice of Decision (Appeal Tribunal) | When formal notice is served upon appellant | Even where the Appeal Tribunal may meet in private, at the request of the appellant, the decision of the Tribunal must be given in public and made public under the HRA and the ICCPR. Rule 5(3) of the Appeal Rules requires that the Tribunal gives the appellant written notice of its decision (and the grounds therefore) in writing as soon as practicable after the hearing. The Notice of Decision will be published at the time that it is served upon the appellant. The Notice of Decision will remain on the web-site for the following periods: 1. In cases where the appeal is upheld  
For 28 days from the date the Notice is served upon the appellant (the period in which any person dissatisfied with the decision of the Tribunal may appeal to the appropriate court) or until such time as any requirement of the Tribunal is met, whichever is longer;  
2. In cases where the appeal is refused  
For 28 days from the date the Notice is served upon the appellant (the period in which any person dissatisfied with the decision of the Tribunal may appeal to the appropriate court) at which time the Notice will be removed but the details of the person refused will remain on the web-site (together with an indication that a copy of the Notice of Decision may be obtained from the GCC), so that the public are aware that the person is not permitted to describe themselves as a chiropractor of any sort (whether expressly or by implication). This would assist in protecting the public. |
Proceedings of the Investigating Committee ("the IC") are normally confidential and neither complainant nor respondent appear before the Committee, as the proceedings are not by way of a 'hearing' as such. The exceptions to this are:

- Where the IC is considering imposing an interim suspension order on the basis of the allegations being considered (Rule 6 of the IC Rules)
- Where the IC is considering imposing an interim suspension order in relation to the investigation of an allegation of registration through fraud or error (Section 10 of the Act and Rule 7 of the IC Rules).

By their very nature, Interim Suspension hearings fall within the scope of Article 6(1) of the HRA, as they are a determination of the respondent’s civil rights, and therefore there is a requirement that the hearings be held in public. This is reinforced by the fact that suspension of registration is imposed where "it is necessary to do so in order to protect members of the public" (Sections 10(3) and 21(2) of the Act).

Interim Suspension hearings are usually held at short notice. The IC Rules require the IC to give the respondent at least 10 days notice of a hearing (in contrast to the minimum of 28 days notice required in relation to a hearing before the PCC or the HC). Therefore, the Notice of Hearing will be published at the time the notice is given to the respondent so that members of the public may make any arrangements necessary for them to attend should they wish to do so.

Interim Suspension decisions by the IC fall within the scope of Article 6(1) of the HRA and Article 14(1) of the ICCPR. Therefore, the decision of the IC must be published.

The Notice of Decision will be published at the time the written notice is served upon the respondent, and remain on the web-site for the periods specified below:

1. **Interim Suspension (No Interim Order Imposed)**
   - From the date the Notice is served upon the respondent until such time as the proceedings are concluded.

2. **Interim Suspension (Interim Order Imposed)**
   - From the date the Notice is served upon the respondent until such time as the proceedings are concluded.

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>When published</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Notice of Hearing (Interim Suspension) (IC)</td>
<td>At the time the hearing is set</td>
<td>Proceedings of the Investigating Committee (&quot;the IC&quot;) are normally confidential and neither complainant nor respondent appear before the Committee, as the proceedings are not by way of a 'hearing' as such. The exceptions to this are:</td>
</tr>
<tr>
<td>4 Notice of Hearing (Interim Suspension – Section 10) (IC)</td>
<td>When the formal notice is served upon the respondent.</td>
<td>Interim Suspension decisions by the IC fall within the scope of Article 6(1) of the HRA and Article 14(1) of the ICCPR. Therefore, the decision of the IC must be published.</td>
</tr>
<tr>
<td>5 Notice of Decision (Interim Suspension) (IC)</td>
<td>When the formal notice is served upon the respondent.</td>
<td>The Notice of Decision will be published at the time the written notice is served upon the respondent, and remain on the web-site for the periods specified below:</td>
</tr>
</tbody>
</table>

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3
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<table>
<thead>
<tr>
<th>Type of Information</th>
<th>When published</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Notice of Hearing (Interim Suspension) (PCC, HC)</td>
<td>At the time that the date for the hearing is set.</td>
<td>By their very nature, Interim Suspension hearings fall within the scope of Article 6(1) of the HRA, as they are a determination of the respondent's civil rights, and therefore there is a requirement that the hearings be held in public. This is reinforced by the fact that suspension of registration is imposed where &quot;it is necessary to do so in order to protect members of the public&quot; (Section 24 of the Act). Interim Suspension hearings are usually held at short notice. The PCC and HC Rules and the Act give no indication as to the notice of an Interim Suspension hearing that is required to be given. However, as a matter of good practice the PCC and HC will follow the indication given in the IC Rules (at least 10 days). Therefore, the Notice of Hearing will be published at the time notice is given to the respondent so that members of the public may make any arrangements necessary for them to attend should they wish to do so.</td>
</tr>
<tr>
<td>7 Notice of Formal Allegations (PCC)</td>
<td>28 days prior to the date of the hearing</td>
<td>The GCC is required to cause justice to be done in public. Inherent in this obligation is the obligation to make public the intention to do justice. Therefore, it is logical to expect that the GCC would make public when a hearing is being held (the Notice of Hearing) and why the hearing is being held (the Notice of Formal Allegations). This would allow the public to ascertain whether or not the hearing is one which they would wish to attend. The reason for publishing 28 days before the hearing is that Council acknowledges that sufficient notice is necessary in order to make appropriate arrangements to attend a hearing. This is particularly relevant if those wishing to attend are chiropractors, as this is likely to mean that clinic schedules will need to be arranged. 28 days is also the minimum period of notice required to be given to the respondent. Notices of Formal Allegations will be published with a clear indication that they are allegations and that: • They have yet to be heard by the PCC • It should not be assumed that the allegations are admitted or will be found proved. The full Notice of Formal Allegations, as drafted by the IC, will be published as this will: • Allow those wishing to attend, or who may wish to make themselves aware of the outcome of</td>
</tr>
<tr>
<td>8 Notice of Hearing (PCC)</td>
<td>28 days prior to the date of the hearing</td>
<td></td>
</tr>
</tbody>
</table>

Continued
28 days prior to the date of the hearing, to be aware of the precise nature of the allegations. Remove any allegation of bias in the way that a précis of the allegations might be worded.

It should be noted that the Formal Notice of Allegations will, in effect, be in the public domain prior to the hearing as, in addition to the requirements that the Formal Notice is provided to the complainant and the respondent, it is likely that the respondent will have given details of the formal allegations to his/her professional association and professional indemnity insurers, neither of whom are parties to the proceedings.

The PCC is required to give its judgements in public and to make the judgements public (Article 6(1) HRA and Article 14(1) ICCPR). The PCC is also required to give the respondent written notice of its decision (and the grounds therefore) as soon as practicable after the hearing.

The Notice of Decision will be published at the time the written notice is served upon the respondent, and remain on the web-site for the periods specified below:

1. **Interim Suspension (No Interim Order Imposed)**
   - From the date the Notice is served upon the respondent until such time as the proceedings are concluded.

2. **Interim Suspension (Interim Order Imposed)**
   - From the date the Notice is served upon the respondent until such time as the proceedings are concluded.

3. **Allegations Not Found**
   - For 28 days from the date the Notice is served upon the respondent (the period in which any person dissatisfied with the decision of the PCC may appeal to the appropriate court) or for up to six months if so requested by the respondent.

4. **Allegations Found Proved: Admonished**
   - For 28 days from the date the Notice is served upon the respondent (the period in which any person dissatisfied with the decision of the PCC may appeal to the appropriate court) and for one year after that period ends.

5. **Allegations Found Proved: Conditions of Practice Order Imposed**
   - From the date upon which the Notice is served.

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<table>
<thead>
<tr>
<th>Type of Information</th>
<th>When published</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Formal Allegations (PCC)</td>
<td>28 days prior to the date of the hearing</td>
<td>the proceedings, to be aware of the precise nature of the allegations. Remove any allegation of bias in the way that a précis of the allegations might be worded.</td>
</tr>
<tr>
<td>Notice of Hearing (PCC)</td>
<td>When formal notice is served upon the respondent.</td>
<td></td>
</tr>
<tr>
<td>Notice of Decision (PCC)</td>
<td></td>
<td>The PCC is required to give its judgements in public and to make the judgements public (Article 6(1) HRA and Article 14(1) ICCPR). The PCC is also required to give the respondent written notice of its decision (and the grounds therefore) as soon as practicable after the hearing. The Notice of Decision will be published at the time the written notice is served upon the respondent, and remain on the web-site for the periods specified below:</td>
</tr>
</tbody>
</table>
| | | 1. **Interim Suspension (No Interim Order Imposed)**
| | |   - From the date the Notice is served upon the respondent until such time as the proceedings are concluded.
| | | 2. **Interim Suspension (Interim Order Imposed)**
| | |   - From the date the Notice is served upon the respondent until such time as the proceedings are concluded.
| | | 3. **Allegations Not Found**
| | |   - For 28 days from the date the Notice is served upon the respondent (the period in which any person dissatisfied with the decision of the PCC may appeal to the appropriate court) or for up to six months if so requested by the respondent.
| | | 4. **Allegations Found Proved: Admonished**
| | |   - For 28 days from the date the Notice is served upon the respondent (the period in which any person dissatisfied with the decision of the PCC may appeal to the appropriate court) and for one year after that period ends.
| | | 5. **Allegations Found Proved: Conditions of Practice Order Imposed**
| | |   - From the date upon which the Notice is served. |
### Allegations Found Proved: Suspension of Registration

From the date upon which the Notice is served until such date as the period of suspension ends and for one year thereafter.

### Allegations Found Proved: Removal from the Register

From the date upon which the Notice is served until such time as the respondent may be restored to the Register.

Hearings before the HC are, by default (Rule 9(2) of the HC Rules), private unless there is an overwhelming public interest, in which case the hearing or parts thereof may be held in public (Rules 9(2) and 9(3) of the HC Rules).

Therefore, it is appropriate that details of the allegations relating to the respondent’s health are not published.

Although the hearing may be held in private, there is still an obligation to make public the intention to do justice. Therefore, it is appropriate for the Notice of Hearing to be published, so that the public may be aware that a hearing is happening.

28 days is the minimum period of notice required to be given to the respondent. Where it has been determined that the hearing, or parts thereof, are to be heard in public, the same arguments with respect of notice as apply to hearings before the PCC apply in this respect.

