# General Chiropractic Council
## Meeting Agenda
### 25 June 2020 at 10.00
### Virtual Meeting (MS Teams)

### 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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<tr>
<th>Item</th>
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<th>Presenter</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>10.00</td>
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| 2.   | A. Council Minutes of 17 March 2020  
     B. Matters Arising | To approve | Chair | CO200625-02 | 10.05|
| 3.   | Chair’s Report | To note | Chair | CO200625-03 | 10.15|
| 4.   | Chief Executive & Registrar’s Report | To note | CER  | CO200625-04 | 10.25|
| 5.   | Fitness to Practise update  
     A. Director’s report  
     B. Performance report | To note | D of FtP | CO200625-05 | 10.55|
| 6.   | Business Plan 2020 Update | Decision | BO&PM | CO200625-06 | 11.05|
| 7.   | Finance Update 2020 | To note | D of CS | CO200625-07 | 11.20|

### BREAK 11.30

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<td>8.</td>
<td>Communications update</td>
<td>To discuss</td>
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<td>CO200625-08</td>
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<td>9.</td>
<td>Review of the Strategic Plan</td>
<td>Decision</td>
<td>CER</td>
<td>CO200625-09</td>
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<td>10.</td>
<td>Report from the Chair of the Audit and Risk Committee (ARC) further to its meeting of 1 June 2020</td>
<td>To note</td>
<td>Chair, Audit and Risk Committee</td>
<td>CO200625-10</td>
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<td>11.</td>
<td>Report from the Chair of the Education Committee further to its meetings of 1 April 2020 and 24 April 2020</td>
<td>To note</td>
<td>Chair, Education Committee</td>
<td>CO200625-11</td>
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<tr>
<td>12.</td>
<td>Any Other Business</td>
<td>Chair</td>
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<td>12.20</td>
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*Close of meeting: 12.25*
Members present
Mary Chapman (Chair of Council) Ralph Pottie
Fergus Devitt Julia Sayers
Roger Dunshea Carl Stychin
Tom Greenway Gay Swait
Gareth Lloyd Phil Yalden
Sharon Oliver

Apologies
Steven Gould, Keith Richards

In attendance
Nick Jones, Chief Executive and Registrar
Penny Bance, Director of Development
Rui Domingues, Director of Finance
Nirupar Uddin, Director of Fitness to Practise
Richard Kavanagh, Business Officer and Project Manager

1. Apologies and declarations of interest
The Chair commenced proceedings, welcoming everyone to the meeting at such a testing time. There would be a session at the end of the meeting to reflect upon business continuity and communications to registrants.

The Chair welcomed Fegus Devitt, new lay Council member, to his first meeting and Fergus introduced himself.

No declarations of interest were made.

2. Draft minutes of the Council meeting of 12 December 2019 and matters arising
A. Minutes (CO200317-2A)
Council agreed that the minutes were an accurate record of the meeting.

B. Matters arising (CO200317-2B)
The Chair confirmed that matters arising were either completed or scheduled for discussion today. With regards to the first item ‘functions’ should be amended to ‘findings’. With regards to the Recommendations arising from the Lessons Learnt from Advertising Cases it was recognised that much hinged around item 6 and the establishment of a Steering group.
3. **Chair’s report, January - March 2020**

The Chair presented her report of activities since the meeting of Council in December 2019 (CO200317-03). The Chair noted her main focus had been on shaping the future composition of Council through recruitment and induction activity; and supporting the CER in what has been a busy period.

Council noted the report.

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

The Chief Executive and Registrar drew attention to the item in his report on Covid-19, which was a fast moving field. He outlined the GCC’s preparations for working from home and that while technically enabled staff training was underway to enable this to happen efficiently. Registrants too were rightly concerned and that communications would be welcomed by registrants and the professional associations.

With regards to regulatory reform there had been activity since the New Year but that the team within the Department had now been drawn into the Covid-19 team.

Council noted the report.

5. **A. FTP Performance Update**

The Business Officer and Project Manager introduced the new regular paper giving Council an update through a narrative to the Fitness to Practise (FtP) dashboard; and an update on FtP progress with regulatory reform proposals led by Government.

He outlined the changes that had been made to present information more clearly, focusing on key information including targets. From 1 January to 1 March we have received seven complaints and as of 1 March the FtP’s team open case load was 57. The median time for open cases was 29 weeks. 15 complaints have been closed and the median time taken to close cases in the last 12 months was 37.5 weeks, attributed to staff changes and temporary staff. With regards to the PCC no cases have been closed yet in 2020 and there are currently 10 cases awaiting a PCC hearing. Section 32 complaints have been reduced significantly and work continues in 2020 to clear prior years complaints, with only 13 remaining.

Council noted the report and welcomed the narrative alongside the dashboard. Steven Gould was thanked for his time in assisting the Executive with this.

**B. Business Plan 2020 Update**

The Business Officer and Project Manager presented the update (CO200317-05B), noting that 18 of the 25 projects were on track, 8 had not yet started, 1 was on hold (due to long term sickness of a staff member at the General Osteopathic
Council (GOsC)) and that the timeframes for 2 project would be amended to later in the year given the scale of the projects. Council reiterated its commitment to the joint project with GOsC and were reassured that the recruitment of IC and PCC members was not critical and that new members were not needed until 2021. The team were congratulated on their efforts.

Council noted the report.

C. Finance Update

The Director of Finance presented the finance update (CO191212-05C) noting that in December 2019 Council had approved a breakeven budget for 2020 of £3k. For the two months to the end of February there had been a small surplus of £29k, ahead of the budgeted surplus of £7k. He highlighted the key variances due to increased registration income through better retention figures for 2020 and noted that PCC costs for the year so far were higher than budget due to more cases being heard. This overspend was offset by technology projects being behind plan, leading to a timing difference on these costs, and staff restructure costs had been lower than expected.

The Director of Finance drew Council’s attention to possible budget pressures on the horizon from regulatory reform and research relating to the use and risks of imaging.

Council noted the report and the Chair thanked the Director of Finance on behalf of Council for the work he had done with the GCC and the big difference he had made to systems and processes.

6. Annual reports

Annual Fitness to Practise Report 2019

The Business Officer and Project Manager introduced this report drawing Council’s attention to the following key points:

- In 2019 the number of complaints received increased by 37% from 2018, at 85 this is the highest number of complaints received in the last 5 years
- Most complaints were received from patients
- Most complaints were about either clinical care or a breakdown in the chiropractor/patient relationship. This is in keeping with previous years.
- Of the 62 cases determined by the Investigating Committee 8 of those were referred to a Professional Conduct Committee hearing.
- Two chiropractors were found guilty of unacceptable professional conduct
- The bulk advertising cases were concluded
- 125 Section 32 cases were closed.

The Business and Project Manager noted that understanding the source and nature of complaints should be communicated to the profession, which may reduce future complaint levels.

Council approved the report of the annual review of Fitness to Practise for publication.
The Chair thanked the Business Officer and Project Manager for a thorough and comprehensive report. This highlighted the need for regulatory reform and for being more strategic about ‘upstream’ work with the profession with greater communication about issues and learning from IC cases.

Annual report from the Professional Conduct Committee (PCC)

Council noted the report from David Clark, Chair of the Professional Conduct Committee. The key points included a reduction in case numbers, the conclusion of 7 PCC cases, the move away from legally qualified chairs and a successful training event in November 2019.

The Chair thanked Mr. Clarke, in his absence, for his helpful and thorough report on the activities of the PCC.

Annual report on Registrations

The Registrations Officer introduced the annual report on registration activity, and drew attention to the very small increase in registrant numbers in 2019 (60), the number of graduates applying for registration remained static with 135 registered and there had been a reduction in the number of registrants paying the non practising fee.

The Registrations Officer had included statistics on the first five years of the revised Test of Competence (ToC) and that the pass rate for the ToC had increased to 86%. The numbers sitting the ToC remain static at 20.

Agreed: Council approved the 2019 Annual report on Registrations.

7. Inquest Actions Update: Guidance on First Aid

The Director of Development updated the Council on actions taken with regard to First Aid training and presented draft Guidance for consideration, which built upon the bulletin issued to all registrants. It was explained that the GCC could not recommend specific courses nor providers and that the responsibility and professional judgement lay with chiropractors to satisfy themselves of their competence.

Subject to minor additions to the section on ‘Our Expectations’ Council approved the guidance for publication.

8. GCC Draft Disclosure Policy

The Director of Fitness to Practise provided an update on the Disclosure Policy consultation responses. Consultation had taken place between 6 January and 14 February 2020 and Council were provided with high level survey results. Detailed responses had been received from three organisations (professional associations and the Professional Standards Authority).

Council considered the responses and proposed amendments [including the further amendments to correct the typos in page 3 and amendment to the wording at para 9.2 on page 7. Council approved the final version of the Disclosure Policy and agreed to its publication in April 2020. A communications plan would be put in place.
9. **GCC Strategic Risk Register**

The CER reported that the Audit and Risk Committee reviews the GCC’s Strategic Risk Register at each meeting to discuss, challenge and be assured that the key strategic risks are being controlled and mitigated. This is brought annually to Council.

Council’s attention was drawn to the regulatory reform risks and the likelihood of these being increased bearing in mind the current pressure on DHSC.

Council noted the amendments that had been made to the risk register and the ratings applied by the Executive and agreed that good progress had been made with this.

10. **Committee Chair updates**

   - **Audit and Risk Committee**

   The Chair of the Audit and Risk Committee (ARC) gave an oral update to Council further to the meeting of the Committee on 2 March 2020, which had been very productive and addressed a wide range of financial and risk management areas. He drew Council’s attention to the Annual report and accounts and Council thanked the team and Hayes McIntyre. ARC planned to discuss contracts at a future meeting. The discussion on ARC’s Terms of Reference was postponed.

   - **Education Committee**

   The Chair of the Education Committee presented her report to Council (CO200317-10B) and Council noted the heavy workload of the Committee.

   Council noted the reports.

11. **Any other business**

   There was no other business but the Chair thanked the Business Officer and Project Manager for his hard work in enabling the meeting to happen virtually.

**Date of next meeting:** 25 June 2020
1. Coronavirus

The Council Meeting in March 2020 foreshadowed the lockdown situation brought in to address the Covid-19 pandemic. Members will recall that very few people attended in person and that we were experimenting with videoconferencing. The national mood was one of anxiety and nervousness about the threat ahead. The months since then have seen challenges of a severity and scale not faced before by the vast majority of the population. The healthcare sector has been both at the heart and on the frontline of the response to the virus.

All the professions have reviewed, revised and in many cases withdrawn treatment options they would normally offer to patients. The stresses and risks for those providing emergency care and treatment have been evident. So too have been the frustration and concern of those who have had to postpone treatment of patients, conscious that this may be storing up greater problems for the future. The impact of the crisis, though most visible to the public in NHS and care home settings, has been acute for those professions, including chiropractic, accessible to the public directly and those in private practice who have been economically hit by restrictions.

During this period the regulators have maintained their focus on public protection but with a greatly reduced capability to hold Fitness to Practise hearings. Some common themes which have emerged include:

- Reinforcement of the need for legislative reform to enable greater agility of response to crisis and more cost-effective processes in normal times.
- The impressive performance by staff in adapting to working from home and finding innovative solutions.
- The importance and difficulties of communicating effectively.
- The value of collaboration, data sharing and peer support.
- The lack of understanding amongst registrants of the different roles of regulator and professional body.
- The expectation that the greater use of technology will continue post pandemic.
Many of those themes resonate within the GCC. In particular, I would like to use this report to recognise formally the magnificent way in which the GCC staff, led by Nick Jones, have risen to the challenges of the pandemic period and to thank them for their commitment. The CER’s report sets out in a great deal more detail the steps which have been taken. Our discussion of that report will be the basis for our consideration of the impact of the pandemic on the GCC’s plans for the future. While we may be in transition from the immediate crisis, there are still many challenges ahead.

2. Communication

Without the option of visiting the GCC team at the office, I enjoyed participating in one of the regular Wednesday staff coffee mornings. It was good to meet recent recruits and to hear how everyone is coping with working from home.

While video-conferencing technologies have been a blessing during the Coronavirus crisis and enabled work to continue in a way that would not have been possible 15 years ago, their frequent and extended use can also be tiring. I have tried to keep in contact also by more traditional means of email and telephone both with Council members and with staff. Nick and I have been in close contact throughout and agreed early on to issue more regular updates to Council.

Much of the information I would normally include in my quarterly report has been covered in my more frequent briefings to Council members during the last three months. I include the key items below as a matter of record.

3. Governance

Recommendations for the appointment of two new registrant members of Council are with the Privy Council. We await a response. If we receive confirmation before 25th June, I will update members orally. We believe we have been successful in identifying strong candidates who will between them provide succession for our member for Wales, in anticipation of Gareth Lloyd’s departure in 2021, and broaden the academic experience amongst Council membership. I am grateful to both Ralph Pottie and Keith Richards for their contribution to the selection panel.

I am pleased to report that the privy Council has confirmed the reappointment of Steven Gould for a further term of four years to 31 May 2024. My thanks go to Roger Dunshea and Phil Yalden for their contribution to the reappointments panel.

Together with the CER and the Director of Corporate Services, I interviewed candidates short-listed for the Committee Administrator role. This individual will have a key role in supporting the Committee Chairs and myself as well as responsibility for improving governance records and information flows.
4. Stakeholder Meetings

12th May: Mark Gurden, RCC President
An introductory meeting to understand more about the new President’s vision for the RCC and to explore areas of shared interest.

12th May: Bill Gunnyeon, General Osteopathic Council Chair
A four way meeting with Nick and the new CEO of GOsC, the primary purpose of which was to meet the new GOsC leadership team.

14th May: Regulators Chairs and Chief Executives round table
The focus of this meeting was on matters relating to the pandemic. Council members have received a copy of the meeting note and some of the key points are summarised above.

22nd May: Dame Glenys Stacey, PSA Chair
An introductory meeting to brief Dame Glenys about the GCC and the chiropractic profession with a follow up to discuss more substantive issues arranged for the summer.

18th June: Bill Gunnyeon, General Osteopathic Council Chair

5. Tricia McGregor
We were shocked to receive the very sad news that Tricia McGregor had passed away following a diagnosis of cancer last year. Tricia was the GCC’s interim CER during much of 2018 and into 2019, leading our transformation programme with an energy and vibrancy which were special to her. I have written with condolences to her husband and son expressing our sympathy from the Council and staff of the GCC and from the leaders of the chiropractic profession.

Action required: To note

Mary Chapman
Chair, GCC
Summary

This regular report summarises key developments in the period since the last Council last met, on 17 March 2020.

Action required: For information.

COVID-19 – business continuity arrangements

Background

1. The Council last met on 17 March 2020. It was clear then that how we would work would change quickly given the impending escalation of the UK’s response to the global pandemic. The Council now meet, three months on, as the restrictions imposed are eased; the pandemic remains, and we all begin to adjust to new ways of living and working in that light. Of course, COVID-19 has affected us all and, in this context, our work; equally we have balanced the need to respond, with a commitment to do more than that. My report provides a record of our response – at the outset through our business continuity arrangements such that our core tasks at least were maintained; and subsequently in adapting such that we continue to do so and – as appropriate – continue to pursue our strategy.

2. Like many, we adapted to the original challenge and was able to carry out our work through our staff team, Council and Committees and partners. We vacated the office on 19 March 2020 with all staff able to work from home – continuing to be the case. This was enabled by investment in technology and ways of working introduced in 2019.

3. Our starting point in considering the implications of restrictions to the way we worked was to continue to meet our statutory obligations, as effectively as possible, taking account of Government and public health guidance. Our priority was the health and safety of patients – and of registrants, education providers and students and our own staff, working in demanding circumstances.
4. There has been no change in the people our stakeholders usually deal with; the arrangements for contacting us (telephone numbers and email addresses are unchanged); most committees and meetings are taking place using conferencing facilities. There has been no disruption to finance arrangements including supplier payments.

5. The table below summarises the position in relation to our core responsibility areas.

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<th>Fitness to practise</th>
<th>Education</th>
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<td>• We continue to process registration applications as normal</td>
<td>• Receiving new concerns and progressing cases</td>
<td>• Programme approvals – two programmes were approved in April</td>
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<td>• CPD – audit of 2019 returns was completed in this period</td>
<td>• Listing interim orders and reviews of substantive orders – two of which have taken place remotely</td>
<td>• Concluding annual monitoring – also completed in April</td>
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<td>• CPD expectations for 2020 remain unchanged. We will, of course, take a proportionate approach to this year’s CPD as there are still three months of the current CPD year left.</td>
<td>• Investigating Committee (IC) meetings – several IC meetings have taken place remotely</td>
<td>• Receiving and reviewing new programmes</td>
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We also made necessary adjustments

- **Professional conduct hearings:** As other regulatory bodies, we paused Professional Conduct Committee Hearing Panels to end May 2020. We are currently re-scheduling those planned for this period with a view to holding hearings remotely, where possible and in agreement with the parties. Our position here is subject to continual review.

