

General Chiropractic Council Meeting Agenda

8 December 2023 at 9:30 (In person)

Item	Action	Presenter	Time
1. Welcome, Apologies and Declarations of Interest		Chair	9.30
2. A. Council Minutes of 25 September 2023 B. Matters Arising	To approve	Chair	9.35
3. Chair's Report	To note	Chair	9.45
4. Chief Executive & Registrar's Report	To note	CER	10.00
5. Fitness to Practise Report	To note	D of FtP	10.15
6. Finance Update – Management Accounts to November 2023	To note	D of CS	10.30
7. Business Plan 2023 Performance Update	To note	BPO	10.40
BREAK (15mins)			10.55
8. Business Plan 2024	To approve	CER	11.10
<ul style="list-style-type: none"> - Scoping review of the Code of Practice - Business Case – Case Management System - Business Case – Additional requirements for the Registrant Management System - Business Case – Welsh Language Scheme 			
9. Proposed Budget 2024	To approve	D of CS	11.40
10. Strategic Risk Register	To approve	CER	12.00
11. Report from the Chair of the Education Committee	To note	Chair, EC	12.10
a. Recommendation on proposed programme	To approve		
b. Annual Report for 2023 from Education Committee	To note		
12. Report from the Chair of the Audit and Risk Committee	To note	Chair, ARC	12.35
13. Report from the Chair of the Remuneration and HR Committee	To approve	Chair, RemHR	12.40
14. Any Other Business		Chair	12.45

Close of meeting: 12:50pm

Date of next meeting: 20 March 2024 (virtual)



For approval

**[Unconfirmed] Minutes of the meeting of the General Chiropractic Council
On 25 September 2023 at 10:00 am by videoconference**

Members present	Mary Chapman (Chair of Council) Annie Newsam Keith Walker Catherine Kelly Sam Guillemard Aaron Porter	Elisabeth Angier Jennie Adams Ralph Pottie Keith Richards Fergus Devitt Steven Gould
Apologies	None	
In attendance	Nick Jones, Chief Executive and Registrar Penny Bance, Director of Development Joe Omorodion, Director of Corporate Services	Nirupar Uddin, Director of Fitness to Practise Mary Nguyen, Business and Project Officer Rachana Karekar Governance Coordinator, GCC (minutes)
Observers	Kate Steele, Partner, Capsticks Solicitors Jessica Watts, Lay Member, Education Committee	Siobhan Carson, Scrutiny Officer, Professional Standards Authority Sephora Futa, Caseworker, GCC Fitness to Practise team

1.	<p>Welcome, Apologies and Declarations of Interest</p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>The Chair formally welcomed Aaron Porter to his first Council meeting following his appointment to Council from 1 August 2023.</p> <p>No apologies were received.</p> <p>Members' interests were captured in the Register, published on the GCC website, and were accurate. No additional interests were notified.</p>
2.	<p>Draft minutes of the Council meeting of 15 June 2023 and matters arising and</p> <p>A. Minutes of the Council meeting of 15 June 2023</p> <p>Council agreed the minutes were an accurate record of the meeting.</p>

	<p>B. Matters arising</p> <p>The Chair confirmed that the eight areas of matters arising, with some having more than one action, were completed or were to come forward appropriately to a future meeting.</p> <p>C. Minutes of Extra Council meeting of 1 August 2023</p> <p>Council agreed the minutes were an accurate record of the meeting, there were no matters arising.</p>
3.	<p>Chair's report</p> <p>The Chair presented the report on the activities undertaken since the meeting of Council in June 2023, highlighting the appointment of Catherine Kelly as the Chair of the Education Committee with effect from 1 August 2023. Extended her congratulations.</p> <p>The Chair referenced that the terms of appointment for five Members of Council would come to end in 2024, with one concluding in January and four in August 2024.</p> <p>The Chair asked Council to consider in principle whether reappointments should be considered, that is without the need for open competition.</p> <p>Members discussed weighing the advantages and disadvantages of reappointment. Council emphasised the commitment to ensuring membership was reflective of the broader community, balanced with the importance of continuity. Council agreed that if Members were willing and demonstrably met the criteria, reappointment should be preferred in principle without open recruitment. Members noted this made sense and enabled effective governance. Council expressed confidence in the thoroughness of the reappointment process to ensure appointments were made on merit and transparently.</p> <p>Council acknowledged the importance of staggering the terms of office on appointment to enable continuity.</p> <p>Council agreed to proceed with the re-appointment process in-principle without the requirement for open competition at this stage.</p> <p>Action: The Executive to determine whether eligible members wish to seek reappointment for their roles and commence the reappointment process accordingly.</p> <p>Council noted the Chair's report.</p>

<p>4.</p>	<p>Chief Executive and Registrar’s Report</p> <p>The Chief Executive and Registrar (CER) presented this report.</p> <p>The CER drew attention to developments on the reform programme; progress as to the scoping review of the ‘Code’; action taken on CPD ‘events’; and a media investigation of fake reviews.</p> <p>Council welcomed the engagement work with patients, registrants and stakeholders to discuss and identify potential changes, given the importance of the Code to the profession and patients/public. The CER emphasised the importance of not just focusing on the detail of standards but also framing the values, goals, and key messages around the Code.</p> <p>On attendance by students at CPD events, Council queried what actions could be taken where students persist in attending courses perceived to be questionable as regards the evidence base. The CER noted that it was for the higher education institutions to consider on a case-by-case basis.</p> <p>Council members asked about discussions with the professional associations and noted their role in advertising courses to students. The CER referenced the last meeting of the UK Chiropractic Forum noting growing consensus amongst the membership regarding the risks associated with certain courses.</p> <p>On the matter of ‘fake reviews’, Council noted the issue but were also reassured there had not been an increase in formal complaints received by the GCC.</p> <p>Council noted the report.</p>
<p>5.</p>	<p>PSA Review of performance 2022-2023</p> <p>The Chief Executive and Registrar (CER) presented an update on the Professional Standards Authority’s (PSA) review of the GCC.</p> <p>Noting that all 18 of the standards had been met. The CER highlighted that the review process felt collaborative and supportive, with opportunities to provide comments and context. The CER also acknowledged the hard work of GCC staff, Partners, Committees, and Council in achieving the result.</p> <p>The Executive explained that the PSA would continue to monitor the organisation and its progress in various areas, including EDI action plan implementation, the development of the Code, implementation of the Education Standards, and FtP timeliness performance.</p> <p>Council recognised that the PSA review encompassed all facets of the GCC’s operations, serving as a comprehensive evaluation of its overall performance. The Chair conveyed the Council’s congratulations to the team for the successful outcome, recognising the considerable work that had gone into achieving it.</p>

	Council noted the report.
6.	<p>Performance Updates</p> <p>A. 1. Reappointment of Chair of Investigating Committee</p> <p>The Director of Fitness to Practise (FtP) presented the report.</p> <p>The Director of FtP informed the Council that Asmita Naik, who had been previously approved as a Lay chair in September 2022, and nearing the end of current term, was scheduled to conclude on 3 October 2023. Council noted that following successful appraisal and recommendation from the overall Chair of the IC (Jill Crawford), Asmita Naik was put forward for reappointment. The Director of FtP explained that this reappointment aimed to facilitate the induction process for new chairs and ensure a smooth transition.</p> <p>Council was asked to approve the reappointment of Asmita for another term, commencing on 4 October 2023, and concluding on 30 May 2025.</p> <p>Council approved the appointment.</p> <p>A. 2. Fitness to Practise Performance Report</p> <p>The Director of Fitness to Practise (FtP) presented the report.</p> <p>Council was invited to note the first section on operational updates. The Director of FtP drew attention to the following:</p> <ul style="list-style-type: none"> • Staffing issues / internal resources • Update on recruitment of Clinical Adviser role • Update on Risk Rating Descriptors <p>Council was then invited to note the second section of this report updating on the operational performance of the FtP team in the period April to end-June 2023 (Q2).</p> <p>The Director of FtP noted that the performance during the quarter was stable and mentioned the significant achievement of successfully passing all the Professional Standards Authority (PSA) standards, including the timeliness standard.</p> <p>The Director of FtP emphasised that the team would continue to prioritise timeliness, with a specific focus on two stages of the process: the initial Investigating Committee (IC) stage and the second stage involving the listing of cases before a Professional Conduct Committee (PCC). While acknowledging that more complex cases naturally took longer to investigate, the Director of FtP expressed optimism that the new model of working with the Clinical Advisers would lead to improvements in processing times in the next few months.</p> <p>Council enquired about the reasons behind the delays in fitness to practice cases, specifically focusing on instances related to the unavailability of panel</p>

members. The Director of FtP clarified that the delays related to third-party factors and not staffing issues. With regards to delays due to panel member availability, the GCC had planned to address this by conducting a recruitment exercise for the PCC in 2024.

Council **noted** the report.

B. Finance – Management Accounts to August 2023

The Director of Corporate Services presented this report.

The Director noted that the report covered the first eight months of performance against the 2023 forecast with the target surplus for the period achieved.

The Director noted that the realised headline surplus for the period was £177k, compared to the headline forecast surplus of £140k for the same period.

The Director highlighted the two items of expenditure which were not included in the forecast statement which Council received at its meeting in June 2023. These were the costs of recruiting the Chair of Council (£40k) and implementing the Welsh Language Standards (7k). Both items of expenditure totalled £47k. After allowing for the additional costs, the fixed forecast surplus for the year was presented to Council last June was reduced from £59k to £12k.

The Director further added that although the revised forecast surplus had reduced to £12k, the dynamic forecast indicated that a headline surplus of £45k at the end of this financial year could be achieved.

Council queried the apparent shortfall in the registrant fee income in the period to-date and the extent to which registrants had paid their fees, and noted the explanation that this was largely a timing issue and the total registrant fee income target for the year by December 2023 would be achieved.

Council queried whether movements in Professional Conduct Committee (PCC) costs in August 2023 were a temporary feature. The Director confirmed that costs varied across months, depending on the number of hearings held in the period under review.

The Director noted the automatic transfer of funds between high interest-bearing money market/reserve accounts and the business current account, confirming that the GCC cash reserve earned the maximum levels of interest offered by the high street commercial banks.

Council **noted** the report.

C. Business Plan 2023

	<p>The Business and Projects Officer (BPO) presented the third performance update report on the 2023 Business Plan that was approved by Council last year.</p> <p>The BPO provided a summary of the progress made in delivering the projects in 2023. Overall, one project had been completed and the remaining five were progressing to plan. The BPO confirmed that the feedback received from the June Council meeting on the clarity of RAG ratings was actioned.</p> <p>Council noted the update on the activities undertaken within the communications plan.</p> <p>Council was updated on Equality, Diversity, and Inclusion (EDI) activities, including the new CPD requirement focusing on EDI for the 2023/2024 period, the registrant survey conducted on attitudes towards EDI, and the mandatory training on Unconscious Bias for all staff.</p> <p>Council queried the use of the “I’m Registered” mark and whether registrants’ reference to the GCC on their websites was a ‘baseline’ and objectives in increasing the usage of the new mark. The BPO confirmed the goal was to ensure all websites used the latest version of the mark. Council acknowledged the importance of more websites mentioning GCC on their homepages.</p> <p>Council enquired why some registrants opted out of receiving the GCC monthly newsletter, and the Director of Development explained that few had done so, and it was not a mandatory requirement.</p> <p>Council suggested that future reports would be more effective with additional statistical data demonstrating more clearly the achievement of targets.</p> <p>Action: The BPO to ensure appropriate statistical data be presented in the communications update.</p> <p>Council appreciated the extensive work undertaken in the area of EDI and the importance of evaluating progress and the financial investment.</p> <p>Council noted the report.</p>
7.	<p>Outline Business Plan 2024:</p> <p>The Chief Executive and Registrar (CER) presented an overview of the Outline Business Plan for 2024 emphasising that it built on the first two years of the GCC Strategy 2022-2024.</p> <p>The CER highlighted the proposals to deliver the vision for 2024 to ensure the priorities identified at this stage met the aims of the GCC Strategy 2022–2024.</p> <p>Council discussed and reaffirmed the importance of reviewing the Code of Practice ensuring its style and tone were as important as the content of the standards and in ensuring alignment with those of other healthcare regulators.</p>

	<p>Council acknowledged the recruitment challenges with the current resources available and expressed support for obtaining external HR support where large scale recruitment exercises are undertaken.</p> <p>The CER drew attention to the case for investment in a case management system (for the processing of FtP cases) and in meeting the Welsh Language Standards, proposing that the activities were funded from the GCC reserves and that a business case would be presented to Council at its next meeting.</p> <p>Council expressed outline support for the case management system, calling for a robust business case with a benefits evaluation and the importance of including all project costs.</p> <p>Action: The Executive to present a business case for the implementation of a case management system and the Welsh Language Scheme obligations as part of the business plan and budget proposals for 2024, at the December 2023 meeting of Council.</p> <p>Subject to those actions, Council supported the direction of travel outlined in the proposals.</p> <p>Council noted the report.</p>
8.	<p>Report from the Chair of the Remuneration and HR Committee</p> <p>The Chair of the Remuneration and HR Committee presented the update report to Council, following the Committee's last meeting in July 2023.</p> <p>Council noted the report.</p>
9.	<p>Report from the Chair of the Education Committee</p> <p>The Chair of the Education Committee presented the update report to Council, following the Committee's last meeting in July 2023.</p> <p>Council queried, in section 12, students were enrolling on the programme at the Scotland College of Chiropractic even though approval of the programme by the GCC had not been granted.</p> <p>The distinction was clarified between programme approval by the GCC and validation by the university or institution that awards the degree, in this case Buckinghamshire New University. This was discussed.</p> <p>The Chair of Education Committee proposed a rephrasing of the section conveying that the College was entitled to enrol students regardless of approval status.</p>

	<p>With regards to the implementation of the Education Standards, Council commented on positive developments at institutions and the work being done to align with the Standards.</p> <p>Action: The Executive to amend paragraph 12 of the report to aid clarity.</p> <p>Council noted the report.</p>
10.	<p>Council Work Programme</p> <p>The Chair presented the work programme for the remainder of 2023 and three meetings of 2024 and the proposed meeting dates for 2024.</p> <p>Council noted the work programme and dates for meetings of Council in 2024.</p>
11.	<p>Any other Business</p> <p>There were no items of other business.</p> <p>The Chair thanked all members of Council for their contribution.</p> <p>The Chair invited questions from observers – there were none.</p>
	<p>Date of next meeting: An in-person meeting at the General Chiropractic Council office on 8 December 2023</p>



For approval

Agenda Item: 02b

Subject: Matters Arising from 25 September 2023

Presenter: Mary Chapman, Chair GCC

Date: 8 December 2023

Item	Actions	Update
3.	<p>Chair's report</p> <p>Action: The Executive to determine whether eligible members wish to seek reappointment for their roles and commence the reappointment process accordingly.</p>	Ongoing
5.	<p>C. Business Plan 2023</p> <p>Action: The BPO to ensure appropriate statistical data is presented in the communications update.</p>	Completed (See agenda item 7)
7.	<p>Outline Business Plan 2024</p> <p>Action: The Executive to present a business case for the implementation of a case management system and the Welsh Language Scheme obligations as part of the business plan and budget proposals for 2024, at the December 2023 meeting of Council.</p>	Completed (See agenda item 8)
9.	<p>Report from the Chair of the Education Committee</p> <p>Action: The Executive to amend paragraph 12 of the report to aid clarity.</p>	Completed



For noting

Chair's report

Meeting paper for Council on 8 December 2023

Agenda Item: 03

Introduction

1. I welcome Members to this meeting of Council, held in person. The Council meets for the final meeting of the year. We will look at our achievements in the year and agree our priorities for 2024, the final year of our current strategy. We will want to ensure that the priorities identified will enable achievement of our strategic aims. I reflect that this time last year, the planning environment was hostile, with significant inflationary increases in our costs and cost of living rises affecting us all. That said, we can reflect on a year successfully navigated and look forward to a purposeful year of activity.
2. The financial climate remains challenging, and the demands placed on us will mean we must continue to seek efficiencies and exercise the right choices as to priorities. That said, we are in a strong financial position, due to careful management and growth within the profession, and it is right that we consider investing in further improvements in how we do things, to improve the experience for our stakeholders and our teams. We set out our priorities at our meeting in September and we are asked to agree the final plan for next year today.
3. I am delighted to observe higher than ever numbers of graduates entering the profession; the efforts we have made to ensure the voice of the patient informs our work, including the new Education Standards, which education providers have embraced ensuring graduates are equipped to provide high quality care; the support of registrants of our priorities and agreeing that our work is effective in protecting patients; and that those and other achievements have been recognised by the Professional Standards Authority.

Governance

4. Since we last met, our Committees have all met. I know that each had a full agenda, and we will receive reports of those later in the meeting. Particularly, we are asked to consider specific recommendations further to the meeting of the

Education Committee on 22 November 2023. I take the opportunity to thank Steven, Catherine and Fergus as Chairs to conclude this year's business.

5. As agreed in September, re-appointment processes will be undertaken where five Members of Council terms end in 2024. I am grateful to colleagues meeting with me to ensure appraisals are completed as part of the reappointment arrangements.
6. We have a vacancy in Council arising in the summer and we will turn our attention to recruitment arrangements early in 2024, also taking into account the retirement of two Members (Lay and Registrant) in the summer of 2025.

Council Chair recruitment

7. Members will be aware that arrangements for my replacement are progressing with final interviews completed at the end of November 2023. By all accounts, it was a successful campaign with many candidates of a high quality attracted. Subject to approval by the Privy Council I am hopeful that the new Chair will be in place in early 2024. I express my gratitude again to Elisabeth and Steven for their membership of the appointment panel. Steven may well be able to provide an oral update at the meeting.

Department of Health and Social Care

8. At many previous meetings of Council I have reported progress on the draft Section 60 Order applying first to the GMC, and subsequently and crucially to other regulators. This is vital step in ensuring the regulation of the profession can be more effective and efficient on behalf of patients.
9. Significant progress has been made since we responded to a consultation on the Order in the summer. The timetable published then looks as if it will be met. That is the 'laying' of the Order in Parliament in mid-December 2023. A further year is provided for implementation, effectively bringing physician associates and anaesthesia associated into regulation by the end of 2024.
10. I am advised that the concerns we identified in the summer have largely been addressed. Fundamentally, that an ability to enable the triaging or initial assessment of complaints is created. We await to learn whether there will be any shift in policy regarding expectations as to if and when the regulations might be applicable to the GCC or to the profession.

Engagements (virtual unless stated)

- 27 September 2023: Met with Ross McDonald, Principal of the Scotland College of Chiropractic

- 16 November 2023: Meeting of the GCC Remuneration and HR Committee
- 22 November 2023: attended the GMC Symposium in London
- 21 and 27 November 2023: Met with Council members to conduct appraisal review

Mary Chapman

Chair



For noting

Chief Executive & Registrar Report

Meeting paper for Council on 08 December 2023

Agenda Item: 04

Purpose

This regular report summarises key developments in the period since the Council last met, on 25 September 2023, not covered elsewhere on the agenda.

Recommendations

Council is asked to note this brief report.

General update

1. We continue to benefit from stability in the staff team. We have had no 'leavers' to date this year, which contributes to improvements in productivity and levels of satisfaction. We have undertaken many learning and development activities through the year and the rate of annual leave carried forward into the next year is likely to be the lowest it has been for some time. It is clear to me that there is more we can do, to support colleagues with better tools - for example in making better use of IT and AI.
2. It has been a busy period with each of the three GCC Committees meeting and dealing with significant business; the recruitment process for the Chair of Council, preparation of the proposed business plan and budget, and business as usual activity.

Continuing Professional Development (CPD)

3. The ability to critically consider and reflect upon current knowledge and practice is an important part of the professional development and growth of each health care professional – and I want to see high standards across the whole of the profession.

4. In a blog in the November 2023 edition of our stakeholder newsletter, I focused attention on the last-minute rush in registrants submitting to us their annual CPD summary information. I noted that around 10% of registrants missed the 30 September 2023 deadline and did not act until they received a letter threatening removal from the register. Of those, around half were also late the previous year. And 20% have been late three years in a row. Most complete it but take a disproportionate amount of time and resource for our small registration team to deal with— sending extra letters, chasing CPD details and answering panicked phone calls from registrants who have ignored earlier 'softer' emails.
5. I signalled that, in 2024, I will be less tolerant of late submissions and at the same time establishing that 31 August will be the hard deadline date. In a similar vein, I have written to a small minority of registrants whose overall submissions were inadequate. At the same time, I also recognise the 128 registrants who completed, and recorded, over 100 hours of learning this year.
6. I am also encouraged by the attendance by over 50 new registrants at a GCC hosted webinar in November 2023 where I spoke of the importance getting into good habits on CPD, and the obligation on them (as new registrants) to cover 'clinical governance' as part of their learning.
7. A reminder that this year, registrants will be required to include a focused reflection on equality, diversity and inclusion (EDI) relating to Standard A4 requiring chiropractors to "treat patients fairly and without discrimination and recognise diversity and individual choice' and Standard D2 requiring chiropractors to '...treat all patients with equal respect and dignity'.

Correspondence with the Secretary of State on events in Israel and Gaza

8. On 3 November 2023 the Secretary of State for Health and Social Care wrote to us, along with other professional regulators, seeking information on our actions concerning the sad events in Israel and Gaza, in particular the many reported incidents of individuals in the UK making extremist and discriminatory remarks. The Secretary for State highlighted his concern that some of those reported to have perpetrated these incidents are healthcare professionals and members of professional registers. He sought information on what communications we have issued to remind registrants of their obligations as registered healthcare professionals, and how we ensure any reports of this nature are addressed with the urgency such serious misconduct demands.
9. On 9 November 2023 I responded summarising our standards, guidance and other resources relating to all forms of communication, whether public or private, including statements or assertions made, social media and interactions with the media. Further, that we do not tolerate racist, discriminatory, and extremist behaviour and that we act (as we must all do) when we see it.

10. I also noted that we have not issued specific guidance on recent events as we believe our guidance and expectations of registrants are clear and well-understood, and no concerns or evidence of inappropriate activity have been observed or received. I further observed that our forthcoming review of the Code provides an opportunity to consider whether the standards of professional behaviour are clear on such matters.
11. Members are invited to comment.

Professional Standards Authority Research conference 2023

12. With colleagues, I was pleased to attend this important event covering research and best practice in professional health and care regulation on 14 November 2023.
13. The Director of Development, alongside colleagues from the General Osteopathic Council, presented on the work we carried out in engaging with patients to inform our recently published guidance on the duty of candour.
14. The research conference was attended by over 160 delegates and the theme was **'How can research help address the challenges of Safer care for all?'**
15. Some initial findings from National Institute of Health Research Research on witnesses in Fitness to Practise proceedings featured. The research is aimed at improving how patient/family members/colleagues engage as witnesses with Fitness to Practise (FtP) proceedings. The outputs and outcomes sought were a greater understanding of their expectations and experiences at all stages of the process, evaluation of best practice innovations introduced by regulators (such as victim support services, preparatory materials), co-developed guidelines which might be adopted by the PSA and training materials (including short films) for FtP panellists, professional bodies, and the public.
16. We took part in the research including observations made at PCC hearings. The project concludes in 2024 and recommendations for changes in the involvement of witnesses are dealt with within FTP proceedings will be made.