The HC is required to give its judgement in public and to make the judgement public (Article 6(1) HRA and Article 14(1) ICCPR). The HC is also required to give the respondent written notice of its decision (and the grounds therefore) as soon as practicable after the hearing.

The Notice of Decision will be published at the time the written notice is served upon the respondent, and remain on the web-site for the periods specified below:

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>When published</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of Decision (PCC)</td>
<td>When formal notice is served upon the respondent.</td>
<td>until the end of such time that the Conditions of Practice Order may have effect and for one year after that period ends.</td>
</tr>
<tr>
<td>Notice of Allegations (HC)</td>
<td>Not published.</td>
<td>Hearings before the HC are, by default (Rule 9(2) of the HC Rules), private unless there is an overwhelming public interest, in which case the hearing or parts thereof may be held in public (Rules 9(2) and 9(3) of the HC Rules). Therefore, it is appropriate that details of the allegations relating to the respondent’s health are not published.</td>
</tr>
<tr>
<td>Notice of Hearing (HC)</td>
<td>28 days before the date of the hearing.</td>
<td>Although the hearing may be held in private, there is still an obligation to make public the intention to do justice. Therefore, it is appropriate for the Notice of Hearing to be published, so that the public may be aware that a hearing is happening. 28 days is the minimum period of notice required to be given to the respondent. Where it has been determined that the hearing, or parts thereof, are to be heard in public, the same arguments with respect of notice as apply to hearings before the PCC apply in this respect.</td>
</tr>
<tr>
<td>Notice of Decision (HC)</td>
<td>When the formal notice is served upon the respondent.</td>
<td>The HC is required to give its judgement in public and to make the judgement public (Article 6(1) HRA and Article 14(1) ICCPR). The HC is also required to give the respondent written notice of its decision (and the grounds therefore) as soon as practicable after the hearing. The Notice of Decision will be published at the time the written notice is served upon the respondent, and remain on the web-site for the periods specified below: Allegations Not Found 1. For 28 days from the date the Notice is served upon the respondent (the period in which any person dissatisfied with the decision of the PCC</td>
</tr>
<tr>
<td>Type of Information</td>
<td>When published</td>
<td>Rationale</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>Notice of Decision (HC)</td>
<td>When the formal notice is served upon the respondent.</td>
<td>may appeal to the appropriate court) or for up to six months if so requested by the respondent.</td>
</tr>
<tr>
<td>2. Allegations Found Proved: Conditions of Practice Order Imposed</td>
<td>From the date upon which the Notice is served until the end of such time that the Conditions of Practice Order may have effect and for one year thereafter.</td>
<td></td>
</tr>
<tr>
<td>3. Allegations Found Proved: Suspension of Registration</td>
<td>From the date upon which the Notice is served until such date as the period of suspension ends and for one year thereafter.</td>
<td></td>
</tr>
</tbody>
</table>
Draft Publication and Disclosure Policy

(for consultation January 2020)
1. Introduction

1.1 The General Chiropractic Council (GCC) was established by the Chiropractors Act 1994 (the Act) to regulate and develop the Chiropractic profession.

1.2 The GCC is a public body with specific duties under statute. It is expected to be open and transparent in its regulatory proceedings and to comply with its own legislation and other relevant legislation such as the Human Rights Act 1998 (the HRA); Data Protection legislation, including the General Data Protection Regulation (GDPR) and the Data Protection Act 2018; The Freedom of Information Act 2000 (from 2005) (FOIA); and Common law obligations of confidence. In summary, this legislation requires us to handle information in a way which is fair and proportionate.

2. About this policy

2.1. In the course of carrying out our statutory functions, we create, publish and disclose information to the public. This policy sets out when and where we publish or may disclose information about individuals:

- As part of our maintaining our register (see paragraph 5 below);
- In the exercise of our regulatory functions (see paragraph 5.4, 6 and 7 below, and the Annex to this policy); and
- In other circumstances (see paragraphs 8 - 9.1 below).

2.2. This policy consists of our principles for publication and disclosure and

- A description of information we routinely publish on our website and online register, including about decisions we have made (see paragraph 5, 6 and 7 below); and
- How we deal with other requests for information and decisions about the proactive disclosure of information (see paragraphs 8 to 10 below).
- An Annex setting out for how long, where and why we publish specific information about the chiropractic professionals we regulate.

2.3. The policy forms part of our ‘Appropriate Policy Document’ for the purposes of compliance with the Data Protection Act 2018.

2.4. This policy does not cover the disclosure of information when regulatory proceedings are underway; other information we may share with third parties through carrying out our regulatory work; our general approach to records management. Accordingly this policy should be read alongside the GCC’s Retention Policy [link to be inserted].
3. Why do we publish and disclose information?

3.1. We publish and disclose this information to:

- meet our statutory objectives (see paragraph 1 above and 0 below);
- carry out our tasks in line with our role and in the public interest, where the disclosure goes beyond something we are explicitly required to do (see paragraph 0 below);
- meet other relevant legal requirements (see 1.2 above).

3.2. The GCC is committed to being open and transparent about our processes and how we make our decisions, recognising that must be balanced with the legitimate privacy rights of registrants and other stakeholders.

3.3. The GCC aims to be open about the action we take in response to concerns about chiropractors so that the public and the profession can have confidence in the standard of chiropractic care and our activities as a regulator.

4. Information we use

4.1. In the course of our work, we obtain, generate, use, may disclose or publish information about:

- Registrants (including prospective or former registrants);
- Witnesses and third parties involved in our regulatory processes;
- Our staff, panel members and professional advisors.

4.2. We publish a privacy policy at https://www.gcc-uk.org/privacy-policy which describes in greater detail what information we use and how.

5. Publication of the Register

5.1. The GCC must maintain, allow inspection of, and to publish elements of the Register of Chiropractors under s. 9 of the Chiropractors Act 1994. We do so by maintaining a ‘search’ facility on our website which enables anyone to look up a Chiropractor’s registration using their name or other core details. This is a ‘live’ update of the Register.

5.2. The information included in the full Register comprises:

- The full name of the chiropractor;
- The number of the certificate of registration;
- An indication of whether the chiropractor is male or female;
- The qualification of which the chiropractor is possessed which has led to his registration.
The address at which he or she practises (or in the case of a non-practising chiropractor, his or her last known place of residence);

5.3. We are also able though law to:

- publish such other information within the published register, in accordance with our Rules, as we consider appropriate - this includes current and recent regulatory; and
- provide a copy of the published Register to anyone that that asks for it (and can charge a fee for this).

5.4. As such we therefore also publish, within and alongside the published Register:

5.4.1. The regulatory status of a chiropractor on the Register:

- If a chiropractor has no regulatory history, no additional information is shown.
- If we have received concerns about a chiropractor and are investigating these, no information is shown unless paragraph 5.4.1.3 below applies);
- If the Chiropractor is suspended on an interim basis, the fact of their suspension will be published for [the duration of that suspension] / [for the duration of the substantive proceedings to which the order relates]. The reasons for the interim suspension will not be published. [A policy decision, but is in line with other regulators];
- If the Chiropractor is subject to a substantive order/sanction, including admonishments or conditions of practice: details of that sanction will be published for the duration of that sanction plus a period of time based on a sliding scale as to the seriousness of the sanction. — see paragraph 7.13 below. [A sliding scale is proposed for the period of time depending on the seriousness of the sanction. Many regulators take a policy decision to continue to publish at least some details after the sanction expires]. Different provisions apply to what is published in respect of decisions and orders of the Health Committee – see paragraph 5.4.1.5 below;
- Any order of the Health Committee will be recorded on the Register. However, details which relate to the health of the registrant will not be published. [Sanctions related to ‘health’ after expiry are more sensitive data for the purposes of GDPR]

5.4.2. If a registrant brings an appeal against a determination of the Professional Conduct Committee or Health Committee, within the relevant time limits, a note to this effect will be published alongside the Notice of Decision. This will include confirmation that the sanction is not yet effective (subject to any interim order imposed). If the appeal is successful, we will remove all reference to the determination from the register and from our website. [the GCC’s current
5.4.3. Where a chiropractor has been removed from the register in consequence of a decision of the Professional Conduct Committee, their details will technically not form part of the statutory Register itself. However, the fact of their previous registration, together with a copy of the determination and an explanation that they have been removed from the Register will be continue to be published on our website for X. **[Current policy is indefinitely/in perpetuity.]** We do this to protect the public against illegal practice and to serve the public interest.

5.4.4. Should a chiropractor who has been removed be restored to the Register, then their fitness to practice history will not continue to be published. **[That is, the GCC has concluded an individual is rehabilitated and fit to practice. As such it is unnecessary, unfair and disproportionate for the past sanction to continue to be published. This is a similar principle to the disclosure of other information about expired sanctions]**

5.4.5. We will not continue to publish the names or other details of individuals whose registration we have administratively removed, or those who have voluntarily removed themselves from the Register.

6. **Publication of forthcoming hearings**

6.1. We provide notice of forthcoming hearings as set out in the Annex.

7. **Publication of outcomes from hearings, determinations, and updates to the register**

7.1. The GCC is a public body with specific duties under statute and as such is expected to be open and transparent in its proceedings. We will ordinarily hold meetings of Professional Conduct Committee and the Registration Appeals Committee in public.

7.2. Meetings of the Investigating Committee to determine whether or not a concern ought to be referred to a hearing before a Practice Committee are held in private (in the absence of the parties and the public) and the Investigating Committee’s decision/ reasons for referral will not be published. The allegations referred by the Investigating Committee will be published as set out in the Annex.

7.3. The Investigating Committee and/or Professional Conduct Committee when sitting to consider an Interim Suspension Order will ordinarily open in public...
but may move into private session to hear the substantive submissions from the parties.

7.4. We will ordinarily hold hearings of the Health Committee in private, in accordance with paragraph 9 of the Health Committee Rules. Detailed Health Committee determinations are not published.

7.5. It is open to those committees to decide the extent to which to hear proceedings in private. The sensitivity of the evidence being considered or because of matters which are specifically provided for in our rules is often considered when making such a decision.

7.6. Where evidence has been heard in private, it generally will not form part of any determination which is published.

7.7. The content of any determination is a matter for the Committee that made that determination in the first instance, having regard to all relevant factors. Our approach to publication of determinations will generally follow our position on public access to the hearing, and be subject to the time limits in paragraph 5.4 above.

7.8. In most public hearings, witnesses will give live evidence in public. In some circumstances, live evidence may be given in public but through alternative means (such as via video link or from behind a screen). It is a matter of discretion for the panel to determine the extent to which to hear witness evidence in private.