- **Test of Competence (ToC):** We postponed the ToC panel meeting scheduled for 26 March, but proceeding with a virtual ToC later in June, and thereafter move to a virtual only model utilising the flexibility from such arrangements – for the benefit of panellists and applicants.

- **Project work:** We paused some projects within the commitments made in the business plan. The projects are a mix of policy and research; some business improvement activities; and work to support regulatory reform as it affects the GCC. The impact on projects in general is covered later in the agenda.
6. Staff have adapted well to the requirements placed upon them. With a small staff team, we have been able to communicate, and respond to issues as they arise, well. Staff were supported in a variety of ways - technically, practically and in maintaining an esprit de corps. We have welcomed five new colleagues since moving to working from home. I say more about staffing, generally, later in this report.

Stakeholder engagement

7. From the outset of the pandemic it was necessary to communicate to registrants frequently. The agenda (at item 8) covers the effectiveness and perceptions of our recent communication activity.

8. We issued our first bulletin directed to registrants on Coronavirus on 13 February 2019, linking to current Department for Health and Care and Public Health England guidance, with our first substantive guidance on 18 March 2020. Further statements were issued on 24 March, 27 March, 13 May and 3 June 2020. The prevailing theme of each of the statements was to emphasise the primacy of putting patients’ health first and prioritising patients’ health and welfare at all time. This approach, entirely consistent with the Code, placed the responsibility for decisions on treatment with the professional. Where we were able, we linked to other guidance (issued by the RCC and the professional Associations, and by PHE).

9. We are aware that this approach was viewed by some registrants as insufficiently helpful and directive. In other words, there were calls for more prescription – that is, ‘tell us what we can and cannot do.’ This is a call that other regulators also heard. Like the other regulators, the issuing of such directives is not in our powers – and problematic. We emphasise the importance of professionalism – that is, qualified and experienced professionals able to weigh up the evidence and to make an informed decision based on an assessment of risks documenting the decision; and ensuring the patient (where applicable) is involved in the decision-making and has given full and informed consent. Equally, this is an area that Council may wish to comment, not least given the unprecedented nature of the restrictions.

10. Members are aware, that on 31 March 2020 the British Chiropractic Association (BCA) (one of the four professional associations, representing just over half of registrants) invited the GCC to respond to an open letter distributed to its membership via its channels. Alongside the open letter to the GCC, the BCA also wrote to the Chancellor of the Exchequer seeking more flexibility in the operation of the financial relief schemes introduced. Therein it highlighted the fees issue noting ‘the GCC is currently unable to give relief on their fees due to Government constraints. The BCA urges you in your capacity as the Chancellor and with the Lord President of the Privy Council, to consider how you may further assist chiropractors under great financial pressure by addressing this issue in the current fee year and providing relief in the next fee year.’

11. At this time, there was uncertainty and understandable anxiety as to the
effect on livelihood, personal income and so on. Whilst concerns continue to be felt, Government has introduced a range of measures intended to support those financially challenged. Those measures, whilst not benefiting all, have gone some way to mitigating the financial challenges faced by many.

12. That said, we recognise the very real pressures faced by registrants and the cost of operating as registrant. The cost of the registration fee, association membership and professional indemnity insurance accumulate. In consideration during April, Members noted:

- That all fees must be paid in advance of the year commencing – and as such registrants’ fees for 2020 were received by the GCC (in 2019) and largely fund our operating costs.

- That 800 or so registrants have established monthly direct debits to spread the cost of registration for the subsequent year – and that fewer than 100 have cancelled their arrangement.

- Our powers set out in the Registration Rules Order 1999, as amended, limit our flexibility. We have little discretion, for example in applying a refund in full or part.

- The costs of our operation in 2020 is likely to be significantly affected by the uncertainty created by the pandemic and, further, the outlook in relation to retention in 2021 is also likely to be uncertain. As such, Members of Council were minded to consider the matter further (at this meeting) in the light of a consideration of work undertaken on the 2020 forecast and some work on income and expenditure assumptions for 2021.

13. The BCA has been kept informed of our position.

14. At the outset of the pandemic we became aware that some chiropractors were making claims, or implied in published material, that spinal adjustment and/or manipulation may protect patients from contracting COVID-19, boosting the immune system or aiding recovery.

15. On 20 March 2020 we issued a statement making it clear there is no credible scientific evidence that supports this and chiropractors must not make such a claim, or link treatment to COVID-19, in any way. We added that any chiropractor making such a claim, or making other unsubstantiated claims, runs a very serious risk of being in breach of the requirements set out in the Code and regulatory action would be taken accordingly. We noted that where we see evidence of such claims we will act, and reference the statement in evidence.

16. We were pleased the statement was endorsed by each of the professional associations and the Royal College of Chiropractors who also issued a joint statement in support - ensuring chiropractors make the right decisions for their patients and communities.
Core statutory objectives

17. Paragraph 5 above summarises our expectations in undertaking our statutory functions. Elsewhere on the agenda there are updates on the impact of the pandemic on our Fitness to practise and Education activities.

Collaboration with regulatory partners

18. One of the features of the response to the pandemic is enhanced levels of cooperation; the leaders of all the healthcare regulators have worked well together and we have forged new relationships at a variety of levels.

19. In March 2020, we issued a joint-statement to all registrants which acknowledged that during these challenging times professionals may need to depart from established procedures in order to care for patients, and that regulatory standards were designed to be flexible to provide a framework for decision-making in a wide range of scenarios.

20. Throughout March and April 2020, I have kept in close contact with the Chief Executive and Registrar of the General Osteopathic Council as there are similarities in the challenges faced by our respective professions. Further Chief Executive meetings have taken place in March and April 2020, with monthly dates scheduled for the remainder of the year. The inter-regulatory groups have been active during this time, sharing information and knowledge ranging from the FtP Directors group through to the inter-regulatory Education forum. These networks are critically important and enable us to retain an outward looking focus.

21. The Regulators Chairs and Chief Executives met on 14th May to discuss what has worked well so far through shared thinking and problem solving and recognised that it was prudent to look for lessons learnt from our actions during the crisis now, to prepare us for the next stages. We have used this as an opportunity to practically work together, an example being the compare and contrast grid of individual approaches to pandemic issues has been very valuable for learning from one another and aided internal and external understanding of our approaches. However, there have been challenges with regards to communication with stakeholders, communicating enough and quickly enough. It has exposed gaps in traditional dissemination, with professional bodies looking to regulators to fill these gaps and a tendency towards wanting binary rules rather than applying professional judgement.

22. The GCC has also attended two meetings with the PSA’s Research and Policy Forum to discuss areas of shared concern and interest and has regular catch ups with those regulators closest to its profession in terms of ‘private high street practices’ (GOsC, GOC and GDC).Regulators’ Covid-19 related research and policy plans include:

- Impact on patient confidence and Societal attitudes
- Shortcomings in capacity of clinical workforce
Opportunities for future and permanent change of the regulatory model

PPE/ infection control – what is effective and when? How will this effect public confidence? Availability of PPE for professionals outside NHS?

Implications of moving from the critical care phase to the rehabilitation phase and burdens on professionals dealing with backlog of need and additional demand

Patient voice and involving patients in decision making and policy development

Remote decision-making and hearings

Impact on students and future students, closure of student clinics, lack of placements

How we learn lessons from this, responding in the future.

Implications for the professions, how they responded to the lockdown and during lockdown, how communicated with patients/public and what were their expectations. Future of telehealth consultations.

23. The PSA is developing a collective map of policy issues and research questions that need to be asked to generate the evidence required to prepare for managing the issues. The intention is that the collective map will go to Chief Executive’s Group to agree joint work/priorities.

Regulatory reform

24. My last report conveyed that there had been substantial and good progress. In early April we were informed that officials engaged in the reform policy had been redeployed to COVID-19 related activities in the Department for Health and Social Care (DHSC). That said, the inter-regulatory group on FtP rules has recently re-convened and positive progress is being made.

25. However, a new, revised timeline is yet to emerge from DHSC. Updates to Council will be provided in correspondence when information emerges.

Other updates

The Information Commissioner’s Office (ICO) Decision Notice on a Freedom of Information (FOI) request

26. Members will recall previous updates as to consideration being made by the ICO further to a complaint following our withholding information requested under FOI provision. The information requested concerned the level of fee the GCC paid to an expert for the complainant to consider whether the GCC’s actions in the case were reasonable and proportionate. We withheld the information, citing the exemption under sections 31(1), 36, 40 and 43(2) of the Freedom of Information Act (FOIA) as our basis for doing so.

27. The Information Commissioner can issue an enforcement notice if she does not agree with the action a public body has taken by withholding information further to a FOI request.

28. The Commissioner made her determination of the complaint on 19 May 2020.
The decision was the GCC correctly engaged the section 43(2) exemption and the balance of the public interest favours maintaining the exemption. The Commissioner has recorded a procedural breach of section 10 of the FOIA as the GCC failed to respond to the complainant’s request within the statutory time limits. The Commissioner does not require any further steps to be taken as a result of this decision notice. The matter, including the potential for appeal, was considered by Audit and Risk Committee of the GCC on 1 June 2020.

**Cyber security**

29. Due to current remote working arrangements the organisation is potentially more susceptible to a cyber-attack. In any event, we have been working to better understand our current cyber security level and as part of this the GCC has passed the first level of Cyber Essentials, gaining a certification of assurance. Cyber Essentials is a Government-backed, industry-supported scheme to help organisations protect themselves against common online threats.

30. Areas covered included firewalls and gateways, secure configuration (password protocols etc.), software patching, user and admin accounts and antivirus/malware protection, and was a comprehensive assessment of the whole organisation.

31. Certification gives peace of mind that our defences will protect against the vast majority of common cyber-attacks because attackers are looking for targets which do not have the Cyber Essentials technical controls in place.

32. We will be taking further steps by continuing to obtain level two of Cyber Essentials where a hands-on technical verification and penetration testing is carried out. This can be completed remotely without visiting the office or requiring physical access to staff laptops, therefore, Covid-19 does not present an issue with moving this work forward.

**Professional Standards Authority (PSA) matters**

(a) *Performance Review*

33. Our annual review of performance (for 2019) is underway. We have received notice of those standards where the PSA require further information by way of ‘targeted review’ questions.
34. We have met helpfully with the PSA team and submitted our detailed response to the questions raised. The next phase involves the PSA considering our responses and drawing up its draft recommendations, where we are provided with the opportunity to comment. The timetable is fluid.

(b) Correspondence with Alan Clamp, PSA CEO

35. In early May 2020 Alan wrote to all regulators in recognition that the crisis is placing a significant burden on regulators with the potential for performance to be very different to that in normal times, particularly with respect to fitness to practise hearings. There was a recognition that this will affect the ability of some regulators to engage with the performance review process. The letter noted that the PSA considered whether it was appropriate to halt the performance review process entirely but that it had decided that this would not be a proportionate response taking into account:

- Its statutory duty to report to Parliament on the performance of the regulators;
- The desk-based nature of the work so it can keep its interaction with the regulators proportionate;
- the performance review process being staggered over the year, and its concern as to the unfairness of halting processes that have already begun or not to look at regulators later in the year when the pressures may be reduced;
- different regulators facing different pressures, with some likely to be in a better position to engage with the review than others;
- the public interest in reporting on performance, particularly where in the past concerns about a regulator’s performance may have been raised.

36. In any event, I responded on the basis that it was unlikely that operating conditions would be more benign in the foreseeable future and – with the additional flexibility offered by the PSA in relation to timescales – that we push on.

(b) Consultation on Member recruitment practices

37. The PSA has invited feedback on its role in scrutinising the appointments process carried out by Councils. Member reappointment and recruitment is carried out by Councils having regard to extensive good practice guidance set out by the PSA.

38. An aspect of the guidance it is particularly seeking views is the requirement for the anonymisation of candidate identities until the completion of the shortlisting stage. It notes the requirement is in line with best recruitment practice, and can act to avoid the possibility of unconscious bias affecting the decisions of panels - encouraging fairness and diversity because it avoids the varied unconscious reactions individuals have when they see someone’s name.

39. Some regulators have expressed concerns to the PSA about this approach as it has the potential to be:
- expensive and time-consuming
- unnecessary as panels can be relied upon to exercise their judgement fairly
- not proven to demonstrate benefit by increasing candidate diversity.

40. The PSA is now reviewing this aspect, and is seeking further guidance from bodies with expertise in this area such as the Equalities and Human Rights Commission. It has asked for our views to understand the impact on regulators, including whether anonymisation is appropriate; if we would do so even if it wasn’t stipulated; the costs of doing so; the impact.

41. Responses must be submitted by 24 July 2020. We welcome the consultation, and in particular the steps being taken by the PSA to establish best practice by engaging with other organisations with expertise. Members with experience of sitting on shortlisting panels as part of a Council recruitment exercise are invited to offer views and observations from their own experience as to the effectiveness and impact on outcomes to inform our response.

Staffing and workplace

42. As noted in para 6 above, the GCC staff team has adapted well to the new ways of working. With a small staff team, we have been able to communicate well and we meet together three times a week – discussing a mix of work and social issues.

43. At the last meeting of Council I reported that recruitment activities were underway in implementing the GCC organisation change – that started in December 2019 by way of consultation. We decided to carry on with the implementation and I am pleased to report that the exercise is practically complete.

44. As a consequence of doing so have welcomed five new colleagues (soon six) since moving to working from home and as such those colleagues have not experienced working in the GCC office. Starting work in any organisation is challenging so I pay particular tribute to those joining us and adapting so well. Sadly we also said goodbye to some colleagues, and whilst not able to observe the usual rituals we have invented some new ways to ensure that they departed with our thanks and best wishes. I will provide an oral update on the GCC ‘organogram’.

45. We welcomed our new Director of Corporate Services, Joe Omorodion, on 1 May 2020, joining us here for his first Council meeting.

46. Sadly this will also be Niru Uddin’s last meeting for a while – as she departs in ‘early July 2020’ on maternity leave. We wish Niru well.

47. I am pleased to report that following a competitive exercise, we have appointed to the one-year Director of Fitness to Practise maternity cover role. The successful applicant is external to the organisation and I hope to be able to provide an oral update with more details. A provisional start date of 14 July 2020
has been set, minimising the period without a Director in place.

48. We are giving consideration to what is likely to be staged return to the workplace over what could be prolonged periods. Our guiding principle in doing so is taking care of our people, safeguarding their health and well-being. We are carrying out an assessment of the risks and doing so in collaboration with colleagues in HCPC facilities management. Our framework for doing so is as follows:

<table>
<thead>
<tr>
<th>Premises</th>
<th>The building/buildings in which people work, how they get to work and reducing congestion in break out/rest areas and welfare facilities.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>People within the building including employees, visitors, contractors, cleaners</td>
</tr>
<tr>
<td>Process</td>
<td>Consider work tasks performed in the workplace including clocking in procedures, any shift patterns and adjusted hours and break times aiming to reduce exposure on public transport at building entrances.</td>
</tr>
<tr>
<td>Plant</td>
<td>Identify the equipment that is used.</td>
</tr>
<tr>
<td>Policies</td>
<td>The policies required to ensure that all employees and visitors are protected</td>
</tr>
<tr>
<td>Procedures</td>
<td>The procedures associated with the work processes and how employees carry out their work.</td>
</tr>
</tbody>
</table>

Meetings and engagements (all virtual)

- 19 March 2020 – met with Alan Clamp CEO of the PSA
- 20 March 2020 – attended the meeting of the UK Chiropractic Forum
- 23 March 2020 – attended the monthly meeting of the Chief Executives of Regulatory Bodies
- 30 March 2020 – with the Director of Fitness to Practise met with the Good Thinking Society
- 29 April 2020 – attended the monthly meeting of the Chief Executives of Regulatory Bodies
- 12 May 2020 – with the Chair, met with Bill Gunnyeon, Chair and Matthew Redford, CER of the General Osteopathic Council
- 14 May 2020 – attended the CER and Chair’s of Regulatory Bodies quarterly ‘dinner’
- 15 May 2020 – attended the biannual meeting of Chiropractic Deans
- 22 May 2020 – with the Chair met with Glenys Stacey, Chair of the PSA and Alan Clamp CEO
- 28 May 2020 - attended the monthly meeting of the Chief Executive of Regulatory Bodies
- 1 June 2020 – attended the meeting of the GCC Audit and Risk Committee
- 3 June – attended an informal meeting of the GCC Remuneration and Human Resources Committee
12 June 2020 – spoke to final year students at AECC on their transition from graduate to registrant

Nick Jones
25 June 2020
Summary:

This new regular paper from the Director of Fitness to Practise seeks to provide an update to Council on the following:

A. A narrative to the Fitness to Practise (FtP) dashboard;
B. An update on COVID 19 on FTP processes / hearings deferral;
C. FtP progress with regulatory reform on Electronic-service;
D. Interim arrangements for PCC recruitment

Action required:

In relation to each part the Council is asked to

Part A: Note the information
Part B: Note the information
Part C: Formally approve the making of the General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020
Part D: Agree in principle to the extension of Professional Conduct Committee members for a third term

A. Narrative to FtP Dashboard - Fitness to practise case trends

Introduction/background

1. This is the second meeting where I have presented the amended dashboard (for the period 1 March 2020 – 1 June 2020) - a view of our FtP work ‘at a glance’ supplemented with this new narrative report.
How many complaints are we receiving and what is the risk rating of each complaint?