Chief Executives of Regulatory Bodies (CEORB) and Chief Executives Steering Group (CESG)

17. Meetings of CEORB take place monthly and every third month colleagues from the Department of Health and Social Care, social care professional regulators from the devolved nations and the PSA form CESG. These provide a valuable opportunity to share information. Collaborate on shared activities and oversee some of the joint activities undertaken in our respective teams. Following the

recent retirement of the CER of the General Dental Council, I was pleased to have recently been elected as Chair of both.

Meetings and engagements (all virtual unless stated otherwise)

September 2023

- 28 September – met with Jessica Watts, new Member of the Education Committee as part of her induction and discussing insights from her extensive experience in the NHS
- 29 September – attended the quarterly Chief Executive (of regulatory and UK national representatives) Steering Group

October 2023

- 9 October – met with Alan Clamp, CEO of the Professional Standards Authority as part of its consultation on their annual fees and business plan
- 11 October – attended the annual review of meeting of the Test of Competence assessors
- 31 October – meeting of the Health and Social Care Regulators Forum – hosted by the Care Quality Commission

November 2023

- 9 November – meeting of the GCC Audit and Risk Committee
- 10 November – met with the President and CEO of the Royal College of Chiropractors for regular monthly catch-up
- 14 November – attended the PSA Research Conference in person
- 16 November – meeting of the GCC Remuneration and HR Committee in person
- 17 November – meeting of the Forum of Chiropractic Deans
- 21 November – Webinar on introduction to CPD for new graduates and new registrants
- 22 November – attended GCC Education Committee
- 29 November - CEORB - Chief Executives of Regulatory Bodies monthly meeting

Nick Jones

Chief Executive & Registrar



For noting

Fitness to Practise update

Meeting paper for Council on 8 December 2023

Agenda Item: 05

Purpose

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

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

Recommendations

Council is asked to note the updates in Part A) and B)

A) Operational update

Staffing issues / internal resources

1. Some further internal staffing issues in September resulting in there not being a full complement of staff has affected progression of IC cases at the end of this quarter. This follows on from some earlier issues in July which also impacted on performance in Q3. In monitoring the situation in September we quickly arranged for temporary resources to ensure there was enough cover in the team but the impact of this will be seen in the next quarter.

Update on recruitment to Clinical Adviser role

2. Further to the introduction of the new Clinical Adviser model at the investigation stage (to speed up investigations as well as cost savings), they were instructed on their first cases in October with reports now starting to be received by the FtP team. It is too early to start seeing the impact of the change from using experts in all clinical cases but we will keep this under review.

Update on FTP annual report

3. In March 2024, Council will be presented with the Fitness to Practise Annual Report for 2023 which will set out information relating to the volume and type of complaints received in 2023 and our performance in managing those complaints.

Update on Case management system for Fitness to Practise (subject to approval)

4. As noted in the Business Plan 2024 paper, we have given careful consideration to how we can continue to regulate effectively and efficiently. We have proposed that we introduce a case management system (CMS) that streamlines the FtP process as that is the area we can have the biggest impact – see further detail in the Business Plan 2024 paper. The introduction of a CMS will allow the FtP team to minimise the amount of time spent manually managing cases, will enhance efficiency, accuracy and reduce administrative burdens.

Update on Recruitment of Regulatory Committee members

5. In continuing to fulfil our governance responsibilities, you will see that there are a number of recruitment drives planned for 2024 in relation to regulatory committee members. The first relates to the recruitment of the overall chair of the Investigating Committee (IC). This is a fundamental role in providing an appropriate bridge between accountability to Council for the effective operation of the IC while maintaining the independence of their decision-making. Secondly, the recruitment of Chairs for the Professional Conduct Committee. This will ensure that there are enough Chairs to hold hearings as well as address some issues experienced this year where the lack of availability of Chairs has resulted in hearings being delayed.

B) Fitness to Practise performance Report

6. This section provides Council with an update on the operational performance of the FtP team in the period July to end of September 2023 (Q3).

Performance report summary

Detail on the five key areas of performance summarised below is at Annex 1, with glossary of terms at Annex 2.

Performance of the team is steady, like the last quarter. Impact of staffing issues in July are starting to be seen but we continue to take a risk-based approach in managing incoming complaints.

- i. *New enquiries:* We keep an eye on this as a significant increase here could affect performance as was the case with 'advertising' in the past. Only 11 enquiries are open indicating no concerns.

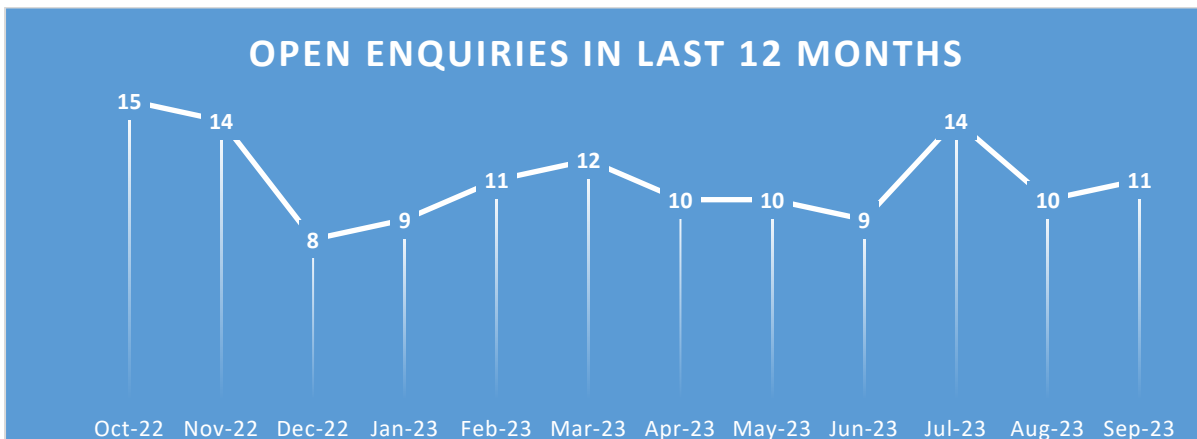
- ii. *New complaints*: A higher-than-expected level of incoming *complaints* was received in Q3. In August, nine complaints were received (against the usual circa. four). This, together with the staffing issues noted in part A, affects the FtP team and will impact on the median to close cases for the next two quarters. Our target to 'close' complaints is 30 weeks. The last two quarter's performance is at 45+ weeks. As indicated previously, the prospects for reduction this year are low given the caseload and risk profile.
 - iii. *Interim suspension hearing (ISH)*: Only one was held in the period resulting in no order being made, the same as the previous quarter. We continue to deal with those promptly, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.
 - iv. *PCC hearings*: Four substantive hearings were scheduled in Q3 with only three concluded this was due to one case being adjourned on the first day and relisted for early 2024. The end-to-end median for Q3 was 100 weeks, which was a slight increase from 98 weeks in Q2 but a significant reduction from the 134 weeks reported to PSA for 2021/2022. Our performance in listing cases is shown in table 8.
 - v. Our performance in managing s.32 (protection of title) complaints in this period has been very good. The current number of open complaints at the end of Q3 was 16 cases relating to 11 individuals and the median time to close complaints up to this period was 41 weeks.
7. We provide more detailed commentary on the above five areas of performance at Annex 1 with glossary of terms at Annex 2.

05: Annex 1: Performance report

A. Enquiries

Open enquiries in last 12 months

Chart 1



Only 11 enquiries are open, albeit three relating to advertising concerns. Typically, a very small number of enquiries tend to be escalated to a formal complaint.

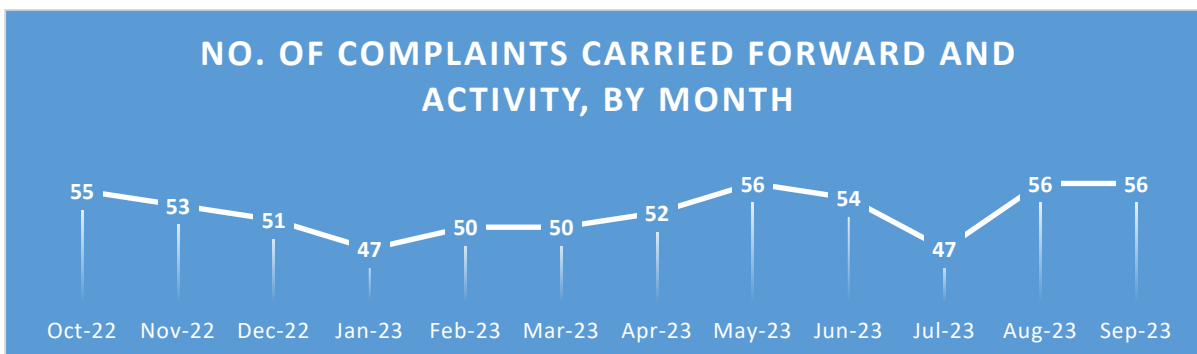
Total number of enquiries closed/promoted in 2023

Table 1

	2022	2023		
	Q4	Q1	Q2	Q3
Closed with no further action	11	6	9	14
Promoted to s.20	4	7	6	4
Total closed	15	13	15	18

A. S.20 (IC) Complaints in 2023

Chart 2



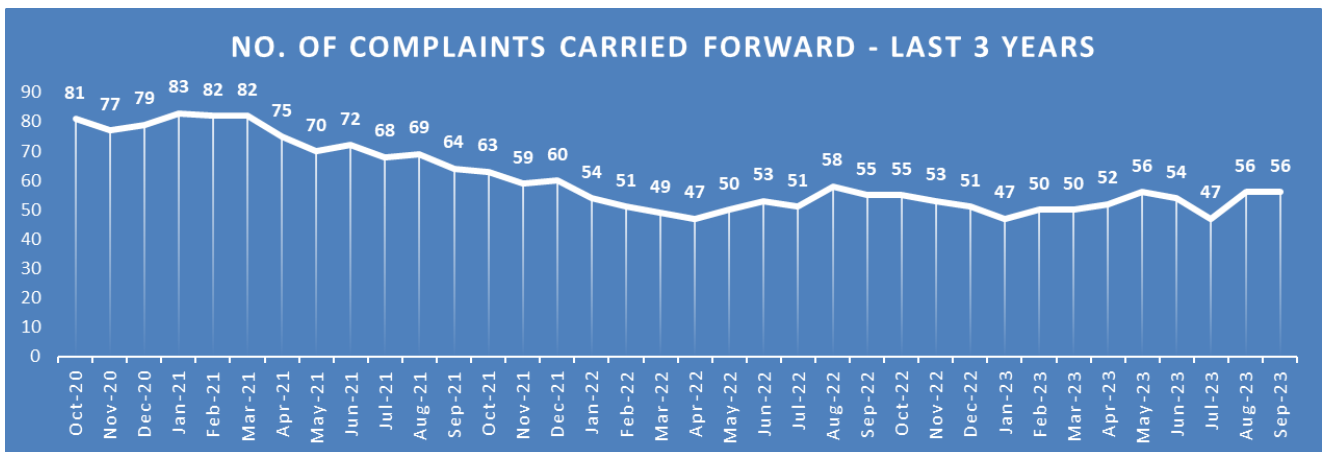
We continue to prioritise efficient case management of complaints, focusing on closing higher risk and, therefore usually long-standing complex complaints.

Table 2

	Oct -22	Nov -22	Dec -22	Jan-23	Feb -23	Mar -23	Apr-23	May -23	Jun -23	Jul-23	Aug -23	Sep -23
New s.20 complaints in (no.)	3	4	4	3	5	6	4	9	4	3	9	3
Cases determined (no.)	3	6	6	7	2	6	2	5	6	10	0	3

Similar number of cases were determined in Q3 compared to Q2. There was a busy period in July (where we listed an additional IC meeting to deal with cases which were ready) followed by August where no IC meetings were held. This was due to the additional meeting held in July as well as staffing issues in late July resulting in slower throughput of cases.

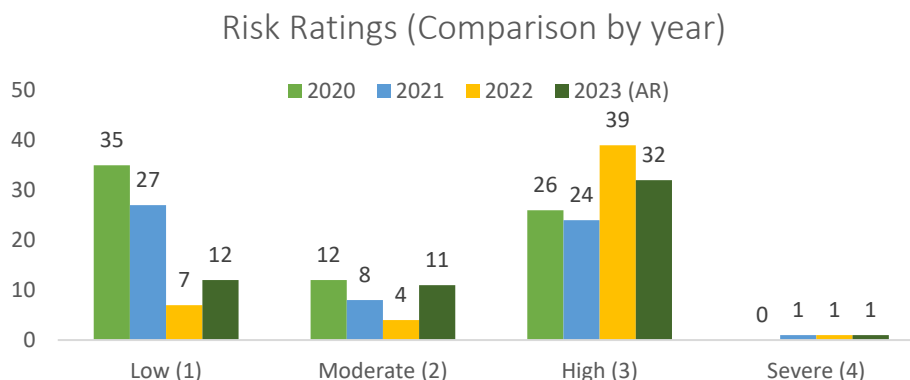
Chart 3



Higher than usual number of complaints received in August plus impact of staffing issues in July is keeping open complaints higher than we would like.

Risk rating of open IC complaints

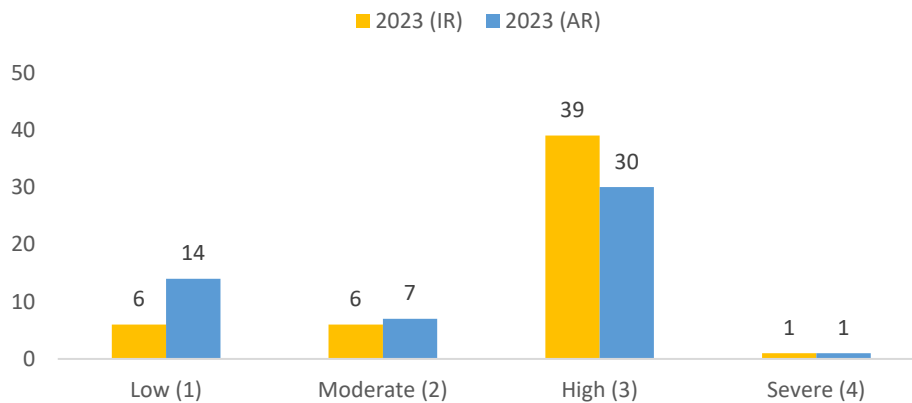
Chart 4



When assessing and categorising risk we take the complaint at its highest, resulting in more cases being categorised as *high risk* initially but allows for the rating to be amended as further evidence emerges.

Chart 5

Risk Ratings (Initial Rating v. Amended Rating)

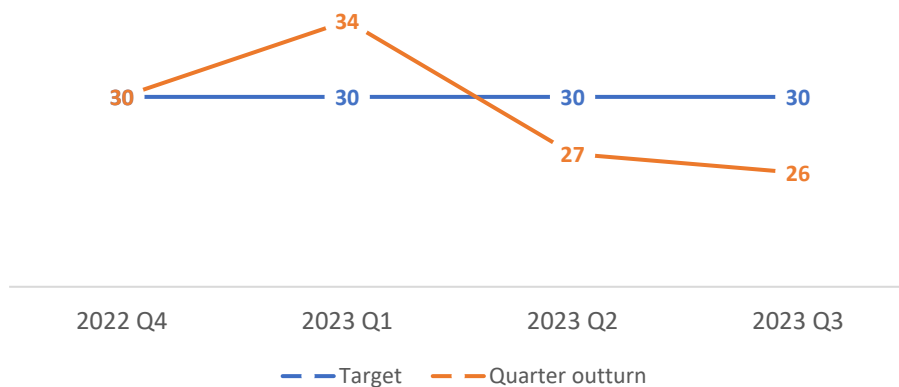


Even after adjustment, 60% of complaints are high or severe risk (a higher proportion than previous years). Such complaints take longer to process.

Time complaints have been open: median weeks

Chart 6

TIME COMPLAINTS HAVE BEEN OPEN: MEDIAN WEEKS



The median time of open complaints decreased from 27 weeks to 26 weeks from the last quarter, showing that the open cases are starting to get younger as we continue to focus on closing older cases. This is a performance improvement and if it continues will reduce overall times for cases that are referred for a hearing – illustrated below.

Breakdown of open current complaints

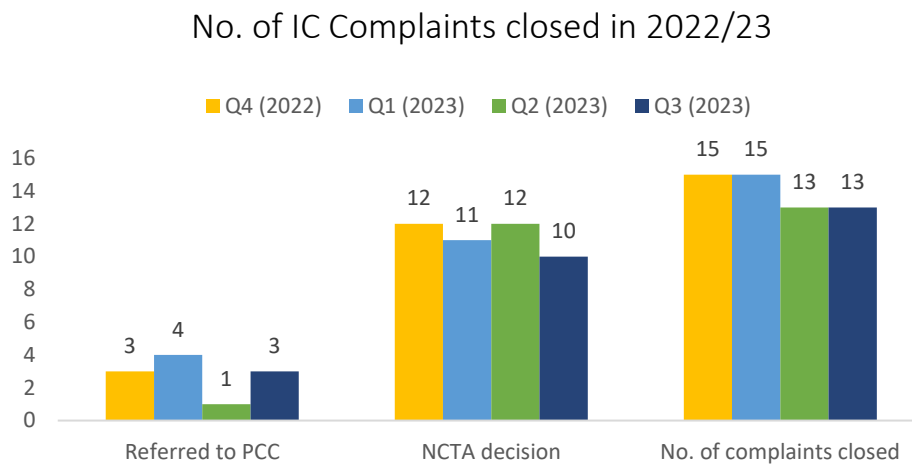
Table 3

	2022	2023		
	Q4	Q1	Q2	Q3
Under 52 weeks	40	38	40	46
52 weeks +	11	12	14	10
104 weeks +	0	0	0	0
153 weeks +	0	0	0	0

There are no cases that were open of over 104 weeks.

Number of complaints closed by the Investigating Committee in 2023

Chart 7

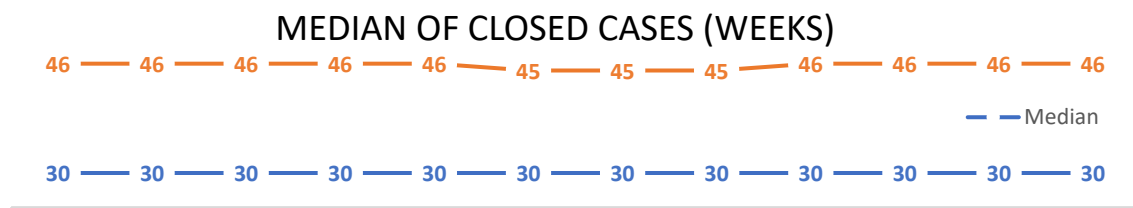


Of the 13 complaints closed in Q3, 10 were closed as ‘no case to answer’ and three were referred to the PCC. For planning we assume one referral a month.

Median time taken to close cases in last 12 months

(Time taken from the opening of a complaint to closure (either by a decision of no case to answer or referral to PCC) by the Investigating Committee)

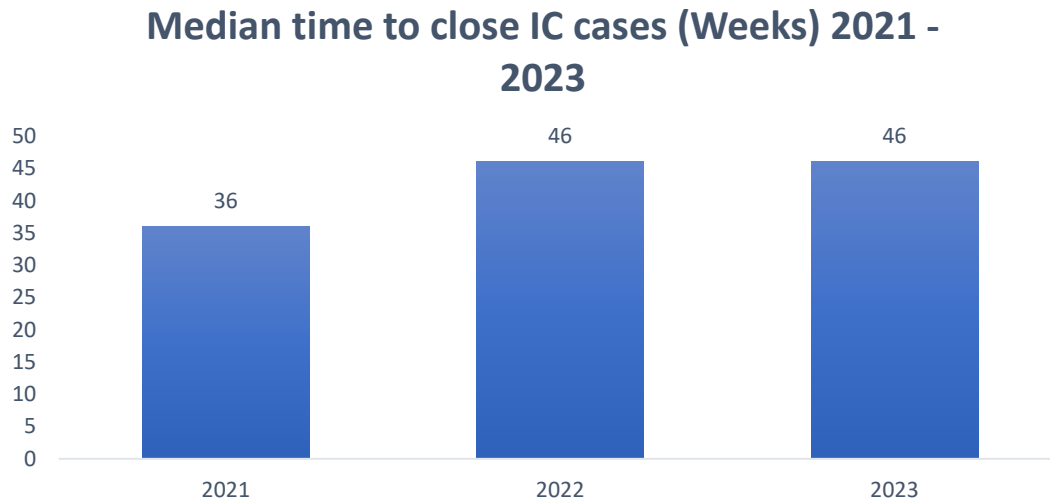
Chart 8



Median times have been steady for a year because of the continued closure of more long-standing complex cases from 2021 and 2022. Our assessment is that the median will only start to shift if we close newer cases, but we continue to prioritise the complex high-risk cases (which by the nature are likely to be older cases).

Median time taken to close cases – by calendar year

Chart 9



The median at the close of 2022 ended at 46 weeks. The median for end of Q3 is currently 46 but looking at the profile of cases remaining in 2023, we estimate that we will close 2023 at approximately 47 weeks.

B. Interim Suspension Hearings

Table 5

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

Consideration of matters where an interim suspension may be necessary are an unpredictable area, affecting outputs from both the FtP team and the IC. One IC interim suspension hearing (ISH) was held in Q3, the same as the previous quarter.

In 2021, the median time from date there is enough information received indicating risk to the date of the ISH was 4 weeks. In 2022, this increased slightly to 5 weeks. So far in 2023, the median is 3 weeks, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.

D. Professional Conduct Committee

Number of cases referred from the IC; and heard by PCC in 2022 - 2023

Table 6

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
No. of PCC cases b/f	11	10	9	11	14	14	14	13	12	11	12	10
No. of Referrals from the IC	0	1	2	3	0	1	0	0	1	2	0	1
PCC hearings held	1	2	1	0	0	1	1	2	3	3	2	0
Part heard-relisted	0	0	1	0	0	0	0	1	1	2	0	0
PCC Cases Closed	1	2	0	0	0	1	1	1	2	1	2	0

Decisions of PCC cases concluded in 2023

Table 7

Decision	Number
Removal from Register	1
Suspended	1
Conditions of Practice Order	2
Admonishment	0
No UPC	4

The decisions of the PCC in 2023 are in line with decisions made in previous years.

Open PCC cases: Listing progress

There were 11 open PCC cases at the end of Q3. The target established is that on referral from the IC it should be listed before the PCC within 35 weeks. The median from IC outcome to PCC outcome is 39 weeks for Q3, a slight increase from 36 weeks in the previous quarter.