7.9. Witnesses are not normally identified by name in our determinations or at hearings.

7.10. In addition to details searchable against the register, we publish a separate list of recent determinations of our committees. [https://www.gcc-uk.org/concerns-about-a-chiropractor/hearings/recent-decisions - This will be consistent with the periods in para 5.4 above and the Annex, and aligned with what is searchable from the register.]

7.11. We will continue to publish (1) the fact of a sanction that has expired, and (2) the decision that gave rise to the sanction, for a period of time based on a sliding scale as to the seriousness of the sanction after it has expired (unless it has been successfully appealed). We do this as we have considered it is in the public interest to maintain transparency about the regulatory action we have taken in order to protect the public, and maintain confidence in the profession and our regulatory activities. The GCC takes the view that this is a proportionate balance with the privacy interests of the chiropractor concerned.
8. **Records maintained by the GCC, disclosure of other information generated in the regulatory process, and disclosure of information after or outside of the above periods**

8.1. Even after a sanction has lapsed and the period for publication has expired, the GCC may continue to maintain case files of its regulatory activities, in accordance with its Records Retention Policy [link to be inserted].

8.2. We may disclose information about a chiropractor's previous fitness to practise history (that is, after sanctions have ended and the time periods described in paragraph 5.4 and the Annex have expired) where we conclude that there is an overriding public interest to do so, or in order to meet another statutory requirement (for instance, the provision of information to the Disclosure and Barring Service). We may also disclose at any time other information we hold which we have not routinely published under this policy. This may include, but is not confined to, disclosure to judicial or public inquiries or investigations.

8.3. However, we ordinarily will not disclose to members of the public, employers or anyone else information about whether there is previous 'expired' fitness to practise information about a registrant. *This differs from current practise in that any requests for expired FTP information is provided.*

8.4. We do not publish full transcripts from hearings or make hearing bundles available to those who are not connected with the hearing. We will consider any requests for these under the terms of the FOIA or the subject access provisions of data protection legislation. We may make a charge, in line with the FOIA fees rules.

9. **How we make decisions about publication or disclosure of other information and departures from the above normal approaches**

9.1 The Chief Executive and Registrar is accountable for any decision for publication or disclosure of information outside the parameters of this policy, and accordingly any such decision should be escalated internally within the GCC to the Chief Executive and Registrar. The Chief Executive and Registrar may take advice on decisions around disclosure, in particular from the Head of Fitness to Practise and the GCC's Data Protection Officer.

10. **How we assess the public interest**

10.1. Throughout this policy and the Annex, we talk about publication or disclosure in the public interest. Where matters go beyond specific statutory requirements, we make decisions – including the general principles in this
policy, in light of all relevant factors, including our assessment of the balance of the public interest.

10.2. The GCC exercises its functions in the public interest and in accordance with our over-arching objective of protecting the public, including through:

- protecting, promoting and maintaining the health, safety and well-being of the public;
- promoting and maintaining public confidence in the profession of chiropractic and;
- promoting and maintaining proper professional standards and conduct for members of that profession.

10.3. When we are considering disclosing or publishing personal information, we must adhere to Data Protection legislation and Human Rights legislation. This means the way in which we use personal information should:

- Be lawful, necessary (proportionate) and in accordance with the conditions for processing set out in data protection legislation – including that information is not processed for longer than necessary;
- Designed to allow us to carry out or support our statutory and regulatory work under the Chiropractors Act 1994 or other relevant legislation.

10.4. If it is, we then need to consider whether disclosure is justifiable. Factors that may typically inform our decision making in this regard include:

- The public interest to disclose compared to and balanced with the individual’s right to privacy;
- The age of the information in question and its quality;
- Any specific or implied legal power allowing us to disclose or publish (or prohibiting us from so doing);
- The nature and purpose of the information sharing;
- The impact of disclosure, including the potential for damage or distress to the individual;
- The potential harm that may be caused if we do not disclose the information.

10.5. The information we disclose should be limited to what is needed to achieve the overall purpose of the disclosure.
### ANNEX – PUBLICATION DETAILS

<table>
<thead>
<tr>
<th>Type of information</th>
<th>When published</th>
<th>Status on Register</th>
<th>Information published</th>
<th>Length of publication</th>
<th>Drafting Notes – to be removed prior to consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice of a hearing</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Notice of an Interim Suspension Order Hearing (ISH) before the Investigating Committee (IC) or Professional Conduct Committee (PCC) or Health Committee (HC)</td>
<td>When notice of the hearing is served on the Registrant – typically 10 days prior to the hearing</td>
<td>N/A</td>
<td>Details of Registrant. Date, venue and start time for the hearing The allegations to be considered at the ISH will not be published.</td>
<td>Until the conclusion of the hearing</td>
<td>No material change – details of the allegations to be considered will not be published Consistent with approach adopted by most healthcare regulators to Interim Order proceedings</td>
</tr>
<tr>
<td>Notice of a substantive hearing before the PCC</td>
<td>28 days prior to the hearing</td>
<td>N/A</td>
<td>Details of Registrant. Date, venue and start time for the hearing, together with details of the allegations to be considered by the PCC</td>
<td>Until the conclusion of the hearing</td>
<td>No material change but wording re. publication of allegations amended to allow scope for publication of amended allegation rather than IC allegation e.g. if allegation amended at preliminary hearing Consistent with approach adopted by most healthcare regulators (but the NMC publish the allegation e.g. UPC/ competence but not the underlying particulars of allegation)</td>
</tr>
<tr>
<td>Type of information</td>
<td>When published</td>
<td>Status on Register</td>
<td>Information published</td>
<td>Length of publication</td>
<td>Drafting Notes – to be removed prior to consultation</td>
</tr>
<tr>
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</tr>
<tr>
<td>Notice of a substantive hearing before the HC</td>
<td>28 days prior to the hearing</td>
<td>N/A</td>
<td>Details of Registrant. Date, venue and start time for the hearing</td>
<td>Until the conclusion of the hearing</td>
<td>No material change</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>It will be noted that the hearing will take place in private and the allegations to be considered by the HC will not be published.</td>
<td></td>
<td>Consistent with approach adopted by most healthcare regulators</td>
</tr>
<tr>
<td>Notice of a review hearing before the PCC or HC</td>
<td>28 days prior to the hearing</td>
<td>N/A</td>
<td>Details of Registrant. Date, venue and start time for the hearing, together with the notice of decision for the order to be reviewed</td>
<td>Until the conclusion of the hearing</td>
<td>Not expressly covered in current policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Note: As order remains in force at point of review, the notice of decision from the substantive hearing or previous review will still be published (see below)</td>
</tr>
<tr>
<td>Notice of an Appeal Tribunal Hearing - Registration Appeals</td>
<td>14 days after service of the Notice of Hearing on the Appellant</td>
<td>N/A</td>
<td>Details of Registrant. Date, location and start time of the hearing If the Appellant elects to have the appeal hearing heard in private this will be noted</td>
<td>Until the conclusion of the hearing</td>
<td>Change proposed - current policy indicates that notice will only be published if appellant does not elect for private hearing. Suggest notice of hearing is published but made clear will be heard in private</td>
</tr>
<tr>
<td>Notice of restoration hearing (following removal)</td>
<td>When notice of hearing served on the Applicant</td>
<td>N/A</td>
<td>Details of Registrant. Date, location and start time of the hearing</td>
<td>[TBC – Logically this would be until the conclusion of the hearing]</td>
<td>Change proposed – not expressly covered in current policy</td>
</tr>
<tr>
<td>Type of information</td>
<td>When published</td>
<td>Status on Register</td>
<td>Information published</td>
<td>Length of publication</td>
<td>Drafting Notes – to be removed prior to consultation</td>
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</tr>
<tr>
<td>Interim Suspension Hearings - determination by the IC, PCC or HC in relation to an ISH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No interim suspension order imposed</td>
<td>N/A</td>
<td>Registered</td>
<td>None</td>
<td>N/A</td>
<td>No material change</td>
</tr>
<tr>
<td>ISH – interim suspension order imposed</td>
<td>When notice of decision served on the Registrant</td>
<td>Interim Suspended</td>
<td>The fact of the interim suspension and the duration of the order</td>
<td>[For the duration of the order] OR [For the duration of the substantive proceedings to which the order relates]</td>
<td>Policy decision required, current policy is to publish until substantive proceedings concluded, there is arguable public interest in publication for duration of proceedings to which order relates which offers some public protection in context of the IC’s power to only impose an interim order for 2 months. Comparison – GOsC decision remains on website for duration of order (IC’s power to only impose an interim order for 2 months is the same as the GCC)</td>
</tr>
</tbody>
</table>