2. We received 23 complaints\(^1\). During the same period last year, the figure was 18 complaints. There has been an increase in complaints received as a result of registrants conduct during COVID 19 (see Part B).

3. The risk rating of all open cases is set out in the FtP Dashboard\(^2\). Of the 23 complaints received in this reporting period, the risk rating (‘RR’) of these complaints is as follows:

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low – RR1</td>
<td>No injury has taken place and/or issues have been addressed</td>
<td>18</td>
</tr>
<tr>
<td>Moderate – RR2</td>
<td>Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed</td>
<td>2</td>
</tr>
<tr>
<td>High – RR3</td>
<td>Sexual misconduct, issues complained of remain in place, there is an ongoing risk to patients / public from the chiropractor’s clinical practice / behaviour, conduct is persistent and / or deliberate</td>
<td>3</td>
</tr>
<tr>
<td>Severe – RR4</td>
<td>Sexual misconduct, life may be in danger, risk of major injury or serious physical or mental ill health. The conduct is increasing in frequency and/or severity</td>
<td>0</td>
</tr>
</tbody>
</table>

More information on the nature of complaints received can be found in the FtP report, published annually here.

How many complaints are the FtP team dealing with currently and how long have the complaints been open for?

4. As at 1 June 2020, the FtP team’s open case load was 69\(^3\). During the same period last year, this was 68 complaints. Of open cases, the median time those cases have been open is 23 weeks\(^4\).

5. We have addressed this performance target below under point 3. This is an improvement from the first quarter report to Council in March 2020 that the median time of the open cases was 29 weeks.

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\(^1\) See Ref 1 in FtP Dashboard
\(^2\) See Ref 5 in FtP Dashboard
\(^3\) See Ref 4 in FtP Dashboard
\(^4\) See Ref 6 in FtP Dashboard
How many complaints have been closed by the Investigating Committee (‘IC’), how long did it take for the cases to be closed and what were the outcomes of these?

6. During this reporting period, the FtP team held 4 IC meetings, which were conducted as remote meetings (see below Part B as to remote meetings as a result of COVID 19).

7. The number of complaints closed by the IC in the reporting period was 18. This brings the total number of closed cases to 33 for all of 2020. This compares to six complaints closed in the same period last year. This builds on the tremendous effort by the FTP team reported in the last quarter and is a credit to their hard work in the reporting period. This also coincides with a period where the organisation has moved to working from home as a result of the COVID 19 pandemic and is therefore even more significant that the team have continued to progress cases as efficiently as possible in these challenging times.

8. The median time taken to close cases in the last 12 months is 39 weeks. The performance target (‘the Closure Target’) from the receipt of the complaint to a determination by the IC, of a median time of less than 28 weeks (calculated over last 12 month period) was not met.

9. As reported to Council in March, we remain below our target as a result of the FtP team functioning with temporary staff since February 2019. Recruitment for permanent FtP staff team was concluded in April 2020 and new members of the team have been inducted virtually. We anticipate that the efficiency with which investigations are concluded will been seen in the next quarter.

10. As part of the changes to the FtP Dashboard we have set a new internal target on the length of time that open cases have been open (‘Open Cases Target’). This target is for the median time of all open cases to be less than or equal to 20 weeks which will act as a good indicator of whether we can meet the 28 week Closure Target. The current median time for open cases is 23 weeks which means the 20 week open cases target is not currently being met, however this is a significant improvement from the 27 weeks reported in March 2020. We will review whether the targets are appropriate after the permanent staffing structure is embedded and report to Council at its next meeting in September 2020.

11. Of the 18 cases closed by IC in the reporting period, 13 were determined with an outcome of No Case to Answer and five were referred to the Professional Conduct Committee (‘PCC’). This brings the total number of closed cases to 33 for 2020 to date where 26 cases have been determined with an outcome of No Case to Answer and seven referred to the PCC.

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\(^5\) See Ref 7 in FtP Dashboard  
\(^6\) See Ref 8 in FtP Dashboard  
\(^7\) See Ref 6 in FtP Dashboard  
\(^8\) See Ref 7 in FtP Dashboard  
\(^9\) See Ref 10 in FtP Dashboard
How many ISHs have been held in the period, what have the outcomes been and did we get these done in a timely manner?

12. No interim suspension hearings have been held in this period.

How many complaints are at the ‘hearings’ stage, what has taken place at hearings held and whether these are being dealt with in a timely manner?

13. There are 14 cases awaiting a PCC hearing. 5 cases have been referred to the PCC in the reporting period by the IC. The PCC concluded one substantive case during the relevant period. The target to list cases for a PCC hearing is within 9-months of being referred by the IC. See Part B as to impact on hearings as a result of COVID 19.

How many Section 32 complaints are there and what progress has taken place?

14. Under section 32 of the Chiropractors Act 1993, it is a criminal offence for anyone who is not on the GCC’s register to describe themselves (either expressly or by implication) as a Chiropractor.

15. The FtP team continues to act on reports of possible breaches of section 32 and as at 1 June 2020, is currently handling 33 active cases which relates to 17 individuals. Of the 33 active cases, the number of backlog cases (pre January 2019) is 12 complaints. The number of complaints received after 1 January 2019 is 21. The total number of complaints closed since the start of 2020 is 13.

16. An internal target for complaints received after 1 January 2020 has been set at 16 weeks. The average time it is taking to close cases (not considering the backlog cases) is 24 weeks.

17. Again, this is dependent on information being received from individuals subject to a section 32 investigation that they have amended or ceased breaching the act, however we now have processes in place to ensure that we are actively monitoring those cases. There has not been significant progress on the section 32 work as the FtP recruitment process (which would ensure that there is a dedicated lead on the section 32 and PCC work) was concluded in April with the new member of staff being inducted into the team virtually and the priority given to the PCC work. We anticipate that the efficiency with which section 32 investigations are concluded will been seen in the next quarter.

Attachments
Annexe 1 – FtP Dashboard

Action required:
Council is asked to note the information in Part A.

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10 See Ref 12 in FtP Dashboard
11 See Ref 16 in FtP Dashboard
12 See Ref 18 in FtP Dashboard
13 See Ref 19 in FtP Dashboard
14 See Ref 20 in FtP Dashboard
15 See Ref 22 in FtP Dashboard
B. Update on COVID 19 on FTP processes / hearings deferral;

18. As the CER report to Council notes the staff team are operating in very different circumstances.

19. The FTP team continue to focus attention on triaging of new complaints and the management of risks - prioritising high-risk investigations.

20. As noted above, in this reporting period 23 complaints\(^\text{16}\) were received between 1 March 2020 – 1 June 2020. Twelve of those relate to concerns raised as to registrants’ conduct in relation to COVID 19 and which include allegations of claims made about the effect of chiropractic treatment on immunity, and encouraging patients to receive treatment where this may not be in the patient’s best interest. These investigations have also been prioritised.

21. As the CER report also notes our business continuity arrangements during the pandemic anticipated our fulfilling our core duties, but highlighted that (alongside all other regulators) hearings will be disrupted. That said, we identified those meetings and hearings that should take place. We have implemented plans to run a number of virtual hearings and meetings with people attending remotely, covering the following activities:

- Meetings of the Investigating Committee (IC)
- Hearings to consider interim suspensions
- Substantive review hearings of the Professional Conduct Committee (PCC).

22. In order to facilitate remote hearings, training was arranged with relevant stakeholders, the first session taking place on 12 May 2020 with a second session on 9 June 2020.

23. Hearings of the PCC due to take place between 23 March 2020 and 29 May 2020 were cancelled at the point restrictions further to the pandemic were implemented, with a commitment given to review that position in late May 2020. This was in line with other healthcare regulators and covered the 12-week period from the initial lockdown.

24. Substantive hearings (including those which were part heard or adjourned) have now been reviewed on a case by case basis as to whether it is appropriate for those hearings to proceed remotely. Some considerations here include whether there are witnesses who may be vulnerable are due to be called; the stage at which the hearing is at; as well as a consideration of the ‘type’ of case being heard, for example sexual boundaries, a clinical matter, or criminal conviction and so on.

25. Consequently we have been able to proceed with a part heard PCC hearing listed from 11 June -19 June 2020 which will proceeding remotely.

\(^{16}\) See Ref 1 in FtP Dashboard
26. Listing of the remaining PCC cases is now taking place with availability being sought from parties for older referrals to resume in September – December. This includes those cases which we have identified as good candidates for remote hearings as well as those which will need to take place in person.

27. With regards to plans for future PCC activity, in light of the government announcement to ease restrictions, together with our desire to minimise the backlog in our PCC substantive hearings, we are exploring with HCPC as to how we can progress ‘in person hearings’ at the HCPC tribunal centre given that some form of social distancing measures may be in place for an extended period of time.

28. This will require us to carefully assess and balance different factors, including the Health risks to PCC members and legal assessors, registrants, witnesses and GCC employees in determining how hearings may take place. This may include a consideration of a ‘hybrid’ model with some participants attending hearings virtually to maintain adequate social distancing.

Action required:

Council is asked to note the information in Part B.

C. Progress with regulatory reform on Electronic-service of documents

Background

29. Further to Royal Assent of the Coronavirus Act 2020 on 25 March 2020, the Department of Health and Social Care (‘DHSC’) contacted us enquiring whether any immediate legislative changes were necessary to enable us to continue to effectively discharge our statutory duties during this challenging period.

30. It was emphasised that only ‘absolutely necessary’ proposals would be considered given the need for Government to focus on COVID 19 and the limited availability of legal support and Parliamentary time – and that our case for change needed to be robust. The other healthcare regulators were approached similarly.

Changes proposed to DHSC

31. Similar to the General Osteopathic Council (GOsC), our legislation is dated with the rules being very strict, especially around service of documents or notices for fitness to practise matters. For example, there is a mandatory requirement for notices notifying a chiropractor of FtP allegations made against them and notices of hearings to be sent by a postal service in which delivery or receipt is recorded in order to properly deem those documents as ‘served’.
32. The GCC team is working from home, unable to serve notices by post. Further, the ability of the Post Office to deliver mail may be affected by the current COVID 19 situation. The proposed amendment to the rules to allow us to serve notices by email (‘Electronic service’) rather than by post, allowing us to continue to discharge our statutory duties with regards to our FtP function.

33. Where any interim order hearings or reviews of substantive orders need to be listed for a hearing, we have engaged external delivery services to effect service on registrants by post. We therefore require amendments to our rules to enable service of notices and other documents to be effected by email as working from home is likely to continue to for some time.

34. The GOsC has made a similar proposal regarding electronic service, limiting their request for changes to this.

Service of notices

35. Rule 8 of the General Chiropractic Council (Investigating Committee) Rules Order of Council 2000 (the “IC Rules”) provides for the service of documents and states as follows:

Service of notices
8. - (1) Any notice or other matter or information to be given or sent to a chiropractor under Rule 3(1), 4(2), (3) or (5), 6(1) or (2) or 7(1), (3) or (5)(a) may be served by sending the same to the appropriate address of the chiropractor by a postal service in which delivery or receipt is recorded, or by leaving the same at that address.

36. Rule 21 of the General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000 (the “PCC Rules”) provides for the service and giving of documents and states as follows:

Service and giving of documents
21. - (1) Any notice, document or other matter to be given to or served on a chiropractor by the Registrar under these Rules may be served by sending it by a postal service in which delivery or receipt is recorded to, or leaving it at, the address of the chiropractor as appearing in the register pursuant to section 6(1)(b) of the Act, or if his last known place of residence differs from his address in the register and it appears to the Registrar that, if the notice, document or other matter is sent to or left at that place of residence, it is more likely to reach him, it may be served by sending it by such a postal service to or leaving it at his last known place of residence.

Amendments to GCC Rules

37. In order to affect the changes we proposed, the amendments to the IC and PCC Rules are shown below (amendments in bold text):
IC rules - Service of notices
8. - (1) Any notice or other matter or information to be given or sent to a chiropractor under Rule 3(1), 4(2), (3) or (5), 6(1) or (2) or 7(1), (3) or (5)(a) may be served by sending the same to an electronic mail address that the chiropractor has notified to the Council as an address for communications or to the appropriate address of the chiropractor by a postal service in which delivery or receipt is recorded, or by leaving the same at that address.

PCC rules - Service and giving of documents
21. - (1) Any notice, document or other matter to be given to or served on a chiropractor by the Registrar under these Rules may be served by sending it to an electronic mail address that the chiropractor has notified to the Council as an address for communications or by a postal service in which delivery or receipt is recorded to, or leaving it at, the address of the chiropractor as appearing in the register pursuant to section 6(1)(b) of the Act, or if his last known place of residence differs from his address in the register and it appears to the Registrar that, if the notice, document or other matter is sent to or left at that place of residence, it is more likely to reach him, it may be served by sending it by such a postal service to or leaving it at his last known place of residence.

38. The DHSC provided a draft statutory instrument incorporating the changes above (see Annexe 2).

39. On 20 April 2020 we sought Council’s approval (via email) on the proposals to be put forward to the DHSC and the wording of the draft statutory instrument. On 21 April we received unanimous approval from Council to do so.

40. As these are only minor amendments to the rules but are required to be enacted in order to support our regulatory functions during the COVID 19 emergency, we have not and are not proposing to consult on the changes. We will, however, actively engage with all our internal and external stakeholders involved in our hearings, including defence organisations once the amendment to the rules goes through. We also plan on highlighting these amendments through our Communications Team with the profession.

Attachments

Annexe 2 – Draft statutory instrument

Action required:
In relation to Part C, the Council is asked to
- Formally approve the making of the General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020
D. Interim arrangements for PCC recruitment

41. Following a recommendation to Council in June 2013, 10 PCC panel members were appointed by the Council of the GCC for a period of 4 years initially and then reappointed in May 2017 for a second term of 4 years. As such, the terms of office for these 10 panellists of the PCC is due to end on 31 May 2021.

42. A process to recruit panellists replacing members whose term ends in May 2021 is due to start in July 2020 with the aim of concluding by autumn 2020. This is to allow for appointment by Council formally in December 2020 as well as ensuring the panellists have had adequate induction and training before the current cohort of panellists’ terms ends.

43. The powers of Council to appoint and re-appoint are contained in the GCC (Constitution of the Statutory Committees) Rules 2009 (see Annexe 3). Rule 7(5) provides that:

“(5) The terms of office of the ordinary members of the Professional Conduct Committee shall be determined by the General Council, on appointment (or re-appointment), but no term of office shall be longer than 4 years”.

44. Other regulators have a specific provision in their rules relating to how many terms of office a member of the PCC can be appointed for.

45. There is no limitation in the way our rules are drafted that the maximum period is two four-year terms. Our rules provide only that “the term of office of the ordinary member of the PCC shall be determined by the General Council, on appointment (or re-appointment), but no term of office shall be longer than 4 years” - Rule 7(5) of the GCC (Constitution of the Statutory Committees) Rules 2009. In view of the above, our view is that a further term of appointment is permissible for a period of no longer than 4 years if approved by Council.

46. The General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2019 (see Annexe 4) requires that there are at least 10 members of the Professional Conduct Committee and the Health Committee.

47. There are currently 15 members of the PCC. With 10 members potentially leaving in May 2021, those remaining mean we do not meet the requirement to have a minimum of 10 PCC members.

48. Although the recruitment process is planned to start in July 2020, with the current restrictions in place it is difficult to predict how effective recruitment will be in finding successful panellists who will be ready to start sitting from May 2021.

49. Moreover, there is the challenge of managing the transition from a very experienced PCC to a very new PCC, not familiar with GCC work. Added to this is the task of ensuring there are sufficient panel members to cover PCC hearings, given the likelihood of a larger PCC caseload in 2021 with cases being relisted which were cancelled as a result of restrictions, as covered in Part B, above.
50. In view of the above, we ask Council to consider extending the term of at least 5 of the existing PCC members whose terms are due to end in May 2021 for a period of at least 1 year (to May 2022). This will ensure that we have a minimum number of PCC members (10 members) in May 2021 should the recruitment process prove difficult.