Table 8

Case	Date referred from IC	Date listed for hearing	Weeks	Status
Case 1	31/03/2022	06/11/2023 (Adjourned) 26/03/2024	106	Listing delayed due to Panel member unavailability for 15-day hearing. Hearing listed in November 2023, but case adjourned and relisted for March 2024 as registrant applied for postponement to obtain further evidence

Case 2	07/06/2022	19/06/2023 (Adjourned) 04/12/2023	79	Case went part heard - due to lack of time and relisted for 04/12/2023
Case 3	08/11/2022	10/07/2023 (Adjourned) 15/01/2024	61	Target for listing met but case adjourned and relisted for 15/01/2024 as registrant applied for postponement to obtain legal representation
Case 4	06/12/2022	02/10/2023	42	Listing delayed due to Panel member unavailability
Case 5	24/01/2023	23/10/2023 (Adjourned) Relisted 14/11/2023	42	Listing delayed due to Panel member unavailability
Case 6	21/03/2023	26/10/2023 (Adjourned) Awaiting listing	[]	Target for listing met but case adjourned and is due to be relisted for 2024 as registrant applied for postponement to obtain further evidence
Case 7	21/03/2023	04/01/2024	41	Listing delayed as defence not ready for hearing
Case 8	20/06/2023	Awaiting listing	[]	Listing delayed due to unavailability of registrant and expert for hearing
Case 9	18/07/2023	Awaiting listing	[]	To be listed
Case 10	18/07/2023	13/03/2024	35	
Case 11	19/09/2023	Awaiting listing	[]	To be listed

Of the 11 cases awaiting PCC hearing none were referred prior to March 2022. Four were referred in 2022 and seven referred in 2023.

Our ability to meet targets of cases shown above is affected by:

- availability of the parties and or witnesses
- parties not ready / requiring further time to prepare case for hearing
- availability of PCC panel members and Legal Assessors

E. Section 32 cases

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

The median time taken to close s.32 cases in 2023 in Q3 was 41 weeks, a result of closing a large number of cases in September.

Table 11

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Number of cases (at beginning of the month)	41	42	43	42	35	29	20	16	20	23	25	27
Number of new cases in a month	2	1	1	4	2	3	0	4	3	2	2	2
Number of cases closed in period	1	0	2	11	8	12	4	0	0	0	0	13

Niru Uddin
Director of Fitness to Practise

05: Annex 2

Glossary

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

Quarter 1	Jan – March
Quarter 2	April – June
Quarter 3	July – Sept
Quarter 4	October – December
Risk Rating	<p>A risk assessment is carried out on receipt of a complaint by the by the GCC and given a risk rating to capture the seriousness of the case.</p> <ul style="list-style-type: none"> ▫ Risk Rating 1: <u>Low risk:</u> (No unwarranted risk of harm and or issues have been addressed) ▫ Risk Rating 2: <u>Moderate risk:</u> (Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed) ▫ Risk Rating 3: <u>High risk:</u> (Unwarranted risk of serious harm including inappropriate clinical care, inappropriate conduct, incompetence or abuse of trust including sexual misconduct or power imbalance concerning vulnerable patients (including those with mental health issues). Issues complained of remain in place, there is an ongoing risk to patients / public from the chiropractor's clinical practice / behaviour, conduct is persistent and / or deliberate) ▫ Risk Rating 4: <u>Severe risk:</u> (Sexual misconduct. Life may be in danger, risk of major injury or serious physical or mental ill health. The conduct is increasing in frequency and/or severity) <p>The risk rating above of complaints might lead to a referral for a hearing to consider interim suspension of a registrant's registration.</p>
S.32 Complaint	<p>Section 32 of the CA 1994 creates a criminal offence for a person who is not registered with the GCC describing themselves as a Chiropractor (also known in other regulatory bodies as protection of title or illegal practise cases). Our target for timeliness from receipt to closure or next steps decision point (16 weeks).</p>

Finance Update - Management Accounts to November 2023

Meeting Paper for the Council on 08 December 2023

Agenda Item: 06

Purpose

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

This paper presents our performance against the forecast income and expenditure targets for the period to 30 November 2023. The Executive reviews the management accounts each month and takes the required corrective actions to manage material deviations from the set financial targets.

This report was circulated to the Executive on 01 December 2023.

Recommendations

The Council is asked to note this report.









Introduction

1. The management accounts pack is comprised of the:

- Statement of income and expenditure account for the period to 30 November 2023 and commentary on variances ([Annex 1a and 1b](#))
- Balance sheet as at 30 November 2023 ([Annex 2](#)), and
- Recommendations.

Summary of income and expenditure account for the period to 30 November 2023

- The table shows year-to-date (YTD), dynamic and forecast results for the 2023 financial year for the eleventh month of this financial year.
- We achieved the performance targets for the period under review.

	A	B	C	D	E	F
	YTD Actual	YTD Forecast	YTD Variance	Full Year Forecast 2023 [Fixed]	Full Year Forecast 2023 [Dynamic]	Full Year Budget 2023
£'000s	£	£	£	£	£	£
Income	2,888	2,859	29	 3,092	 3,122	3,087
Expenditure	2,735	2,764	29	 3,080	 3,068	2,820
Headline Surplus /-Deficit	153	95	 58	 12	 54	267
Underlying Surplus /-Deficit	161	102	 59	20	62	275

- The realised headline surplus for the period is £153k (column A of the table), compared to the headline forecast surplus of £95k (column B) for the same period.
- The variance between the actual and updated fixed forecast income and expenditure for the period to-date is shown in column C. Column C is made up of the YTD positive income variance of £29k and positive expenditure YTD variance of £29k respectively.
- The detailed statement of income and expenditure account, variance analysis threshold and the reasons for the variance are provided in [Annex 1a](#) and [1b](#).
- The headline full year fixed forecast surplus for the year is £12k (column D). The underlying fixed forecast surplus is £20k (column D).
- The dynamic forecast (column E) shows a headline surplus of £54k. The dynamic forecast tracks how we have performed against the fixed forecast during the period under review. The dynamic forecast also responds to the question, '*what surplus or deficit do we expect to realise at the year-end?*'.

Balance sheet as of 30 November 2023

- The balance sheet at [Annex 2](#) shows a total net asset of £3.409m (December 2022: £3.280m). These are represented by the general and designated reserves.
- The cash at bank as at 30 November 2023 is £2.417m December 2022: £2.123m). This shows a cash ratio of £0.76 that is available to settle every £1 of the short-term liabilities. Although the ratio is below the standard level of at least £1/£1, this is not considered to be a material solvency issue at this point.

11. The value of the investments decreased by £46k (1.0%) from £4.461m as of 31 December 2022 to £4.415m on 30 November 2023. The unrealised investment loss (i.e. paper loss) in the period is £25k (December 2022: paper loss of £401k).



Joe Omorodion



Director of Corporate Services

Annex 1a

Variance analysis threshold and reasons for variances in the statement of income and expenditure for the period to 30 November 2023

Year-to-date variance analysis threshold policy

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

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

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

Commentary on YTD income variance – overall actual income is more than the forecast by £29k

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

5. In this period, the total actual income earned is more than the forecast income by £29k (i.e. a positive variance). The variance is made up as follows:
 - a. *Test of Competence (TOC) income* (i.e. a positive variance of £22k) – We received fees for the test of competence from 39 applicants compared to the 28 that we expected at this time of the year.
 - b. *Other income* (£7k positive variance) – This is made up of the UCLan CPD research project income, £3k (for GCC staff time), and bank interest and certificate of professional status fees income (£4k).

Commentary on YTD expenditure variance – total actual spend is under forecast by £29k

6. The breakdown of the total expenditure variance is shown in the *Report by Income & Cost Centre* section of this paper.
7. Total actual forecasted expenditure in the period is **under-spent** by £29k. This is made up of the following under/over-spent budget lines of £10k or more.

Under-spent budget lines by £10k or more:

- a. *Professional Conduct Committee (PCC) cost centre* – under-spent by £25k:

This is made up of partners' allowances and professional fees (i.e. legal, stenographer, experts and legal assessor).

- The PCC forecast expenditure is driven by the caseload and number of hearings held in any given period. The total PCC forecast hearing days for the period to November 2023 is 84, compared to the actual hearing days of 74.
- The difference between the forecast and actual hearing days is mainly due to the two cases (amounting to 11 hearing days) that were adjourned from 2023 to the 2024 financial year.

- b. *Quality Assurance (QA) cost centre* – under-spent by £10k:

- This is mainly due to a programme submission delay for approval of a satellite degree programme by existing provider. This is now re-scheduled for 2024.

- c. The *other cost centres* in this report have a net under-spend of £21k and the respective cost items have than £10k. Hence, we have not provided any further commentary on these items.

Over-spent budget lines by £10k or more:

- a. *Technology (Tech) cost centre* – over-spent by £27k:

The overspend is mainly due to the:

- The extension to the assumed timetable for the IT upgrade to SharePoint system (£9k); and
- Enhancements work on the CRM Registrant Portal system, £18k (i.e. changes to the CPD, registration, indemnity insurance, TOC form, self-service direct debit setup, etc).

General Chiropractic Council

November 20 November

November 2023 Management Accounts

Annex 1b

Overview - Statement of Income and Expenditure Account

General Chiropractic Council	MONTH				YEAR-TO-DATE (YTD)				Full Year FIXED FORECAST 2023	Full Year DYNAMIC FORECAST 2023	Full Year BUDGET 2023
	November				November 2023						
INCOME	Actual	Forecast	Variance	Var %	Actual	Forecast	Variance	Var %	£	£	£
	£	£	£		£	£	£				
Registrant fees	223,446	223,446	-0	-0	2,674,804	2,674,060	744	0%	2,897,506	2,898,254	2,898,167
Investments	10,000	10,000	0	0	110,000	110,000	0	0%	120,000	120,000	120,000
Test of Competence (ToC)	20,000	8,000	12,000	2	78,000	56,000	22,000	39%	56,000	78,000	64,000
Other Income	277	300	-23	-0	25,411	18,484	6,928	37%	18,783	25,712	5,100
TOTAL INCOME	253,723	241,746	11,977		2,888,215	2,858,544	29,672		3,092,289	3,121,966	3,087,267
EXPENDITURE											
Governance costs ¹	42,217	39,709	-2,508	-0	173,908	174,456	548	0%	194,825	194,375	148,892
Shared Central costs ²	93,529	69,018	-24,511	-0	919,600	897,992	-21,608	-2%	971,332	994,987	927,671
Fitness to Practise (FtP) ³	75,120	91,214	16,094	0	1,047,940	1,083,580	35,640	3%	1,225,022	1,198,236	1,123,831
Development costs ⁴	90,037	96,916	6,879	0	593,690	608,157	14,467	2%	689,086	680,205	619,608
TOTAL EXPENDITURE	300,904	296,857	-4,047		2,735,138	2,764,185	29,047		3,080,265	3,067,803	2,820,002
Underlying Operating Surplus / -Deficit					161,077	102,358	58,719		20,024	62,163	275,264
HEADLINE OPERATING SURPLUS / -DEFICIT	-47,181	-55,111	7,930		153,077	94,358	58,719		12,024	54,163	267,264
Percentage	-19%	-23%	4%		5%	3%	2%				
GAINS/-LOSSES ON INVESTMENTS					-24,588						
SURPLUS / -DEFICIT BEFORE TAXATION					128,491						

NOTES ON EXPENDITURE CATEGORIES

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

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

Annex 1b

		MONTH				YEAR-TO-DATE (YTD)				Full Year FIXED FORECAST	Full Year DYNAMIC FORECAST	Full Year BUDGET	
		November				November 2023				2023	2023	2023	
Detailed Income Statement Dept		Actual	Forecast	Variance	Var %	Actual	Forecast	Variance	Variance	£	£	£	
		£	£	£	%	£	£	£	%	£	£	£	
Income	72	Initial Regn Fees - Practising	0	0	0	0%	179,250	173,250	6,000	3%	173,250	179,250	180,750
	72	Initial Regn Fees - Non-practising	0	0	0	0%	600	700	-100	-14%	700	600	800
	72	Retention Fee- Practising	221,363	221,363	-1	0%	2,443,788	2,444,593	-806	0%	2,665,956	2,665,156	2,659,817
	72	Retention Fee- Non Practising	2,083	2,083	0	0%	23,417	23,317	100	0%	25,400	25,500	24,700
	72	Non- Practising to Practising	0	0	0	0%	8,800	9,600	-800	-8%	9,600	8,798	9,600
	72	Restorations	0	0	0	0%	18,950	22,600	-3,650	-16%	22,600	18,950	22,500
		Total Registrant Fees	223,446	223,446	-0		2,674,804	2,674,060	744		2,897,506	2,898,254	2,898,167
	74	ToC Income	20,000	8,000	12,000	150%	78,000	56,000	22,000	39%	56,000	78,000	64,000
	33	Investments	10,000	10,000	0	0%	110,000	110,000	0	0%	120,000	120,000	120,000
	33	Other	277	300	-23	-8%	25,411	18,484	6,928	37%	18,783	25,712	5,100
		Total Investments & Other	30,277	18,300	11,977	65%	213,411	184,484	28,928		194,783	223,712	189,100
		TOTAL INCOME	253,723	241,746	11,977	0	2,888,215	2,858,544	29,672	1%	3,092,289	3,121,966	3,087,267
Governance Costs	10	Council	41,355	38,449	-2,906	-8%	171,017	171,314	297	0%	191,682	191,482	145,522
	11	Audit & Risk Committee	300	300	0	0%	1,582	1,582	0	0%	1,583	1,583	1,810
	12	Remuneration Committee	562	960	398	42%	1,310	1,560	250	16%	1,560	1,310	1,560
		Total Governance	42,217	39,709	-2,508		173,908	174,456	548		194,825	194,375	148,892
CER Office Costs	30	CER's Office	13,478	14,183	705	5%	166,855	169,314	2,459	1%	183,511	181,030	172,904
Shared Central Costs	31	Technology	27,275	6,184	-21,091	-341%	175,812	148,426	-27,386	-18%	153,167	181,304	156,443
	32	Human Resources	3,399	2,018	-1,381	-68%	64,525	60,661	-3,864	-6%	63,412	68,417	64,384
	33	Corporate Services	29,301	26,063	-3,238	-12%	294,168	296,113	1,945	1%	327,197	325,435	336,066
	34	Property	20,076	20,570	494	2%	218,240	223,478	5,238	2%	244,045	238,801	197,875
		Total Shared Central Costs	93,529	69,018	-24,511		919,600	897,992	-21,608		971,332	994,987	927,671
Fitness to Practise Costs (FtP)	50	FtP Team	32,269	31,433	-836	-3%	350,331	348,015	-2,316	-1%	379,447	383,315	379,075
	51	Investigating Committee	13,948	11,131	-2,817	-25%	178,426	180,683	2,257	1%	192,995	193,427	170,202
	52	Professional Conduct Committee	20,656	45,905	25,249	55%	471,480	496,697	25,217	5%	583,011	557,940	512,088
	53	Interim Suspension Hearing	1,385	145	-1,240	-855%	22,674	31,194	8,520	27%	39,045	32,522	41,286
	54	Protection of Title	6,862	2,600	-4,262	-164%	25,029	26,991	1,963	7%	30,522	31,032	21,180
		Total FtP	75,120	91,214	16,094		1,047,940	1,083,580	35,640		1,225,022	1,198,236	1,123,831
Development Costs	70	Development Team	65,330	68,926	3,596	5%	354,276	358,093	3,816	1%	408,527	415,553	389,821
	73	Quality Assurance	750	6,673	5,923	89%	25,999	36,109	10,110	28%	46,465	31,098	36,336
	74	Test of Competence	9,811	7,938	-1,873	-24%	60,014	53,933	-6,081	-11%	53,934	60,013	62,915
	75	Communications	12,646	11,653	-993	-9%	143,509	147,990	4,481	3%	168,128	163,647	115,590
	13	Education Committee	1,500	1,726	226	13%	9,892	12,033	2,141	18%	12,032	9,893	14,946
		Total Development	90,037	96,916	6,879		593,690	608,157	14,467		689,086	680,205	619,608
		TOTAL OPERATING COSTS	300,904	296,857	-4,047	-1%	2,735,138	2,764,185	29,047	1%	3,080,265	3,067,803	2,820,002
		Underlying Operating Surplus / -Deficit					161,077	102,358	58,719		20,024	62,163	275,264
		HEADLINE OPERATING SURPLUS / -DEFICIT	-47,181	-55,111	7,930		153,077	94,358	58,719		12,024	54,163	267,264
		Percentage	-19%	-23%	-4%		5%	3%	2%		0%	2%	9%
		GAINS/-LOSSES ON INVESTMENTS	-24,588				-24,588						
		SURPLUS / -DEFICIT BEFORE TAXATION	-71,770				128,491						

GCC Balance Sheet

As at 30 November 2023

Annex 2

	31 December 2022		30 November 2023		Movement
	£	£	£	£	
Fixed Assets					
Tangible Assets	0		0		
Investments	<u>4,460,653</u>	4,460,653	<u>4,414,559</u>	4,414,559	↓ -46,094
Current Assets					
Debtors	42,356		49,462		
Bank	<u>2,123,351</u>	2,165,707	<u>2,416,663</u>	2,466,125	↑ 293,311
Current Liabilities					
HMRC and pensions	45,586		38,319		
Payments in advance	2,681,350		2,823,496		
Trade creditors	70,073		105,706		
Corporate tax	6,775		31		
Other creditors	<u>328,482</u>	3,132,267	<u>290,536</u>	3,258,088	↑ 125,821
Current Assets less Current Liabilities:		<u>-966,560</u>		<u>-791,963</u>	
Total Assets less Current Liabilities:		<u>3,494,093</u>		<u>3,622,595</u>	↑ 128,502
Long Term Liabilities		213,883		213,896	↑ 13
Total Assets less Total Liabilities:		<u>3,280,210</u>		<u>3,408,700</u>	
Funds of The Council					
Total Reserves	3,280,210		3,280,210		
Transfers in the Period			0		
Surplus or -Deficit Account	0		128,490		
		<u>3,280,210</u>	<u>128,491</u>	<u>3,408,700</u>	↑ 128,490
		-	-1	-	



For noting

Business Plan 2023 Performance Update

Meeting paper for Council on 08 December 2023

Agenda Item: 07

Purpose

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

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

Recommendations

Council is asked to note the report.

Background

1. Council agreed the 2023 Business Plan in December 2022, along with the six projects to be delivered this year.
2. This is the second year of the three-year strategy 2022-24. Progress as to delivery of the business plan is reported to Council at each meeting.

Business Plan Performance Summary

3. As 2023 comes to a close, this is the final performance report on the 2023 Business Plan to Council. Our annual report for 2023 will incorporate the final position.
4. Our plans for 2023 reflected on the achievements of 2022 – building on those and recalibrating where our core tasks needed prioritising. So we had set out this year with the ‘right’ balance of projects and business activities where necessary.
5. The mix of projects and business activities are summarised below:

<i>Projects</i>	<i>Business activities</i>
<ul style="list-style-type: none"> • Promoting the value of regulation and registration to patients and the profession • Developing resources for registrants, to support professionalism • Embedding a culture of safer care • Integrate innovation and effectiveness within the I.T framework • Comply with Welsh Language Standards 	<ul style="list-style-type: none"> • Implementing actions further to new Education Standards and arrangements for quality assurance • Recruiting to our statutory committees ensuring decision-making is undertaken expertly • Implementing actions further to a new model of obtaining clinical advice in fitness to practise matters • Reviewing and disposing archived documentation against the updated retention policy ensuring all records held compliant with retention scheme

6. We achieved the following:

- For the first time in five years, the GCC met 18 of the 18 Standards of Good Regulation by the Professional Standards Authority (PSA)'s annual performance review.
- Published toolkits on aspects of professionalism including – patient centred care, competence, leadership, and reflective practice.
- Published guidance and toolkit resources on Candour and Consent.
- Conducted a scoping review of GCC's Code of Practice, facilitated by Gay Swait, a former member of Council and the Education Committee.
- Held a joint workshop with General Osteopathic Council (GOsC) with patients. With GOsC and Community Research (the facilitators), presented the findings from the research at the PSA research conference in November 2023.
- Following the approval of the new Education Standards and Quality Assurance handbook, the Education Committee approved the education providers' plans and timeline for implementation.
- The Education Committee recommended the ongoing recognition of the AECC University College's MSc pre-registration programme. This is the first programme to align the new Education Standards.
- Continued to implement the 15-point EDI action plan (2022-24) including – the publication of a new GCC policy on "Transitioning at Work", and EDI was selected as the focus for registrants' CPD 2023/24.
- Fulfilled our governance duties by ensuring there were diversity of skills and knowledge in the committee membership, including Investigating Committee and Education Committee.
- Recruited a lay and registrant member of Council. The recruitment for the Chair of Council is underway.

- In our ambition to speed up our investigation process, recruited a number of Clinical Advisers.
- Transitioned GCC servers and document management to cloud-based services through Microsoft Azure and SharePoint.
- In line with the Financial Strategy 2023-25, researchers were commissioned to research the chiropractic workforce through quantitative and qualitative research.
- Incorporated the Welsh Language Standards No.8 (2022) into the GCC operational framework, where applicable.
- Maintained and updated GCC's archived documents against the updated document retention policy.

7. A snapshot of the implementation status of the six projects in the Business Plan for 2023 is presented in the chart below.

GCC Business Plan Projects 2023 - End of Year Summary		
Project #	Project Name	Progress-to-date
1	Promote the value of regulation and registration to patients and the profession	100%
2	Develop registrant resources to support professionalism	100%
3	Embed a culture of safer care	80%
4	Integrate innovation and effectiveness within the I.T framework	100%
5	Comply with Welsh Language Standards	90%
6	Understand the current and future workforce (supply and demand)	95%
Average completion rate		94%

8. Of the six projects listed above. The end of year summary is as follows:

- 3 – Projects are completed (as of 30 November 2023)
- 1 – Project (#3) is due for completion in 2024. This is because the project on diagnostic imaging revealed that an additional toolkit would make it more beneficial. Further, the Royal College of Chiropractors plan to relaunch the CPiRLS system at their AGM in early 2024 – rather than as expected in 2023. We expect this project to be completed in Q1 2024.
- 2 – Projects (#5 & #6) will be completed by end of this year.

9. There are four annexes to this report:

- **Annex A** displays summary information on progress made in delivering the projects in the 2023 business plan.
- **Annex B** provides a more detailed commentary on the status or progress of each of the projects. The status of each project is assessed against the agreed measures (e.g. Key Performance Indicators, KPIs, Project Schedule Variance, PSV, and Milestones) in the business plan.
- **Annex C** is a summary of communications activity in line with our Plan for 2023

- **Annex D** An Annual Report on the activities relating to equality, diversity and inclusion.

Recommendations

Council is asked to note the report.