### Professional Conduct Committee Determinations

<p>| Allegations not found proved/ no UPC/ case not well founded/ no order imposed | When notice of decision served on Registrant | No change | Notice of Decision | 28 days from the date of publication [or for up to six months at the request of the] | No material change |</p>
<table>
<thead>
<tr>
<th>Type of information</th>
<th>When published</th>
<th>Status on Register</th>
<th>Information published</th>
<th>Length of publication</th>
<th>Drafting Notes – to be removed prior to consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegations proved – Admonished</td>
<td></td>
<td>Registered</td>
<td>Notice of Decision</td>
<td>[6 months]</td>
<td>Change proposed - Policy decision required - arguably a public interest in publication beyond 28 days – current policy is to publish for 1 year. Comparison – GMC, no impairment is published for 5 years, GPhC FtPC warning – 1 year, GOsC is 6 months. In applying a sliding scale we think 6 months would be proportionate for an admonishment which is at the lower end of the scale of seriousness.</td>
</tr>
<tr>
<td>Allegations proved – Conditions of Practice Order imposed</td>
<td></td>
<td>Registered</td>
<td>Notice of Decision</td>
<td>For the duration of the order [plus 1 year]</td>
<td>Policy decision required - current GCC approach is to publish for duration of order plus 1 year. This will therefore be inline with the current policy. In applying a sliding scale we think 1 year would be proportionate for an COPO which is still at the lower end of the scale of seriousness – most healthcare regulators publish for duration of order plus 1 or 2 years (note: NMC publish for duration of order</td>
</tr>
<tr>
<td>Type of information</td>
<td>When published</td>
<td>Status on Register</td>
<td>Information published</td>
<td>Length of publication</td>
<td>Drafting Notes – to be removed prior to consultation</td>
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<tr>
<td>Allegations proved – suspension imposed</td>
<td>When notice of decision served on Registrant</td>
<td>Registered</td>
<td>Notice of Decision</td>
<td>For the duration of the order [plus 2 years]</td>
<td>Change proposed - Policy decision required, current GCC approach is to publish for duration of order plus 1 year. In applying a sliding scale we think 2 years would be proportionate for an suspension order which is at the higher end of the scale of seriousness. Comparison – GMC suspension + 3 months is published for up to 15 years, GPhC – duration of suspension plus 2 years, GoS is duration of order plus 2 years.</td>
</tr>
<tr>
<td>Allegations proved – removal from the Register</td>
<td>When notice of decision served on Registrant</td>
<td>Not Registered – Currently we not 'Erased / Struck off' but this should mirror the sanction to state 'Removed from register'</td>
<td>Notice of Decision</td>
<td>TBC – [Permanently OR for X years]</td>
<td>Policy decision required - Current policy is to publish decision indefinitely unless individual makes successful application for restoration. Comparison - GPhC is 10 years from date decision takes effect, NMC/ GMC – 5 years – this is likely be to tie</td>
</tr>
<tr>
<td>Type of information</td>
<td>When published</td>
<td>Status on Register</td>
<td>Information published</td>
<td>Length of publication</td>
<td>Drafting Notes – to be removed prior to consultation</td>
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</tr>
<tr>
<td>At review hearing – no further order</td>
<td></td>
<td>Registered</td>
<td></td>
<td>28 days from the date of publication</td>
<td>Not expressly covered in current policy</td>
</tr>
<tr>
<td>At review hearing – order continued (with or without amendment)</td>
<td></td>
<td>Suspended / Registered with conditions of practice order (as applicable)</td>
<td></td>
<td>For the duration of the further order [plus X years using the sliding scale]</td>
<td>Not expressly covered in current policy</td>
</tr>
<tr>
<td>Restoration hearing (following removal)</td>
<td>When notice of hearing served on the Applicant</td>
<td>N/A</td>
<td>Details of Registrant. Date, location and start time of the hearing</td>
<td>[TBC – Logically this would be until the conclusion of the hearing for consistency]</td>
<td>Change proposed – not expressly covered in current policy. Policy decision required as to whether previous FTP history which led to removal should now be</td>
</tr>
</tbody>
</table>
### Health Committee Determinations

<table>
<thead>
<tr>
<th>Allegations not found proved/ no order imposed</th>
<th>When notice of decision served on Registrant</th>
<th>Status on Register</th>
<th>Information published</th>
<th>Length of publication</th>
<th>Drafting Notes – to be removed prior to consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No change</td>
<td>Public determination of the HC only – this will set out the HC determination / sanction but not include details of the registrant’s health or the evidence heard by the HC in private session.</td>
<td>28 days from the date of publication [or for up to six months at the request of the Registrant]</td>
<td>Current policy includes up to an additional 6 months at request of Registrant – Policy decision required whether to continue with this. This is the usual approach with other healthcare regulators.</td>
</tr>
<tr>
<td>Allegations proved – Conditions of Practice Order imposed</td>
<td>When notice of decision served on the registrant</td>
<td>Registered</td>
<td>Public determination of the HC only – this will set out the HC determination / sanction but not include details of the registrant’s health or the evidence heard by the HC in private session. Details of private conditions relating solely to the registrant’s health will not be made public.</td>
<td>For the duration of the order only</td>
<td>Change proposed - Policy decision required: current policy is to publish for duration of order plus 1 year. Publication beyond expiry of order – arguably less public interest in continuing to publish in a health only cases – suggest duration of order only</td>
</tr>
<tr>
<td>Allegations proved –</td>
<td>When notice of</td>
<td>Suspended</td>
<td>Public determination of the</td>
<td>For the duration of the</td>
<td>Change proposed - Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HC only – this will set out the HC determination / sanction but not include details of the registrant’s health or the evidence heard by the HC in private session. Details of private conditions relating solely to the registrant’s health will not be made public.</td>
<td>Period of suspension</td>
<td></td>
</tr>
</tbody>
</table>

- Table continues....
<table>
<thead>
<tr>
<th>Type of information</th>
<th>When published</th>
<th>Status on Register</th>
<th>Information published</th>
<th>Length of publication</th>
<th>Drafting Notes – to be removed prior to consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>suspension imposed</td>
<td>decision served on the registrant</td>
<td></td>
<td>HC only – this will set out the HC determination / sanction but not include details of the registrant’s health or the evidence heard by the HC in private session.</td>
<td>order</td>
<td>decision required- current policy is to publish for duration of order plus 1 year. Publication beyond expiry of order – arguably less public interest in continuing to publish in a health only cases – suggest duration of order only</td>
</tr>
<tr>
<td>At review hearing – no further order</td>
<td></td>
<td>Registered</td>
<td>Public determination of the HC only – this will set out the HC review determination / sanction but not include details of the registrant’s health or the evidence heard by the HC in private session.</td>
<td>28 days from the date of publication</td>
<td>Not expressly covered in current policy</td>
</tr>
<tr>
<td>At review hearing – order continued (with or without amendment)</td>
<td></td>
<td>Suspended / Registered with conditions of practice order (as applicable)</td>
<td>Public determination of the HC only – this will set out the HC review determination / sanction but not include details of the registrant’s health or the evidence heard by the HC in private session.</td>
<td>For the duration of the further order only</td>
<td>Not expressly covered in current policy</td>
</tr>
</tbody>
</table>

### Determinations of the Appeal Tribunal (Registration Appeals)

<table>
<thead>
<tr>
<th>Appeal upheld</th>
<th>When notice of</th>
<th>Status on Register</th>
<th>Information published</th>
<th>Length of publication</th>
<th>Drafting Notes – to be removed prior to consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal upheld</td>
<td>When notice of</td>
<td>N/A</td>
<td>Notice of Decision</td>
<td>28 days from the date of</td>
<td>No material change</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Type of information</th>
<th>When published</th>
<th>Status on Register</th>
<th>Information published</th>
<th>Length of publication</th>
<th>Drafting Notes – to be removed prior to consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appeal refused</td>
<td>When notice of decision is served on the appellant</td>
<td>N/A</td>
<td>Notice of Decision</td>
<td>28 days from the date of publication / Permanently</td>
<td>Policy decision required - current policy is to publish for 28 days but the details of the person refused will remain on the web-site (together with an indication that a copy of the Decision may be obtained from the GCC), so that the public are aware that the person is not permitted to describe themselves as a chiropractor. Policy decision required as to ongoing publication of decision when appeal refused – arguably there is some public interest in confirmation of decision not to grant registration being published, but query proportionality of current policy to publish indefinitely.</td>
</tr>
</tbody>
</table>
GCC Consultation: On Publication and Disclosure Policy

6 January – 14 February 2020
About the General Chiropractic Council

The General Chiropractic Council (GCC) regulates chiropractors in the UK to ensure the safety of patients undergoing chiropractic treatment.

The GCC is an independent statutory body established by Parliament to regulate the chiropractic profession. We protect the health and safety of the public by ensuring high standards of practice in the chiropractic profession.

Background

As part of our regulatory work we publish and disclose certain information about chiropractic professionals.

The GCC is making some changes to the information we create, publish and disclose via our website such as the Register, professional conduct committee matters as well as upcoming interim order matters. We call this our publication and disclosure policy.

The amended publication and disclosure policy sets out:

- The information that we publish on our website and online register, and that we disclose to third parties;
- The extent to which we are specifically required to publish or disclose any information, in line with our statutory functions;
- Where we are not specifically required to publish information, what we choose to publish so as to discharge our overriding objective and broader statutory responsibilities, as well as public law concepts of open justice;
- The balance between being open and transparent about our processes and how we make decisions, whilst recognising that these need to be balanced with the legitimate privacy rights of registrants and other stakeholders; and
- How we deal with individual requests for information, and overall, how we do this in a consistent, transparent and fair way.

The annex to the policy shows what we publish and disclose about chiropractic professionals who are subject to GCC fitness to practise procedures.

Under the law we have a range of duties covering information governance. These include the Data Protection Act 2018, the Human Rights Act 1998, and the Freedom of Information Act 2000. Under the Chiropractors Act 1994 we may publish information about a chiropractic professional’s fitness to practise.

Our publication and disclosure policy, with the annex, sets out how we carry out these duties, and our approach to publishing and disclosing fitness to practise information. This includes how long a fitness to practise sanction will remain on the public register.

The current disclosure policy was originally published in September 2003 and the amended policy has been reviewed to take into account changes in the law, including the introduction of the General Data Protection Regulation (GDPR) and Data Protection Act 2018. We are now asking for views on the
policy and the changes we have made, which are detailed below.

Overview

We welcome comments on all aspects of the amended policy and the supporting annex, but the focus of this consultation is our proposal to amend the lengths of time that fitness to practise sanctions will be published on a chiropractic professional’s entry on the online register on the basis of a sliding scale of seriousness of sanction.

Revised time periods for publication on the online register

Fitness to practise sanctions are intended to make sure patients and the public receive safe and effective care from chiropractic professionals.

We have changed how long fitness to practise sanctions are published on the register.

We believe these amendments strike the right balance between the public interest and the rights and freedoms of individuals, so that what we publish or disclose is proportionate.

How long we publish the information for will depend on the sanction imposed: the more serious the sanction, the longer the time period (which we have referred to as a sliding scale). When the time limit is reached, this information will not be available by searching the register.

We propose reducing the length of time for which an admonishment is published from 1 year to 6 months.

We are not proposing to change the length of time for which an order of conditions of practice is published: for the duration of the conditions plus one year.

We propose amending the length of time for which some other sanctions are published:

- A suspension will be published for the duration of the suspension plus two years (instead of the current one year). This increase takes into consideration the patient safety implications, the severity of the sanction and fairness to the individual professional.

- Previously, when an individual was removed from registration by a Professional Conduct Committee, we published the notice of decision with an indefinite duration. We have considered reducing this to 5 years however we are of the view that in thinking about our public protection aims, it would be arguable to have this information available indefinitely on the basis that no successful application for restoration has been made. We are now changing this to 5 years. We believe this is fairer to the individual, and that the public are protected because the person has been removed from the register and is no longer able to practise.

- Following restoration to the register, after removal by a Professional Conduct Committee,
the original determination of removal will be taken down.

The consultation

We have undertaken a review of our current Disclosure Policy to ensure that any changes have considered best practice from other regulators as well as legal updates in terms of changes to legislation and case law which has a bearing on the policy.