51. Also, as more experienced members of the PCC, they can assist in helping to induct new appointees as well as ensuring hearings take place with a mixture of new and experienced panel members perhaps by having one new member sitting with two others from the existing cohort. This will avoid us losing a vastly experienced cohort of PCC members overnight.

52. A decision in principle from Council at this meeting will allow the recruitment process to start with a back-up plan in place. Council will be updated as to the position with the recruitment process in September and December 2020 and if Council are in agreement with the proposal to extend, formal extensions will be sought in early 2021.

Attachments


Annexe 4 – The General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2019

Action required:

In relation to Part D, the Council is asked to
   - Agree in principle to the extension of existing PCC members for a third term
1. **New and open cases**

1. New complaints received per month

2. Average new referrals per month over last 12 months
   6
3. Average new referrals per month over last 5 years
   5

4. Complaints currently open
   69 (+1% vs June 2019)

5. Risk rating of open complaints

6. Median time cases have been open for
   23 weeks

   Target = <20 weeks
7. Number of complaints closed by the Investigating Committee in 2020

33 (+154% vs Year previous)

8. Median time taken to close cases in last 12 months

39 weeks

Target = <28 weeks

9. Number of cases not closed within target timeframe in last quarter

<table>
<thead>
<tr>
<th>Number of cases not closed within target timeframe in last quarter</th>
<th>Number of cases not closed within target that are categorised as severe or high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>5</td>
</tr>
</tbody>
</table>

10. Decisions of the IC in 2020

- No case to answer, 26
- PCC, 7

11. Interim Suspension hearing decisions in 2020

- 1 (0 suspended)

Date complaint received to hearing = 18 weeks
Date enough information received to hearing = 6 weeks
### Cases referred for hearing

<table>
<thead>
<tr>
<th>Case</th>
<th>Date referred from IC</th>
<th>Date listed for hearing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>25/09/2018</td>
<td>11/06/2020</td>
<td>Went part heard twice</td>
</tr>
<tr>
<td>Case 2</td>
<td>16/07/2019</td>
<td>Not listed</td>
<td>Went part heard</td>
</tr>
<tr>
<td>Case 3</td>
<td>23/07/2019</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 4</td>
<td>20/08/2019</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 5</td>
<td>22/10/2019</td>
<td>28/09/2020</td>
<td></td>
</tr>
<tr>
<td>Case 6</td>
<td>11/12/2019</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 7</td>
<td>11/12/2019</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 8</td>
<td>28/01/2020</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 9</td>
<td>25/02/2020</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 10</td>
<td>20/03/2020</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 11</td>
<td>02/04/2020</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 12</td>
<td>21/04/2020</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 13</td>
<td>21/05/2020</td>
<td>Not listed</td>
<td></td>
</tr>
<tr>
<td>Case 14</td>
<td>21/05/2020</td>
<td>Not listed</td>
<td></td>
</tr>
</tbody>
</table>

### Cases awaiting a PCC hearing

12. **Target**
   
   All cases to be listed for a hearing within 9 months of being referred by IC

13. **Recent hearings activity**
   
   Number of PCC hearings held in last quarter 1
   
   Number of hearings concluded in last quarter 1
   
   Number of adjournments/case going part heard in last quarter 0

14. **Decisions of the PCC in 2020**

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
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<tbody>
<tr>
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<td>Suspended</td>
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<tr>
<td>Conditions of Practice</td>
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<tr>
<td>Admonishment</td>
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<tr>
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<tr>
<td>No Evidence Offered</td>
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</table>
16. Total number of current Section 32 complaints  
33  (-49% vs June 2019)

17. Total number of current Section 32 individuals being investigated  
17

18. Number of open complaints received before 1 Jan 2019 (‘backlog’)  
12

19. Number of open complaints received after 1 Jan 2019  
21

20. Complaints closed in 2020  
13

21. Open cases at the start of the month

22. Median time taken to close cases in 2020  
24 weeks

Target = <16 weeks
HEALTHCARE AND ASSOCIATED PROFESSIONS

CHIROPRACTORS

The General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020

Made - - - - 2020

Coming into force - - 2020

At the Council Chamber, Whitehall the [x]th day of [month] 2020

By the Lords of Her Majesty’s Most Honourable Privy Council

The General Chiropractic Council has made the General Chiropractic Council (Coronavirus) (Amendment) Rules Order 2020, which are set out in the Schedule to this Order, in exercise of the powers conferred by sections 20(10) and 26 of, and paragraph 15(2)(h) of Schedule 1 to, the Chiropractors Act 1994(a).

By virtue of section 35(1) of that Act, such Rules must be approved by the Privy Council, and by virtue of section 36(1) of that Act such approval must be given by an order made by the Privy Council.

Citation and commencement

1. This Order may be cited as the General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020 and shall come into force on [x]th day of [month] 2020.

Privy Council Approval

2. Their Lordships, having taken these Rules into consideration, are pleased to and do approve them.

Richard Tilbrook
Clerk of the Privy Council

(a) 1994 c.17
SCHEDULE  

General Chiropractic Council (Coronavirus) (Amendment) Rules 2020

The General Chiropractic Council makes the following Rules in exercise of its powers under sections 20(10) and 26 of, and paragraph 15(2)(h) of Schedule 1 to, the Chiropractors Act 1994.

PART 1

Preliminaries

Citation and commencement

1.—(1) These Rules may be cited as the General Chiropractic Council (Coronavirus) (Amendment) Rules 2020 and shall come into force on the [x]th day of [month] 2020.

PART 2

Amendment to the General Chiropractic Council (Investigating Committee) Rules 2000

Amendment to the General Chiropractic Council (Investigating Committee) Rules 2000

2. In Rule 8(1) (service of notices) of the General Chiropractic Council (Investigating Committee) Rules 2000(a), after “sending the same” insert “to an electronic mail address that the chiropractor has notified to the Council as an address for communications or”.

PART 3

Amendment to the General Chiropractic Council (Professional Conduct Committee) Rules 2000

Amendment to the General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000

3. In Rule 21(1) (service and giving of documents) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000(b), after the first “by sending it” insert “to an electronic mail address that the chiropractor has notified to the Council as an address for communications or”.

Given under the official seal of the General Chiropractic Council this XX day of Month 2020.

Mary Chapman  
Chair of the General Chiropractic Council

(a) As set out in the Schedule to the General Chiropractic Council (Investigating Committee) Rules Order 2000 (S.I. 2000/2916).
(b) As set out in the Schedule to the General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000 (S.I. 2000/3290).
EXPLANATORY NOTE
(This note is not part of the Order)

This order made under the Chiropractors Act 1994 amends the rules contained in the General Chiropractic Council (Investigating Committee) Rules 2000 and in the General Chiropractic Council (Professional Conduct Committee) Rules 2000. This order permits service by electronic mail.
The General Chiropractic Council has made the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009, which are set out in the Schedule to this Order, in exercise of the powers conferred by section 35(2) of, and paragraphs 16(2), 17(4), 25, 30, 34 and 38 of Schedule 1 to, the Chiropractors Act 1994(a).

By virtue of section 35(1) of that Act, such Rules shall not come into force until approved by Order of the Privy Council.

Their Lordships, having taken these Rules into consideration, are pleased to and do approve them.

This Order may be cited as the General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009 and shall come into force on 9th February 2009.

Judith Simpson
Clerk of the Privy Council

(a) 1994 c.17; section 35(2) and paragraph 16(2) were amended by, and paragraphs 25, 30, 34 and 38 were substituted by, S.I. 2008/1774.
SCHEDULE

The General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009

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17. Part heard cases before the Health Committee on 8th February 2009

The General Chiropractic Council makes the following Rules in exercise of the powers conferred by section 35(2) of, and paragraphs 16(2), 17(4), 25, 30, 34 and 38 of Schedule 1 to, the Chiropractors Act 1994.
 PART 1
Introductory

Citation, commencement and interpretation

1.—(1) These Rules may be cited as the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009 and shall come into force on 9th February 2009.

(2) In these Rules—

“the Act” means the Chiropractors Act 1994;

“final outcome”, in relation to any proceedings where there are rights of appeal, means the outcome of the proceedings—

(a) once the period for bringing an appeal has expired without an appeal being brought; or

(b) if an appeal is brought in accordance with those rights, once those rights have been exhausted;

“lay person” means a person who—

(a) is not and never has been a registered chiropractor; and

(b) does not hold qualifications which would entitle them to apply for registration under the Act;

“licensing body” means any body, other than the General Council, anywhere in the world that licenses or regulates any profession;

“ordinary member”, in relation to a statutory committee, means a member of that committee who is not a co-opted member; and

“spent conviction” means—

(a) in relation to a conviction in a court in Great Britain, a conviction that is a spent conviction for the purposes of the Rehabilitation of Offenders Act 1974(a); or

(b) in relation to a conviction by a court in Northern Ireland, a conviction that is a spent conviction for the purposes of the Rehabilitation of Offenders (Northern Ireland) Order 1978(b).

PART 2
Provisions specific to each statutory committee

The Education Committee: composition, terms of office of ordinary members and quorum

2.—(1) The Education Committee shall consist of—

(a) 5 members who are members of the General Council, appointed by it;

(b) 5 members who are not members of the General Council but who are appointed by it; and

(c) any members the Education Committee co-opts, if they are approved by the General Council in accordance with rule 11 and subject to a maximum number of 5 co-opted members.

(2) The terms of office of the ordinary members of the Education Committee shall be determined by the General Council, on appointment (or re-appointment).

(3) The quorum of the Education Committee shall be 5, of whom at least 2 shall be members of the General Council.

(a) 1974 c.53.
(b) S.I. 1978/1908 (N.I. 27).
Appointment of the ordinary members of the Education Committee who are members of the General Council

3.—(1) If there is a vacancy amongst the ordinary members of the Education Committee who must be members of the General Council, that vacancy shall be filled by a member of the General Council selected in accordance with this rule.

(2) The Registrar shall invite members of the General Council to nominate members of the General Council to fill the vacancy—

(a) in writing before a specified meeting of the General Council; or
(b) orally at that meeting.

(3) Members may not nominate themselves.

(4) At that meeting, if the number of members nominated does not exceed the number of vacancies, the members nominated shall be declared by the Registrar as the members provisionally appointed as members of the Education Committee (and the nominations process for any remaining vacancies shall be repeated for the next meeting of the General Council).

(5) If the number of members nominated exceeds the number of vacancies, at that meeting the Registrar shall conduct a ballot, and each member of the General Council—

(a) shall have a number of votes equal to the number of vacancies;
(b) may vote for themselves; and
(c) shall not vote more than once for the same member.

(6) At that meeting, the Registrar shall rank the candidates in order of the number of votes received, highest placed first, and declare as provisionally appointed as members of the Education Committee the candidates whose number in the ranking is equal to or higher than the number of vacancies.

(7) In the event of a tie between two or more candidates for a place in the ranking that would give rise to a provisional appointment, a further ballot shall be held in respect of that place, and the members nominated for the purposes of that ballot (which is to be held at the same meeting) shall be the candidates whose votes were tied.

(8) Any person declared to be provisionally appointed in accordance with this rule, shall be duly appointed as a member of the Education Committee if that appointment is ratified by a resolution of the General Council at the meeting at which the person was declared provisionally appointed.

(9) In the event of a failure by the General Council to ratify a provisional appointment, the Registrar shall repeat the process described in paragraphs (2) to (7) both before and at the next meeting of the General Council.

Chair and deputy chair of the Education Committee

4.—(1) The General Council shall appoint as the chair of the Education Committee an ordinary member of the Committee—

(a) who is a member of the General Council; and
(b) whom the General Council elects to be the Committee’s chair.

(2) The term of office of the chair shall be determined by the General Council on appointment, but it shall be for a period that is no longer than the period between the chair’s date of appointment as chair and the date on which the chair’s term of office as a member of the Education Committee is due to expire (regardless of whether or not they are thereafter reappointed as a member).

(3) The member of the Education Committee serving as its chair shall cease to be its chair—

(a) if that person ceases to be a member of the Education Committee;
(b) if that person resigns as its chair, which that person may do at any time by a notice in writing to the General Council;
(c) if that person’s membership of the General Council is suspended by the Privy Council or provisionally suspended by the General Council; or
(d) if the General Council votes (and that person may not participate in the vote) to terminate that person’s appointment as chair.

(4) The General Council shall nominate a member of the Education Committee who is also a member of the General Council to deputise for the chair (“the deputy chair”) if the chair is unable to perform the duties of the chair for any reason.

(5) A person serving as deputy chair of the Education Committee shall cease to be its deputy chair—

(a) if that person ceases to be a member of the Education Committee;
(b) if that person resigns as deputy chair, which that person may do at any time by a notice in writing to the General Council;
(c) if that person’s membership of the General Council is suspended by the Privy Council or provisionally suspended by the General Council; or
(d) if the General Council votes (and that person may not participate in the vote) to terminate that person’s appointment as deputy chair.

(6) If for any reason both the chair and the deputy chair of the Education Committee are absent from a meeting of the Committee, the members of the Committee who are present at that meeting shall nominate one of their number who is a member of the General Council to serve as chair of that meeting.

The Investigating Committee: composition, terms of office of ordinary members and quorum

5. — (1) The Investigating Committee shall consist of—

(a) 3 members who are lay persons, appointed by the General Council;
(b) 5 members who are registered chiropractors, appointed by the General Council; and
(c) any members the Investigating Committee coopts, if they are approved by the General Council in accordance with rule 11 and subject to a maximum number of 5 co-opted members.

(2) No ordinary member of the Investigating Committee may also be a member of the General Council, the Professional Conduct Committee or the Health Committee, and no co-opted member may also be a member of the Professional Conduct Committee or the Health Committee.

(3) The terms of office of the ordinary members of the Investigating Committee shall be determined by the General Council, on appointment (or re-appointment), but no term of office shall be longer than 4 years.

(4) The quorum of the Investigating Committee shall be 5, of whom 2 must be registered chiropractors and 2 must be lay persons (one of whom may be chairing the meeting).

Chair and deputy chair of the Investigating Committee

6. — (1) The General Council shall appoint as the chair of the Investigating Committee an ordinary member of the Committee who is a lay person.

(2) The term of office of the chair shall be determined by the General Council on appointment, but it shall be for a period that is no longer than the period between the chair’s date of appointment as chair and the date on which the chair’s term of office as a member of the Investigating Committee is due to expire (regardless of whether or not they are thereafter reappointed as a member).

(3) The member of the Investigating Committee serving as its chair shall cease to be its chair—

(a) if that person ceases to be a member of the Investigating Committee;
(b) if that person resigns as its chair, which that person may do at any time by a notice in writing to the General Council;
(c) if that person’s membership of the Investigating Committee is suspended by the General Council; or
(d) if the General Council votes to terminate that person’s appointment as chair.

(4) The General Council may nominate a member of the Investigating Committee who is a lay person to deputise for the chair (“the deputy chair”) if the chair is unable to perform the duties of the chair for any reason.

(5) A person serving as deputy chair of the Investigating Committee shall cease to be its deputy chair—
(a) if that person ceases to be a member of the Investigating Committee;
(b) if that person resigns as deputy chair, which that person may do at any time by a notice in writing to the General Council;
(c) if that person’s membership of the Investigating Committee is suspended by the General Council; or
(d) if the General Council votes to terminate that person’s appointment as deputy chair.

(6) If for any reason both the chair and any deputy chair of the Investigating Committee are absent from a meeting of the Committee, the members of the Committee who are present at that meeting shall nominate one of their number to serve as chair of that meeting.

The Professional Conduct Committee: composition, terms of office of ordinary members and quorum

7.—(1) The membership of the Professional Conduct Committee shall consist of the registered chiropractors and lay persons included in the list of not more than 30 persons maintained by the General Council of persons appointed to the Committee.

(2) Members of the Professional Conduct Committee may attend only the proceedings of the Committee that they are invited to attend by the Registrar, or by a person duly authorised on the Registrar’s behalf to invite them.

(3) If the members of the Professional Conduct Committee who are attending particular proceedings propose to co-opt a member for the purposes of consideration of those proceedings, approval for the co-option must be sought in accordance with rule 11.

(4) No ordinary member of the Professional Conduct Committee may also be a member of the General Council or the Investigating Committee, and no co-opted member may also be a member of the Investigating Committee.

(5) The terms of office of the ordinary members of the Professional Conduct Committee shall be determined by the General Council, on appointment (or re-appointment), but no term of office shall be longer than 4 years.

(6) The panel of ordinary members and any co-opted members attending particular proceedings of the Professional Conduct Committee may perform any functions of the Committee that are relevant to those proceedings.

(7) The quorum for the Professional Conduct Committee (that is, for panels of members as mentioned in paragraph (6)) shall be 3, of which at least one must be—
(a) a registered chiropractor;
(b) a lay person (who may or may not be the person chairing the meeting);
(c) the person chairing the meeting (who may also be the one necessary lay person, mentioned in sub-paragraph (b)), who must be a person appointed in accordance with rule 8(1).