Mary Nguyen

Business and Projects Officer

07: Annex A: Business Plan 2023 Dashboard, 30 November 2023

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

Annex A: Business Plan Dashboard, 30 November 2023				
No.	Project	Status and % Completion	RAG Rating GAW[1]	External Impact
1	Promote the value of regulation and registration to patients and the profession	On schedule		High
	Key milestones: March, June, September 2023	100%		
2	Develop registrant resources to support professionalism	Completed		High
	Key milestones: March, June, September 2023	100%		
3	Embed a culture of safer care	Due for completion in 2024		High
	Key milestones: September and December 2023	80%		
4	Integrate innovation and effectiveness within the I.T framework	On schedule		High
	Key milestones: January, March, April, May and June 2023	100%		
5	Comply with Welsh Language Standards	On schedule		High
	Key milestones: March and December 2023	90%		
6	Understand the current and future workforce (supply and demand)	On schedule		Moderate
	Key milestones: June and October 2023	95%		

07: Annex B – Business Plan 2023 Projects

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

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
			<p>took the form of a week-long online forum in June with 22 participants.</p> <p>The mark and resources have been finalised from the patient research findings. Patients seek reassurance from chiropractors' websites, recommendations, reviews and registration. They felt the mark aimed to increase patient confidence and reassure that they are in safe hands.</p> <p>Deliverable 3: A campaign has been planned with our communications agency for the coming months. This begins with a news piece, social media and the patient research report published in September.</p> <p>A Meta campaign we trailed in the Cardiff area reached over 97,000 accounts and we are planning trialling google ads or YouTube ads in the New Year in another location.</p> <p>As part of the I'm Registered communications plan, there is an aim to measure adoption of the new mark on chiropractor websites. We have checked 1951 websites, of which 313 mention the GCC on their home page, using a mix of old and current GCC logos and old and current registration marks. This provides a base for further work, and also gives opportunity for individually targeted comms to encourage specific registrants to update their websites.</p> <p>The GCC team printed posters for registrants attending the BCA Conference and promoted the new Mark.</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
			<p>Work will continue in 2024 to promote the Mark and other targeted communications with patients/public.</p> <p>STATUS: Complete</p>
2	<p>Develop registrant resources to support professionalism</p>	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Published toolkits on aspects of professionalism: Patient Centred Care, Competence, Leadership and Reflective Practice June 2023 2. Publication of Consent research with patient community. March 2023 3. Published toolkit for registrants incorporating patient expectations on Consent. September 2023 <p>Project Targets</p> <ol style="list-style-type: none"> 1. By 2024, to have published GCC resources (e.g. guidance, toolkits etc) on all key themes identified in patient research findings. 	<p>Project Update</p> <p>Deliverable 1: Toolkits have been published and promoted monthly via the GCC newsletter and social media (Twitter and LinkedIn) on Patient Centred Care, Leadership and Competence. The Reflective Practice toolkit was published in the June newsletter.</p> <p>Deliverable 2: The Consent research conducted by Community Research with the GCC Patient Advisory Group has been received and a report was published with an article in the March newsletter.</p> <p>Deliverable 3: A toolkit for registrants on Consent has been published and promoted in the April newsletter and on social media.</p> <p>STATUS: Complete</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
3	Embed a culture of safer care	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Revised guidance and toolkit resources on Candour for registrants informed by research with the GCC patient community. September 2023 2. Toolkit and learning resources for registrants and the profession building on the diagnostic imaging guidance. September 2023 3. Scope out potential for additional resources around avoiding and managing conflicts of interest. December 2023 4. Promoted and publicised the RCC incident reporting system (CPiRLS). Increases in number of incidents reported. December 2023 <p>Project Targets</p> <ol style="list-style-type: none"> 1. By 2024, to have published GCC resources (e.g. guidance, toolkits etc) on all key themes identified in patient research findings. 	<p>Project Update</p> <p>Deliverable 1: The current Candour guidance has been updated and published in September. All chiropractic professional associations and the Royal College were sent an advance copy and a request for assistance with raising awareness and adoption of the new guidance amongst the profession and patients.</p> <p>A joint workshop with GoSC was held on 28 September with 22 patients. This was facilitated by Community Research. A report will be published later in 2023 and a toolkit will use the findings from our research. The GCC presented the findings from the research along with GOSc and Community Research at the PSA research conference on 14 November.</p> <p>Deliverable 2: Regular meetings have been held with CQC, UKHSA and SOR to discuss the current CQC inspections and learnings for the profession, undergraduate training, CPD, post graduate training and referrals. The Forum of Deans has gathered information in relation to chiropractic pre-registration (undergraduate) education and training of imaging techniques. Two toolkits are now underway with the support of a Radiation Protection Expert concentrating on the referrers toolkit in the first instance. The RCC has arranged access for chiropractors to Health Education England's essential IRMER and MRI Safety for Referrers learning modules,</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
			<p>free to RCC members and at a small fee for non-members. The UKCF discussed in July and agreed to carry out cross profession research on use of x rays and in particular those with equipment.</p> <p>Deliverable 3: Current resources remain available in the Registrant resource centre including the Joint Statement by regulators and scenarios. We await the work now focused on Doctors by DHSC prior to any decision being made to update the Joint Statement. This is unlikely to take place in 2023. This deliverable is therefore removed from current priorities.</p> <p>Deliverable 4: The RCC article ‘ Ten years of online incident reporting and learning using CPiRLS: implications for improved patient safety was published in March. The RCC is planning to relaunch CPiRLS at its AGM/Conference on 31 January 2024 and after that we plan a communications campaign to promote the benefits of a safe culture of care and reporting of incidents with the benefit of using these as a method of learning. The CER will issue a clear statement inviting registrants to participate in the system. This is also an area to consider as part of a review of The Code.</p> <p>STATUS: On schedule</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
4	Integrate innovation and effectiveness within the I.T framework	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Identify the IT expert to help plan and produce the specification for the tender for IT service provider January 2023 2. Identify 3 IT service providers and invite them to enter the tender exercise March 2023 3. Conduct a tender exercise with IT service providers. March/April 2023 4. ARC appoints/re-appoints IT support provider. May 2023 5. Preferred IT service provider commences service [planning stages of the handover to commence June 2023] 6. [NEW] Complete data migration to a cloud-based network. September 2023 	<p>Project Update</p> <ol style="list-style-type: none"> 1. The tender for an IT service provider was completed in May and Council received the update from the Audit and Risk Committee at its June 2023 meeting. 2. The transition stage has progressed. Within this stage, 3. Following the tender, initial discussions were held with the preferred provider regarding the contract and infrastructure. 4. The migration of GCC data was transferred to a cloud-based network (i.e. SharePoint). <p>Status: Complete</p>
5	Comply with Welsh Language Standards	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Submit consultation response by 22 March 2023 2. Complete the Standards (where required and unless stated otherwise) 6 December 2023 	<p>Project Update</p> <p>The formal compliance notice was issued to all healthcare regulators on 6 June 2023, with a deadline to complete the standards by 6 December 2023 (unless stated otherwise).</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
		<p>Project Target</p> <ol style="list-style-type: none"> 1. Update report to Council on requirements and progress 	<p>Internal meetings with cross-organisations have been held. Actions identified for completion this year have been delegated and are in progress.</p> <p>The software that translates the GCC website to Welsh has been upgraded, increasing the limit of translations.</p> <p>Translations of identified documents/texts so far have been completed and distributed for implementation.</p> <p>We are awaiting a Welsh recording audio of the GCC automated system for implementation.</p> <p>A business case has been put forward to Council at its December 2023 meeting to access reserves in consideration of the estimated costs for implementation in 2024.</p> <p>Status: On schedule</p>
6	<p>Understand the current and future workforce (supply and demand)</p>	<p>2023 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Report on changes to the profession profile over the last 10 years. September 2023 2. Predictive modelling including infographics on what the chiropractic profession will look like in 2026, 2030 and 2033 September 2023 3. Financial model showing the effects of growth and other assumptions including the effects of fee reduction and discounting. December 2023 	<p>Project Update</p> <ol style="list-style-type: none"> 1. The project has commenced, and the researchers have begun their research. 2. Key stakeholders from the educational institutions and the Royal College of Chiropractor have been interviewed by the researchers. 3. Researchers have produced the reports of the quantitative and qualitative analysis research. These have been reviewed internally and with the assistance

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (November 2023)
		<p>Project Target</p> <ol style="list-style-type: none"> 1. Analyse existing data held on the Register (size, joiners, leavers including average age of retirement, gender demographics, age profile, length of time likely to typically spent on the Register, where does drop off occur). 2. Determine potential for growth in students and registrants and any barriers and how they might be mitigated. 3. Determine drivers and motivations for leavers or those opting for non-practising registration. 	<p>of GOsC and comments have been fed back to the 2 researchers.</p> <ol style="list-style-type: none"> 4. The final draft is being completed by the researchers. Once finalised, this project will be considered completed. <p>Status: On Schedule</p>

07: Annex C – Communications Update

1. Overview of channels

Newsletter

Since January 2023, 4030 registrants have appeared on the newsletter mailing list (this figure includes the addition of new registrants, and the removal of those who are no longer registered). The current mailing list is 3837. Only 21 addresses have unsubscribed from the list, with 2 of these non-practising and 2 unsubscribing following FTP action.

The open rate of the newsletter is extremely high, with each registrant opening an average of 72% of the newsletters they were sent. Only 209 registrants did not open any of the newsletters they were sent, but this is heavily skewed by new graduates, who have only been sent one or two newsletters.

Website

The website is consistently getting around 3.5K visitors a week (with 5K in the week before CPD was due to be completed).

X/Twitter

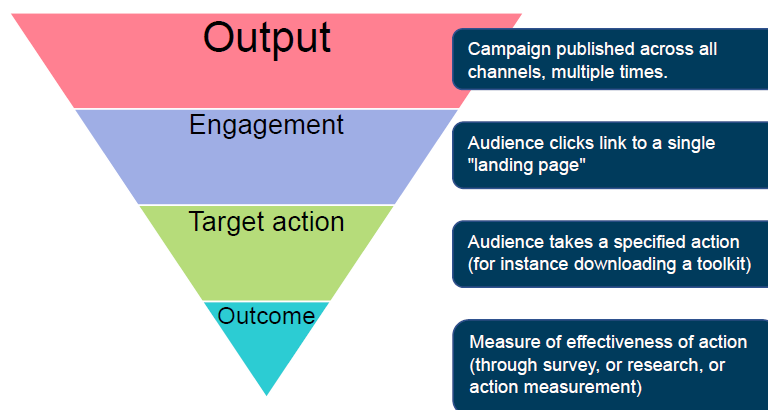
Twitter Blue has increased engagement and views of posts. Most interaction on X/Twitter is with educational establishments, the British Chiropractic Association and the Royal College of Chiropractors.

LinkedIn

LinkedIn is growing as an effective channel. Of the GCC's 908 LinkedIn followers, 50% (445) are from a healthcare background, with 173 having chiropractor as a job description.

2. Impacts of Specific Campaigns

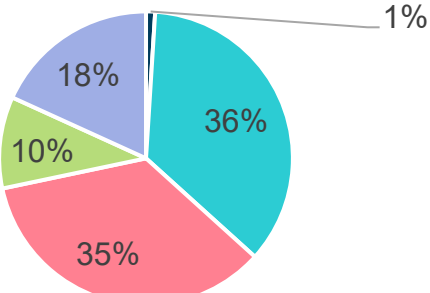
The communications plan, presented to Council at its June meeting, introduced the message funnel approach to understanding not only the communications output, but (where possible) the impact of that output on targeted outcomes.



In this annex we look at three of the big communications projects of the last 3 months through that model to understand their impact.

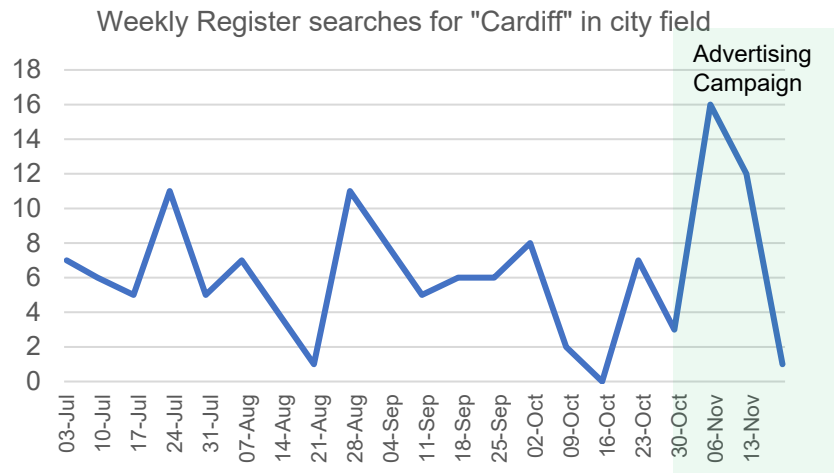
a) I'm Registered – highlighting registration to patients and the public

In Support of GCC Strategic Aim 1 - Patients and the Public: To place patients and their care at the centre of all GCC work.

Output	<ul style="list-style-type: none"> Landing page copy on the results page of the Register has been updated to explain the benefits of registration. All company name request replies now receive information on I'm Registered mark. Five newsletter articles concerning the mark and encouraging registrants to update their register information. Patient webpages have been updated to include benefits of registration and the importance of looking for the mark. Trial of "I'm Registered" advertising in Cardiff during November targeting new patients – reached over 95000 Facebook users. Patient research on importance of the mark to the public, 															
Engagement	<ul style="list-style-type: none"> Visits to the I'm Registered website pages since July 2023. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Location</th> <th>Unique Users</th> <th>Page Views</th> </tr> </thead> <tbody> <tr> <td>Patient Portal</td> <td>1287</td> <td>1,764</td> </tr> <tr> <td>Registrant Page</td> <td>201</td> <td>365</td> </tr> </tbody> </table> Click throughs to website from email. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Theme</th> <th>Unique Users</th> <th>Clicks to website</th> </tr> </thead> <tbody> <tr> <td>I'm Registered</td> <td>426</td> <td>663</td> </tr> </tbody> </table> During October the I'm Registered page on the registrant portal was visited 65 times, and the logo downloaded 42 times (earlier data not available). 	Location	Unique Users	Page Views	Patient Portal	1287	1,764	Registrant Page	201	365	Theme	Unique Users	Clicks to website	I'm Registered	426	663
Location	Unique Users	Page Views														
Patient Portal	1287	1,764														
Registrant Page	201	365														
Theme	Unique Users	Clicks to website														
I'm Registered	426	663														
Target Action	<ul style="list-style-type: none"> 190 I'm Registered posters downloaded (including 6 in Welsh) 60 versions of the poster created at BCA Conference (180 posters printed and handed out to registrants). Use of the I'm Registered Mark on websites: <div style="margin-left: 20px;">  <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>I'm Registered Mark</td> <td>1%</td> </tr> <tr> <td>Registered Mark</td> <td>36%</td> </tr> <tr> <td>Old Registered Mark</td> <td>35%</td> </tr> <tr> <td>New GCC Logo</td> <td>10%</td> </tr> <tr> <td>Old GCC Logo</td> <td>18%</td> </tr> </tbody> </table> </div> 	Category	Percentage	I'm Registered Mark	1%	Registered Mark	36%	Old Registered Mark	35%	New GCC Logo	10%	Old GCC Logo	18%			
Category	Percentage															
I'm Registered Mark	1%															
Registered Mark	36%															
Old Registered Mark	35%															
New GCC Logo	10%															
Old GCC Logo	18%															

Outcome

- Increase during the period of the localised advertising:



- I'm Registered poster QR Codes have been scanned 22 times to check individual register entries.
- Since 1 July there have been 60,975 searches of the register.^A
- Used as a Register:
 - 52% (32,042) included a name
 - 14% (9,161) included a GCC number.
- Used as a Directory:
 - 10% (6140) included a county,
 - 20% (12089) included a city name,
 - 8% (5264) included a postcode^B
 - 7% of searches resulted in a click to the registrants website^C
 - 2% resulted in an email sent^D
 - 1% resulted in a phone call (via browser)^D.

A. Some searches include more than one criteria, so breakdown does not add up to 100%

B. Postcode searches were not recorded before October 2023

C. Only 38% of register entries contain website, email and phone number.

D. Only measured when via a click to the link in the register.

Next Steps:

- Further patient advertising trials across the UK.
- I'm Registered mark and linked QR code will be on all registration certificates.
- Registration of the I'm Registered mark as a certification trademark with the Intellectual Property Office.

b) Candour – promoting new guidance and linking to practice.

In support of GCC Strategic Aim 2: To promote continuing chiropractic best practice, professionalism and value within the health and social care system.

Output	<ul style="list-style-type: none"> In October the Candour Guidance was published and promoted in the newsletter. In late September a Patient Panel (in conjunction with GOsC) was held on candour with 22 patients. The findings from this will be published in December newsletter and will be used to inform a new Candour Toolkit. A link to candour guidance is now part of the standardised GCC staff email signature. 									
Engagement	<ul style="list-style-type: none"> Visits to the Candour related pages since July 2023 <table border="1" style="margin-left: 20px;"> <thead> <tr> <th style="background-color: #cccccc;">Location</th> <th style="background-color: #cccccc;">Unique Users</th> <th style="background-color: #cccccc;">Page Views</th> </tr> </thead> <tbody> <tr> <td>News Item</td> <td>358</td> <td>270</td> </tr> <tr> <td>Candour Guidance Page</td> <td>264</td> <td>176</td> </tr> </tbody> </table> Penny Bance presented Patient Research into candour at the PSA research conference on Tuesday 14 November to around 50 delegates from healthcare, research and regulatory backgrounds. 	Location	Unique Users	Page Views	News Item	358	270	Candour Guidance Page	264	176
Location	Unique Users	Page Views								
News Item	358	270								
Candour Guidance Page	264	176								
Target Action	<ul style="list-style-type: none"> The new Candour Guidance has been downloaded 76 times, with the document outlining the changes from the earlier edition downloaded 11 times. 									
Outcome	<ul style="list-style-type: none"> Two responses to document survey (used on back of all new publications). Both very satisfied with the publication. Quote from reader: <i>I would always be honest and apologise to a patient anyway, but did not realise that this was actually recommended. This helps the patient and hopefully reduces the likelihood of complaints as you are acknowledging how a patient may feel - something I have always thought anyway but the 'old ways' seemed to suggest this was an admission of guilt. I feel I have a better framework with which to work if something happens with a patient.</i> 									

Next Steps:

- Candour Patient Research publication in December
- Candour Toolkit being prepared for publication in early 2024 to support RCC relaunch of CiPRLS.

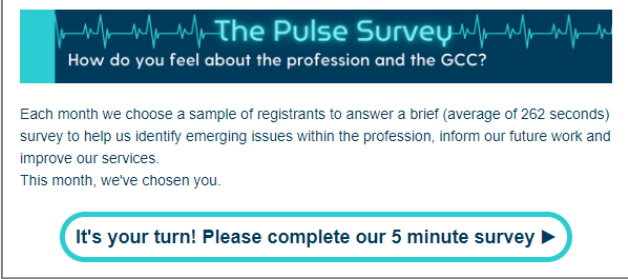
c) Pulse Survey – understanding the profession.

In support of GCC Strategic Aim 4 - The Profession: To enhance the nature and form of regulation for the profession for the future.

The Pulse Survey is an attempt to develop an ongoing measure of morale and challenges within the profession, to understand the trust the profession has in the GCC’s role, and to be able to rapidly spot and respond to emerging trends. It consists of a short questionnaire sent to approximately 10% of the registrant base each month at the top of the monthly newsletter.

The survey questions can be read here:

<https://www.smartsurvey.co.uk/s/preview/PXEN8B/057741B0D30262A037829B2F28231E>

Output	<ul style="list-style-type: none"> Pulse survey developed and first wave circulated: 														
Engagement	<ul style="list-style-type: none"> The November pulse survey was sent to 362 people. Of those, 250 opened the email and the survey was completed by 43 people (12% response rate). There were 23 comments made. 														
Target Action	<ul style="list-style-type: none"> The comments section provided a valuable insight into the challenges and concerns of the registrants. These have been categorised and counted (some comments cover more than one category): <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #d3d3d3;">Topic</th> <th style="background-color: #d3d3d3;">Comment Count</th> </tr> </thead> <tbody> <tr> <td>Integration With NHS</td> <td>4</td> </tr> <tr> <td>Cost Of Running A Clinic</td> <td>2</td> </tr> <tr> <td>State Of Chiropractic Education</td> <td>5</td> </tr> <tr> <td>Politics Within The Profession</td> <td>4</td> </tr> <tr> <td>The GCC, Our Role And Service</td> <td>6</td> </tr> <tr> <td>Other Chiropractors Methods (Extended Care Plans Etc)</td> <td>2</td> </tr> </tbody> </table>	Topic	Comment Count	Integration With NHS	4	Cost Of Running A Clinic	2	State Of Chiropractic Education	5	Politics Within The Profession	4	The GCC, Our Role And Service	6	Other Chiropractors Methods (Extended Care Plans Etc)	2
Topic	Comment Count														
Integration With NHS	4														
Cost Of Running A Clinic	2														
State Of Chiropractic Education	5														
Politics Within The Profession	4														
The GCC, Our Role And Service	6														
Other Chiropractors Methods (Extended Care Plans Etc)	2														
Outcome	<ul style="list-style-type: none"> The first dashboard for The Pulse Survey can be seen on the next page. 														

Next Steps: Further development of the survey and the dashboard.

Pulse Survey

1 Nov 2023 - 30 Nov 2023

Responses

43

Chiropractor Confidence in the GCC to...

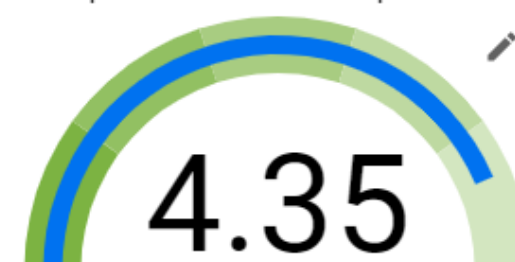
protect the health and safety of the public.



ensure high standards of practice in the chiropractic profession



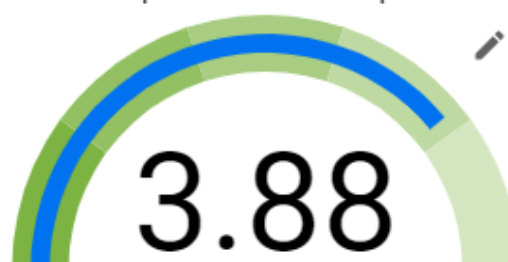
ensure all chiropractors are properly qualified and are fit to practise



take action if a chiropractor fails to meet the standards expected



do a good job of approving and monitoring the UK chiropractic education providers



be approachable and easy to contact when you need to.



Satisfaction with the profession:

Quite dissatisfied Neither satisfied nor dissatisfied Quite satisfied Very satisfied



Optimism about the future of the profession:

Very pessimistic Quite pessimistic Neither optimistic nor pessimistic Quite optimistic Very optimistic



07 Annex D: Equality, Diversity and Inclusion (EDI) Annual Report 2023

This year has seen our achievements in EDI highlighted by the PSA, who particularly noted the thematic EDI review of fitness to practise cases closed by the Investigating Committee (IC) – and work done to address some of the findings of the review, including our recruitment campaign to further diversify the pool of IC members.

We have continued to work hard to deliver our ambitious 15-point EDI action plan, and are pleased that this year we have achieved and completed a number of action points. These action points are identified in parentheses below.