We are seeking your views on the questions set out below.
Consultation Questions:

1. Name of individual or organisation (optional)

2. Are you happy for the GCC to publish your response to this consultation?
   - Yes
   - No
   - I would prefer my response to be published in a non-attributable form

Consultation questions

The questions are set out below:

3. We have outlined the revised time periods for publication on the online register. Do you think that the length of time for which a sanction is published should depend on the seriousness of the sanction?
   - Yes
   - No
   - Please give comments explaining your response.

4. It is our aim to strike the right balance between the public interest, which includes the health, safety and wellbeing of the public, and the rights and freedoms of the chiropractic professional. Do you think the time limits we have introduced for sanctions and restorations to be published achieve this balance?
   - Yes
   - No
   - Please give comments explaining your response.

5. We are keen to hear views about the impact of the publication and disclosure policy and supporting annex. What kind of impact do you think the changes will have on patients and the public?
   - Positive impact
   - Negative impact
   - Both positive and negative impact
   - No impact
   - Please give comments explaining your response.
6. What kind of impact do you think the changes will have on chiropractic professionals?

Positive impact [ ]
Negative impact [ ]
Both positive and negative impact [ ]
No impact [ ]

Please give comments explaining your response.


7. Do you have any other comments on our publication and disclosure policy or supporting annex?


HOW TO RESPOND

Responses are invited by 14 February 2020 online [here], happy to receive responses by email or post. Our contact:

investigation@gcc-uk.org or

FtP Team Consultation Response
General Chiropractic Council
186 Kennington Park Road
London
SE11 4BT

Thank you for responding to the consultation
AFTER THE CONSULTATION

As part of this consultation we will also:

1. Analyse responses to the consultation
2. Seek agreement from the Council in March 2020
3. Produce and publish policy, if as agreed by council March 2020
1. Summary
As part of our data governance activities, the GCC is required to have a Records Retention Policy in place. This paper presents a Records Retention Policy for Council approval, along with a detailed schedule for individual records.

2. Action required: For decision.

3. Introduction
a. In the course of carrying out its various functions and activities, the Council collects information from individuals and external organisations and generates a wide range of data/information which is recorded. These records can take many different forms and may be retained as ‘hard’ paper records or in electronic form.

b. Retention of specific records (or other documents or information) may be necessary to:
   i. Fulfil statutory or other regulatory requirements.
   ii. Evidence events/agreements in the case of disputes.
   iii. Meet operational needs.
   iv. Ensure the preservation of documents of historic or other value.

c. The untimely destruction of documents could cause the Council:
   i. Difficulty in defending litigious claims.
   ii. Operational problems.
   iii. Embarrassment.
   iv. Failure to comply with the Freedom of Information or Data Protection Legislation.

d. Conversely, the permanent retention of all records is undesirable, and appropriate disposal is to be encouraged for the following reasons:
   i. Indefinite retention of personal data may be unlawful.
   ii. Reduction of fire risk (in the case of paper records).
   iii. There is evidence that the de-cluttering of office accommodation can be psychologically beneficial for staff.
   iv. Cost of keeping/maintaining records.

e. Additionally, the Freedom of Information Act and Data Protection Legislation\(^1\) make it important that the Council has clearly defined policies and procedures in place for disposing of records, and that these are well documented.

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\(^1\) See, for instance, article 24 GDPR and Schedule 1 paragraph 30 of the Data Protection Act 2018.
4. Process
The GCC previously had a Document Retention Policy in place. This has needed to be updated for changes in data protection legislation and with changes to best practice around retention of records. Capsticks were commissioned to redraft the GCC’s policy document and retention schedule, to ensure that records were being retained in line with the various pieces of legislation that the GCC works under (for example our Rules/Legislation, GDPR, tax laws, H&S, employment practices).

A draft Records Retention Policy based on Capsticks’ work and utilising other templates purchased by the GCC has been produced and is included at Annexe 1 to this paper. In addition, a Records Retention Schedule (Annexe 2) has been produced that lists the different records the GCC holds and for how long.

5. Impact
The key impact this policy will have will be to provide better clarity for staff around the retention of records and for enquirers around when certain documents will no longer be available if a relevant request is submitted to the GCC.

6. Recommendations and next steps
Council is asked to:
• Approve the Records retention policy and schedule.

7. Attachments
Annexe 1 – Records retention policy (draft)
Annexe 2 – Records retention schedule
General Chiropractic Records Retention Policy

1. Scope

1.1. All the General Chiropractic Council's records, whether analogue or digital, are subject to the retention requirements of this procedure. This includes physical data such as hard copy documents, case management files, contracts, notebooks, letters and invoices. It also includes electronic data such as emails, electronic documents, audio and video recordings and CCTV recordings. It applies to both personal data and non-personal data. In this policy we refer to this information collectively as "records".

1.2. This policy applies to all staff and functions of the Council.

1.3. This policy covers any records that are held on our behalf by third parties, for example cloud storage providers or offsite records storage. It also covers data that belongs to us but is held by employees on any devices issued to them.

1.4. This policy forms (where required) part of our Appropriate Policy Document for the purposes of Data Protection Legislation.

2. Guiding principles

2.1. Through this policy, and our data retention practices, we aim to meet the following commitments:

- We comply with legal and regulatory requirements to retain records.
- We comply with our data protection obligations, in particular to keep personal data no longer than is necessary for the purposes for which it is processed (the "storage limitation principle").
- We handle, store and dispose of records responsibly and securely.
- We create, maintain and retain records where we need this for the Council to operate effectively, but we do not create or retain data without good reason.
- We allocate appropriate resources, roles and responsibilities to records retention.
- We regularly remind staff of their records retention responsibilities.
- We regularly monitor and audit compliance with this policy and update this policy when required.

2.2. “Data Protection Legislation” includes the General Data Protection Regulation and the Data Protection Act 2018, to the extent that the legislation is in force at the relevant time and such legislation as may revise or replace it during the term of this policy.
2.3. The Council is aware that under Data Protection Legislation personal data processed for any purpose must not be kept for longer than is necessary. In other words, retaining documents or records that contain personal data beyond the length of time necessary for the purpose for which that data was obtained (or related purposes, such as archiving in the public interest) is unlawful.

2.4. The Data Protection Legislation contains no interpretive provisions on what is meant by “no longer than necessary”. It is a matter for reasonable judgement and common sense as to how long personal data should be retained. The attached Schedule below sets out our rationale and standard retention periods for the typical records we maintain.

3. Responsibilities

3.1. All employees should aim to comply with the laws, rules, and regulations that govern the Council and with recognised good practices. All employees and other staff must comply with this policy and the Records Retention Schedule. All staff must use our designated systems to store records. It is not acceptable to:

   3.1.1. Store records outside our records retention systems (including by taking records off-site, giving them to non-contracted storage providers, or storing them on personal areas of our computer networks); or

   3.1.2. Store records for longer than the retention periods set out below, without good reason.

3.2. The following roles are responsible for retention of these records because they are the information asset owners:

   3.2.1. The Director of Finance is responsible for retention of financial (accounting, tax) and related records.

   3.2.2. The CER is responsible for retention of all HR and Health and Safety records.

   3.2.3. The Head of Governance is responsible for retention of all other statutory and regulatory records.

   3.2.4. The Data Protection Officer / GDPR Owner is responsible for storage of data in line with this procedure as well as for advising on and monitoring our compliance with data protection laws which regulate personal data, including in respect of records retention. The Data Protection Officer is responsible for maintaining this policy and the Records Retention Schedule.

   3.2.5. The CER is responsible for ensuring that retained records are included in business continuity and disaster recovery plans.

4. Procedure

4.1. Retention periods: The required retention periods, by record type, are recorded in (Records Retention Schedule) under the following categories:

   4.1.1. Registration records;

   4.1.2. Fitness to Practice records;

   4.1.3. Data Protection and Freedom of Information records;
4.1.4. Education records;
4.1.5. Facilities records;
4.1.6. Financial records
4.1.7. Governance documents (including matters of Council business, annual reports, etc.);
4.1.8. Health and Safety records;
4.1.9. Human Resources records;
4.1.10. Insurance documents;
4.1.11. Media relations;
4.1.12. Pensions and payroll;
4.1.13. Property;
4.1.14. Registrations;
4.1.15. Regulation;
4.1.16. Suppliers

4.2. Any data that is part of any of the categories listed above and/or in the Records Retention Schedule must be retained for at least the amount of time indicated in the Record Retention Schedule. Subject to paragraph 6 below, a record should not be retained beyond the period indicated in the Record Retention Schedule, unless a valid business reason calls for its continued retention (the rationale for which should be recorded). Where records are destroyed or otherwise disposed of (and in particular where this is done prior to the minimum retention period set out below), the destruction or disposal should be documented by keeping a record of the document disposed of, the date and method of disposal, and the officer who authorised the disposal. If you are unsure whether to retain a certain record, contact the Data Protection Officer.

4.3. Ephemeral information and other records of short-lived importance: The Record Retention Schedule does not specify retention periods for ephemeral information or other records of short-lived importance such as duplicate copies of information, informal notes or early drafts of substantive documentation. This type of record should only be retained as long as it is needed for business purposes. Once it no longer has any business purpose or value it should be securely disposed of. Where there are special circumstances (in accordance with paragraph 6 below) the records should not be destroyed.

4.4. What to do if a record is not listed in the Record Retention Schedule. If a kind of record is not listed in the Record Retention Schedule, it is likely that it should be classed as disposable information. However, if you consider that there is an omission in the Record Retention Schedule, or if you are unsure, please contact the Data Protection Officer.

4.5. For all storage media (electronic and hard copy records), the Council will retain the means to access that data.

4.6. To ensure the appropriate use of office space and efficient management of Records, we may out-source the storage of records to an offsite provider. The provider is a
data processor acting on behalf of the GCC and our choice of provider and contract with them will comply with Data Protection Legislation. Where we have arrangements with another organisation which handles our data for operational purposes we will ensure that those arrangements include arrangements for the retention and/or destruction of records.

4.7. The Data Protection Officer is responsible for destroying data once it has reached the end of the retention period as specified in Records Retention Schedule. Destruction must be completed within 30 days of the planned retention period.

4.8. Because of the nature of the information handled by the Council, all paper records must be confidentially shredded using our confidential shredding service.