(8) If the Registrar so directs, this rule does not apply in relation to proceedings, or particular stages of proceedings, before the Professional Conduct Committee on 8th February 2009.
Chairing of the Professional Conduct Committee

8.—(1) The General Council shall appoint, from amongst the lay persons who are members of the Professional Conduct Committee, persons to chair proceedings of the Committee (“panel chairs”).

(2) Of those persons, the General Council shall designate one panel chair of the Professional Conduct Committee to act as the chair of the Committee.

(3) If the Registrar or the person duly authorised on the Registrar’s behalf (“the inviter”) does not invite the chair to attend particular proceedings of the Professional Conduct Committee—

(a) the inviter must invite another panel chair to those proceedings; and

(b) that panel chair shall chair the proceedings in place of the chair of the Committee.

(4) A person serving as chair or panel chair of the Professional Conduct Committee shall cease office—

(a) if that person ceases to be a member of the Professional Conduct Committee;

(b) if that person resigns as chair or panel chair (or both), which the person may do at any time by a notice in writing to the General Council;

(c) if that person’s membership of the Professional Conduct Committee is suspended by the General Council; or

(d) if the General Council votes to terminate that person’s appointment as chair or panel chair (or both).

(5) If the Registrar so directs, this rule does not apply in relation to proceedings, or particular stages of proceedings, before the Professional Conduct Committee on 8th February 2009.

The Health Committee: composition, terms of office of ordinary members and quorum

9.—

(1) The membership of the Health Committee shall consist of the registered chiropractors and lay persons included in the list of not more than 30 persons maintained by the General Council of persons appointed to the Committee.

(2) Members of the Health Committee may attend only the proceedings of the Committee that they are invited to attend by the Registrar, or by a person duly authorised on the Registrar’s behalf to invite them.

(3) If the members of the Health Committee who are attending particular proceedings propose to co-opt a member for the purposes of consideration of those proceedings, approval for the co-option must be sought in accordance with rule 11.

(4) No ordinary member of the Health Committee may also be a member of the General Council or the Investigating Committee, and no co-opted member may also be a member of the Investigating Committee.

(5) The terms of office of the ordinary members of the Health Committee shall be determined by the General Council, on appointment (or re-appointment), but no term of office shall be longer than 4 years.

(6) The panel of ordinary members and any co-opted members attending particular proceedings of the Health Committee may perform any functions of the Committee that are relevant to those proceedings.

(7) The quorum for the Health Committee (that is, for panels of members as mentioned in paragraph (6)) shall be 3, of which at least one must be—

(a) a registered chiropractor;

(b) a lay person (who may or may not be the person chairing the meeting);

(c) the person chairing the meeting (who may also be the one necessary lay person, mentioned in sub-paragraph (b)), who must be a person appointed in accordance with rule 10(1).
(8) If the Registrar so directs, this rule does not apply in relation to proceedings, or particular stages of proceedings, before the Health Committee on 8th February 2009.

Chairing of the Health Committee

10. —(1) The General Council shall appoint, from amongst the lay persons who are members of the Health Committee, persons to chair proceedings of the Committee (“panel chairs”).

(2) Of those persons, the General Council shall designate one panel chair of the Health Committee to act as the chair of the Committee.

(3) If the Registrar or the person duly authorised on the Registrar’s behalf (“the inviter”) does not invite the chair to attend particular proceedings of the Health Committee—

(a) the inviter must invite another panel chair to those proceedings; and

(b) that panel chair shall chair the proceedings in place of the chair of the Committee.

(4) A person serving as chair or panel chair of the Health Committee shall cease office—

(a) if that person ceases to be a member of the Health Committee;

(b) if that person resigns as chair or panel chair (or both), which the person may do at any time by a notice in writing to the General Council;

(c) if that person’s membership of the Health Committee is suspended by the General Council; or

(d) if the General Council votes to terminate that person’s appointment as chair or panel chair (or both).

(5) If the Registrar so directs, this rule does not apply in relation to proceedings, or particular stages of proceedings, before the Health Committee on 8th February 2009.

PART 3

Common provisions

Approval and terms of office of co-opted members of statutory committees

11. —(1) The approval of the co-option of a member to a statutory committee shall be sought by the submission by the committee concerned to the General Council of a request for approval, and that request shall be accompanied by—

(a) a curriculum vitae of the proposed member; and

(b) an explanation of the reasons for the request for the proposed member’s co-option.

(2) Approval shall be by way of a resolution to that effect passed at a meeting of the General Council.

(3) The term of office of the co-opted member shall commence on the day after the day on which that resolution is passed.

(4) The duration of terms of office of any co-opted members of the statutory committees shall be determined by the committee co-opting them (subject to paragraph 17(3) of Schedule 1 to the Act).

Disqualification from appointment to any statutory committee

12. A person is disqualified from appointment as a member of a statutory committee if that person—

(a) has at any time been convicted of an offence involving dishonesty or deception in the United Kingdom and the conviction is not a spent conviction;

(b) has at any time been convicted of an offence in the United Kingdom, and—
(i) the final outcome of the proceedings was a sentence of imprisonment or detention, and
(ii) the conviction is not a spent conviction;
(c) has at any time been removed—
(i) from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners, the Charity Commission, the Charity Commission for Northern Ireland or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity—
   (aa) for which the person was responsible or to which the person was privy, or
   (bb) which the person by their conduct contributed to or facilitated, or
(ii) under—
   (aa) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(a) (powers of Court of Session to deal with management of charities), or
   (bb) section 34(5)(e) of the Charities and Trustee Investment (Scotland) Act 2005(b) (powers of the Court of Session),
   from being concerned with the management or control of any body;
(d) has at any time been removed from office as the chair, member, convener or director of any public body on the grounds, in terms, that it was not in the interests of, or conducive to the good management of, that body that the person should continue to hold that office;
(e) is subject to—
   (i) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986(c),
   (ii) a disqualification order under Part II of the Companies (Northern Ireland) Order 1989(d) (company directors disqualification),
   (iii) a disqualification order or disqualification undertaking under the Company Directors Disqualification (Northern Ireland) Order 2002(e), or
   (iv) an order made under section 429(2) of the Insolvency Act 1986(f) (disabilities on revocation of a county court administration order);
(f) has been included by—
   (i) the Independent Barring Board in a barred list (within the meaning of the Safeguarding Vulnerable Groups Act 2006(g) or the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007(h)), or
   (ii) the Scottish Ministers in the children’s list or the adults’ list (within the meaning of the Protection of Vulnerable Groups (Scotland) Act 2007(i));
(g) has at any time been subject to any investigation or proceedings concerning his fitness to practise by any licensing body, the final outcome of which was—
   (i) the person’s suspension from a register held by the licensing body,
   (ii) the person’s erasure from a register held by the licensing body or a decision that had the effect of preventing the person from practising the profession licensed or regulated by the licensing body, or

(a) 1990 c.40; section 7 was repealed by the Charities and Trustee Investment (Scotland) Act 2005 (asp 10), Schedule 4, paragraph 7(b).
(b) 2005 asp 10.
(c) 1986 c.46.
(d) S.I. 1989/2404 (N.I. 18).
(e) S.I. 2002/3150 (N.I. 4); relevant amendments were made by S.I. 2005/1454 (N.I. 9).
(f) Section 429(2) was amended by the Enterprise Act 2002 (c.40), Schedule 23, paragraph 15.
(g) 2006 c.47.
(h) S.I. 2007/1351 (N. I. 11).
(i) 2007 asp 14.
has at any time been subject to any investigation or proceedings concerning his conduct, professional competence or health by the General Council, where the final outcome was that—

(i) the person’s registration in the register was suspended,

(ii) the person was removed from the register (for a reason connected to the person’s conduct, professional competence or health), or

(iii) the person’s registration in the register was made subject to an order imposing conditions with which the person must comply; or

(i) has at any time been subject to any investigation or proceedings relating to an allegation that the person’s entry in the register was fraudulently procured—

(i) in the course of which the person’s registration was suspended and that suspension has not been terminated, or

(ii) the final outcome of which was the removal of the person’s entry in the register;

(j) is subject to any investigation or proceedings concerning—

(i) the person’s conduct, professional competence or health by the General Council, or

(ii) the person’s fitness to practise by any licensing body,

and the General Council is satisfied that the person’s membership of the statutory committee would be liable to undermine public confidence in the regulation of registered chiropractors; or

(k) has at any time been convicted of an offence elsewhere than in the United Kingdom and the Council is satisfied that the person’s membership of the committee would be liable to undermine public confidence in the regulation of registered chiropractors.

Removal of statutory committee members from office

13.—(1) A member of a statutory committee shall be removed from office by the General Council, if—

(a) the member resigns, which a member may do at any time by a notice in writing to the General Council;

(b) in the case of—

(i) a member appointed in part because they were a registered chiropractor, that member’s registration lapses,

(ii) a member appointed in part because they were a lay person, that member ceases to be a lay person;

(c) the member becomes a person of the type mentioned in rule 12(c) or (d);

(d) the member becomes a person of the type mentioned in rule 12(a), (b) or (e) to (g), whether or not they thereafter cease to be such a person or a sanction mentioned in those provisions is lifted;

(e) in the case of a registered chiropractor, the member becomes subject to any investigation or proceedings concerning his conduct, professional competence or health by the General Council, where the final outcome is that—

(i) the member’s registration in the register is suspended by virtue of a suspension order,

(ii) the member is removed from the register, or

(iii) the member’s registration in the register is made subject to a conditions of practice order;

(f) in the case of a registered chiropractor, the member becomes subject to any investigation or proceedings relating to an allegation that the member’s entry in the register was
fraudulently procured or incorrectly made, the final outcome of which is the removal of the member’s entry in the register;

(g) the General Council is satisfied that the member’s level of attendance at meetings of the committee falls below a minimum level of attendance acceptable to the General Council, having regard to—

(i) any recommended minimum levels of attendance that the General Council has set in their standing orders, and

(ii) whether or not there were reasonable causes for the member’s absences;

(h) the General Council is satisfied that the member has failed, without reasonable cause, to undertake satisfactorily the requirements with regard to education, training and appraisal for members that apply to that member and which the General Council has included in their standing orders;

(i) the General Council is satisfied that the member has disclosed or caused to be disclosed, without reasonable cause, confidential information relating to or in connection with proceedings of the committee;

(j) the General Council is satisfied that the member is no longer able to perform their duties as a member of the statutory committee because of adverse physical or mental health;

(k) the General Council is satisfied that the member’s continued membership of the statutory committee would be liable to undermine public confidence in the regulation of registered chiropractors.

(2) A member who becomes, or may be about to become, a person to whom paragraph (1)(b) to (d) applies must notify the General Council in writing of that fact as soon as the person becomes aware of it.

Suspension of statutory committee members from office

14. —(1) The General Council may suspend a member from a statutory committee by a notice in writing served on the member—

(a) if the General Council has reasonable grounds for suspecting that the member has become a person to whom rule 13(1)(b)(ii) to (d) applies, for the purposes of determining whether or not the member has become such a person;

(b) while the General Council is considering whether or not it is satisfied as to the matters set out in rule 13(1)(g) to (k);

(c) if the member is subject to any investigation or proceedings concerning—

(i) the member’s conduct, professional competence or health by the General Council, or

(ii) the member’s fitness to practise by any licensing body,

and the General Council is satisfied that it would not be appropriate for the member to continue to participate in the work of the statutory committee while the investigation is or proceedings are ongoing;

(d) if the member is subject to any investigation or proceedings concerning whether the member’s entry in the register was fraudulently procured or incorrectly made and the General Council is satisfied that it would not be appropriate for the member to continue to participate in the work of the statutory committee while the investigation or proceedings concerning the member’s entry in the register is or are ongoing;

(e) if the member is subject to any investigation or proceedings in the United Kingdom relating to a criminal offence, or in any other part of the world relating to an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence, and—

(i) either—

(aa) the investigation or proceedings relate to an offence involving dishonesty or deception, or
(bb) the final outcome of the investigation or proceedings may be that the person is
sentenced to a term of imprisonment or detention, and

(ii) the General Council is satisfied that it would not be appropriate for the member to
continue to participate in the work of the statutory committee while the investigation
or proceedings is or are ongoing.

(2) The notice in writing under paragraph (1) shall set out the reasons for the suspension and the
duration of the period of suspension, which shall (in the first instance) not be for more than 6
months.

(3) The General Council—
(a) may at any time review a suspension of a member of a statutory committee by it; and
(b) shall review any suspension of a member by it after 3 months from the start of the period
of suspension, if requested to do so by the suspended member.

(4) Following a review, the General Council may—
(a) terminate the suspension;
(b) if that review is within 3 months of the end of a period of suspension, extend the
suspension for a further period of up to 6 months from the date on which the suspension
would otherwise come to an end.

(5) The General Council shall notify the suspended member in writing of the outcome of any
review and that notice shall include the reasons for any decision taken.

Effect of vacancies etc. on the validity of proceedings

15.—(1) The validity of any proceedings before a statutory committee shall not be affected by—
(a) any vacancy among its members;
(b) any defect in the appointment of any of its members;
(c) a member whom the General Council must remove from the committee under rule
13(1)(b) to (f) participating in the proceedings;
(d) a member whom the General Council has removed under rule 13(1) having participated in
the proceedings; or
(e) a member who has been suspended by the General Council under rule 14(1) having
participated in the proceedings.

(2) Notwithstanding paragraph (1)(c), a member of a statutory committee whom the General
Council must remove from a statutory committee under rule 13(1)(b) to (f) is not entitled to
participate in proceedings of the committee, pending the member’s removal from the committee
by the General Council.

PART 4

Part heard cases on 8th February 2009

Part heard cases before the Professional Conduct Committee on 8th February 2009

16.—(1) Subject to paragraph (2), where the Registrar exercises the Registrar’s powers of
direction under rule 7(8) and 8(5)—
(a) the composition of the Professional Conduct Committee for the proceedings or the stage
of proceedings in question shall be the composition of the Committee on 8th February
2009;
(b) the quorum of the Professional Conduct Committee shall be 4, of whom at least 3 shall be
persons who were members of the General Council on 8th February 2009; and
(c) the chairing arrangements for the Committee shall be those set out in paragraph 36 of Schedule 1 to the Chiropractors Act 1994, as in force on 8th February 2009, except that references to the General Council shall be construed as references to the General Council as on 8th February 2009.

(2) If the Committee proposes to co-opt additional members, approval shall be sought in accordance with rule 11.

Part heard cases before the Health Committee on 8th February 2009

17.—(1) Subject to paragraph (2), where the Registrar exercises the Registrar’s powers of direction under rule 9(8) and 10(5)—

(a) the composition of the Health Committee for the proceedings or the stage of proceedings in question shall be the composition of the Committee on 8th February 2009;

(b) the quorum of the Health Committee shall be 5 (none of whom need be registered medical practitioners) of whom at least 3 shall be persons who were members of the General Council on 8th February 2009; and

(c) the chairing arrangements for the Committee shall be those set out in paragraph 40 of Schedule 1 to the Chiropractors Act 1994, as in force on 8th February 2009, except that references to the General Council shall be construed as references to the General Council as on 8th February 2009.

(2) If the Committee proposes to co-opt additional members, approval shall be sought in accordance with rule 11.

Given under the official seal of the General Chiropractic Council this 7th day of January 2009

L.S.

Linda Stone
Member

Michael Kondracki
Member
EXPLANATORY NOTE

(This note is not part of the Order)

This Order approves Rules of the General Chiropractic Council (GCC) relating to the constitution of its four statutory committees: the Education Committee; the Investigating Committee; the Professional Conduct Committee; and the Health Committee.

Part 1 of the Rules contains introductory provisions. Part 2 contains the provisions specific to each statutory committee, including those relating to the committees’ compositions, the terms of office of their members and their quora. Each committee has ordinary members who are appointed by the GCC, and may also have co-opted members, whom the committees themselves may put forward but whose co-option must be approved by the GCC in accordance with a set procedure (rules 2, 5, 7, 9 and 11).

For the Education Committee, some of the ordinary members must also be members of the GCC, and if more GCC members are nominated for membership of the committee than there are vacancies to fill, the selection of members to fill those vacancies is done by a ballot of GCC members (rule 3). The Education Committee will also have a chair and deputy chair, both appointed by the GCC (rule 4). For the Health and Professional Conduct Committees, panels of members drawn from the membership list of each committee will be invited to attend particular proceedings, and each panel will be chaired by a panel chair, appointed by the GCC – and one of the panel chairs will be designated by the GCC as the overall chair of the committee (rules 7 to 10).