- Ongoing support from the **EDI Working Group (1)** has provided valuable insight and support, particularly with the development of the internal and external surveys as part of the Education Standards project.
- **Creation of a corporate inclusion policy (4)**. The policy has been developed and is currently under review. In addition, a transitioning at work policy has been created to support GCC colleagues.
- **Defining EDI consultation (5)**. This project sought to identify key concerns regarding EDI from GCC registrants and to develop an understanding of external stakeholders' opinions of the relevance of EDI within chiropractic. We had an excellent response rate to both surveys (shown in the image to the right). Draft survey reports are scheduled to be delivered in Q4, which will help steer future actions in relation to EDI.
- **A review of GCC brand guidelines (7)** has been completed and implemented, which improves upon previous versions by focusing on improving accessibility, including contrast ratios, speech-to-text reader recommendations and plain language guidance.

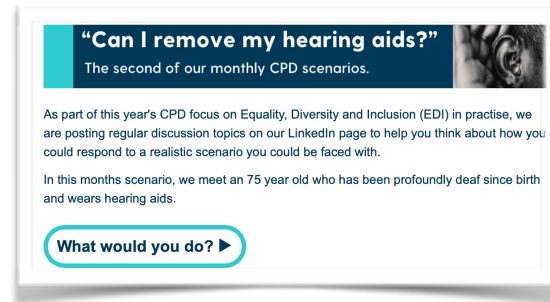


The review of the brand guidelines identified some EDI considerations within the GCC website

that may need reviewing and updating. This is currently pending, alongside a training seminar for GCC staff on the content and use of the brand guidelines.

- **Our EDI communication plan (9)** continues to work effectively to allow for timely and ongoing reporting, alongside communication to registrants and stakeholders. We have recently launched a series of CPD scenarios focused around EDI issues that may be encountered by registrants in practice, with the aim of generating critical thinking around EDI considerations.
- **Mandatory EDI training for GCC employees (11)** remains an ongoing commitment for the GCC, with training offered to Council, committees and GCC partners in key areas such as unconscious bias and neurodiversity.
- **EDI within registrant CPD (12)** the CPD scenarios that have been developed and introduced through the GCC's monthly newsletter have helped us to meet this action point. In addition, we have developed the reflective question set alongside the Royal College of Chiropractors for the 2023-2024 CPD year.

We will continue to support the chiropractic associations as they in turn work to support their members with EDI-focused CPD sessions.



Additional Projects Achieved

- **Education Standards Project Phase One:** This project stood outside of the current action plan, and focused on engaging with UK education providers to identify how the GCC can support them and their students to integrate the new Education Standards and their expectations for EDI within programmes. The report for this project including key recommendations was

circulated to the Education Committee meeting in April 2023.

- A review has been completed of the applicant information for GCC recruitment, with specific consideration of plain language and accessibility of text. This was completed in January 2023.
- Education Standards Project Phase Two: This project has focused on delivering programme-level guidance and best practice recommendations to UK education institutions. A resource has been produced to support UK education providers alongside best practice examples of how to embed EDI into the curriculum, ways to encourage staff engagement and an overview of relevant legal considerations including reasonable adjustments. This project was completed in October 2023.



Revisions to the Action Plan

Our action plan has the capacity to evolve and adapt to best meet our needs, and the needs of our registrants. As such, the following action points have been identified as not necessary.

- **Establishing a collaborative support network (6)** is not necessary as the Joint Healthcare Regulators Forum is in place and is serving to provide a shared learning space for other healthcare regulators to discuss best practices and receive support.
- **Operational review for protected characteristics (10)** is now considered to be unnecessary given the GCC's likely move to shared offices in 2024, and continued hybrid working arrangements. In the event this is deemed necessary at a later date, this action point can be reinstated.

Upcoming Projects

- With the completion of action point 5 (defining EDI consultation), we will be able to identify future **research with chiropractic patients and the public (13)** which will be informed by the outcomes of the consultation.

- At the Q2 meeting of the EDI Working Group, preliminary discussions took place regarding the **creation of EDI champions (14)** and in particular, how these champions would be identified within the profession.
- We have begun discussions to develop our next EDI action plan, which will aim to build on the work already achieved to date, ensuring we continue to keep pace with EDI best practice as a regulator.



For approval

GCC Business Plan 2024

Meeting paper for Council on 8 December 2023

Agenda Item: 08

Purpose

A role of Council is to set and monitor the delivery of the GCC's corporate strategy and the delivery of the annual business plan. The paper proposes the GCC Business Plan for 2024, including the key performance measures for tracking its delivery and is for approval.

Recommendations

Council is asked to:

Approve the proposed Business Plan 2024 (Annex A) taking into account the:

- proposed performance measures (Annex B).
- scoping review of the Code of Practice (Annex C); and
- business case for the case management system (Annex D)
- business case for enhancements to the Registrant Portal (Annex E) and
- business case for the implementation of the requirements of the Welsh Language Standards (Annex F).

Introduction

1. Council agreed the GCC Strategy for 2022 – 24 in September 2021. [The strategy](#) sets out our priorities and aims for the three years ending 31 December 2024. It outlines the path to the achievement of:

- Placing patients and their care at the centre of all GCC work
- Promote continuing chiropractic best practice and professionalism
- Regulate effectively, efficiently, innovatively and inclusively

- Enhance the nature and form of regulation for the profession for the future
2. We have met several of the objectives outlined under each strategic aim and were highlighted in the 2024 Business Plan outline presented at the previous meeting. These help to inform our priorities for 2024, the final year of the strategy.

Proposal

3. Council considered the proposed shape of the proposed 2024 Business Plan at its meeting in September 2023. The vision is to continue to embed the initiatives we have undertaken so far, while identifying and adopting innovative solutions to enable the GCC to regulate effectively and efficiently. The plan is fully funded subject to agreement.
4. The draft Plan is at **Annex A**. In summary, the following represent the focus of business plan for the next financial year:
 - Undertaking our core tasks efficiently and effectively
 - The continued involvement of patients informing our work
 - A comprehensive review of the Code of Practice
 - Fostering professionalism and safer care by the development of guidance, toolkits and other activity to promote compliance with standards
 - Case management system for Fitness to Practise
 - Enhancements to the registrant management system (iMIS)
 - Full implementation of the Welsh Language Standards
 - Development of the GCC Corporate Strategy effective from 2025
5. Progress on each will be reported to Council using the reporting framework at **Annex B** - the measures/key performance indicators (KPIs), outcomes and impact.
6. The scoping review of the Code undertaken this year points to the need to carry out a thorough review next year and is likely to be resource intensive. **Annex C** sets out the findings of that scoping review and enables us to make rapid progress as we enter 2024. We expect to present a draft Code and consultation strategy to Council for its approval in June 2024, followed by a public consultation concluding in with a final version presented for approval in December 2024.
7. The proposed investments in digital improvements in the fitness to practise and registration areas will benefit our external stakeholders and enhance our teams' ability to work more efficiently. These investments (totalling £150k) require funding from reserve and are proposal is supported by costed business cases, as follows:
 - Fitness to Practise case management system: £80k. At **Annex D**

- Enhancements to the Registrant Portal: £70k. At **Annex E**.
8. Compliance with the WLS will come into effect on 6 December 2023. The standards focus on promoting and facilitating the use of the language across various aspects of service provision. The costs of implementing the scheme in 2024 is estimated at £35k and included in the proposed 2024 Budget. The business case is at **Annex F**.

Recommendation

Council is asked to:

Approve the proposed Business Plan 2024 (Annex A) taking into account the:

- proposed performance measures (Annex B).
- scoping review of the Code (Annex C); and
- business case for the case management system (Annex D)
- business case for enhancements to the Registrant Portal (Annex E) and
- business case for the implementation of the requirements of the Welsh Language Standards (Annex F).

Mary Nguyen

Business and Project Officer

GCC Business Plan 2024



What we do

The General Chiropractic Council is the UK regulator for the chiropractic profession

The General Chiropractic Council (GCC) is an independent statutory body established under the Chiropractors Act 1994. Its purpose is to develop and regulate the chiropractic profession and protect the health and safety of the public, by setting the highest standards in a Code of Practice, investigating if standards are not met and, where found to be unfit to practise, removing a chiropractor from its Register.

The title of 'chiropractor' is protected by law. It is a criminal offence for anyone to describe themselves as a chiropractor without being registered with the GCC.

Before registration, the GCC checks to ensure all chiropractors, including those from outside the UK, are properly qualified and fit to practise. The Council sets education standards and approves and monitors programmes offered by education providers responsible for the training of chiropractors in the UK.

Through all these activities, the GCC helps to support and raise public confidence in the profession, and its place within the wider health and social care system.

Our Vision, Mission and Values

Vision

To be a respected regulator of a trusted profession.

Mission

To enhance professionalism in chiropractic and promote high-quality care that the public can access safely and confidently, by regulating effectively. Our priorities will be informed by the concerns of patients.

Values

Togetherness: Working as a team within the GCC and with others, appreciating diversity, listening and supporting each other effectively and fairly.

Achievement: Working hard towards a common goal, encouraging and supporting each other, fostering improvement and innovation, and celebrating success.

Accountability: Taking responsibility, using resources wisely and setting clear, attainable targets.

Integrity: Communicating openly and honestly, building mutual respect and trust, having an open mind to reflect and learn lessons.

GCC Strategy 2022-2024

The strategy has four areas of focus each with its own aim and objectives:

	Strategic aims	Strategic objectives
Patients & Public	To place patients and their care at the centre of all GCC work.	<p>1A. To gain a greater understanding of patients' needs and expectations so these can be reflected in the work of the GCC.</p> <p>1B. To promote chiropractic standards that take full account of patients' needs and expectations.</p> <p>1C. To create, enhance and disseminate information to help patients make informed judgements about their chiropractic care.</p>
Chiropractors	To promote continuing chiropractic best practice, professionalism and value within the health and social care system.	<p>2A. To identify, collect and analyse data and insights from regulatory and statutory activity.</p> <p>2B. To share learning through the gathering and dissemination of GCC internal data and public, patient and registrant research.</p> <p>2C. To work with education providers and stakeholders to continue the development and promotion of professionalism in registrants, from the start to the end of their careers.</p>
The GCC	To regulate effectively, efficiently, innovatively and inclusively.	<p>3A. To act when and where we identify poor practice, from complaints, the misuse of title or when registration requirements, including annual CPD fulfilment, are not met.</p> <p>3B. To set and promote educational, professional and registration requirements to ensure they remain appropriate and fit for purpose.</p> <p>3C. To be a sustainable and effective organisation committed to social equality, diversity and fairness.</p>
The Profession	To enhance the nature and form of regulation for the profession for the future.	<p>4A. To 'shape the future' of regulation of the profession by influencing the conclusions of the government's consultation and review of health and social care regulation</p> <p>4B. To foster knowledge sharing and expertise, drive efficiencies and seek opportunities to delegate and/or attain economies of scale.</p> <p>4C. To take forward the development of rules to be applied upon agreed legislative change.</p>

Our priorities for 2024, the culmination of the GCC Strategy 2022-24

The current three-year Strategy was adopted in 2021 and set out our overarching goals for 2022 – 2024. Its development was in response to the evolving landscape of health and social care, and the challenges we face.

In the 2022 business plan, we set out our initial priorities for the first year to build some firm foundations and work towards the strategic aims. This included seeking a greater awareness of patient understanding and needs. The following year, we worked hard to collate the learnings and intelligence we gained from 2022, to develop resources and improvements, and build this into our core work.

We introduced new standards for chiropractic education in 2023. Our vision for 2024 is that we maintain a focus on our core regulatory function of standard setting for the profession as a whole. We must also carry out our work more efficiently making improvements where we can. We must also look ahead into what the future holds for the GCC and the chiropractic profession. We will develop our strategy for 2025 and onwards and do so consultatively and collaboratively with our stakeholders.

What will success look like?

If we are successful in achieving our aims in the year, we will see –

- A Code of Practice that has been reviewed, subjected to wide consultation, and updated, providing modern and clear standards and expectations for chiropractors and patients.
- Collaboration, investigation, and business intelligence streamlined with a case management system for the Fitness to Practise team, delivering efficiencies.
- Students embarking on approved chiropractic programmes that align with the new Education Standards.
- A wider range of guidance and toolkits relating to professionalism that support registrants in their learning and reflections on their practice.
- A financially sustainable organisation so that we can continue to regulate effectively and protect the public.
- The development of a new corporate strategy for 2025 onwards, that reflects the regulatory duties the GCC must undertake as well as doing better where necessary.

Valuing People, Valuing Diversity

At the GCC, we believe equality, diversity and inclusion (EDI) are important to what we do as both as a regulator, and an employer. We want to learn and do better where we can. In 2022, we developed a 15-point action plan spanning the three

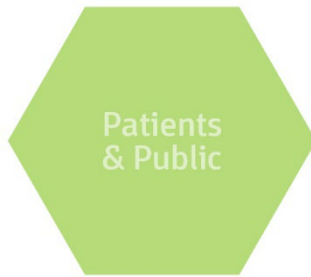
Business Plan 2024

years of the Strategy by way of our commitment to EDI across all aspects of the work we do.

We also believe in our staff who, although a small team, bring immense pride into the work they do and commitment to the organisational goals. We would not be able to achieve our aims without a diverse workforce, with a range of valuable skills and knowledge.

We want to improve the staff workload by investing in enhancing our current systems, as well as adopting new ones. This will support our mechanisms to bolster our ability to do our job well.

Our success in achieving our aims also relies on the support of our many partners who contribute their knowledge and expertise to help us meet our statutory obligations and priorities.



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

What have we achieved so far?

In 2022, we sought to foster meaningful patient involvement and seek their input on their concerns. This involved the formation of a Patient Advisory Panel comprising recent chiropractic patients, which has played a role in collecting diverse viewpoints on a wide range of topics. Together with the panel, a new Patient Portal was developed, offering valuable resources and information to patients and the broader public. We explored and documented the patient's perspective of professionalism among chiropractors and published a report. In addition, a patient communication toolkit for registrants was published, emphasising the importance of effective communication in patient care.

The following year, we published research on patients' expectations and experience in receiving chiropractic care. With the GCC Patient Panel, we considered the influence of registration, reputation and professionalism on patients' choice of chiropractors. This informed the development of new resources and guidance for registrants and introduced the "I'm Registered" campaign. A joint workshop was held with the General Osteopathic Council with both chiropractic and osteopathic patients, exploring the Duty of Candour and this research has informed the development of a Candour toolkit for registrants.

How does this shape our priorities in 2024?

Patients and their care are at the centre of all our work. Their involvement has been valuable, and we will continue to integrate patients' views and their voice into our priority areas of work next year. In 2024, we plan to produce more guidance aimed at chiropractors but informed by patients and further emphasise the value of registration to patients – through registrants to their patients. We will be embarking on a review of the Code of Conduct and a development of a corporate strategy next year. It is essential that we engage with patients and capture their views in both areas, and we will do so using a range of methods.

Guidance and toolkits

We will continue to engage with our patient advisory group to inform the development of the new Code of Practice and associated guidance and toolkits.

Promote regulation and registration

We will implement an "I'm Registered" campaign for the public and an analysis will be conducted to assess the outcome and impact the mark has made.

What are the outcomes and benefits?

- Updated information to patients and the public and increased awareness of the *I'm Registered* mark.
- Enhanced protection of patients' well-being and safety by providing clear guidance to chiropractors on professional boundaries.
- Increased public awareness of the importance of choosing registered and regulated healthcare professionals.



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

What have we achieved so far?

Through the learning and findings from our regulatory work, we identified areas where we could develop resources to promote best practice, professionalism, and value within the profession.

Spanning across the first two years, we published a range of toolkits and content on the website and social media, featuring:

- registrant films in collaboration with Health and Care Professions Council
- registrant-focussed content and toolkits on aspects of professionalism including effective communication, leadership, competence, reflective practice, and patient-centred care
- new content on reflection for registrants incorporated into CPD guidance
- a new Return to Practice in the UK guide and process
- a toolkit on Consent to support the updated Consent Guidance
- updated guidance on Duty of Candour and toolkit.

We undertook a comprehensive review of the GCC Education Standards and Quality Assurance such that both are fit for purpose and include an increased focus on multi-disciplinary learning and working; further integrating chiropractic into the wider healthcare professions, while providing the best care and outcome for their patients.

In response to the Financial Strategy for 2023-2025, we conducted research to better understand the shape and profile of the current and future workforce with our existing data, employing predictive modelling of the chiropractic profession.

How does this shape our priorities in 2024?

The learnings and insights obtained through regulatory and statutory activities have informed the development of a significant range of toolkits and guidance for the profession. We will develop further resources to strengthen professionalism within chiropractic care.

We also want to reinforce an environment of trust and transparency. In support of the relaunch of a chiropractic patient incident reporting and learning system by the Royal College of Chiropractors, we plan to develop a communications plan to promote the system and the benefits of shared learning from errors for the profession.

Implementation of Education Standards

We will continue to support education providers with the implementation of the new Education Standards.

GCC-approved qualifications and programmes

We will quality-assure current GCC-approved qualifications and support the development of new programmes and satellite programmes.

Guidance and toolkits

Following the revision of the Maintaining Sexual Boundaries Guidance, we will develop a toolkit for registrants. Further toolkits will be developed on managing patient data and diagnostic imaging.

Safe culture of care and reporting

The Royal College of Chiropractors plans to relaunch its Chiropractic Patient Incident Reporting and Learning System (CPiRLS) in early 2024. Aligned with this, a communications campaign will be developed to promote the benefits of a safer culture of care and reporting, and the importance of learning from errors to prevent future harms.

What are the outcomes and benefits?

- Chiropractic qualifications meeting the standards set by the GCC will maintain a high level of education and training in chiropractic care. This will lead to the provision of safe and effective care of patients.
- Expansion of the range of resources available to registrants to enhance their knowledge and skills and practice.
- Encouragement of a culture of safer care and reporting in the profession, reducing the stigma associated with reporting errors.



We regulate effectively, efficiently, innovatively and inclusively

What have we achieved so far?

In the first year of the strategy, we reviewed several Fitness to Practise (FtP) processes, including the Publication and Disclosure Policy, Investigating Committee Decision-Making Guidance, and the Hearings protocol. Additionally, Clinical Advisers were introduced to speed up the investigation process.

It is important that the GCC embed Equality, Diversity and Inclusion (EDI) principles into all aspects of our work and so, we developed a 15-point action plan. Throughout the years we have –

- developed a standing EDI working group
- implemented an EDI policy and toolkit for registrants
- conducted a thematic review of Investigating Committee cases to ensure that the current process is fair, non-biased and non-discriminatory
- begun a thematic review of Professional Conduct Committee cases
- surveyed the profession on key concerns regarding EDI and the public to develop an understanding of external stakeholders' opinions of the relevance of EDI within chiropractic
- selected EDI as the focus of CPD for all registrants for the 2023/2024 period.

We have prepared for the work that would be undertaken in 2024 including a scoping review of the Code of Practice and setting the groundwork for the implementation of the Welsh Language Standards.

We set out to strengthen our financial sustainability by reviewing our office arrangements and IT services and have identified efficiency solutions in doing so.

Our performance is reviewed annually by the Professional Standards Authority (PSA). In 2023, we successfully met all 18 Standards of Good Regulation, notably the significant improvement in the time to progress investigations.

How does this shape our priorities in 2024?

Looking ahead to 2024, our central focus will be to review the GCC Code of Practice. Our fundamental regulatory role is to establish clear and current standards. Our scoping review of the Code has shown that a wider review is necessary.

We will continue to improve the operations of Fitness to Practise where necessary, enabling us to achieve our statutory requirements and protect the public and patients.

The digital world evolves rapidly with new features and benefits, improving user experience, and we'll be doing the same within our operational framework. We will

make improvements to our registrant portal. We expect to see more automation and a seamless experience across the registration, retention and CPD areas of this portal. Additionally, we'll be incorporating a new case management system to the Fitness to Practise team.

Below are the highlights of the key activities that we will be undertaking:

Review of the GCC Code of Practice

We will review and consult on the Code of Practice, following the scoping review conducted in 2023. This is integral to ensuring high quality professional practice and sets out for patients the quality of care they are entitled to receive from chiropractors.

For chiropractors, these are the benchmarks of conduct and practice they will be measured against if a complaint is made to the GCC.

Fitness to Practise Case Management System

We plan to introduce a system that streamlines the FtP case management process.

Deliver Fitness to Practise statutory requirements

We will continue to work towards meeting FtP performance standards and realise the benefits of new arrangements of obtaining clinical advice and in the listing of cases.

Welsh Language Standards

We will comply with the Welsh Language Standards for healthcare regulators. This is an opportunity for us to promote the language to those accessing our services and staff. The development of the Welsh application form for registrants on our CRM system will be a key piece of activity that will be implemented in 2024.

Equality, Diversity, and Inclusion (EDI)

We will continue to implement the 15-point action plan including the creation of EDI champions within the profession and researching the diversity of chiropractic patients. A new action plan will be developed in line with the new corporate strategy.

Improvements to the Registrant Portal

We will be working on enhancing functionalities on the registrant portal (iMIS), improving user experience for internal and external stakeholders.

Continuing to fulfil our governance duties through recruitment

The GCC consists of a Council, a number of statutory and non-statutory committees, and several external Partners that support the organisation in our role as a regulator. We will embark on several recruitment drives to both fill and expand membership roles, including Chair of Council, leadership roles of the Investigating Committee and Professional Conduct Committee, lay

members of Council and Education Committee, and more.

What are the outcomes and benefits?

- The Code of Practice remains relevant and reflects the high standards expected, benefiting both chiropractors and patients.
- An FtP case management system and registrant portal that enhance efficiency, accuracy and reduce administrative burdens.
- Compliance with our legal obligations regarding Fitness to Practise, building trust amongst the public.
- Chiropractic education is aligned with the new standards, benefiting both students and the quality of patient care in future.
- Demonstration of a commitment to promote a more inclusive and diverse profession.
- An effective governance structure for regulation, diverse representation, and a broad range of skills.
- The GCC is compliant with the Welsh Language Standards (No.8) Regulations 2022.



We will enhance the nature and form of regulation for the profession for the future

The focus of the Department of Health and Social Care (DHSC) in regulatory policy reform was in the development of an Order, providing the basis, or template, to be applied to all regulators when appropriate. The Order is initially to facilitate new powers in the regulation of professions within the General Medical Council (GMC); we have been and are keen to be a valuable contributor to those developments.

What have we achieved so far?

Although we had hoped for more progress on regulatory reform – particularly for the GCC and the chiropractic profession, we have fostered a transparent and cooperative regulatory environment through meeting with our fellow health and care profession regulators to keep abreast of any developments. We have also attended joint-regulator sessions to discuss and contribute where possible.

Throughout the two years, we have responded to consultations and publications for the following –

- Consultation undertaken by DHSC – Healthcare Regulation: deciding when statutory regulation is appropriate. [GCC's response](#)
- Publication of the Government's response to the outcome of the 2021 consultation on reform of professional regulation. [GCC's statement](#)
- Publication of the government's response to the outcome of the 2023 consultation on Regulating anaesthesia associates and physician associates. [GCC's response](#)

How does this shape our priorities in 2024?

We have seen that collaborative discussions with the Government and regulators have been valuable and we will continue to do so, contributing where we can. Next year, we want to actively drive efficiencies and be proactive on any potential legislative changes in the horizon.