4.9. All IT equipment and electronically held documents will be destroyed under the direction of the Head of IT.

4.10. Portable/removable storage media are destroyed in line with best practice.

5. Special circumstances

5.1. Preservation of documents for contemplated litigation and other special situations. We require all employees to comply fully with our Record Retention Schedule and procedures as provided in this policy. All employees should note the following general exception to any stated destruction schedule: If you believe, or are notified, that certain records are relevant to current litigation or contemplated litigation (that is, a dispute that could result in litigation), government investigation, audit, any Freedom of Information Act request or request made under Data Protection Legislation or similar other event, you must preserve and not delete, dispose, destroy, or change those records, including emails and other electronic documents, until you are advised by the Data Protection Officer that those records are no longer needed and business as usual practices can continue. Preserving documents includes suspending any requirements in the Record Retention Schedule and preserving the integrity of the electronic files or other format in which the records are kept.

5.2. If you believe this exception may apply, or have any questions regarding whether it may apply, please contact the Data Protection Officer.

6. Where to go for advice and questions

6.1. Any questions about retention periods should be discussed with the Data Protection Officer.

7. Breach reporting and audit

7.1. Reporting policy breaches. We are committed to enforcing this policy as it applies to all forms of data. The effectiveness of our efforts, however, depends largely on our staff. If you feel that you or someone else may have breached this policy, you should report the incident immediately to your supervisor. If you are not comfortable bringing the matter up with your immediate supervisor, or do not believe the
supervisor has dealt with the matter properly, you should raise the matter with the Data Protection Officer.

7.2. Audits. Our Data Protection Officer will periodically review this policy and its procedures (including where appropriate by taking outside legal or audit advice) to ensure that we comply with relevant new or amended laws, regulations or guidance. Additionally, we will regularly monitor compliance with this policy, including by carrying out audits.

8. Review

8.1. This policy will be reviewed every [3] years by the Data Protection Officer in conjunction with the Audit & Risk Committee.
<table>
<thead>
<tr>
<th>Record type/category</th>
<th>Retention period (UK law, regulation, guidance)</th>
<th>Organisation retention period</th>
<th>Retention start period (local jurisdiction / EU)</th>
<th>Retention justification (if not consistent with legislation/regulation/guidance)</th>
<th>Record medium</th>
<th>Location</th>
<th>Secure disposal method (incl proof)</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrations</td>
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<td></td>
</tr>
<tr>
<td>Registration application file (admitted to register)</td>
<td>N/A</td>
<td>Permanent</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Registrations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration application file not leading to being added to the register</td>
<td>N/A</td>
<td>6 years</td>
<td>From date of application</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Registrations</td>
<td>permanently delete and/or shred Registrations</td>
<td></td>
</tr>
<tr>
<td>Retention file including correspondence with registrant and to/from third parties</td>
<td>N/A</td>
<td>2 years</td>
<td>Conclusion of case</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Registrations</td>
<td>permanently delete and/or shred Registrations</td>
<td></td>
</tr>
<tr>
<td>Test of competence cases – underlying documentation</td>
<td>N/A</td>
<td>6 months</td>
<td>From panel decision</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Registrations</td>
<td>permanently delete and/or shred Registrations</td>
<td></td>
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<tr>
<td>Education</td>
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<tr>
<td>Statutory Education committee minutes, papers and agendas</td>
<td>N/A</td>
<td>Permanent</td>
<td>Of public interest as a record for the profession.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognition visit papers and decision</td>
<td>N/A</td>
<td>Permanent</td>
<td>Of public interest as a record for the profession and as part of our regulatory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Education</td>
<td></td>
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<tr>
<td>Accreditation visit papers and decision</td>
<td>N/A</td>
<td>Permanent</td>
<td>Of public interest as a record for the profession and as part of our regulatory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Education</td>
<td></td>
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<tr>
<td>Validation of overseas institutions (not currently carried out by GCC)</td>
<td>N/A</td>
<td>Permanent</td>
<td>Of public interest as a record for the profession and as part of our regulatory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Education</td>
<td></td>
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<tr>
<td>Publications and guidance to the profession issued by the GCC</td>
<td>N/A</td>
<td>Permanent</td>
<td>Of public interest as a record for the profession and as part of our regulatory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Education</td>
<td></td>
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<tr>
<td>Research reports (academic and professional)</td>
<td>N/A</td>
<td>Permanent</td>
<td>Of public interest as a record for the profession and as part of our regulatory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Education</td>
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<tr>
<td>Regulation</td>
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<tr>
<td>Cases determined at investigating committee to include minutes, case files and decision notices.</td>
<td>N/A</td>
<td>6 years</td>
<td>Conclusion of case</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Regulation</td>
<td>permanently delete and/or shred Regulation</td>
<td></td>
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<tr>
<td>Cases determined at Professional Conduct Committee to include master bundle and decision notice</td>
<td>N/A</td>
<td>6 years</td>
<td>Conclusion of case</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Regulation</td>
<td>permanently delete and/or shred Regulation</td>
<td></td>
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<tr>
<td>Fitness to practice decision is appealed</td>
<td>N/A</td>
<td>6 years</td>
<td>From conclusion of case</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Regulation</td>
<td>permanently delete and/or shred Regulation</td>
<td></td>
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<tr>
<td>Section 32 cases</td>
<td>N/A</td>
<td>10 years</td>
<td>After investigation into the complaint has been concluded</td>
<td>Public interest/discharge of our statutory functions as the professional regulator</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Regulation</td>
<td>permanently delete and/or shred Regulation</td>
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<tr>
<td>Corporate</td>
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<tr>
<td><strong>Data protection request and disclosure</strong></td>
<td>3 years</td>
<td>Closure of SAR</td>
<td>Consistent with NHS Records Retention Code of Practice</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred bundle of disclosure documents as well as request and any relevant emails</td>
<td>Data protection and Freedom of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freedom of Information Act requests and responses</strong></td>
<td>6 years</td>
<td>Closure of FOI</td>
<td>Consistent with NHS Records Retention Code of Practice</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred bundle of disclosure documents as well as request and any relevant emails</td>
<td>Data protection and Freedom of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freedom of Information Act requests and responses where there has been an appeal</strong></td>
<td>9 years</td>
<td>Closure of appeal</td>
<td>Consistent with NHS Records Retention Code of Practice</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred bundle of disclosure documents as well as request and any relevant emails</td>
<td>Data protection and Freedom of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cases that are referred to an ICO Information Tribunal</strong></td>
<td>10 years</td>
<td>Permanent</td>
<td>Ordinary a matter referred to the Information Tribunal would be repercussive for the GCC</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Data protection and Freedom of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Previous versions of electronic documents (when superseded by a new updated version)</strong></td>
<td>N/A</td>
<td>14 days</td>
<td>From date of creation of new version</td>
<td>Business continuity purposes, comparison, corporate memory (including in the event of a claim) and a record for the profession.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanent delete and/or shred</td>
<td>Data protection and Freedom of Information</td>
<td></td>
</tr>
<tr>
<td><strong>Special delivery dispatch book</strong></td>
<td>N/A</td>
<td>18 years</td>
<td>From completion of the book</td>
<td>Establishing exercising and defending our legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanent delete and/or shred</td>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Post log records</strong></td>
<td>N/A</td>
<td>18 years</td>
<td>From completion of log</td>
<td>Establishing exercising and defending our legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanent delete and/or shred</td>
<td>Facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Asset Register</strong></td>
<td>N/A</td>
<td>2 years</td>
<td>From the date the item is issued</td>
<td>Health and safety/facilities management, and establishing exercising and defending our legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanent delete and/or shred</td>
<td>Finance</td>
<td></td>
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<tr>
<td><strong>Financial statements</strong></td>
<td>N/A</td>
<td>6 years</td>
<td>From end of financial year</td>
<td>Equivalent to requirements under the Companies Act 2006. Legitimate interest to defend possible legal claim. Discharging our statutory responsibilities (including as regards to financial reporting); Corporate memory.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td><strong>Final approved budget</strong></td>
<td>N/A</td>
<td>3 years</td>
<td>From date of approval</td>
<td>Equivalent to requirements under the Companies Act 2006. Legitimate interest to defend possible legal claim. Discharging our statutory responsibilities (including as regards to financial reporting); Corporate memory.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td><strong>Working papers for annual reports</strong></td>
<td>N/A</td>
<td>3 years</td>
<td>From completion of annual report</td>
<td>Corporate memory, as a record for the profession.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
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<tr>
<td><strong>Summaries of daily banking and lodgement books</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td><strong>Petty cash records</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td><strong>Staff expenses</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td><strong>Invoices</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
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<td><strong>Refunds</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td><strong>VAT</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
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</tr>
<tr>
<td><strong>Corporation tax</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
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<td>Email, paper &amp; other electronic forms</td>
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<td><strong>PAYE</strong></td>
<td>Current year plus 6 years</td>
<td>Current year plus 6 years</td>
<td>From completion of financial year</td>
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<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
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<td><strong>Monthly management reports</strong></td>
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<td>3 years</td>
<td>From completion of financial year</td>
<td>In case of audit/financial assessment/to establish exercise and defend legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Permanently delete and/or shred</td>
<td>Finance</td>
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USA has 20 sector specific national privacy/data security laws, and hundreds of such laws among its 50 states and territories.
<table>
<thead>
<tr>
<th>Category</th>
<th>Period</th>
<th>Retention Method</th>
<th>Notes</th>
<th>Department</th>
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<tr>
<td>Theft/Fraud</td>
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<td>In case of audit/financial assessment to establish exercise and defend legal rights.</td>
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<tr>
<td>Investment policy and strategy</td>
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<tr>
<td>Investment portfolios - Transaction deals</td>
<td>N/A</td>
<td>8 years</td>
<td>In case of audit/financial assessment to establish exercise and defend legal rights.</td>
<td>Finance</td>
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<tr>
<td>Investment portfolios - Reports and statements</td>
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<td>10 years</td>
<td>In case of audit/financial assessment to establish exercise and defend legal rights.</td>
<td>Finance</td>
</tr>
<tr>
<td>Public consultations - Reports and statements</td>
<td>N/A</td>
<td>4 years</td>
<td>Evidence led decision making / prospect of judicial review.</td>
<td>Governance</td>
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<tr>
<td>Public consultations - raw data</td>
<td>N/A</td>
<td>9 months</td>
<td>Evidence led decision making, of interest to the public and profession.</td>
<td>Governance</td>
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<tr>
<td>Public consultations - statistical analysis (anonymised)</td>
<td>N/A</td>
<td>Permanent</td>
<td>Evidence led decision making, of interest to the public and profession.</td>
<td>Archive</td>
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<tr>
<td>Public consultations - Final report and associated decision documentation</td>
<td>N/A</td>
<td>Permanent</td>
<td>Evidence led decision making, of interest to the public and profession.</td>
<td>Archive</td>
</tr>
<tr>
<td>Procedure manuals</td>
<td>N/A</td>
<td>Until superseded</td>
<td>Corporate memory, establishing exercising and defending our legal rights.</td>
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<td>Policy</td>
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<td>2 years</td>
<td>Corporate memory, potentially of interest to the public and the profession.</td>
<td>Governance</td>
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<td>Internal and external audit reports</td>
<td>N/A</td>
<td>9 years</td>
<td>To establish exercise and defend legal rights, potentially of interest to the public and profession and PSA.</td>
<td>Governance</td>
</tr>
<tr>
<td>Council committee papers, agendas and minutes</td>
<td>N/A</td>
<td>Permanent</td>
<td>Corporate memory, of interest to the public and profession.</td>
<td>Archive</td>
</tr>
<tr>
<td>Non-statutory committee papers, agendas and minutes</td>
<td>N/A</td>
<td>Permanent</td>
<td>Corporate memory, of interest to the public and the profession.</td>
<td>Archive</td>
</tr>
<tr>
<td>Informal minutes/notes</td>
<td>N/A</td>
<td>Until superseded</td>
<td>Corporate memory, effective discharge of our statutory functions, establishing exercising and defending our legal rights.</td>
<td>Governance</td>
</tr>
<tr>
<td>Corporate strategic plans and annual reports</td>
<td>N/A</td>
<td>Permanent</td>
<td>Discharge of our statutory functions, corporate memory, of interest to the public and the profession.</td>
<td>Archive</td>
</tr>
<tr>
<td>Health and safety inspection audit reports</td>
<td>N/A</td>
<td>6 years</td>
<td>Compliance with health and safety legislation, establishing exercising or defending our legal rights.</td>
<td>Permanent delete and shred</td>
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<tr>
<td>Emergency procedures</td>
<td>N/A</td>
<td>Until superseded</td>
<td>Corporate memory, the effective management of our business.</td>
<td>Permanent delete and shred</td>
</tr>
<tr>
<td>Local reportable injuries, diseases and dangerous occurrences</td>
<td>N/A</td>
<td>3 years</td>
<td>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RDOR)(s1) 1996/3164 as amended, and Limitation Act 1980. Establishing, exercising and defending our legal rights.</td>
<td>Permanent delete and shred</td>
</tr>
<tr>
<td>Externally reportable injuries, diseases and dangerous occurrences</td>
<td>N/A</td>
<td>10 years</td>
<td>The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RDOR)(s1) 1996/3164 as amended, and Limitation Act 1980. Establishing, exercising and defending our legal rights.</td>
<td>Permanent delete and shred</td>
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<tr>
<td>Log of maintenance and repairs</td>
<td>N/A</td>
<td>6 years</td>
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<td>Personnel files (staff)</td>
<td>N/A</td>
<td>7 years</td>
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<td>Permanent delete and shred</td>
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<tr>
<td>Personnel files (staff)</td>
<td>N/A</td>
<td>7 years</td>
<td>After the employee has left</td>
<td>Establishing exercising and defending our legal rights. May be relevant for demonstrating compliance with (for instance) pensions and PAYE law.</td>
</tr>
<tr>
<td>------------------------</td>
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<td>-----------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
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</table>