Part 3 contains common provisions for all of the statutory committees. In addition to the provisions relating to the approval and terms of office of co-opted members (rule 11), there are common provisions relating to the grounds for disqualification from appointment to one of the committees, and to the removal of committee members from office (rules 12 and 13). The GCC is also given powers to suspend committee members where, for example, it is considering removing them from office (rule 14). There are also provisions to ensure that the validity of the committees’ proceedings is not affected by defects in appointments, vacancies or disciplinary action that is being taken, or needs to be taken, against their members (rule 15).

Part 4 deals with cases before the Health and Professional Conduct Committees that are ongoing on the day the Rules come into force. Provision is made so that these cases can be taken forward by these committees as constituted on the day before the Rules come into force, where the Registrar of the GCC so directs, rather than by these committees as newly constituted on 9th February 2009.
2009 No. 26

HEALTH CARE AND ASSOCIATED PROFESSIONS

CHIROPRACTORS

The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009

£5.00
HEALTH CARE AND ASSOCIATED PROFESSIONS

CHIROPRACTORS

The General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2019

Made - - - - 6th August 2019
Coming into force - - 1st September 2019

At the Council Chamber, Whitehall, the 6th day of August 2019. By the Lords of her Majesty’s Most Honourable Privy Council

The General Chiropractic Council has made the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules 2019, which are set out in the Schedule to this Order, in exercise of the powers conferred by paragraphs 30(a), 34(a) and 38(a) of Schedule 1 to the Chiropractors Act 1994(a).

By virtue of sections 35(1) and 36(1) of the Chiropractors Act 1994, such Rules shall not come into force until approved by an order made by the Privy Council.

Citation and commencement

1. This Order may be cited as the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2019 and comes into force on 1st September 2019.

Privy Council approval

2. Their Lordships, having taken the Rules set out in the Schedule into consideration, are pleased to, and do approve them.

Ceri King
Deputy Clerk of the Privy Council

(a) 1994 c.17. Paragraphs 30, 34 and 38 of Schedule 1 were substituted by S.I. 2008/1774.
The General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules 2019

The General Chiropractic Council makes the following Rules in exercise of its powers under paragraphs 30, 34 and 38 of Schedule 1 to the Chiropractors Act 1994.

Citation and commencement

1. These Rules may be cited as the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules 2019 and come into force on 1st September 2019.

Amendment to the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009

2. In the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009(a), in rules 5(1) (the Investigating Committee: composition), 7(1) (the Professional Conduct Committee: composition) and 9(1) (the Health Committee: composition), for “not more than 30” in each place the phrase occurs substitute “not fewer than 10”.

Given under the official seal of the General Chiropractic Council this 24th day of July 2019

Roger Dunshea
Deputy Chair of the General Chiropractic Council

EXPLANATORY NOTE

(This note is not part of the Order)

The Rules contained in the Schedule to this Order amend the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009 as set out in the Schedule to the General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council (S.I. 2009/26).

Rules 5, 7 and 9 are amended to replace the maximum limit of members from which panels are convened for respectively the Investigating Committee, the Professional Conduct Committee and the Health Committee with a minimum of 10 members.

(a) As set out in the Schedule to S.I. 2009/26, to which there are amendments not relevant to these Rules.
1. Summary
The paper provides an update on our performance against the 2020 Business Plan in the period 1 January – 31 May 2020. Consideration has been given to a number of the business plan activities as to whether to continue as planned in 2020 or defer.

2. Action required: For decision

3. Introduction and background
The Business Plan was agreed by Council in December 2019 and is the second year of the five-year strategy 2019-2023.

4. Summary
Due to the consequences of the pandemic, it has become necessary to reappraise some of the activities in the business plan mainly from an operational feasibility perspective. It is proposed some of the projects/activities are deferred and not carried out this year. For those projects that have not been deferred to 2021, we propose completing these in 2020 and as such are included in the 2020 proposed forecast being considered later in the meeting.

Updates on all specific activities in the business plan can be found at Annexe 1. The projects we propose deferring are marked in red, active projects are in green. Completed projects are shown in blue.

- Five projects have been completed
- Twenty projects are currently active
- Five projects are recommended for deferral in light of the pandemic
- Areas of work from two projects have been enacted in light of Covid-19

Two new activities have been added to the business plan, shown at references 26 and 27.

In three projects (refs 13, 22, 24) we have broken down the activities into two sections and this is shown in the Annexe by having sections (a) and (b) added to
the end of the reference number. This allows for greater clarity and for the work to be more manageable.

There are five activities with a timeframe of ‘ongoing’. We recognise that this is an ambiguous term in relation to project work. The work required for these projects is completed by carrying out various different elements and is measured as an accumulation of smaller completed pieces over the course of the year.

5. Projects proposed for deferral

We propose deferring the following, as such they would not be carried out in 2020 due to Covid-19:

- (Ref 10) Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways

This activity involves filming interviews with chiropractors to showcase the variety of opportunities to graduates within the chiropractic profession. The project requires face-to-face contact.

- (Ref 14) Consider our expert witness arrangements

Expert witnesses are required to give their expert opinion in fitness to practice cases. We currently have a pool of four expert witnesses. While having a larger pool would be beneficial, we are able to continue as we currently are with four experts. The ability to train new experts is difficult as training courses would be better face-to-face, which is also true of attending hearings. We are still developing processes around virtual hearings and inducting new experts adds another element to this already problematic situation.

- (Ref 18) Implement a case management system for the FTP department

Current capacity within the fitness to practice team does not allow for adequate time to carry out meaningful work on implementing a case management system. Carrying out this work while working remotely is also not ideal and as such it is recommended that we defer this work until 2021 when there is more capacity within the FTP department and we are able to carry out, for example, tender exercises in person.

- (Ref 19) Review and update our IT document management arrangements

There is an interdependency on carrying out any work on our current document management arrangements without having implemented a case management system for the FTP department. There was no budgetary allocation for this work, but it is reasonable to consider that a financial allocation may have been required for external implementation and/or advice on implementation at a later date.

- (Ref 21) Review IT support contract arrangements

It is recommended that this work is deferred until 2021 and when we are back in the office. It is not an appropriate time to conduct such work due to current home working arrangements in light of Covid-19 and our increased reliance on our IT provider.
6. Active projects

The following activities are currently active and will be delivered this year as planned. In some of these projects there is a legal requirement for us to carry out the activity or we are already contractually obligated. Timeframes may need to be reappraised on some of the projects due to Covid-19.

- (Ref 1) 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
- (Ref 4) Respond to policy relating to Governance and FTP emerging from the department of health’s regulatory reform agenda
- (Ref 5) Commission research to understand current and future workforce needs and challenges of the profession
- (Ref 6) Commission research and survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice
- (Ref 8) Develop a set of competencies for new graduates
- (Ref 9) Survey the public on their views and expectations of the chiropractic profession and regulation
- (Ref 11) Support and promote inter-professional learning and working between chiropractors and other healthcare professionals
- (Ref 12) Recruit new IC members (Lay and registrant) and new PCC members (registrant only)
- (Ref 13a) Legal policy review of whistleblowing in clinics.
- (Ref 13b) Correspondence with complainants and registrants review based on feedback received
- (Ref 15) Increase and improve our engagement with our partners and key stakeholders, including appraisals, regular updates and access to learning opportunities
- (Ref 16) Hold a ‘lessons learnt’ steering group regarding the advertising complaints closed in 2019
- (Ref 17) Implement a mandatory learning and development programme for staff and assess performance and development needs on an individual basis
- (Ref 20) Move to a paperless system for council and committees
- (Ref 22b) Run a recruitment exercise for one new lay Education Committee member and two reappointments
• (Ref 24a) Make continuous improvements to website (General maintenance contract)

• (Ref 24b) Make continuous improvements to the new CRM system

• (Ref 25) Review our existing business continuity plan including disaster recovery and update

• (Ref 26) Obtain cyber essentials certification and penetration testing to be carried out

The following project has not been deferred but the budget previously allocated has been removed:

• (Ref 7) Implement student engagement strategy

7. Implications

a. Strategic
The business plan relates directly to the five-year strategy 2019 - 2023. The projects which are deferred this year are planned to be delivered within the lifespan of the five-year strategy.

b. Legal and compliance
There are no legal implications.

c. Risk assessment / analysis

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk score</th>
<th>Risk rating</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferring (Ref 10) - Not carrying out this project means we will not showcase a range of career paths and opportunities available to graduates, raising the profile of roles in academia and research. Less graduates will be attracted to these roles.</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td></td>
<td>We will ensure this activity will be in the business plan for 2021. We are accepting this risk for 2020 by deferring the project.</td>
</tr>
<tr>
<td>Deferring (Ref 14) – Not continuing this project means we still only have the four expert</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td></td>
<td>We have been operating in this way for many years and deferring this project means</td>
</tr>
</tbody>
</table>
witnesses to enable us to carry out investigations and will not be able to increase the pool this year.

<table>
<thead>
<tr>
<th>Action</th>
<th>Risk Level</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferring (Ref 18) means we accept any current business-as-usual risks in investigating complaints such as potential data breaches that may be avoided by using a new case management system.</td>
<td>1 1 2</td>
<td>We have been operating without a case management system for many years. Deferring this project means we will effectively remain as we currently are. It would increase our risk significantly to make any changes to how we currently investigate complaints in the current home-working circumstances.</td>
</tr>
<tr>
<td>Deferring (Ref 21) - a review of our IT arrangements means that we will continue with our current provider. Any potential concerns that undertaking a review may uncover, such as service issues or security are accepted.</td>
<td>5 1 6</td>
<td>Regular meetings to take place to ensure we are content with the service provided. We are undertaking work to ensure that our IT security is fit-for-purpose as part of another project (Ref 26). It is not an appropriate time to conduct a review due to current home-working arrangements and our increased reliance on our IT provider.</td>
</tr>
<tr>
<td>Timescales in relation to (Refs 5, 6, 8, 9, 11) may be at risk due to being previously on hold due to Covid-19</td>
<td>3 3 12</td>
<td>Review of projects in lieu of time lost due to Covid-19 to take place in due course and mitigation to be implemented accordingly.</td>
</tr>
<tr>
<td>Removal of budget from (Ref 7) – student engagement.</td>
<td>5 1 6</td>
<td>We will continue to engage with students through virtual means as part of our ongoing plans.</td>
</tr>
<tr>
<td>Nature of responses and perceptions may be unduly</td>
<td>3 4 16</td>
<td>Consideration to be given to timing of project.</td>
</tr>
</tbody>
</table>
negative or skewed due to Covid-19 in relation to (Ref 9)

| Reputational issues in deferring projects and potentially changes timescales that we have previously communicated | 3 | 2 | 8 | Being open and transparent with stakeholders when communicating the status of work, explaining the reasons for any delays. |

* 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)
• Risk rating: score of 2-8 = green; 10-18 = amber; 20-30 = red

d. Equality
There are equality implications arising from this paper. Projects which causes changes to the way we work and has 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 work and to communicate changes to the business plan.

6. Recommendation
The Council is asked to note the report and agree the proposal to the deferral and continuation of projects identified to inform the proposed financial forecast.

7. Attachments
Annexe 1 – Business plan status table, June 2020
<table>
<thead>
<tr>
<th>Ref no.</th>
<th>BP Activity</th>
<th>Timescale</th>
<th>Status</th>
<th>Update</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| 1      | 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 | Ongoing        | Active    | Completed work:  
  - First aid requirements post-Inquiry enacted – March  
  - Pre-treatment imaging – terms of reference drafted. Next steps to follow.  
  - Covid-19 webpage and guidance  
  - Monthly lessons learned meetings disseminated in newsletters  
  - HCPC – Professionalism joint work to begin (signed contract 05/05/2020) | Cross functional |
| 2      | Review the need for changes to our education standards to include the wider public health agenda. | To EC by November | Complete  | EC agreed on 1 April 2020 to a full review of the Education Standards to commence in 2021                                                                                                             | Education      |
| 3      | Evaluate whether the changes made to our CPD summary have led to greater evidence of reflection amongst registrants | June           | Complete  | Final report sent to Education Committee on 1 April. Recommendations currently being implemented.                                                                                                       | Registrations  |
| 4      | Respond to policy relating to Governance and FTP emerging from the department of health’s regulatory reform agenda | No indication of timeframe from DOH | Active    | The Department of Health have currently postponed this work due to Covid-19. We will pick this work up when required. This project will go ahead as planned in 2020                                                                 | CE/Cross-functional |
| 5      | Commission research to understand current and future workforce needs and challenges of the profession | December       | Active    | External company have been engaged in the work. Yet to go out to the public yet due to Covid-19. We are obligated to continue this work for contractual reasons. This project will go ahead as planned in 2020 but the time to carry out will be considered. | Development    |
| 6      | Commission research and survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice | March 2021 (+ Regular updates to Council) | Active    | Phase 1 to take place in 2020.                                                                                                                                                                         | Development    |
| 7      | Implement student engagement strategy                                      | Ongoing        | Active    | Universities are currently closed due to Covid-19 but work continues. We continue to engage with current and future students. Work will be more ‘virtual’ focused or via the website than originally planned.  
  - CE and Registrations officer spoke with new graduates  
  - Will speak with students at November EC  
  - Assistance with recent BCA comms to current and future students  
  - Student statement on Covid-19 webpage | Development    |
<p>| 8      | Develop a set of competencies for new graduates                            | June December  | Active    | Discussions held. RCC to attend next Education Committee meeting                                                                                                                                     | Development    |</p>
<table>
<thead>
<tr>
<th></th>
<th>Title</th>
<th>Due Date</th>
<th>Status</th>
<th>Description</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Survey the public on their views and expectations of the chiropractic profession and regulation</td>
<td>December</td>
<td>Active</td>
<td>The time to undertake the project must be considered so that views of public aren't skewed by Covid-19. Forecasted to take place in 2020.</td>
<td>Development</td>
</tr>
<tr>
<td>10</td>
<td>Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways</td>
<td>December</td>
<td>Deferred</td>
<td>Proposal to not carry out this work in 2020 due to feasibility and due to current Covid-19 circumstances</td>
<td>Development</td>
</tr>
<tr>
<td>11</td>
<td>Support and promote inter-professional learning and working between chiropractors and other healthcare professionals</td>
<td>April</td>
<td>Active</td>
<td>Being carried out in collaboration with GOsC. Previously reported that this was paused due to inability to move forward because of GOsC staff. Now able to continue work. New timescales to be considered.</td>
<td>Development</td>
</tr>
<tr>
<td>12</td>
<td>Recruit new IC members (Lay and registrant) and new PCC members (registrant only)</td>
<td>September/October</td>
<td>Active</td>
<td>PCC and IC to be carried out at the same time. Work on this activity will start June/July.</td>
<td>FTP</td>
</tr>
<tr>
<td>13a</td>
<td>Legal policy review of whistleblowing in clinics.</td>
<td>July</td>
<td>Active</td>
<td>Quote received to carry out work from external firm.</td>
<td>FTP</td>
</tr>
<tr>
<td>13b</td>
<td>Correspondence with complainants and registrants review based on feedback received</td>
<td>July – first batch analysis</td>
<td>Active</td>
<td>Feedback has been received and analysis is taking place.</td>
<td>FTP</td>
</tr>
<tr>
<td>14</td>
<td>Consider our expert witness arrangements</td>
<td>October</td>
<td>Deferred</td>
<td>Proposal to not carry out this work in 2020 due to feasibility and due to current Covid-19 circumstances</td>
<td>FTP</td>
</tr>
<tr>
<td>15</td>
<td>Increase and improve our engagement with our partners and key stakeholders, including appraisals, regular updates and access to learning opportunities</td>
<td>Ongoing</td>
<td>Active</td>
<td>Microlearn E-learning now accessible to all Council and partners. Appraisals for FTP committees to take place later in the year.</td>
<td>Cross functional</td>
</tr>
<tr>
<td>16</td>
<td>Hold a ‘lessons learnt’ steering group regarding the advertising complaints closed in 2019</td>
<td>Ongoing</td>
<td>Active</td>
<td>Meeting with advertising cases complainants took place on 30/03/2020. Meeting with RCC took place on 01/05/2020.</td>
<td>FTP</td>
</tr>
<tr>
<td>17</td>
<td>Implement a mandatory learning and development programme for staff and assess performance and development needs on an individual basis</td>
<td>May</td>
<td>Active</td>
<td>Microlearn e-learning implemented and mandatory modules have been completed. Individual training needs are being considered, however Covid-19 significantly reduces the ability to attend training courses.</td>
<td>CE</td>
</tr>
<tr>
<td>18</td>
<td>Implement a case management system for the FTP department</td>
<td>October</td>
<td>Deferred</td>
<td>Proposal to not carry out this work in 2020 due to feasibility and due to current Covid-19 circumstances</td>
<td>Corporate/FTP</td>
</tr>
<tr>
<td>Number</td>
<td>Task Description</td>
<td>Start Date</td>
<td>Status</td>
<td>Notes</td>
<td>Department</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>19</td>
<td>Review and update our IT document management arrangements</td>
<td>March</td>
<td>Deferred</td>
<td>Reliant on case management system (18)</td>
<td>Corporate</td>
</tr>
<tr>
<td>21</td>
<td>Review IT support contract arrangements</td>
<td>June</td>
<td>Deferred</td>
<td>Proposal to not carry out this work in 2020 due to feasibility and due to current Covid-19 circumstances</td>
<td>Corporate</td>
</tr>
<tr>
<td>22a</td>
<td>Run a recruitment exercise for two new registrant Council members</td>
<td>May</td>
<td>Complete</td>
<td>Two members recruited.</td>
<td>CE</td>
</tr>
<tr>
<td>22b</td>
<td>Run a recruitment exercise for one new lay Education Committee member and two reappointments</td>
<td>April</td>
<td>Active</td>
<td>One lay member term extended for a further 6 months to cover all the meetings this year, this is due to the Committee having a heavy workload and a need for continuity of knowledge and expertise. We are proceeding with two re-appointments. Recruitment exercise later this year in order to replace the lay member.</td>
<td>Education/Governance</td>
</tr>
<tr>
<td>23</td>
<td>Carry out staff initiatives to gauge and improve the contentment and wellbeing of the staff team including publishing a mental health and wellbeing policy</td>
<td>June</td>
<td>Complete</td>
<td>Away day 11/03/2020. Away day feedback obtained. June survey carried out. 'People policies' published May 2020. Covid-19 has put us all under stress and we are looking at ways to support staff as restrictions are eased and as we begin to contemplate the changing work environment.</td>
<td>CE</td>
</tr>
<tr>
<td>24a</td>
<td>Make continuous improvements to website</td>
<td>Ongoing</td>
<td>Active</td>
<td>Developmental improvements have been carried out this year – static maps, link fixes, amendments to register search, Covid-19 page. Improvements that do not need require specific development work by the web provider are being undertaken by Communications officer.</td>
<td>Communications</td>
</tr>
<tr>
<td>24b</td>
<td>Make continuous improvements to the new CRM system</td>
<td>June</td>
<td>Active</td>
<td>Phase 2 of the CRM system is currently underway. This will enable new graduates to apply online. New first aid and CPD amendments have already been completed.</td>
<td>Corporate/Registrations</td>
</tr>
<tr>
<td>25</td>
<td>Review our existing business continuity plan including disaster recovery and update</td>
<td>March</td>
<td>Active</td>
<td>Enacted in light of Covid-19. More work is in progress to ensure disaster recovery plans are robust (IT/server)</td>
<td>Corporate</td>
</tr>
<tr>
<td>26</td>
<td>Obtain cyber essentials certification and penetration testing to be carried out</td>
<td>July</td>
<td>Active</td>
<td>Cyber Essentials level 1 certification obtained. Level 2 to be undertaken in July.</td>
<td>Corporate</td>
</tr>
<tr>
<td>27</td>
<td>Obtain electronic signature product for FTP department in light of Covid-19</td>
<td>April</td>
<td>Complete</td>
<td>Docushare purchased and implemented – 21/04/2020</td>
<td>Corporate</td>
</tr>
</tbody>
</table>
1. Summary
This paper provides an update to Council on financial performance against the 2020 budget in the period 1 January – 31 May 2020, the forecast for the 2020 financial year and the performance of GCC’s investments as at May 2020.