Corporate Strategy 2025 and onwards

We will focus on developing the next corporate strategy that will set the overarching approach that we intend to follow from 2025 and build on the achievements of the Strategy 2022 - 24. In developing the new strategy, we will ensure that the views of key stakeholders are considered and regulation for the profession is enhanced.

Regulatory Reform

We will keep abreast of any further developments with DHSC and other health and social care regulators.

We will ensure that key stakeholders are informed of any new developments.

Review of Rules

In-line with the new powers under the Order, we will consider a review of the GCC Rules Order.

Should the review proceed, we will plan accordingly in 2024/25.

What are the outcomes and benefits?

- Where possible, influence and secure legislative change needed to our current powers to improve the effectiveness and efficiency of our regulation.
- Work to shape as far as possible future regulatory frameworks that prioritise safeguarding the well-being of the public through the effective regulation of chiropractic.
- A new corporate strategy for the General Chiropractic Council in 2025.

08 - Annex B – Business Plan 2024 Projects

No.	Project	Measures (KPIs, PSVs, milestones)	Outcomes and Impact
1	Review of the Code of Practice	<p>2024 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Share framework with Council March 2024 2. Draft Code of Practice and consultation strategy presented to Council for approval June 2024 3. Revised Code of Practice public consultation July - Sept 2024 4. Analysis of consultation responses and revised Code of Practice presented to Council for approval December 2024 	<p>Outcomes (short-medium term impact)</p> <ol style="list-style-type: none"> 1. The Code of Practice is updated and reflects the quality of care expected by patients backed by evidence. 2. Updated professional standards for the chiropractic profession. 3. The Code maintains best practice and responds to developments in the profession and wider healthcare sector. 4. Revised Code of Practice is published and implemented.
		<p>Project Targets</p> <ol style="list-style-type: none"> 1. By end of 2024, the revised Code of Practice is approved by Council, for design and publication in 2025, and implementation in 2026 as required by legislation. 	<p>Impact (long-term impact)</p> <ol style="list-style-type: none"> 1. An updated Code will help registrants adapt to emerging practices and remain relevant in the long-term. 2. Reduced complaints from complainants. 3. Increased confidence from registrants that the GCC protects the public and ensures high standards of practice within the chiropractic profession. [Pulse survey – compare 2023 and 2024 v. 2025]

No.	Project	Measures (KPIs, PSVs, milestones)	Outcomes and Impact
2	Fostering professionalism and safer care	<p>2024 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Published toolkit on managing patient data. March 2024 2. Published toolkit on diagnostic imaging for registrants with imaging equipment April 2024 3. Published revised guidance on maintaining sexual boundaries October 2024 4. Published toolkit for registrants on maintaining sexual boundaries, informed by patient research. December 2024 <p>Project Targets</p> <ol style="list-style-type: none"> 1. By end of 2024, to have published GCC resources (e.g. guidance, toolkits etc) on key themes identified in our regulatory activities. 	<p>Outcomes (short-medium term impact)</p> <ol style="list-style-type: none"> 1. Updated range of guidance and resources for registrants to inform their practice 2. Report on the prevalence of the use of imaging equipment to include NHS referrals, frequency of referrals and on-site equipment. 3. Reduction in sexual boundary incidents. <p>Impact (long-term impact)</p> <ol style="list-style-type: none"> 1. Fewer complaints progressing through to PCC 2. Fewer FTP complaints relating to sexual boundaries in comparison to 2023. 3. Increased awareness and sensitivity to managing patient data. 4. Greater adherence to IR(ME)R as measured by CQC and HSE by registrants who use imaging equipment.
3	Case management system for Fitness to Practise	<p>2024 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Produce a formal request for proposal (RFP) for the case management system (CMS) including vendor shortlisting, supplier presentations and selection of 	<p>Outcomes (short-medium term impact)</p> <ol style="list-style-type: none"> 1. Increased efficiency by 20% in the management of cases in the FtP team. 2. Improved data integrity and user experience accessing case data by 20%

No.	Project	Measures (KPIs, PSVs, milestones)	Outcomes and Impact
		<p>preferred supplier. <i>(Process estimated to take 3 months)</i>. January - March 2024</p> <p>2. Appointment of a supplier contract negotiation. <i>(Process estimated to take 1 month)</i>. April 2024</p> <p>3. Implementation including user training and loading of historic data. <i>(Process estimated to take 3 months)</i>. May – July 2024</p> <p>4. Complete Data take-on. August-September 2024</p> <p>5. Go live with a fully populated system. October 2024.</p>	<p>3. Improvement in communication and collaboration through the system between internal and external stakeholders. Stakeholder feedback will be sought after gaining experience using the system.</p>
		<p>Project Targets</p> <p>By the end of 2024, implement a case management system to the Fitness to Practise process</p>	<p>Impact (long-term impact)</p> <p>1. Improved data integrity, analysis of data and reporting as the case data is accumulated over time, identifying trends and areas of improvement and reduced risk of errors by 80%.</p> <p>2. The automated framework will ensure that processes are followed consistently with standardised procedures. – 100%</p>
4	<p>Enhancements to the registrant management system (iMIS)</p>	<p>2024 Deliverables and Milestones</p> <p>1. Meet with the developer to formalise the project plan and scope of works required January 2024</p> <p>2. Council will receive an update at its meetings in March and June 2024</p>	<p>Outcomes (short-medium term impact)</p> <p>1. Improvement in functionality of the system by 100%</p> <p>2. Improvement in communication and collaboration through the system between internal and external stakeholders.</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Outcomes and Impact
		3. Implement a Welsh application form on the registrant access portal June 2024	3. Improved generation of data reports and analysis by 20%
		<p>Project Targets</p> <p>By the end of 2024, iMIS (CRM system) will have integrated the additional requirements.</p> <p>By June 2024, initial registrant applications will be available in Welsh.</p>	<p>Impact (long-term impact)</p> <ol style="list-style-type: none"> 1. Improvement in efficiency with the aim of 20% reduction of manual work needed from the registration team 2. Improvement in registrant experience with automated confirmation of changes emails
5	Development of the GCC Corporate Strategy	<p>2024 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Development of Strategy with Council June 2024 2. Draft Strategy and consultation strategy presented to Council for approval September 2024 3. Public consultation on draft Strategy with key stakeholders including patients, public and registrants Oct – Nov 2024 4. Final version presented for approval. December 2024 <p>Project Targets</p> <ol style="list-style-type: none"> 1. Corporate Strategy is approved by Council December 2024 2. Corporate Strategy is published on the website December 2024/January 2025 	<p>Outcomes and Impact (short-medium/long term impact)</p> <ol style="list-style-type: none"> 1. The ambitions the GCC seeks in 2025 and onwards are set out clearly.

08 - Annex C: Code of Practice Review

Background

1. In June 2023 Council agreed to conduct a Scoping Review of the Code as an additional project in the 2023 Business Plan. The **current Code**, the fifth edition, was published on 30 June 2015 and took effect on 30 June 2016, as the Act requires the Council to give a year's advance notice of changes to the Standards of Proficiency.
2. The current Code combined the Code of Practice and the Standard of Proficiency into a more streamlined, single document and removed the supporting guidance. The Guidance underpinning the Code is now published separately allowing for more frequent updates. Additionally, a separate document with links to current legislation accompanies the Code.
3. The scoping review has aimed to:
 - Understand how external users perceive, access and apply the GCC Code and supplementary guidance
 - Identify necessary updates to reflect changes to practice
 - Ensure the Code is fit for practice, considering accessibility and relevance
 - Ensure the Code remains consistent, as appropriate, with the Codes of other UK health professional regulators.
4. A report outlining the key findings and recommendations has been produced.

The Scoping Review

5. The Executive assigned Gay Swait to conduct the scoping review, building on her work with the new Education Standards. An internal steering group determined the focus, approach and parameters. Council received an update at its September meeting.
6. The scoping review parameters included: involving the Education Committee as it has delegated responsibility for the Standards of Proficiency; prioritising Equality, Diversity and Inclusion considerations; considering the relationship between the Code, its accompanying guidance and other publications; accounting for upcoming regulatory reform; and meeting legal requirements for publicising the Standards of Proficiency components of the Code.
7. The research and consultation process included:
 - Comparisons with the standards of other healthcare regulators, specifically focussing on recently published, or developing standards. In particular, we comprehensively reviewed the General Medical Council's Good Medical Practice professional standards given the significant consultation and research involved in their recent formulation. The emphasis was on identifying good practice and drawing valuable lessons from the experiences of other regulators.
 - Seeking the perspectives and opinions of key stakeholder groups through focus group interviews. These included patients, registrants, each of the

four professional associations, the Royal College of Chiropractors (RCC), the chairs of Fitness to Practise Panels and the GCC's expert witnesses.

- Conducting an online questionnaire-based survey for registrants to encourage wider engagement with this key stakeholder group. Key considerations included understanding the patient perspective and ensuring this was embedded in the Code.
- Referring to internal sources of data including relevant research conducted by the GCC (eg Patient Experience, Fitness to Practise data and reports, inputs from the GCC Executive and Education Committee). The emphasis here was on analysing where problems were occurring with respect to the Code, the impact of these problems and identifying lessons to be learned and ways to respond.

The Scoping Review - findings

8. The overall structure and organisation around key principles is comparable to other contemporary standards. While no substantive alterations are required, articulating the values that give rise to the principles and the regulatory goals or the outcomes of the Code, could be improved.
9. Many existing standards appear to be reasonably appropriate, with suggestions for improvement or clarification suggested by stakeholders. Stakeholder views vary on the breadth versus specificity of the standards and also on the relationship between the Code and the Supplementary Guidance to the Code.
10. There are some gaps in the current Code, compared with the newer standards of other regulators. Some of these have also been identified by stakeholders and most were already identified and addressed in the GCC's new Education Standards.
11. The Code can be brought up to date with the requirements of contemporary practice, remain in line with the approaches of other regulators and address significant problem areas of practice by enhancing, as the priority, the following key areas:
 - Patient-centred care
 - Best interests' decision-making (identified as a problem area)
 - Safety and quality of care
 - EDI considerations (including a greater duty to challenge and act)
 - Position of power, trust and professional boundaries (identified as a problem area)
 - Prevention, health promotion and population health
 - Collaborative health care, professional relationships and workplace practice (including teamworking and leadership, interprofessional working, bullying/harassment and a greater duty to act upon concerns)

- Performance improvement and adaptive practice (includes reflective practice and implementing evidence into practice)
 - Communication, digital technologies and social networking/media sharing networks
12. The GCC's Patient Experience research indicates issues with lack of person-centred care, lack of value of the lived experience, communication issues and failure to set expectations. These may represent problem areas to strengthen in the Code. Stakeholders also highlight issues where there are problems currently, including a need for enhanced requirements of chiropractors at the patient's first visit, rationale for care planning, meaningful care reviews and excessive, unjustified treatment. (Fitness to Practise reports also highlight similar issues).

Recommendation to Council

13. Council is asked to note the outcome of the scoping review. It is recommended that a review of the Code is included in the proposed 2024 business plan and budget. This will contribute to the delivery of the strategic objective to set and promote education, professional and registration requirements to ensure they remain appropriate and fit for purpose.



08 – Annex D

Business Case: FTP Case Management System

1. Executive Summary

The purpose of this business case is to seek funds for the GCC to introduce a case management system (CMS) for the Fitness to Practice (FTP) department. There would be benefits for the FTP team, who are expected to use the system for case management as well as for the wider GCC senior team for management data.

2. Introduction

The GCC currently does not have a CMS for the FTP department. Instead, the FTP team use a combination of outlook and excel spreadsheets to manually track FTP cases.

The current system does not allow for automated information such when updates, or key stages of work are due for completion. A risk identified in the use of manual spreadsheets is that this has on occasion corrupted leading to incorrect information (e.g. age of a complaint) being incorrect and the level of prioritisation on that case thereby impacted leading to delays in managing the complaint.

For data analysis / reporting, the GCC uses a separate excel spreadsheet for reporting performance to the PSA and Council. The move to a CMS will allow the team to input data into one system rather than across several different spreadsheets.

3. Business Problem or Opportunity

The introduction of a CMS will allow the FTP team to minimise the amount of time spent manually updating spreadsheets as well as providing security in knowing that key data (e.g. age of a complaint is) is accurate. It will help to track performance of members of the FTP team and provide performance data to Managers / SMT.

The GCC has taken the opportunity to commission an external IT expert, who has previously assisted the GCC with consultancy work and is familiar with the work of the FTP team to work with us to review and determine the requirements of a CMA and can work with us to deliver the project.

A statement of requirements has been developed which is set out at Annex i.



4. Options/Alternatives

Option 1: Implement an 'off the shelf' CMS which meets our statement of requirements.

Option 2: Custom build a bespoke CMS for the GCC. We have discounted looking to create a bespoke CMS for the GCC on the basis that there are time and financial implications when looking to develop a system from scratch as well the risk that having a unique system means that users will not have any firm of online support and guides that normally come with off the shelf packages.

Option 3: Do nothing and continue to use the current manual processes which are a combination of outlook and excel spreadsheets to track FTP cases. We have also discounted this option on the basis that this is not an efficient way of managing our investigations.

5. Benefits

A CMS will enhance efficiency, accuracy and reduce administrative burdens within the FTP team leading to quicker complaint resolution.

Short-medium term benefits/impacts:

- Increased efficiency in the management of cases in the FTP team – 20%
- Data accessibility is enhanced with easier access to case data – 20%
- Improvement in communication and collaboration through the system between internal and external stakeholders – 10%

Long-term impact benefits/impacts:

- Improved analysis of data and reporting as the case data is accumulated over time, identifying trends and areas of improvement and reduced risk of errors – 100%
- Data integrity is enhanced by ensuring security and consistent data entry and validation – 100%
- The automated framework will ensure that processes are followed consistently with standardised procedures – 100%
- Increase in the pace of case resolution due to streamlined workflows in one platform – 20%



6. Costs

The expected overall investment required to deliver the CMS project (using option 1) is approximately £80,000. This would enable the above to be treated as a project and deliver the necessary solutions.

The total cost is made up of the following:

- Cost of a CMS in first year at £28,500 (inc VAT) which includes
 - Implementation services
 - Training
 - First year operating cost
- Consultancy costs in 2023 for initial scoping work at £1,890 (inc VAT)
- Consultancy costs in 2024 for formal request for proposal (“RFP”) work and assistance with implementation stage at £4,200
- Backfill for implementation, Data Take-on and project management at £45,410

Given the exceptional and one-off nature of the implementation of all the CMS costs, we propose that this item of expenditure in the region of £80,000 is funded from the designated reserves.

7. Risks

Risk	Probability	Impact	Mitigation
Difficulty in implementing CMS leading to potential delays	Medium	High	<ul style="list-style-type: none"> • Regularly review progress and adjust timelines as needed • Conduct a comprehensive initial assessment of the requirements for implementation
Insufficient testing	Low	Medium	<ul style="list-style-type: none"> • Develop a testing plan to cover all aspects of the CMS • Address and resolve issues identified during testing before deployment

An initial meeting will be held with the external consultant and chosen supplier to discuss the above and a project plan produced. Included in the plan will include a further risk assessment provided by them.



8. Timeline and Milestones

The project target is to implement a CMS for the FTP Team by the end of 2024. To do this, the proposed timeline for the project and key milestones is as follows:

- Produce formal RFP for the CMS including vendor shortlisting, supplier presentations and selection of preferred supplier from January - March 2024
- Supplier contract negotiation in April 2024
- Implementation including user training and loading of historic data between May – July 2024
- Complete Data take-on between August-September 2024
- Go live with a fully populated system by October 2024.

9. Resource Requirements

Implementation of the CMS will require detailed information about live cases which would need to be uploaded to the new CMS manually, ideally by a permanent member of the FTP team familiar with the GCC's case management procedures. At present we have identified that a case worker from the FTP team would be best placed to undertake this work.

This is an indirect cost (backfill may be required) and impossible to estimate accurately as it is wholly dependent on the volume of live cases and the amount of documents related to each at the time of upload.

It is proposed that we retain some temporary cover in the FTP team to back fill a permanent member of the FTP team who will be released from their BAU work to focus on the implementation and data take-on for the CMS.

Backfilling will ensure that BAU regulatory work is not impacted as a result of the CMS implementation work.

The risks of not ensuring that there is backfill of the BAU work is that the FTP team would be exposed in a key area of regulatory activity. In view of this, there is benefit in retaining some additional temporary cover to ensure that the team engages efficiently and effectively in the CMS project and builds in some resilience to the regulatory work as a result.

Costs associated with backfilling are as follows:

- The most recent day rate for temporary staff (at Caseworker level) in January 2023 was £245 day rate (agency cost including vat %)
- We estimate that we will need to backfill the position of Case worker for 26 weeks. Therefore, the total for backfill is £45,410.



Given the exceptional and one-off nature of the implementation of the CMS costs, we propose that this item of expenditure in the region of £45,410 is funded from the designated reserves.

10. Stakeholder Analysis

Our key stakeholders are our employees and external users such as registrants / partners. We will seek to include user testing where feasible and relevant and will build this into our project. We will communicate changes to our system to external stakeholders and ensure internal staff are involved in relevant parts of the project.

11. Recommendation

It is recommended that a CMS is implemented to realise much needed benefits for the FTP team and external users.



Annex i

A. Core:

Requirement	Functional / Non-functional	MoSCoW ¹
Calendar management - management of key case dates with reporting to verify KPI/SLA conformance	F	M
Document management - associate documents with cases, document classification and retention policy, granular security (role based) so that users see only what they need to see. Record declaration/immutability required.	F	M
Task management - tasks assigned to team members with due dates, should be presented via individual users' dashboards to that they understand priorities.	F	M
Customisable workflows - map business processes to case management software so that the software drives the business processes.	F	M
Templates and precedents - Standard letters and other precedents should be available. System should generate letters from templates with correct addressing and case information straight from the CMS.	F	M
Bundling for cases	F	M
Disclosure - CMS should facilitate and support disclosure processes.	F	M
Natively sends attachments as PDF with restricted editing rights so that documents emailed can't be edited or tampered with.	F	S
Documented application program interface (API) allowing bidirectional integration with external	N	M

¹ A simple MoSCoW analysis has been applied, with recommendations offered as Must, Should, Could or Won't.



systems (principally for the synchronisation of static/semi-static data such as addresses).		
System to support 5-10 internal users and an unlimited number of external users (principally registrants) for access to their own case data.	N	M
Bundling not related to cases - e.g., council papers	F	C

B. Communication:

Requirement	Functional / Non-functional	MoSCoW
Communication integration - closely coupled with email so that every email connected to a case is stored immutably with that case. Email sent and received by case workers should be automatically filed with the associated case.	F	M
Group mailbox - support for shared mailboxes with emails sent and received being automatically associated with the relevant case.	F	M
Secure file transfer - ability to send sensitive information securely to external recipients (registrants, experts etc).	F	S
Telephony integration for attendance notes, call recordings, dictation etc.	F	S
Integration with registrant portal (iMIS) so that registrants log in once to see everything related to their status on the register including active and past cases and decisions.	N	S
Customisable look and feel to reflect current GCC brand identity for both internal users and registrants.	N	S



C. System:

Requirement	Functional / Non-functional	MoSCoW
Authentication integrated with Microsoft Active Directory.	N	C
Capable of being cloud hosted.	N	M
High availability (99.9% uptime).	N	M
Natively cloud application.	N	S
Support for modern strong authentication methods (MFA).	N	S
Compliant with ISO27001 or equivalent externally audited security standard.		S

D. Other:

Requirement	Functional / Non-functional	MoSCoW
Reporting and KPIs - provide the ability to generate reports and data visualisation to help ensure process compliance and drive process improvements.	F	M
Tools to assist with data take on from old manual processes running in SharePoint folders and Excel	N	S
Mobile app - ability for case workers to work on cases when away from the office.	F	C

08 – Annex E

Business Case: Additional requirements for the Registrant Management System

1. Executive Summary

The purpose of this business case is to seek funds to address substantial work to improve the current Registrant Management System, which has been in operation for 4 years. There would be benefits for GCC registrants, who are expected to use the system for registration, retention and CPD as well as for the GCC staff team who use this system daily.

2. Introduction

The GCC launched its Registrant Management system (iMIS) in 2019. It is provided by Advanced Systems International (ASI) and implemented and supported by a delivery partner.

The system is used externally by registrants as the Registrant Portal and internally by the Registration, Finance and FTP team for registration, retention and CPD. It also holds the statutory register, so it is vital that it is maintained and the data within it is accurate.

Over the years the system has evolved and new registration services added. Development of the system has, thus far, been ad-hoc and incremental – with both fixes and development in response to user feedback and the request of GCC staff. Where functionality has not existed in the ASI system, we have commissioned bespoke solutions, (for example the CPD summary).

There are further services that we aspire to integrate to iMIS (for example transfers, retirement, restorations) as well as developments that have previously been agreed as part of other projects (the translation of the initial registration process into Welsh). Rather than treat the development of iMIS as business as usual, we believe registrants will be better served by focusing on making improvements to iMIS as a development project in 2024. Combined with this development program, the intention is to increase the in-house skills of existing staff to make us more self-sufficient and responsive for BAU development of iMIS in future years.

As the register continues to grow, we are able to devote less resource (measured as staff time) to supporting each individual registrant – so the importance of the registrants being able to “self-serve” increases. This will enable staff to concentrate on providing more time to support the more complex cases.

Key to users being able to self-serve is building their trust and confidence in the system. While there are specific services we wish to develop, we also want to consider the whole portal - user confidence will come from consistency of approach.

This project is also expected to increase the accuracy of the data we hold – the harder it is for a user to update their details, the less likely they are to complete the task.

Finally, iMIS is a continuing developing platform, used by a number of other registers and similar bodies. There are some services where our implementation may not be “state of the art”, and other features which have been introduced to the core product since we adopted it that we wish to consider in terms of the benefits they could offer.

3. Business Problem or Opportunity

The GCC has taken the opportunity to commission our external IT expert, who assisted with the original procurement of the system to work with the team to review and determine additional requirements to ensure we are making best use of its features and can work with the delivery partner to deliver the project.

As the GCC’s needs are substantial, it makes sense to bundle these into a single project and to instruct the developer to deliver that project. This capitalises on our delivery partner’s core strength in project delivery and also takes advantage of their existing ground in GCC processes – there is no learning curve for them.