USA has 20 sector specific national privacy/data security laws, and hundreds of such laws among its 50 states and territories.
<table>
<thead>
<tr>
<th>Personal records of members of the Council or senior staff</th>
<th>N/A</th>
<th>Possibly longer than 7 years</th>
<th>After the employee has left</th>
<th>Establishing exercising and defending our legal rights. May be relevant for demonstrating compliance with (for instance) pensions and PAYE law. Potentially of relevance as an item of corporate memory.</th>
<th>Email, paper &amp; other electronic forms</th>
<th>Archive</th>
<th>Human resources</th>
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<tbody>
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<td>Annual leave records</td>
<td>N/A</td>
<td>5 years</td>
<td>From end of calendar year</td>
<td>Establishing exercising and defending our legal rights. May be relevant for demonstrating compliance with (for instance) pensions and PAYE law.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
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<tr>
<td>Sickness absence record</td>
<td>N/A</td>
<td>3 years</td>
<td>After the end of the tax year for statutory sick pay purposes</td>
<td>Establishing exercising and defending our legal rights. Potentially relevant to demonstration of our compliance with health and safety law.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
</tr>
<tr>
<td>Records relating to workplace injury</td>
<td>N/A</td>
<td>7 years</td>
<td>After the employee has left</td>
<td>Establishing exercising and defending our legal rights. Potentially relevant to demonstration of our compliance with health and safety law.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
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<tr>
<td>Unsuccessful recruitment applications</td>
<td>N/A</td>
<td>1 year</td>
<td>After application refused or relevant position filled</td>
<td>Corporate memory and business management.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
</tr>
<tr>
<td>Disciplinary and Grievance investigations -where proved final written warning</td>
<td>N/A</td>
<td>2 years</td>
<td>Once the relevant time has been &quot;spent&quot;</td>
<td>Establishing, exercising or defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
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<td>Disciplinary and Grievance investigations -where proved (written warning)</td>
<td>N/A</td>
<td>1 year</td>
<td>Once the relevant time has been &quot;spent&quot;</td>
<td>Establishing, exercising or defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
</tr>
<tr>
<td>Disciplinary and Grievance investigations -where proved (oral warning)</td>
<td>N/A</td>
<td>6 months</td>
<td>Once the relevant time has been &quot;spent&quot;</td>
<td>Establishing, exercising or defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
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<td>Disciplinary and Grievance investigations -where unfounded</td>
<td>N/A</td>
<td>immediately</td>
<td>After the investigation with consent of the employee</td>
<td>Establishing, exercising or defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
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<td>Human resources</td>
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<tr>
<td>The process of termination of staff through voluntary redundancy, dismissal or retirement</td>
<td>N/A</td>
<td>4 years</td>
<td>After the staff member has left</td>
<td>Establishing, exercising or defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
</tr>
<tr>
<td>Policies</td>
<td>N/A</td>
<td>3 years</td>
<td>After lapse</td>
<td>Corporate memory, establishing exercising and defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Human resources</td>
</tr>
<tr>
<td>Claims correspondence</td>
<td>N/A</td>
<td>3 years</td>
<td>After settlement</td>
<td>Establishing, exercising or defending our legal rights</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
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<tr>
<td>Employers liability insurance certificate</td>
<td>N/A</td>
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<td>After expiry</td>
<td>Obligations under the Health and Safety at Work Act 1974, potentially necessary to establish exercise and defend our legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Insurance</td>
</tr>
<tr>
<td>Accident reports and relevant correspondence</td>
<td>N/A</td>
<td>3 years</td>
<td>After incident</td>
<td>Obligations under the Health and Safety at Work Act 1974, potentially necessary to establish exercise and defend our legal rights.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Insurance</td>
</tr>
<tr>
<td>Press cuttings and media reports featuring the GCC, a chiropractor or of specific interest</td>
<td>N/A</td>
<td>8 months</td>
<td>After publication</td>
<td>Potentially of interest to the public and the profession. May be relevant to the discharge of our statutory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Appraised for historical significance</td>
<td>Media relations</td>
</tr>
<tr>
<td>Press cuttings and media reports- Media statements made by the GCC</td>
<td>N/A</td>
<td>Permanent</td>
<td>After publication</td>
<td>Potentially of interest to the public and the profession. May be relevant to the discharge of our statutory functions.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
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<tr>
<td>Employee pay history</td>
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<td>3 years</td>
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<td>After the end of the pay reference period following the one that the records cover</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
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<tr>
<td>Season ticket loan</td>
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<td>Legal obligation under [coco] or legitimate interest to defend possible legal claim.</td>
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<td>permanently delete and/or shred</td>
<td>Pension and payroll</td>
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</tr>
<tr>
<td>Deeds of title</td>
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<td>Permanent or until property disposed of</td>
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<td>Email, paper &amp; other electronic forms</td>
<td>Archive or permanently delete and/or shred</td>
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<td>Leases</td>
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<td>15 years</td>
<td>After expiry</td>
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<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Property</td>
</tr>
<tr>
<td>Contracts, licensing agreements, Rent/lease agreements</td>
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<td>9 years</td>
<td>From expiry of contract</td>
<td>Establishing exercising or defending our legal rights and associated limitation periods.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>permanently delete and/or shred</td>
<td>Suppliers</td>
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<tr>
<td>Major agreements of historic significance</td>
<td>N/A</td>
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<td>Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.</td>
<td>Email, paper &amp; other electronic forms</td>
<td>Archive</td>
<td>Suppliers</td>
<td></td>
</tr>
</tbody>
</table>
1. Summary

Update from the Chair of the Education Committee following the meeting on 27 November 2019


Issues arising from education providers

The Committee noted the updates and noted the plans from AECC University College for new provision and redevelopment of the current MChiro. With regards to the ‘teach out’ phase of the current MChiro at the AECC University College the Education Committee recognised the mapping that AECC University College had already done of the MChiro against the GCC Education Standards and agreed that the course continued to meet GCC requirements. A submission has been received for a new Graduate Entry MSc Chiropractic for 2020 and is currently being scrutinised by Education Visitors. The GCC has also attended several stakeholder events and the Graduation.

As part of our student engagement activities the GCC has attended London South Bank University and the McTimoney College of Chiropractic to meet the new cohorts of students.

The Committee noted that Teesside University had postponed the GCC approval visit planned for October due to internal staffing changes and this visit would now take place in January 2020.

The first meeting of the UK forum of Chiropractic Deans had convened by the Royal College of Chiropractors in October and had been attended by all current and forthcoming programme providers, the GCC and the Society for Promoting Chiropractic Education. This will become an annual fixture.

The joint work with GOsC around patient engagement with education has illustrated that our education providers appear to be involving patients to a greater extent than those of GOsC at present. However, this baseline assessment now needs to be extended to looking at education providers for other health professions so that even more can be learned from the best practice available. This will enable the Education Committee to encourage greater patient involvement in student recruitment and assessment, but also in wider aspects of training and teaching.

Scotland College of Chiropractic Charitable Trust (SCCCT) - outline business case update
The Committee discussed the letter received from the SCCCT in response to the letter sent seeking further clarity to areas of the outline business case. It was agreed that a meeting would be sought with the SCCCT and Buckinghamshire New University to plan a way forward as the Committee still had concerns around some issues and wanted to resolve these before allowing the SCCCT to proceed to Stage 3 of the approvals process and the presentation of a full submission.