2. Action required: To note.

3. Finance update

3.1 Performance in the period 1 January – 31 May 2020
In December 2019, Council approved a total surplus budget for 2020 of £2k. For the five months to the end of May 2020, the expectation was that the deficit would be £23k. However, in the period to the end of May 2020, the actual surplus was £55k, £78k better than expected. The summary figures for May 2020 are shown below.

<table>
<thead>
<tr>
<th>£'000s</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>1,159</td>
<td>1,143</td>
<td>16</td>
</tr>
<tr>
<td>Expenditure</td>
<td>1,104</td>
<td>1,166</td>
<td>62</td>
</tr>
<tr>
<td>Surplus / Deficit</td>
<td>55</td>
<td>-23</td>
<td>78</td>
</tr>
</tbody>
</table>

There are several factors leading to this, some of which are timing issues, are:
- Better retention figures for 2020 on practising registrants increasing income
- The under -spend on office running cost and this is due to GCC team remote -working arrangements.
- Overspend in the fitness to practise team due to a higher than budgeted number of hearings in Jan – May ’20.
- Expected overspends in investigations due to increased case volumes.
3.2 Forecast for the 2020 Financial year

The forecast surplus for the 2020 financial year is £28k (surplus margin of 1%). This compares favourably with the budgeted surplus of £3k (surplus margin of 0.1%) at the start of the year.

3.3 Investment Portfolio Performance:

The ongoing global lockdown because of the Covid-19 crisis continues to negatively impact on the GCC’s investments. The value of the investments fell by 9.5% in April 2020 and by 2.0% in the period to 31 May 2020 (see below). The performance of the funds against the benchmark continued to be disappointing in the period under review.

<table>
<thead>
<tr>
<th>Portfolio value – Start of Feb 2020</th>
<th>£4,480,482</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio value – End of Apr 2020</td>
<td>£3,935,516</td>
</tr>
<tr>
<td>Year to date return</td>
<td>-9.5%</td>
</tr>
<tr>
<td>Benchmark return</td>
<td>0.9% (as at Q1 end)</td>
</tr>
<tr>
<td>Portfolio value – Start of Mar 2020</td>
<td>£4,167,672</td>
</tr>
<tr>
<td>Portfolio value – End of May 2020</td>
<td>£4,053,201</td>
</tr>
<tr>
<td>Year to date return</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Benchmark return</td>
<td>1.4% (0.9% +0.5%)</td>
</tr>
</tbody>
</table>

4. Implications

The performance in the period to May 2020 and the forecast surplus for the 2020 financial year indicate that the road to a sustainable financial future is on track.

5. Recommendations and next steps

The Council is asked to note this report.

6. Attachments
None.
Summary

This report updates Council on the GCC’s communications and engagement activities and outlines plans and priorities for the coming six months.

Action required: For information.

The GCC team

1. Following the organisational change a new post of Policy and Communications Officer was recruited to in March 2020 and Angelica Stoichkov joined the GCC on 14th April during the COVID 19 lockdown.

Covid-19 communications

2. There has been considerable impact on chiropractors, their patients, the way in which health professionals work, our stakeholders and our regulatory response. We have published several statements on our COVID 19 update page to registrants around our expectations as well as statements to patients, education providers and students. We have kept abreast of developments and guidance from official sources and kept in touch with our key stakeholders throughout lockdown.

3. In such a time of uncertainty, it has been important to create reassurance and avoid a vacuum in information and communication – even though this posed a challenge in a small organisation to prepare and agree that information. All our statements are available on our website in our COVID-19 hub and the monthly newsletter has referred to these and contained additional information where appropriate. Our most recent statement was issued to the profession on 3rd June.

4. On 18 March, the Chief Executive and Registrar participated in an online interview with his opposite numbers from the General Osteopathic Council and the Institute of Osteopathy, hosted by the Academy of Physical Medicine. The
interview was broadcast live and questions were submitted from osteopaths and chiropractors to the panel

5. We have received, and responded to, a large number of queries from registrants, patients, members of the public and other health professionals seeking guidance, support and requesting action from the GCC on a broad range of matters:

Key topics have included:

- **Closure of clinics** (12) - both patients’ and registrants’ queries are divided between those who wanted chiropractors to continue practising and those who thought it inappropriate to continue to treat patients.
- **Patient safety concerns** (8) - frustration on not stopping chiropractors from practising.
- **Reduction/suspension of registration fees**
- **CPD requirements** (28) - some chiropractors wanted to know if there had been changes to CPD requirements in light of the Covid-19 situation, particularly with regards to not meeting this year’s learning with others requirement. We issued a statement on 13th March to remind registrants that the CPD scheme also allows for informal learning with others and to encouraged remote learning.
- **NHS essential/key worker status** (5) - a number of requests asking for clarification on whether chiropractors were key workers under government guidance. We issued a statement on our website explaining government guidance and the Chief Executive addressed the issue personally in some emails.
- **PPE & coronavirus testing** - requests to make coronavirus testing available and provide PPE. We advised that our role as the regulator is not to procure PPE for the profession, nor to lobby government on behalf of the profession.
- **Providing emergency care** - patients looking to see a chiropractor, but unable to do so, and the NHS not offering adequate services.
- **First aid and changes to training** (6) - seeking assurance on the suitability and availability of online courses and what training will accepted.
- **Patient concerns** - infection transmission and limitations of seeking and receiving treatment
- **Infection control** (2) - requesting guidance on protection, equipment and materials
- **Track and trace and data protection** (1)
- **2 week travel quarantine and health professional exemption**
- **False and misleading claims** that chiropractic care can boost the immune system and cure Coronavirus. The GCC issued a statement on 20 March to address these claims, which was supported by all the professional associations and the RCC.

6. It is worth noting that an overarching theme among emails from chiropractors has been a misunderstanding about the role of the GCC as a statutory regulator or a view that this role should include activities that we do not undertake eg sourcing PPE and lobbying Government. This has been the same with other regulators.
Covid-19 complaints

7. For the period 1 May to 1 June 2020 the FTP team received 12 Covid-19 complaints. They relate to:
   - Making claims of immunity as a result of chiropractic treatment (5)
   - Seeing patients during lockdown where this may not be in the patients best interests (2)
   - Encouraging patients to attend during Covid-19 (1)
   - Providing misleading information about Coronavirus (1)
   - Spreading misinformation about vaccinations during Covid-19 (1)
   - Lack of PPE when seeing patients (1)
   - Measures for seeing patients during Covid-19 indicate a lack of PPE and social distancing (1)

8. We have received complaints relating to clinics being open and have added information for patients/public on the complaints page of the website about chiropractors falling under the exempt businesses and premises that are not required to close and linking this to our advice to patients/public.

Covid-19 social media

9. To respond to the COVID-19 situation the GCC has been active on social media. Examples of posts include:

   During the COVID-19 pandemic it is more important than ever to use social media effectively and reliably to reach audiences. Check our social media guidance to ensure your posts are in line with our standards on the use of social media - https://tinyurl.com/y9bdasbe

   Let's all join again at 8pm to show our appreciation to the front line workers who have been supporting all of us during the COVID-19 pandemic across the UK and internationally.

   #ClapForOurCarers #ClapForKeyworkers

   Join the nation one last time at 8pm tonight to show our gratitude and appreciation to all those who continue to keep us safe during the coronavirus pandemic! Let’s not forget their hard work, dedication and sacrifices when brighter days return.
   #ClapForOurCarers #ClapForKeyWorkers #ThankyouNHS

   Open for business? Are you prepared for post-COVID practice? Conducting risk-assessments and reminding yourself of our guidance can help you

Other health and care regulators

10. The Director of Development and the Policy and Communications Officer have continued their close collaboration with the other regulators, including taking part in two inter-regulatory research forums that were held in April and May to share knowledge and exchange ideas. The issues reflected upon included the longer
term impact of the pandemic on the different medical professions such as retention.

11. At the beginning of the crisis the Chief Executives of all regulators came together to issue a joint-statement to their registrants which acknowledged that during these challenging times professionals may need to depart from established procedures in order to care for patients.

12. The Policy and Communications Officer is holding regular meetings with a number of other regulators, including a bi-monthly meeting with the General Medical Council, and a monthly one with the General Osteopathic Council and the Director of Development meets monthly with colleagues from the and the GOC.

13. At this point we are still working remotely and uncertain about what the new ‘normal’ will look like. At an appropriate point in the future we will need to consider our learning from the current situation in order to assess what we might do or say differently in the future if we were faced with a similar ‘crisis’ scenario.

**Website**

14. The GCC plans to make better use of Google Analytics to monitor real-time visits to the website and most popular pages, to analyse our audience and their behaviour on our website and their interaction with the content (e.g. time spent on each page, content shares, search sources), and inform what pages don’t get sufficient traffic, address the reasons, and improve performance.

15. Over the month of May there were a total of 45,020 page views with an average time spent on a page of 1 min. The top ten visited pages were:

- GCC (page views: 12,046, 26.76%)
- General Chiropractic Council (page views: 11,348, 25.21%)
- Dealing with Coronavirus (page views: 3,029, 6.73%)
- Chiropractic practice during the COVID-19 pandemic
- Advice for patients and members of the public wishing to see a chiropractor
- Studying Chiropractic
- News
- The Code
- COVID-19: Advice - 27 March 2020
- Becoming a Chiropractor

16. We plan to review and add content and aim to design a new patient/public section to include patient-relevant content, useful information, FAQs and case studies.

17. The CPD section of the website will be reorganised and content and guidance will be updated and divided in subsections to make it easier for registrants to access necessary information. The page will also feature CPD stories and patient feedback, which will help registrants meet the different elements of the
scheme. The page will link with regional groups after the joint project with the RCC is completed.

18. News page - the Policy and Communications Officer will enhance the existing news page and include a new page on learning and best practice to include blogs, case studies and chiropractors’ insights to support colleagues, students, and patients, as well as a new *Life as a Chiropractor* feature to promote career opportunities.

19. New graphics/infographics aimed at enhancing stakeholders’ awareness and knowledge of chiropractic will also be featured on the new page and other suitable pages on the website as part of a collaborative project with the AECC University College.

20. Blogs and articles will be added to website. The Policy and Communications Officer is in the process of setting up a new subpage that will feature blog entries and articles from across the chiropractic profession and further afield. We will be writing and commissioning blogs with a view to having potentially two blogs/articles per month around themes such as telehealth and new technologies; the short and long term impact of COVID-19, Standards and developing the profession; patient and public involvement in policy making and improving public perceptions and addressing common misconceptions.

**Newsletter**

21. Currently a monthly newsletter sent to all registrants and stakeholders and we are looking to grow readership and seek feedback from readers. Plans for improvements including visual appeal are in train.

22. The readership among registrants is very high (average 71%), compared to stakeholders (50%). Feedback forms a key basis for growing subscribers and improving readership so a survey will be designed and distributed to gather views and inform changes.

23. It is evident the newsletter isn’t effective in linking the GCC’s profile with its social media accounts and readership of statements is below average. The performance also declines within 24 hours, which needs to be improved with more interactive content and follow ups.

**Social Media**

24. There are opportunities for the GCC to expand its social media presence to advance its strategic objectives. Active and vibrant social media platforms bring many benefits: increased reach, stronger and easier engagement, targeted message delivery segmented by audience, connecting with audiences and shaping a compelling narrative.

25. Being active and engaging on social media is now standard practice, not an optional extra. We have expanded our social media presence and are posting more frequent updates and retweeting interesting tweets 3.4 times a week. We are focusing on building and expanding our profile on Twitter and LinkedIn as a
priority with the potential for using Facebook to reach registrants and students. Presence on other channels, such as Instagram, can be explored in the future, once learning and further insights have been analysed from Facebook, Twitter and LinkedIn.

**Patient engagement**

26. A priority for the GCC is to ensure that patient and public opinion is at the heart of policy development and that their needs and preferences are well understood by all who provide patient care. Our engagement strategy has historically been one which involved informing patients and the public about our work and trying to seek their feedback on relevant topics, for example on the Code and guidance we have drafted. However, we are considering how engagement might be focused on face-to-face engagement, working in partnership with patients but this will build on the foundations of the current plans for public perceptions research and research around patient satisfaction (both currently on hold due to the pandemic).

27. We have, however, been working in partnership with the General Osteopathic Council on a number of joint projects since 2019 ensuring patients had more opportunities to share their views. We held workshops in London and Huddersfield examining how touch is communicated in the context of manual therapy jointly with the General Osteopathic Council and Dr Michael Concannon of the University of Huddersfield. All participants appreciated the opportunity to hear how patients experienced touch, demonstrating the importance of not losing the therapeutic benefits of touch.

28. In relation to chiropractic education and patient involvement we have been exploring the extent to which patients could contribute to and are involved in pre-registration education of chiropractors in the UK. All 4 chiropractic education institutions and all 9 osteopathic educational providers took part in a survey to enrich our learning about the benefits and challenges that patient involvement can present for both these professions. The purpose of the survey was to find out more about:

- patient involvement in teaching clinics
- patient involvement in curricular and governance structures
- patient feedback mechanisms used in education
- enhancements and challenges in involving patients in education.

29. The findings are due to be published following a dissemination event with the osteopathic and chiropractic institutions later in the year. The workshop will explore the results of the 2019 survey and enable the education providers to share their experiences and to learn from each other and facilitate good practice in public and patient involvement in a variety of areas.