A statement of requirements has been developed as follows and this will be further refined and work prioritised as part of the project plan to derive maximum benefit and minimum disruption:

Category	Narrative
API	Allow selected third parties (eg NHS) to verify status of registrants
Bug	Some UI elements are missing in Safari and Safari users struggle to complete tasks such as registering CPD. This is most probably a Cascading Style Sheet using a directive which Safari can’t process.
Compliance	Onboarding should prompt registrants that records are kept. They can’t opt out but should be informed Process required to archive/delete old documents when, for example, registrants are removed from the Register.
CPD	Create interface to allow CPD events to be imported directly to iMIS Short inputs to CPD feedback should be rejected and users prompted to add more than just ‘very good’ for example. Registrant portal should allow a timeline for completed CPD to allow registrants to seek their progress during each CPD year.
Dashboard	Dashboards load too slowly
Data cleansing	Need to scan database for duplicate locations/practices and eliminate duplication. Duplication should be detected automatically, prompting action to correct it.
Direct Debit payments	Should not be attempted at weekends or bank holidays but queued for the next banking day

	<p>Where DD payments fail (for example, due to insufficient funds) they should be retried. Failures should be reported to finance.</p> <p>The ability to nominate another person (eg clinic owner or education institution) to make payment on your behalf.</p>
Email integration	<p>Improvements are needed so that for example emails sent from iMIS and received emails automatically filed and associated with the correct registrant.</p> <p>Three different systems are used with emails stored in different places. A single solution is needed for newsletters, registration matters, and other bulk emails.</p> <p>Segmentation of contacts for different mailouts is manual. This needs to be automated (eg select all new registrants for a mailout)</p> <p>Need to have standard text/templates/precedents to speed up communication processes.</p>
Onboarding	<p>Current process is manual and potentially error prone. Import to iMIS can fail on accented characters – import process should support UTF-8.</p> <p>Automated process required to ensure that all mandatory elements are recorded including character references, health checks etc. A simple workflow should do this.</p> <p>At the successful end of the onboarding process, welcome letter and certificates should be automatically generated, sent to registrants, and filed with the registrants' records.</p>
Other	<p>Need to record additional details alongside registrants/practices (eg x ray equipment)</p>
Professional Indemnity Insurance	<p>Modify retention process to prompt registrants to upload evidence of PI. Process to remind registrants to update PI. This needs validity dates of PI to be stored so that timely prompting is possible. API required to ingest PI details directly from insurers.</p>
Registrant login	<p>If registrants change email address, their login currently stays the same as their previous email address.</p> <p>Accounts are locked out on failed logins and must be manually reset. A better method is required to authenticate registrants, and to prompt password resets when login attempts fail. Registrants should be notified when passwords are changed, or accounts locked/unlocked.</p>
Reporting	<p>Improvements needed for the generation of reports and certificates with GCC branding, to include QR codes where appropriate (this may involve acquisition of third-party software)</p> <p>Enhanced reporting is required allowing conditional selection of records, derived fields and field mapping etc. This may also require suitable third-party software.</p>

	Default reports to be purged.
Retirement process	iMIS should support a guided process for registrants to notify the GCC that they intend to remove themselves from the register. Registrants in this process should not be prompted about retention or the completion of CPD.
Telephony integration	For example ,to look up incoming call numbers and find registrant records quickly. IF the GCC is moving to Microsoft telephony, this should be easier to achieve.
Transfers and restorations	Process has been defined and must be added to iMIS.
Website UX	UX is inconsistent across different parts of the portal. A unified approach is needed for consistency.

The statement of requirements listed above are the features that we wish to see incorporated into iMIS and is not a definitive list. We will plan to use MoSCoW method to consider the prioritisation of the listed features.

4. Options/Alternatives

We have discounted moving from ASI iMIS to an alternative platform and this isn't recommended. The move to a new partner would be a risk to the GCC as a new partner would need time to adopt and understand the GCC's iMIS configuration and this would tend to extend the time needed to deliver enhancements as well as to increase cost.

5. Benefits

- Consistent user experience across the portal with improved functionality
- Less manual work and interventions needed by the registration team, especially the repeated requests to manually unlock an account.
- Reduced use of several inboxes (CPD, Registration, TOC plus individual's own inboxes) and all correspondence with registrants logged so that anyone can pick up and understand what has happened with a particular registrant and pick up where a colleague left off.
- Integrated communication with stakeholders
- Consistency of design
- Registrants able to complete a service first time at a time and place that suits them rather than awaiting support from GCC staff during business hours.
- The generation of reports and certificates

6. Costs

The expected overall investment required to deliver the project is £70,000. This would enable the above to be treated as a project and deliver the necessary solutions.

It is estimated that it would take 40 days to carry out the work.

Additional costs are likely should third party software be needed (as above) and a UX specialist may be needed.

Temporary administrative support will be sought to backfill the team and this has been allowed for in the costings above.

Additional support will be sought from our external IT expert for the team to ensure the project is delivered on time.

7. Risks

Risk	Probability	Impact	Mitigation
Difficulty in integrating requirements leading to potential delays	Medium	High	<ul style="list-style-type: none"> Regularly review progress and adjust timelines as needed Conduct a comprehensive initial assessment of the requirements for implementation
Insufficient testing	Low	Medium	<ul style="list-style-type: none"> Develop a testing plan to cover all aspects of the enhancements made Address and resolve issues identified during testing before deployment

An initial meeting will be held with the developer to discuss the above and a project plan produced. Included in the plan will include a further risk assessment provided by them.

8. Timeline and Milestones

A quote will be sought from the developer on the above and a project plan produced. Work will be prioritised with the team to ensure it is least disruptive and phased in to fit with the annual registration, CPD and retention cycle.

9. Stakeholder Analysis

Our key stakeholders are our current and future registrants. We seek to include user testing where feasible and relevant and will build this into our project.

We will communicate changes to registrants and the professional associations and ensure internal staff are involved in relevant parts of the project.

10. Recommendation

It is recommended that the above improvements and additional functionality be taken forward in one project to realise much needed benefits for the GCC team and external users.

08 – Annex F

Business Case: Implementation of the Welsh Language Standards

1. Executive Summary

The purpose of this business case is for Council to note that the costs of £35,000 for implementing the Welsh Language Standards (WLS) (No.8) 2022 have been allowed for in the proposed 2024 Budget. This paper, therefore, seeks to make the case for committing the level of funding allowed for in the proposed 2024 budget to the implementation of the WLS.

The Standards focus on promoting and facilitating the use of the Welsh language across various aspects of service provision. All health and care profession regulators are required to comply with the Order.

2. Introduction

In October 2022, the Welsh Language Standards (No.8) Regulations 2022 came into force. The Welsh Government imposed the Standards on all health and care profession regulators on 6 June 2023, effective 6 December 2023 onwards.

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

Prior to the compliance notice, the GCC did not have a Welsh language scheme in place. As such, we have considered the implementation of the WLS as ‘new’ activities. These standards impact on most aspects of our operations, from internal processes and communication protocols to external interactions and service delivery.

3. Business Problem or Opportunity

The GCC has carefully considered the feasibility of complying with each standard. We have evaluated the resources and processes required to comply with each standard and have also considered applicable logistical challenges. Following our review, we are confident that we can meet the required standards within the set timeframe.

There are three broad aspects of the standards which will impact on our operations:

1. Ensuring that our registration management system (iMIS) has a Welsh version of the initial application form.
2. Documents and forms which suggest they should be produced in Welsh are produced in Welsh.

3. Allowance for what we have called ‘reactive’ requests.

The implementation of the WLS is yet to be integrated into our business-as-usual (BAU) operations. But we will do so during the 2024 financial year

Our CRM/iMIS is provided by Advanced Systems International (ASI). The system is implemented and supported by our support consultants. The system is used externally by registrants as the registrant portal. Future registrants are required to use the system to complete their application form. Where a required functionality has not existed in the iMIS system, we have commissioned bespoke solutions with the support consultants. The discussions held with ASI and support consultants during the feasibility stage indicated that the implementation of relevant aspects of the WLS would be an additional bespoke solution, with the support consultants developing the Welsh version of the registrant application form for us.

The second area of impact of the WLS on our operations relates to the development of relevant documents and forms required for translation. Translation will be an ongoing activity and will mainly be required for public-facing documents. In consideration of the business plan activities for the 2024 financial year, we have identified several documents that will need to be translated into their Welsh versions. These include consultation documents of the Code of Conduct review, and guidance and toolkits for registrants.

The ‘reactive’ activities relate to potential ‘what if?’ situations. As such, we do not currently know the volume of these. An example is a request from an external stakeholder that we correspondence within Welsh. Due to the unknown volume of requests in the first year of implementing the WLS, our costings in this report are based on best estimates. Following the completion of the WLS activities planned for 2024, we will have a better understanding of their volume and costings going forward.

4. WLS Implementation Options/Alternatives

Option #	Description
Option 1	Implement the WLS into the GCC operational framework and withdraw the budget required from the GCC reserves to fund the project
Option 2	Do not implement the Welsh Language Standards

5. Benefits

The following are some of the benefits associated with Option 1:

- Compliance with the Standards avoids potential penalties and reputational damage.
- Compliance with the Standards will foster a positive relationship with stakeholders.
- Compliance will demonstrate our commitment to inclusivity and respect for linguistic diversity, as well as a way of promoting the Welsh language and culture.

- Compliance will create educational opportunities for GCC employees who are interested in learning the language.
- Compliance with the Standards will widen the reach of GCC stakeholders

6. Costs

Option 1

Item	Cost
Welsh application form on the CRM system, plus translation*	£13,000
Translation of new core publications and consultation documents	£9,000
Translation and/or interpreting services further to reacting to requests	£13,000
Total	£35,000

*This is a combination cost of translation required and the estimated hours of support consultants to carry out the work. They estimate that it will take 98 hours to complete the work.

Option 2

Item	Cost
Potential civil penalty fee (max)	£5,000
Total	£5,000

According to the [enforcement policy](#) on the Welsh Language Commissioner website, the Commissioner can, amongst other things, impose a civil penalty on the organisation up to a maximum of £5,000. The policy does not outline any other financial implications.

7. Risks

Option 1

Risk	Probability	Impact	Mitigation
Lack of expertise	Moderate	Moderate-High	<ul style="list-style-type: none"> • Collaboration with a translation service provider • Continuous joint-regulatory meetings, sharing best practice, knowledge and advice • Ongoing communication, fostering a positive relationship with the

			Welsh Language Commissioner
RMS – difficulty in integrating requirements leading to potential delays	Moderate	High	<ul style="list-style-type: none"> Regularly review progress and adjust timelines as needed
RMS – insufficient testing	Low	Moderate	<ul style="list-style-type: none"> Develop a testing plan to cover all aspects of the application form Address and resolve issues identified during testing before deployment
Insufficient funds	Moderate	High	<ul style="list-style-type: none"> Estimates have been obtained from support consultants to deliver the works Translation of an existing document with several translation service providers have been obtained to set a benchmark of costings per word Contingency figures have been included in the total cost Monitor the expenses closely throughout the project

Option 2

Risk	Impact
It is publicised that the organisation has failed to comply with Welsh Language Standards	High
The GCC is required to publicise its own failure to comply with Welsh Language Standards	High
Impose a civil penalty on the organisation up to a maximum of £5000	High
The GCC is required to prepare an action plan for the purpose of preventing the continuation or repetition of failure	High

8. Timeline and Milestones

With Option 1, we will develop a project plan for the WLS and obtain a formal quote from the support consultants for the development of the Welsh application form. Translation of such documents will be informed by the communications plan for each publication.

9. Resource Requirements

In terms of Option 1 -

Item	Resource(s)
Welsh application form on the CRM system, plus translation*	<ul style="list-style-type: none"> • GCC Corporate Services and Development team members • ASI and third party developer • Translation Service Provider
Translation of new core publications and consultation documents	<ul style="list-style-type: none"> • GCC-wide • Translation Service Provider
Translation and/or interpreting services further to reacting to requests	<ul style="list-style-type: none"> • GCC-wide • Translation/Interpreter Service Provider

10. Stakeholder Analysis

As part of the implementation plan for the WLS, we will assess the impact on various stakeholders, including employees, registrants, partners etc.

Our key stakeholders are our current and future Welsh registrants, partners based in Wales, public and patients based in Wales, and employees.

11. Recommendation

It is recommended that the GCC proceeds with Option 1. That is, the GCC complies with the Welsh Language Standards Regulation (No.8) 2022.



Budget 2024

Meeting paper for Council on 8 December 2023

Agenda Item: 09

Purpose

A role of Council is to approve and monitor the delivery of the annual budget.

This paper seeks approval from Council for the proposed budget for the financial year ending 31 December 2024. It sets out in detail the expected income and expenditure, including the material assumptions made.

Recommendations

The Council is asked to approve the proposed budget for the 2024 financial year.

Summary

1. The proposed budget for 2024 is attached at **Annex 1**. The budgeted income for the 2024 financial year is £3.332m (2023 fixed forecast income: £3.092m). This represents an increase in total income of 239k (7.7%).
2. The total budgeted expenditure for 2024 is £3.259m (2023 fixed forecast costs: £3.080m), equating to an increase in operating costs of 5.8%.
3. The proposed 2024 budget shows a headline surplus of £72k (2.2% surplus margin). After adjusting for the budgeted funding of £10k from the restricted reserve, the underlying budgeted surplus is £82k (2.5% surplus margin). With these results, we expect to make good on the commitment (in the 2023-25 financial strategy) to realise a minimum of at least 1.5% annual surplus in 2024. This is a positive picture for the second year in the lifespan of the current financial strategy.

4. The agreed 2024 budget will be reviewed and agreed by Council in June 2024 in the light of financial performance. That review leads to the forecast income statement for 2024.

Background

5. The GCC's financial year commences on 1 January with the budget normally considered and approved by Council at its meeting in the prior December. To ensure the GCC meets its statutory and financial governance duties, Council sets and approves the annual budget and monitors performance throughout the year.
6. Council approved the financial strategy 2023-25 in June 2022. The strategy built on the Council's financial sustainability plan of 2018. The financial strategy commits, amongst other things, to:
 - a minimum budget surplus margin of 1.5% each year. This will require the Executive to fully implement the operating costs optimisation strategies identified in the current financial strategy.
 - a minimum surplus margin of 2% on each of the GCC's service projects (for example, *Test of Competence*).
7. We adopt a bottom-up, activity-based approach to the setting of the draft budget for Council's consideration. Budget-holders review their current forecast expenditure on a line-by-line basis, identifying efficiencies and any new expenditure proposals.
8. The Director of Corporate Services assesses the budget proposals from the budget holders for consistency and affordability, discussing significant amendments to the proposals with budget holders before reviewing the draft consolidated budget with the CER. The CER and Director of Corporate Services then meet to conduct a final review of the consolidated budget before it is signed off by the Executive for submission to Council.

Summary budget 2024

9. Below is the summary of the budget for the next financial year.

GCC 2024 Budget Income Statement	A	B	C	D	E	F
£'000s	BUDGET-23 FULL YEAR	FIXED FORECAST-23 FULL YEAR	DYNAMIC FORECAST-23 FULL YEAR	BUDGET-24 FULL YEAR	Variance	Sparklines
	£	£	£	£	£	
Income	3,087,267	3,092,289	3,121,966	3,331,650	✓ 239,361	
Expenditure	2,820,005	3,080,262	3,067,803	3,259,396	✗ -179,134	
Headline Surplus /-Deficit	267,261	12,027	54,163	72,254	✓ 60,227	
Underlying Surplus /-Deficit	267,261	12,027	54,163	82,254	70,227	
Surplus Margin	8.7%	0.4%	1.7%	2.5%		

10. The table shows the:

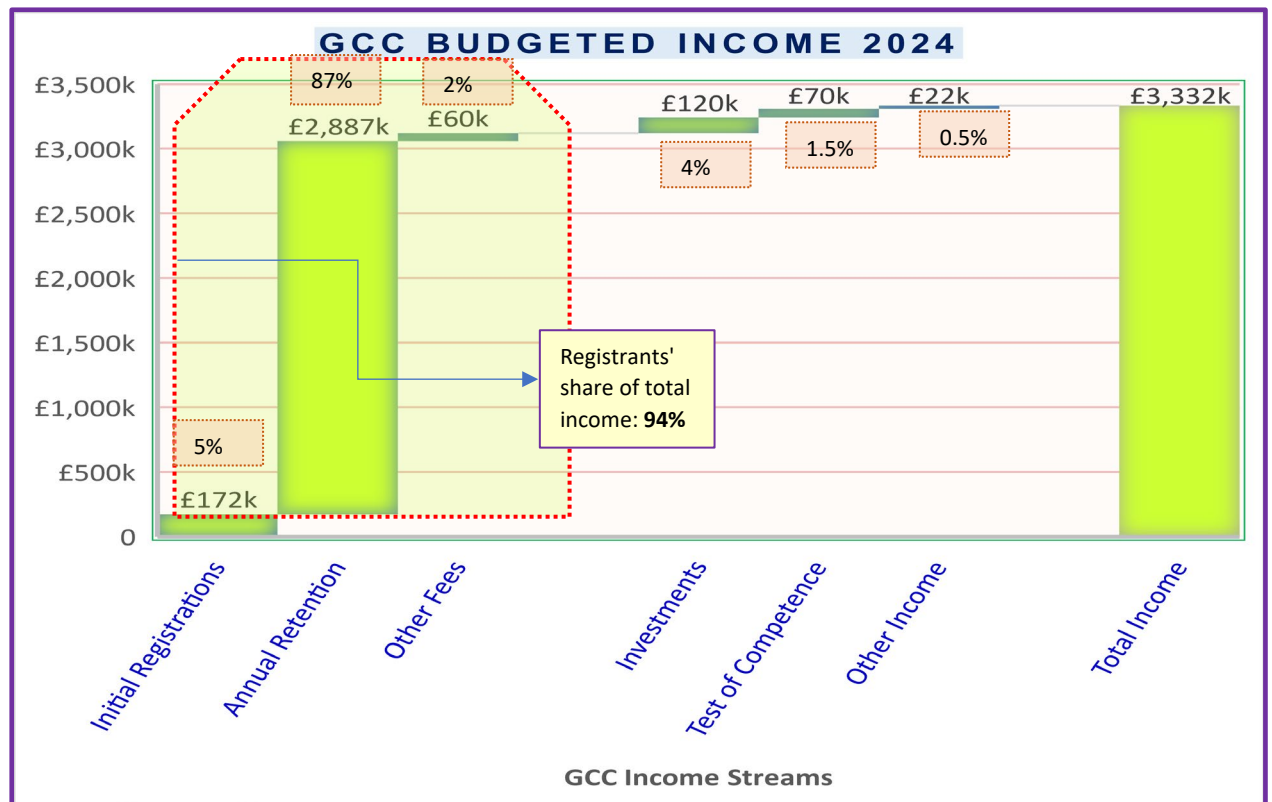
- Initial budget for 2023 in column A (as approved by Council in December 2022)
- Fixed forecast for 2023 is in column B (as received by Council in June and approved in September 2023)
- Dynamic forecast in column C (i.e. tracks our year-end results, as of November 2023)
- Proposed budget for 2024 is in column D
- Variance between columns B and D is shown in column E, and
- Sparklines in column F show the graphical movements between the values in columns B and D.

11. Based on the assumptions underpinning the proposed budget, we expect to realise a headline surplus of £72k in 2024 (underlying surplus of £82k). The projected surplus for the 2024 financial year achieves the target minimum surplus margin of 1.5% (as stipulated in the 2023-25 financial strategy). From the table, we can see that the dynamic surplus for 2023 is currently assessed to be £54k.

Overview of income

12. A total income of £3.332m is projected to be generated in 2024. This represents an increase of £239k (7.7%) over the 2023 fixed forecast income of £3.092m.

13. The graph below shows a breakdown of the sources of the budgeted income for 2024.



Registrant fee income

14. Registrant fee income accounts for 94% (£3.120m) of the total projected income of £3.332m for the 2024 financial year.

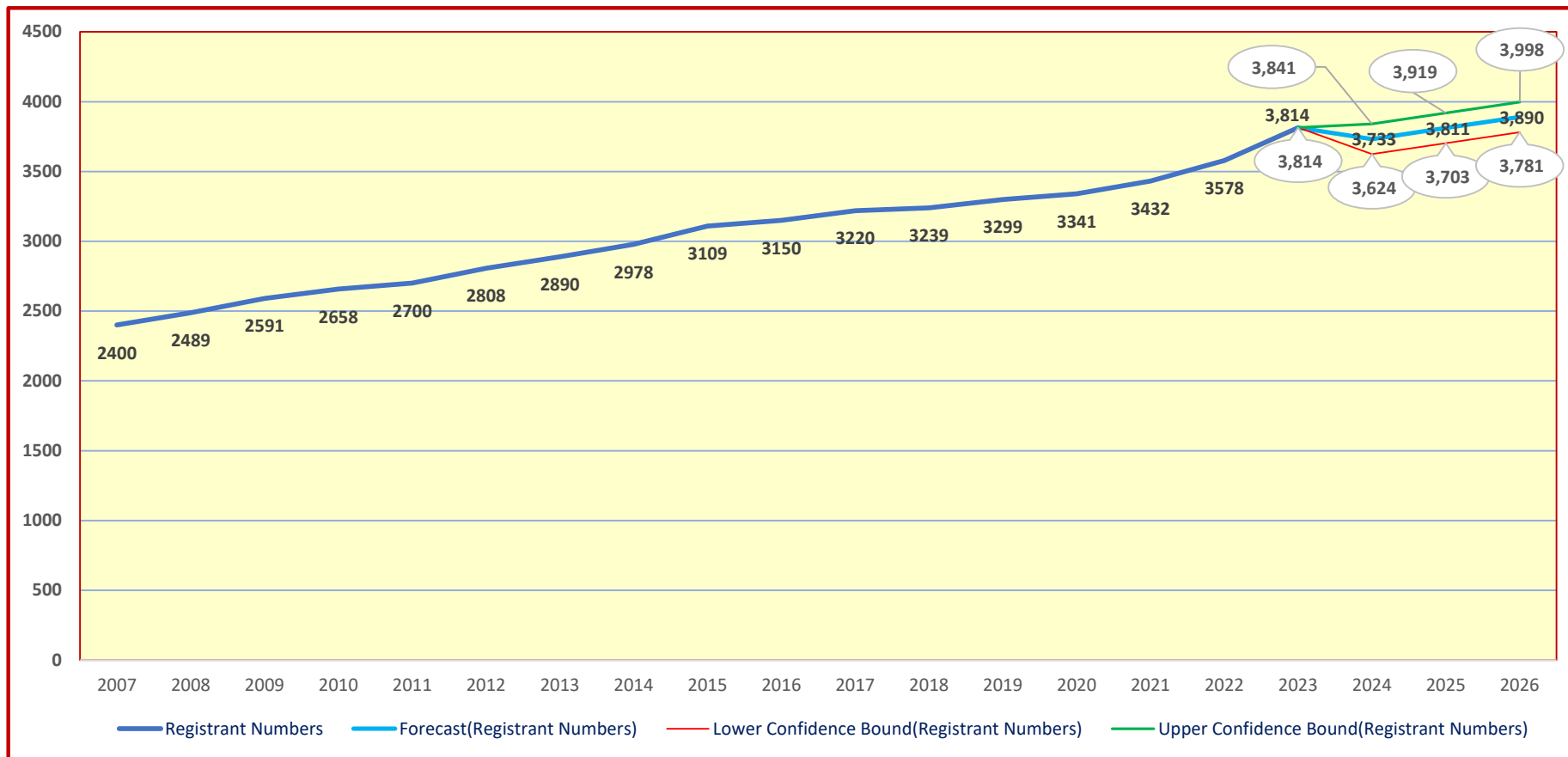
15. Included in the registrant fee income is the initial registration and annual retention fee income of £2.194m. Of this amount, we received 90% from registrants (in advance of the start of the new financial year) as of 30 November 2023. We cannot be certain that the remainder of the fees will be paid, nor do we know with certainty that income from new registrations during the year will be as expected. Having said that, our experience over the recent years is informative and our modelling provides some comfort. In any event, we remain somewhat cautious, and must examine closely how this plays out over the year.