**London South Bank University – Year 2 monitoring visit**
The Committee approved the report of the Year 2 monitoring visit. Three conditions for the University have been set for them to meet - around the quality assurance of clinics providing placements, planning for an onsite clinic and student access to practical skills rooms. There were also some further recommendations and commendations around innovative teaching techniques and patient involvement in the student recruitment process.

**University of Central Lancashire (UCLan) – Outline Business Case presentation**
The Committee met with representatives from UCLan to discuss their outline business case. The Committee agreed to allow UCLan to proceed to Stage 3 of the approvals process and submit a full programme submission.

**Student Engagement Strategy**
The Committee considered and approved the new Student Engagement Strategy and its links to the professionalism agenda.

**CPD update**
The Committee noted the update on the implementation of the revised CPD summary form with its focus on reflection. The GCC plans to review the process early in 2020 and review a number of summaries with the Royal College of Chiropractors (RCC). Further guidance and workshops will be planned with the RCC around reflection and reflective practice.

**Test of Competence**
The Committee noted the changes made to the TOC during 2019 and the successful TOC Myth buster campaign. Minor changes to paperwork were being planned for 2020 following the annual meeting with TOC assessors. The Committee approved a policy change to require evidence of English Language Skills from applicants graduating from a course undertaken in a language other than English. It was agreed to keep the TOC fee at the same level.

**Format and content of annual monitoring meeting with providers**
The Committee noted the annual monitoring form that will be completed by education providers for submission by 10th February 2020. The Committee discussed the reporting burden on education providers and the growing number of meetings at which strategic and operational issues were discussed. It was agreed that the annual meeting would be more risk based, following analysis of returns, and held with individual education providers - remotely if low risk and in person if higher risk.

**Education Committee Annual report 2019**
The Committee discussed and agreed the report to Council.
To: The General Chiropractic Council  
From: The Chair of the Education Committee  
Subject: The Annual Report of the Education Committee  
Date: 12 December 2019

Purpose

This paper informs and updates Council on the work that has been undertaken by the Education Committee during 2019.

Background

1. The Education Committee is currently one of the four statutory advisory committees of the GCC stipulated in the Chiropractor’s Act 1994. The box below shows the function of the Education Committee as stated in the Act.

The Chiropractors Act 1994 states the function of the Education Committee as:

- having the general duty of promoting high standards of education and training in chiropractic and keeping the provision made for that education and training under review. (11.1)
- providing, or arranging for the provision of, education or training where it considers it to be necessary in connection with the discharge of its general duty (11.2)
- being consulted by the Council on matters relating to education, training, examinations or tests of competence (11.3)
- giving advice to the General Council on education, training, examinations or tests of competence matters at the request of Council or proactively (11.4)
- appointing persons to visit any place / institution which is proposing a relevant course of study, holding any examination with any such course, or holding any test of competence connected with a course or for any other purpose of the Act (12)
- the Council has the power to withdraw qualifications as a result of Visitor’s report or on the basis of other information acquired by the Committee (e.g. through annual monitoring) (16).

Summary of Activities

2. The Education Committee met five times in 2019 (April 2 days, July and November and additionally held a teleconference in February). This report summarises the work of the Committee and decisions taken and actions recommended and progress on work overseen by the Committee. The Council has received a report at each of its meetings.

Quality Assurance of ‘recognised qualifications’

3. During 2019 no new qualifications have been recognised. However, in February 2019 Teesside University presented its business case for a new
programme starting in September 2020 and made a full submission for approval. Due to internal staff changes the planned approval visit has been postponed from October 2019 to January 2020.

4. The Education Committee has continued to liaise with its education providers and consider issues arising from substantive changes such as staffing changes and increased student numbers at WIIOC and changes to modules at AECC University College.

5. The second annual monitoring visit was held at LSBU in October 2019 and focused on areas such as internal governance, staffing, student recruitment and the management of clinical placements.

6. Discussions and meetings have continued regarding the proposed new programme in Scotland. The Scottish College of Chiropractic Charitable Trust and its validating partner, Buckinghamshire New University, presented their business case to the Committee in July 2019.

7. The University of Central Lancashire (UCLan) informed the GCC of its intention to launch a new programme in September 2021 and presented its business case to the Committee in November 2019.

8. The AECC University College notified the GCC of its intention to launch a new 2 year Masters in Chiropractic in 2020 and the submission will be considered by Education Visitors ahead of the Committee teleconference in January 2020.

9. Discussions have continued with the European Council on Chiropractic Education (ECCE) on closer collaboration and joint working on approval of programmes and a representative from the ECCE attended the GCC monitoring visit to LSBU in October as an observer. The Director of Education, Registration and Standards was invited to attend the ECCE Council of Accreditation’s Annual meeting with all ECCE accredited institutions in November 2019.

10. The GCC received an enquiry from the Madrid College of Chiropractic (MaCC) with regard to the feasibility of the GCC undertaking ‘approval’ of its chiropractic qualification - *Titulo Superior en Quiropractica*. This was welcomed but not progressed partly due to the lack of a connection with a UK education institution and partly due to the challenge of assuring the quality of the programme, given the geography.

**Annual monitoring**

11. In April 2019 the Committee met with the education providers separately and collectively to discuss issues arising from the annual monitoring returns for 2017/18 and share good practice. The general discussion focused on the inter-professional learning; patient engagement in teaching and learning as well as the lack of public awareness of chiropractic.

12. It was agreed that further work would be done to refine the annual monitoring form and format of the annual meeting and that annual monitoring would be strengthened by more contact with education providers on an ongoing basis as part of the student engagement work.
Work of the GCC Education Committee 2018

13. The Education Committee has been responsible for the following areas and projects:
   - Overseeing the Test of Competence (TOC);
   - The on-going review of the GCC’s Continuing Professional Development (CPD) Scheme
   - Joint research projects with the General Osteopathic Council
   - New Student Placement Guidance
   - Student Engagement Strategy and plan

The Test of Competence (TOC)

14. During 2019 the Committee has continued to oversee the implementation of the TOC and considered the External Examiner’s report. The report concluded that, overall, the process was operating smoothly, standards were maintained and public safety assured. The External Examiner added that during the appraisals it was apparent that there is a good cohort of assessors who feel passionately about their role in protecting the public and are keen to continuously improve the process.

15. The report and the GCC’s response are available on the GCC website.

16. A recruitment round for new assessors and panel chairs was held and resulted in five appointments. A training day was held in November 2019.

17. A TOC ‘myth buster’ was produced and circulated via the newsletter and social media. As one employer subsequently commented: ‘I am quickly recognising that the perceptions of TOC are very wrong and you have done fantastic work to shed light on the reality vs perception’.

18. The annual review meeting with TOC assessors was held in November 2019.

CPD

19. Following the Education Committee’s decision to focus on making improvements to the current CPD system in 2019 work has progressed on revising the CPD summary form that all registrants complete annually. A consultation was held and further work was subsequently carried out with the Royal College of Chiropractors to develop structured questions on reflection and produce some short guidance. In addition a new website and online portal has been developed to better enable registrants to complete their CPD summaries online.

Student Engagement

20. The GCC has developed a Student Engagement Strategy and Plan in order to establish a base level of core activities that can be repeated annually with each new cohort of students and in September 2019 visited several colleges during induction week to meet with new cohorts of students. A group of students also attended a GCC Council meeting with their lecturer during induction week. Students have been consulted and involved in the emerging strategy and have welcomed the opportunity to engage with and better understand the GCC and its work.
Research: Communication in the context of touch/boundaries

21. In 2018, GOsC and GCC (also with the involvement of Dave Newell from AECC UC) jointly commissioned Dr Michael Corcoran at the University of Huddersfield to undertake a literature review on *How touch is communicated in the context of manual therapy communication*. The two questions considered were:

- How is touch communicated and received by both patient and the health care practitioners, in the context of touch based therapies?; AND
- How does the literature inform the potential implications for the regulator, educational and professional bodies and other groups and for health care practitioners?

22. The review concluded that there was limited research available in the context of touch based therapies. Extrapolating data from outside of chiropractic/osteopathy professions may help bridge gaps relating to the positive and negative influence of touch and communication. The literature reviewed suggests that future analyses should focus on education of communication and boundaries, teaching methods, effectiveness and at what the stage of the curriculum they should be introduced. Perhaps, unsurprisingly, it was found that good verbal communication was considered to be of the highest importance.

23. The findings of the review were disseminated to stakeholders (chiropractors, osteopaths, educators, PSA, patients and others) at two workshops in Huddersfield and London, on 26 & 27 March 2019 respectively.

Research: Inter-professional learning and working

24. This project seeks to gather stories and areas of good practice from the chiropractic and osteopathic communities and articles appeared in the GCC Newsletter and the July/August edition of GOsC magazine *The Osteopath*. The intention is to create a number of case studies to highlight collaborative working and learning in achieving joined up high quality patient care.

Research: Thematic Review into the role of Patients in Osteopathic and Chiropractic Education

25. In collaboration with GOsC, the GCC has been carrying out a thematic review into the role of patients in osteopathic and chiropractic education, so as to support our educational institutions in the further development of patient involvement in education and training e.g. curriculum, assessment and governance as well as patient feedback.

Membership

26. During 2019 the Education Committee membership comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Member details</th>
<th>Dates of membership</th>
<th>Meetings attended 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Oliver</td>
<td>Council lay member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Name</td>
<td>Role</td>
<td>Duration</td>
<td>Percentage</td>
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<tr>
<td>Mike Barber</td>
<td>External registrant member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Donald Cameron</td>
<td>External lay member</td>
<td>All year</td>
<td>4 of 5</td>
</tr>
<tr>
<td>Philip Dewhurst</td>
<td>External registrant member</td>
<td>All year</td>
<td>3 of 5</td>
</tr>
<tr>
<td>Aaron Porter</td>
<td>External lay member</td>
<td>All year</td>
<td>4 of 5</td>
</tr>
<tr>
<td>Ralph Pottie</td>
<td>Council registrant member</td>
<td>From July</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Liz Qua</td>
<td>Council lay member</td>
<td>Until June</td>
<td>2 of 3</td>
</tr>
<tr>
<td>Carl Stychin</td>
<td>Council lay member</td>
<td>All year</td>
<td>4 of 5</td>
</tr>
<tr>
<td>Gay Swait</td>
<td>Council registrant member</td>
<td>All year</td>
<td>5 of 5</td>
</tr>
<tr>
<td>Carol Ward</td>
<td>External lay member</td>
<td>All year</td>
<td>3 of 5</td>
</tr>
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</table>

27. The July meeting was held at the AECC University College and gave members the opportunity to tour the college and meet with students during its meeting.