30. We are keen to hear from and work with patients, registrants and others to promote awareness, accessibility and usability of the Register, and to provide assurance about the Register and our registration processes. We see opportunities for the GCC to increase the number of meetings it undertakes with these groups, and to engage with registrants and others through discussion groups, webinars, and events.
Student Engagement

31. Students are least likely to have had any form of contact with the GCC and we recognised that there was an opportunity for the GCC to open up more direct communication channels with students from the outset of their course and have begun implementing a student engagement action plan. This will help to increase familiarity and awareness of the GCC at an early stage in a professional’s career. The GCC could further increase the impact of its engagement with students by changing the style of communications to be more interactive. The GCC also plans to produce with the RCC a number of video case studies/talking heads showcasing the range of careers and opportunities available to students (again on hold currently due to COVID-19).

Future plans for communication and engagement

32. In 2018/19 we worked with Barley Communications to revise and refresh our communications and engagement strategy and associated activities including our logo and brand. As part of this we considered our communication approaches, consistency and tone in messaging with the need for a contemporary and fit for purpose communications framework to work within.

33. Since then we have worked on the GCC brand in order to improve stakeholders' perceptions, to increase confidence and respect in the GCC in order to enhance reputation and engaging, listening and responding in order to improve our practices and have confidence to collaborate and share through engagement with our stakeholders.

34. The tone of our communications has aimed at being positive, accessible, knowledgeable and human and we have striven to be engaging in our newsletter and tweets. We want to take a proactive and sustained approach to communications and engagement with individuals and organisations that includes listening to feedback and acting on this.

35. We would like others to say that the GCC listens and responds, is agile and responsible and works with others effectively and is collaborative in its work. We are therefore continuing to look at ways of improving, modernising and promoting coherence across our communications channels to ensure they are accessible and engaging, both to reflect and support our desire to be a forward looking and innovative regulator.

36. The objective of our communications and engagement activity is to support our strategic aims and enable us to fulfil our regulatory role. We have a large range of audiences and our tone and method has to be different for each and for some we have only just begun to consider this. For example, for patients and the public, it’s mainly to aid understanding and inform and empower them and give them a voice; for a registrant it’s to influence their conduct and behaviour; for students it is to assure and reassure to some extent.
37. Our focus has to be on ensuring we use all the communication channels at our disposal and ensure we communicate effectively and more frequently. Since our target audiences will respond to different methods of communication, we need to potentially communicate in different ways: through videos, images, and documents. We can then potentially measure which pieces of digital content are opened and consumed and whether it has then been understood and of use. We can consider perception surveys, number of hits and other analytics, interviews, focus groups, etc to ensure we continue to improve how effective our activities are and explore and understand what the most effective channels are for communicating with our key audiences.

Conclusion

The Council is invited to note the update.
Summary

This is a report of a review of the GCC Strategic Plan to assess that it remains fit for purpose and sufficient progress is being made to ensure the intended outcomes will be achieved. It concludes the Plan remains a challenging one; that the business plan achievements in 2019, and those to date in 2020 have been effective in realising the outcomes sought.

Action required: For information.

Background

1. The GCC five-year strategy was first considered by Council in September 2018 and was agreed in December 2018. The strategy envisages a GCC that is more proactive, that collaborates, that increase satisfaction in services and activities being delivered is more active in developing the profession. The strategy set out to:

   • move to being less reactive and more proactive in our regulatory work
   • increase our activity in enabling the development of the profession
   • place stronger focus on engagement and collaborative working
   • emphasise our commitment to ensure the public, patients, registrants, associations and stakeholders are satisfied with the service we provide
   • deliver improvement to the way we work (our culture) alongside core regulatory process changes

2. There are four strategic aims:

   **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 and efficient services

3. Each of the four aims are supported by several strategic objectives - detailed in the annex.

4. The business plans for 2019 and 2020 have been formulated by using the strategic aims and objectives as a template.

Business Plan 2019

5. The business plan for 2019 was a big programme of work that laid the foundations for the organisation to build upon and to achieve the five-year strategy. Work completed in 2019 included changes to our CPD arrangements, a full FtP review to ensure we can be more ‘right touch’ and development and implementation of a new website and registration database.

Business Plan 2020

6. The business plan 2020 builds on the work that we have undertaken in 2019 both in developing the foundations and transforming how we work. This business plan has an increased emphasis on development of the profession – often, the GCC facilitating and working with others. Progress on the current business plan is found in the earlier paper.

Assessment

7. We are currently mid-way through the second year of our five-year strategic plan – this is still early in the time frame. We will continue to build upon the work we have completed in 2019 and so far in 2020.

8. From the changes that have been made to date; from the discussions with stakeholders and the support we have for the changes made; and further to agreement within the GCC senior management team I commend the strategy to Council. My assessment is it remains fit for purpose.

9. We will keep this under review. I foresee that during the early part of 2021, a more fundamental review taking place with Council in thinking about a strategy
refresh or a more fundamental change. Given the current operating circumstances it is premature to speculate further at this stage. In any event, we will monitor delivery against the strategy as we continue with our work plans this year.

The Council is asked to note the update.
<table>
<thead>
<tr>
<th>WE PROMOTE STANDARDS</th>
<th>WE DEVELOP THE PROFESSION</th>
<th>WE INVESTIGATE AND ACT</th>
<th>WE DELIVER VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will set, assure compliance and promote educational, professional &amp; registration standards alongside lifelong learning</td>
<td>We will facilitate collaborative strategic work to support the profession in its development</td>
<td>We will take right touch action on complaints, the misuse of title or where registration standards are not met</td>
<td>We will be a great place to work, work together and deliver effective /efficient services</td>
</tr>
<tr>
<td>Our assurance and support of education provision will reflect best practice in education and healthcare</td>
<td>Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation</td>
<td>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</td>
<td>Our culture, values and people development will make us an employer of choice</td>
</tr>
<tr>
<td>Our assurance and support of continuing professional development will facilitate best practice lifelong learning</td>
<td>Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care</td>
<td>Our focus and transparent work on protecting the title ‘chiropractor’ will provide clarity to the public and registrants</td>
<td>Our financial planning and use of resources will provide a secure future for the GCC</td>
</tr>
<tr>
<td>Our continued development of professional and registration standards will ensure those standards are relevant and meaningful</td>
<td>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</td>
<td>Our approach to decisions on registration standards will provide clarity to the public, students and registrants</td>
<td>Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience</td>
</tr>
<tr>
<td>Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients</td>
<td>Our communication of guidance and policy will support chiropractors and the profession to deliver great care</td>
<td>Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns</td>
<td>Our communication, engagement and collaboration will build confidence and trust</td>
</tr>
</tbody>
</table>
1. Summary
This report provides an update from the Chair of the Audit and Risk Committee following the Committee’s meeting on 1st June 2020.


3. Strategic Risk Register
The Committee reviewed the updated register and noted that since the last meeting in March 2020, the risk values in the strategic risk register had remained stable, with some reductions. The Committee further noted that the inherent risks were those identified at the start of the financial year (i.e. January 2020) and the residual risks provided an update on how well the inherent risks were being managed in the course of the year.

In response to Committee members’ queries about staff well-being and the impact of coronavirus on GCC’s finances, members of the Committee agreed that:

- The GCC executive team should continue to monitor staff wellbeing. A paper on the lessons-learned further to the restrictions with remote working be presented to the June 2020 meeting of the Remuneration and HR Committee.

- The impact of the effect of the pandemic on registration be brought to the attention of Council.

4. Data Breach reports
The Committee noted the reports on two recent incidents of data breaches. Members of the Committee noted the corrective actions taken and plans to mitigate the risk of future breaches.
5. ICO's FOIA Decision Notice re Fees and Experts
As noted in the CER’s report, the Committee noted the Information Commissioner’s decision (in GCC’s favour) that the GCC had correctly engaged section 43(2) exemption of the FOIA, and the balance of the public interest favoured maintaining the exemption as relied upon by the GCC.

6. Register of Conflicts of Interest (AC2006-05) and Gifts and Hospitality Register
Members of the Committee noted that the declared submissions did not report any matter of concern.

7. Proposal to introduce the review of GCC’s management accounts into the Audit and Risk Committee (ARC) agenda
Members discussed the proposal that to further strengthen the GCC’s financial governance arrangements, the ARC should consider the:
- formal review of the GCC’s management accounts from September 2020;
- review and noting of the management accounts for the period 1 January – 30 April 2020

Following discussions, it was agreed that the:

1. Committee would propose to Council the inclusion and review of the management accounts in the agenda of ARC meetings from September 2020.

2. Committee would review the latest management accounts report at its quarterly meetings from September 2020. The Committee would also review the GCC’s future Budget and Forecast statements.

3. The current level of detail of reporting and presenting the management accounts should be streamlined for the Committee’s meetings from September 2020.

4. Committee would recommend to Council agree the inclusion of the formal review of the management accounts in its report to Council from September 2020. The Committee would also assure Council that the management accounts would continue to be circulated to the members as Council remained the ultimate decision-making body of the GCC.

8. Audit effectiveness 2019
The Committee noted that the 2019 audit process was assessed as satisfactory.

9. Click Travel Report for January – April 2020
The Committee agreed to remind Council and Committee members that to continue to make efficiency savings:
• All travel should be booked at the earliest reasonable opportunity to obtain the best rates and should be made through the Click Travel self-service portal. Best practice is to book tickets at least 2 weeks before travelling.

• As flexible (anytime) and first-class tickets were more expensive, it was agreed that Council and Committee members should purchase standard tickets, and that these should be booked in advance.

10. Council Members’ Expenses (Contract Settlement)
The Committee discussed the tax and national insurance (NI) liability payment to be made by the GCC to HMRC for the 2016/17 – 2018/19 tax years, and the proposed PAYE Settlement Agreement (PSA) from the 2019/20 tax year.

It was agreed to be recommended to Council that the external auditors (haymacintyre LLP) should be appointed to act on GCC’s behalf to settle the liability due in the period under review. The liability was accrued for in the 2019 financial statements.

The next meeting of the Committee will be held on 09 November 2020 at 11:00.
1. Summary
Update from the Chair of the Education Committee following the meeting on 1st April and additional meeting on 24th April 2020. The appendix updates the Council on how the GCC education function and external education provision has been impacted by COVID-19.


McTimoney College of Chiropractic (MCC) – substantive change
The Committee noted the report on discussions with MCC about the changes to the programme validation/governance.

UCLAN - The Committee noted that UCLAN had now advised that the expected full programme submission would be submitted to the GCC by 1 September 2020 and therefore a new timetable for the approval processes would be produced in consultation with the institution.

COVID 19 – provider arrangements: The education proposals and follow up information received from the University of South Wales, McTimoney College and AECC University College as a result of COVID-19 restrictions were discussed and agreed by the Committee. Further information relating to the GCC’s Education activities and the impact of COVID-19 can be found at Appendix 1.

CPD Audit
A draft report of the audit findings was presented to the Education Committee by the Royal College of Chiropractors (RCC) who reported that the findings were very encouraging in terms of compliance and reflective learning. The newly adopted approach would also allow the Executive to clearly identify these summaries and others where feedback, guidance or request additional information was needed. The Education Committee agreed that the report contained a good mix of quantitative and qualitative analysis and endorsed the proposed recommendations. Information and learning points from the report would be published for the profession in due course.

Graduate Outcomes
The Committee discussed proposals relating to graduate outcomes set against a background of the research outcomes and anecdotal information around graduate preparedness for practice in terms of employer expectation and graduate confidence, and
the need to address gaps in the Education Standards such as the public health agenda. The Committee concluded that the Education Standards might benefit from a review, where further elements might be included but it was recognised that this was not planned within the current year.

**Teesside University – MSci (Hons) Chiropractic – update**

The Committee discussed the approval report with the Chair of the Approval Panel and was satisfied with the proposals and agreed that the programme be recommended to Council.

**Note:** Council was subsequently asked for its approval outside of Council meetings in order to allow time for seeking Privy Council approval ahead of the start of the academic year and students commencing on the programme. Council agreed with the Education Committee’s recommendation that the programme be approved and recognised by the GCC.

**Annual Monitoring Returns for 2018-19**

The Education Committee reviewed the annual monitoring returns received from WIOC, LSBU, AECC UC and MCC and discussed the feedback to be given to the providers. The Committee had planned to meet with providers and students. However, as a result of COVID-19 restrictions, this had had to be cancelled. The November 2020 Education Committee agenda would therefore include an invitation to students to meet with the Committee in virtual format. The review of annual returns took place in any case with clarification of particular points on the returns taking place via email. There are no particular issues to highlight to Council at this time.

**Scotland College of Chiropractic Charitable Trust (SCCCT) - outline business case update**

Committee representatives provided an update of their meeting with representatives from the Scotland College of Chiropractic Trust (SCCT) and Buckinghamshire New University (BNU) held on 21 January 2020. The purpose of the meeting had been to discuss the requirements for stage 2 of the programme approval process and allowed Committee representatives to seek additional clarity and assurance on governance, finance and the proposed institution’s strategy.

During the meetings on 1 and 24 April, the Committee devoted significant time to reviewing the information submitted by SCCT. It determined that the business case did not meet the Stage 2 requirements for new applications, particularly in relation to evidence required to demonstrate that a programme can be developed, delivered and sustained.

**Test of Competence**


The Committee noted that changes had been made to the Evidence of Practice Questionnaire and would additionally be made to the Question Bank to remove the syllabus mapping element of the TOC process. It was noted that the GCC had plans to test out a
remote TOC assessment with one of the applicants from the postponed March TOC.

**AECC University College – programme submission for 2 year pre-registration MSc**

(considered by the Committee at the additional 24 April meeting).

The Committee considered the approval report for a new two year graduate entry chiropractic masters commencing in September 2020. A remote meeting had been held with representatives from AECC University College and two education visitors on 19 March 2020. The subsequent approval report had been factually checked by the institution and had received final sign off from the Education Visitor Panel Chair. The report recommended approval of the new programme subject to one condition, three recommendations and one commendation, which the Education Committee agreed with.

**Note**
Council was subsequently asked for its approval outside of Council meetings in order to allow time for seeking Privy Council approval ahead of the start of the academic year and students commencing on the programme. Council agreed with the Education Committee’s recommendation that the programme be approved and recognised by the GCC.

The next meeting of the Education Committee will be held on 7 July 2020.
Appendix 1: Education provision and COVID-19

1. The COVID-19 situation has had a major impact on the provision of chiropractic education. All chiropractic educational institutions (OEIs) ceased face to face teaching and closed all teaching clinics. All have continued online teaching, and many updated their final assessments so the judgement about a student meeting the Education Standards was made using different sources of evidence. For example, clinical vivas exploring approaches to clinical reasoning and formative assessments are being used to inform summative judgements – consistent with what is happening elsewhere in the education context.

2. It is worth highlighting that the Coronavirus Act 2020 enabled the Health and Care Professions Council (HCPC) and others to open temporary registers. HCPC have emergency powers to temporarily register students who have completed their final clinical placements. The General Chiropractic Council was not included in this emergency legislation because the focus was on acute care professions.

3. We issued a statement to all education providers on 4 May 2020 on our website, about our requirements in the COVID-19 context. In developing our statement, we discussed with the other healthcare regulators their approach. Our statement is consistent in terms of the standards continuing but being flexible in terms of how they are met.

4. The statement provides that our legislation requires that the Education Standards are met before the award of the recognised qualification and this remains the case. However, it states that we will be flexible allowing chiropractic educational institutions to adapt the ways in which they assure themselves that only students meeting the standards are awarded the qualification.

5. The statement reflects discussions by the GCC Education Committee and the Committee was particularly pleased to note that all education providers had been able to work together to find common solutions and provide some consistency for all students who are in a similar situation, especially those coming to the end of their final year.

6. We have remained in regular contact with the education providers during the lockdown period. One (London South Bank University) currently does not have a Year 3 or 4 cohort, but all have put in place plans to continue to support students with online resources and tutorials, and to undertake assessments in a range of ways. The key element is that each education provider with a final year cohort has plans in place to assure themselves that graduates have met all outcomes, have been able to demonstrate the education standards and are fit to practise.

7. All our education providers plan to graduate eligible students in summer 2020. There are some students at particular institutions still needing to complete their clinical training and need to return to their university with full access to the clinic with responsibility for patient care. We are liaising with the education providers regarding their plans and risk assessments to ensure the protection of patients, students, staff and the wider community.
8. Our quality assurance work has continued with annual monitoring in April becoming a paper-based exercise with returns received and further information sought from education providers.

9. Programme approval activities have continued with submissions for two new programmes reaching the stage of Education Committee approval in Spring 2020 followed by Council approval in May 2020 ahead of seeking Privy Council approval. Plans are in place for receiving and analysing further programme submissions in the summer from two education providers for programmes commencing in September 2021.

10. Given the current uncertainty in higher education around the next academic year we are liaising with our education providers, and encouraging them to scenario plan for September 2020. There could be a potential delay to the current Year 3 students entering clinic and teaching may need to adopt a hybrid model with potentially smaller groups or remain online.