Other income sources

16. The balance of the total budgeted income for 2024 is made up of investment income of £120k (4%); Test of Competence income of £70k (1.5%) and other income sources (£22k, 0.5%).
17. Detailed explanations for the movement between the proposed 2024 budget and the 2023 fixed forecast income statement are presented at **Annex 1**.

Forecast retention renewal numbers (2007-2026)

18. The following graph shows the growth in registrant numbers from 2007 to 2023, and the forecast numbers between 2024 and 2026 inclusive.



19. From the above graph, we can see that the registrants' register grew, on a year-on-year average, by 2.9% from 2,489 to 3,814 between 2008 and 2023. The forecast registrant numbers indicate that there is a 95% probability that the size of the register will not be less than 3,781 registrants by December 2026, and unlikely to be higher than 3,998. Based on the current historical data, the likelihood is that the registrant numbers will increase to about 3,890 by December 2026.

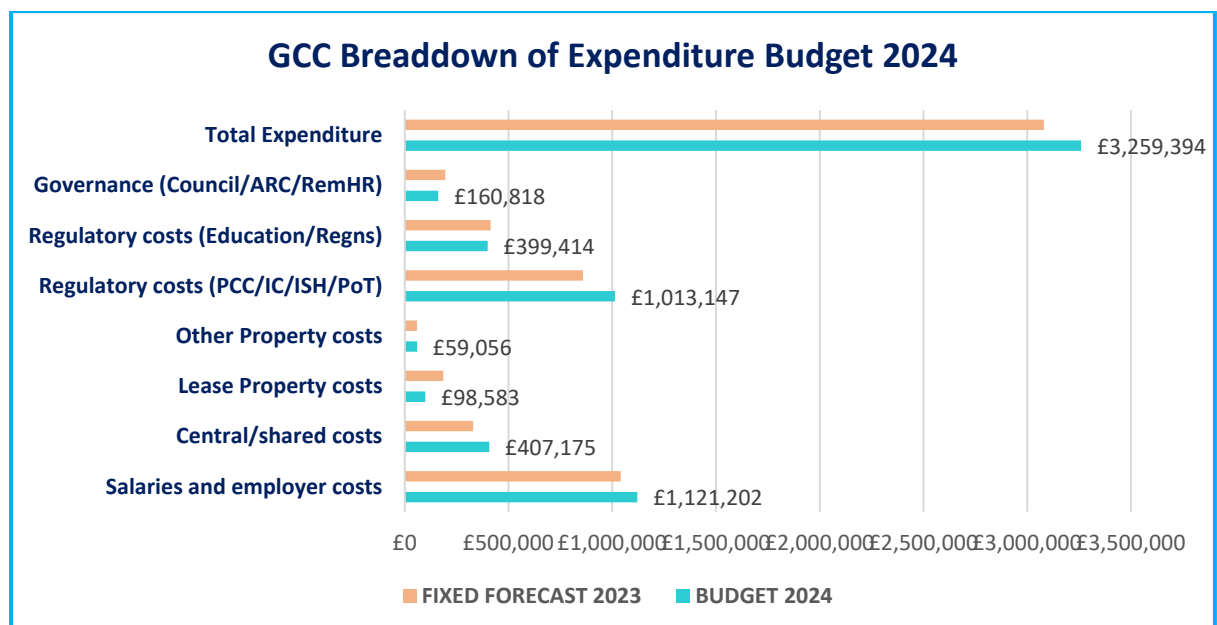
Overview of Expenditure

Total expenditure

20. The total estimated expenditure for 2024 is £3.259m (2023 Forecast: £3.080m). The proposed budgeted expenditure for 2024 is higher than the 2023 fixed forecast expenditure by £179k. This represents an increase of 5.8% on the fixed forecast operating costs of £3.080m for the current financial year.

Breakdown of 2024 expenditure

21. The graph below shows the breakdown of the operating costs in the proposed 2024 budget and 2023 fixed forecast.



22. In percentage terms, the slice of each expenditure line of the proposed budget for 2024 and fixed forecast expenditure for 2023 is as follows:

Expenditure	BUDGET 2024	FIXED FORECAST 2023
Salaries and employer costs	34%	34%
Central/shared costs	12%	11%
Lease Property costs	3%	6%
Other Property costs	2%	2%
Regulatory costs (PCC/IC/ISH/PoT)	31%	28%
Regulatory costs (Education/Regns)	12%	13%
Governance (Council/ARC/RemHR)	6%	6%
Total Expenditure	100%	100%

Movement between the 2024 budgeted and 2023 forecast operating costs

23. We outline below the reasons for the movement between the proposed budget for 2024 and the fixed forecast for this financial year (with more detailed explanations provided at **Annex 1**).

A	B	C	D	E
Cost centre	Fixed Forecast-23	Budget-24	Movement (B less C)	Outline Reasons for Movement
	£'000	£'000	£'000	
Governance	195	161	34	<p>Governance is comprised of:</p> <ul style="list-style-type: none"> • Council • Audit and Risk Committee and • Remuneration and HR Committee <p>The 2022 governance costs are budgeted to be lower than the 2023 fixed forecast amount by £34k. The reduction in costs is due to the Chair of Council's recruitment activity in 2023 but is not expected to be undertaken in 2024.</p>
Central Office Services	971	999	-28	<p>The Central Office costs are comprised of:</p> <ul style="list-style-type: none"> • Chief Executive and Registrar's Office • Technology • Human Resources • Corporate Services • Office costs <p>Net increase in costs is made up as follows:</p> <ul style="list-style-type: none"> - New Microsoft telephone system and proposed portal for Council and Partners; - depreciation/write-off of capital costs of CMS/Registrant Portal systems (£23k). - Increase in L&D costs (£7k) and allowance for emergency staff cover (20k).

				<ul style="list-style-type: none"> - Increase in compliance with information requests costs (£13k); indicative staff awards, including employer costs) (£20k); and implementation of the WLS (£35k). - Reduced office costs.
Fitness to Practise (FTP)	1,225	1,411	-186	<p>The FTP costs consist of:</p> <ul style="list-style-type: none"> • Investigations (staff salaries) • Investigating Committee • Professional Conduct Committee (PCC) • Interim Suspension Hearings • Protection of Title <p>The net increase in costs is made up as follows:</p> <ul style="list-style-type: none"> • <i>Investigations (£22k)</i>: Caused by the indicative staff awards for 2024 (including employer costs). • <i>Investigating Committee, IC (£11k)</i>: Made up of IC audit, recruitment of Overall Chair and a small allowance for holiday pay (£11k). • <i>Professional Conduct Committee, PCC (£161k)</i>: The PCC budget is caseload-driven. A total of 16 new cases, 8 IC-referral cases and 6 preliminary cases are planned to be managed in 2024. These equate to 109 hearing days (Fixed Forecast 2023: 70 hearing days). <p>Of the proposed cases to be managed in 2024, two were deferred from 2023 to the 2024 financial year (£74k). Added to this is a small allowance for potential holiday costs (£11k). The balance of £76k is due to the additional hearing days budgeted for the next financial year.</p> <ul style="list-style-type: none"> • <i>Protection of Title and Interim Suspension Hearing (£8k)</i>: Both budget lines are activity-driven and represent a reduction of £8k on the 2023 Fixed Forecast amount.

A	B	C	D	E
Cost centre	Fixed Forecast-23	Budget-24	Movement (B less C)	Outline Reasons for Movement
	£'000	£'000	£'000	
Development	689	688	1	<p>The Development costs consist of:</p> <ul style="list-style-type: none"> • Education Committee • Education and Registration (staff salaries and business plan costs) • Quality Assurance • Test of Competence (TOC) • Communications <p>Although the <i>Quality Assurance</i> budget increased by £31k due to costs of transiting to the new education standards, provision of 2-3 new programmes and 2 satellite programmes, these are cancelled out by the £32k reduction in professional costs in the <i>Policy and Development</i> cost centre.</p>
Total	£3,080	£3,259	-£179	Total Expenditure

Key budget assumptions

Business plan 2024 activities

24. The proposed 2024 budget includes the business plan (BP) projects to be delivered in the next financial year. Members considered the business plan projects earlier at this meeting. The estimated costs of these projects amount to £60k. The BP projects, with material cost elements, are:

- The Code of Practice review (£44k)
- Guidance and Toolkit review (£16k)

Business as usual activities

25. We have allowed for the cost of £35k for implementing the Welsh Language Standards (WLS) in the proposed budget.

26. We have additionally allowed for the expected efficiencies in office, technology/IT and overheads costs in the 2024 budget.

27. We have further allowed for potential inflationary award and pay adjustments in the draft 2024 budget. These were considered by the Remuneration and HR Committee at its meeting in November 2023 and the recommendations will be reported by the Chair of the Committee.

Capital expenditure items and funding from designated reserves

28. We have calculated and included in the proposed 2024 budget the depreciation/write-off of the capital costs of procuring a Case Management system and the costs of enhancing the functionality of the CRM Registrant Portal system. The proposed capital costs for both systems are:

• Case management system for the FTP team:	£80k
• Enhancement of the CRM Registrant Portal system:	£70k
Total capital costs	£150k

The total depreciation charges allowed for in the 2024 budget is £21k.

29. Earlier, Council considered the business cases for the funding of the two capital projects (i.e. the Case Management system and improvements to the Registrant Portal systems), with both projects proposed to be funded from the designated reserves.

30. A reminder that the total value of the audited GCC reserves/funds as of 31 December 2022 was **£3.280m**. The reserves are made up as follows:

- **General reserves balance of £1.410m:** This fund is set aside to cover our operating costs for six months if there is a sudden and significant reduction in our core income stream. There is no restriction on Council on the use of the fund for carrying out the statutory duties of the GCC.
- **Designated reserves balance of £1.232m:** This fund is earmarked for the needs identified by Council. It is comprised of the fund for regulatory-related complaints (for unexpected increase in complaint volumes which is above normal trends) and the fund to meet the capital and additional operating costs required to deliver the annual business plan activities (should the normal annual income be insufficient to meet the planned costs).
- **Revaluation reserve balance of £0.604m:** This fund identifies the difference between the book value and market value of our investments on the last day of the financial year. It reflects the net losses or gains on investments. The balance will be reduced or increased by any subsequent losses or gains on the listed investments attributable to the revalued amount.
- **Restricted reserve (Department of Health Grant) of £0.034m:** This is the grant from the Department of Health to enable the Council to develop a risk proportionate system of continuous Fitness to Practise (Revalidation) for chiropractors. It is being drawn down at an average rate of £8k per annum.

31. If the proposed funding from the designated reserves of the FTP Case Management system and enhancements to the CRM Registrant Portal are approved by Council, the adjusted balance of the designated reserves as of 31 December 2022 will be **£1.082m** (£1.232m less £150k). The restated audited value of GCC total funds as of 31 December 2022 will become **£3.130m** (£3.280m less £150k).

Scenarios and stress testing of key income and operating costs drivers

32. To assess the impact of changes to the key income and costs assumptions in the 2024 budget, we have stress-tested and modelled our financial operations under three scenarios – focusing on key income/cost drivers permutations.
33. The three plausible financial outcomes modelled are likely-case, best-case and worst-case scenarios, outlined in the table below.

Summary of Budget 2024 Income and Costs Scenarios			
	Likely	Best-case	Worst-case
Changing Cells:			
Initial Registrations	-4.2%	0.8%	-9.2%
PCC Hearing Costs	15.0%	9.0%	21.0%
Results:			
Projected Surplus for Year	£72,255	£132,448	£12,056
Notes: Current Values column represents values of changing cells at time Scenario Summary Report was created. Changing cells for each scenario are highlighted in grey.			

34. The *likely-case scenario* shows a headline budget surplus of £72k for 2024. The percentages in the table show the movement between the fixed forecast for 2023 and 2024 budget line items.
35. Under the *best-case scenario*, we expect to realise a headline budget *surplus* of £132k. The increase in the expected surplus figure, compared to the likely-case scenario, is predicated on the assumption that we expect to realise:
- An increase in initial registration fees income by 3.4%
 - A reduction in FTP hearing costs by 6%
36. Under the *worst-case scenario*, however, if the reduction in initial registration fees is increased by 5% from 4.2% to 9.2%, and the PCC hearing costs increase from the projected level of 15% to 21%, the projected headline surplus for 2024 is expected to be £12k.

Key budget risks

37. As noted earlier, the proposed budget surplus for 2024 is based on the key assumptions we have made in its preparation. The assumptions include those set out in paragraphs 24–36 inclusive.
38. For retention renewal income, for example, we have assumed that the total budgeted fee income for 2024 of £2.913m will be received by December 2023. As of 30 November 2022, we received £2.621m (90%) of the budgeted amount. The working assumption we have made here is that the balance of £293k (10%) is expected to be received by 14 December 2023. There is the potential risk that

balance of the retention renewal income may not be fully paid by 14 December 2023.

39. We recognise the inherent uncertainties around the key assumptions to the 2024 budget. On the other hand, we are confident that we will realise the minimum surplus margin of 1.5% stipulated in the 2023-25 financial strategy at the end of the 2024 financial year.
40. The Council's resolve to return the GCC to a sustainable financial footing since 2018 is expected to yield its first positive results at the end of the 2023 financial year. With the projected surplus results for the 2024 financial year, the GCC will be generating the required minimum surplus results in two years in a row.
41. The Executive is clear about the need to build on the successes achieved to-date in returning and maintain the GCC to a sustainable financial footing going forward.

Recommendation

42. The Council is asked to approve the Budget for the 2024 financial year.

Joe Omorodion

Director of Corporate Services

	B	C	J	L	M	N	O	P	Q	R	S	T	U	W
1	General Chiropractic Council													
2	Consolidated Budget 2024													
3		1	2	3	4					[2 less 4]				
4		Full Year Budget '23	Full Year FIXED FORECAST 2023	Full Year DYNAMIC FORECAST 2023	Full Year BUDGET 2024					F23-B24 Variance				
5	EXPENDITURE													
6		£	£	£	£					£				
7	Governance Council													
8		145,522	191,682	191,482	157,428					£34,254				Reduction on the Forecast-23 amount is due to Chair's recruitment we funded in the 2023 financial year.
9		1,810	1,583	1,583	1,830					-£247				
10		1,560	1,560	1,310	1,560					£0				
11		148,892	194,825	194,375	160,818					£34,007				Total Governance
12	Central Office CER office													
13		172,904	183,511	181,030	180,170					£3,341				
14		156,443	153,167	181,304	175,970					-£22,803				Due to costs of implementing the proposed MS Teams telephone system for the GCC (£3k) and new portal for Council and Partners on SharePoint (£12k); plus write off/depreciation (over 5 years) of FtP Case Management system and IMIS/CRM enhancements (£8k) costs .
15		64,384	63,412	68,417	89,858					-£26,446				Increase in staff learning & development costs (7k); plus allowance for temporary staff cover in the Directorates (£20k).
16		336,066	327,197	325,435	395,320					-£68,123				Based on: (1) Increase in costs of compliance with information requests (FOI and DSAR), £13k; (2) Indicative 2024 pay awards for staff in Directorate (£20k); (3) Implementing the WLS (£35K).
17		197,875	244,045	238,801	157,639					£86,406				Based on expected net efficiency savings to be made in office costs and business rates in 2024.
18		927,671	971,332	994,987	998,957					-£27,625				Total Central
19	Fitness to Practise Investigations													
20		379,075	379,447	383,315	401,215					-£21,767				Mainly due to the 2024 indicative pay awards for staff in Directorate.
21		170,202	192,995	193,427	203,683					-£10,688				Due to: (1) Increase in IC cases for audit, resulting in increase in audit fees (£4k); (2) Recruitment of Overall Chair (£2k); (3) Allowance for potential holiday and pension payments (£5k).
22		512,088	583,011	557,940	743,631					-£160,620				PCC Budget 2024 is activity-driven, so costs are made up as follows: (1) Planned for the 2024 financial year are 109 PCC hearing days (£150k) for the following cases: (a) 16 New Cases are planned to be listed in 2024; plus (b) 8 IC-referral Cases preparation; plus (c) 6 Preliminary Cases; plus (d) Allowance of £11k for potential Partners' holiday costs. (2) Fixed Forecast 2023 financial year: Total number of PCC hearing days is 70.
23		41,286	39,042	32,522	41,908					-£2,866				
24		21,180	30,522	31,032	21,180					£9,342				Budgeted costs are activity-driven. Reduction in costs is due to review of FTP processes which was undertaken in 2023 (re PSA timelines and GCG financial strategy). Similar work is not expected to be done in 2024 financial year.
25		1,123,831	1,225,019	1,198,236	1,411,617					-£186,598				Total FTP
26	Development Education and Registration													
27		389,821	408,527	415,553	407,618					£909				
28		36,336	46,465	31,098	77,548					-£31,083				Increase in costs is driven by the transition to meeting Education Standards, 2-3 new programmes being approved and 2 satellite programmes in 2024.
29		62,915	53,934	60,013	55,665					-£1,731				The TOC programme is budgeted to make a contribution of 20% to GCC overheads - with budgeted income of £70k and budgeted costs of £56k. Target annual TOC surplus margin (per the 2023-25 financial strategy) is 2%.
30		115,590	168,128	163,647	137,622					£30,506				Reduced costs due to expected lower levels of professional fees in 2024 (i.e. EDI and reduced monthly retainer costs).
31		14,949	12,032	9,893	9,551					£2,481				
32		619,611	689,086	680,205	688,004					£1,082				Total Development
33	TOTAL EXPENDITURE													
34		2,820,005	3,080,262	3,067,803	3,259,396					-£179,134				TOTAL COSTS [B]
35	INCOME													
36		Full Year	Full Year	Full Year	Full Year					F23-B24				
37		2,898,167	2,897,506	2,898,254	3,119,800					£222,294				Based on expected income from Retention Renewals and Initial Registrations (IR). The IR calculations are driven by the potential graduate forecast number of students from approved programmes over the next 5 years.
38		120,000	120,000	120,000	120,000					£0				
39		64,000	56,000	78,000	70,000					£14,000				The TOC programme is budgeted to make a contribution of 20% to GCC overheads - with budgeted income of £70k and budgeted costs of £56k. Target annual TOC surplus margin (per the 2023-25 financial strategy) is 2%.
40		5,100	18,783	25,712	21,850					£3,067				
41		3,087,267	3,092,289	3,121,966	3,331,650					£0				TOTAL INCOME [A]
42		267,261	12,027	54,163	72,254					£60,227				SURPLUS [A less B]
43		275,264	12,027	54,163	82,254									
44		8.9%	0.4%	1.7%	2.2%					2.5%				Surplus Margin
45														



For approval

Strategic Risk Register

Meeting paper for Council on 8 December 2023

Agenda Item: 10

Purpose

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

This report presents the six principal risks in the strategic risk register (SRR) which the Council reviewed and approved in June 2023. The register is presented to Council at its meetings twice a year in June and December.

Recommendations

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

Summary

1. A summary of the SRR is presented at **Annex 1**. The detailed register is at **Annex 2**.
2. The rating of one of the six strategic risks (risk number 3: future of the profession) in the SRR has changed since the last meeting of Council in June 2023. The remaining five risks in the register have remained unchanged.
3. Since the last meeting, we have continued to strengthen the agreed risk controls to mitigate any potential risk failures and their impact on our operations.
4. More specifically, we have achieved the risk mitigation response milestones in the register in the period under review. For example:
 - Performance against the 2023 financial targets is being closely monitored, and the financial targets for the period to 30 November 2023 have been achieved.

- The Indicative Budget for the 2024 financial year was presented to Council in September 2023. The Draft 2024 Budget will be presented to Council at its December 2023 meeting.
 - We achieved the Cyber Essentials (CE) and Cyber Essentials Plus (CE+) certifications in August and October 2023 – valid until August and October 2024 respectively.
 - We conducted a penetration test on our CRM/iMIS system in June 2023. The test is conducted every other year; the next test is due in 2025. We have fixed the high, moderate and low risk vulnerabilities found in the most recent test.
 - We produced a paper on our approach to cyber security at the GCC for the Audit and Risk Committee in November 2023. Following its review, the Committee noted that the cyber security risks mitigation arrangements in place were satisfactory.
5. Four of the six risks in the SRR are currently rated as 'low' (green) and the remaining two (organisational capacity and DHSC reform risks) are rated as 'moderate' (amber).
6. We currently assess our failure to identify significant emerging risks as low (a green rating).

Background

GCC's risk agenda

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

GCC's risk appetite

8. This is the amount of risk that the Council is willing to take to achieve its strategic objectives. The Council noted the following risk appetite rating for each of the six strategic risks (SR) in the register at its meeting in June 2023.

SR1	SR2	SR 3	SR 4	SR 5	SR 6
Failure to protect the public	Financial sustainability	Future of the profession	Organisational capacity	Cyber security	Governance
Low	Low	Medium	Medium	Low	Medium

9. From the above table, Council has noted that three of the six SR have "low" appetite ratings and the remaining three have "medium" scores.

Council responsibility

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

Risk management group responsibility

14. The Executive has set up a risk management group (RMG). The group acts as the first and second lines of assurance in the management of our strategic and operational risks. The third, fourth and fifth lines of assurance are the ARC, Council and independent external parties (i.e. external auditors and the Professional Standards Authority, PSA).
15. The group is comprised of the senior management team and three co-opted risk champions drawn from front line staff, co-opted into the group in June-22.
16. The group meets monthly to review the SRR and operational risk register (ORR). The group adopts a shared ownership approach to the management of the risks in both registers. The group's meetings also provide the opportunity to ask insightful questions about potential '*black swan events*' and gaps in our current risk management approach.

Downgrade of strategic risk number 3 (DHSC reform)

17. It is to be recalled that at the June 2023 Council meeting, members raised a concern about the above risk. The concern was around whether we should continue to include the risk in the SRR and rate it as red (severe), given that we have no control over the risk. As such, members agreed that the Executive should arrange a virtual meeting with Council to discuss the matter before the Council meeting in September 2023.
18. Before the September 2023 Council meeting, however, the Executive and other members of the RMG resolved to address the concern raised by Council. Following discussions at its meeting in July 2023, the RMG noted that although the risk is uncontrollable, it remained a business risk to the GCC; and it cannot

be wished away. The group also agreed that the risk should be retained in the SRR, but the rating should be **downgraded** from red (severe) to amber (moderate).

- 19.** In reaching the decision to downgrade the risk, the group considered the likelihood of the reform work being concluded in the next few months and the impact on the GCC's operations. The applied formula for capturing the likelihood and impact of the revised risk was subsequently revised from a rating of 24 (severe) to 16 (amber).
- 20.** The RMG then proposed the downgrade of the risk to Council on 18 August 2023. The Council considered and approved, by correspondence, the recommendation to downgrade the risk from red to amber in August 2023.

Nick Jones
Chief Executive and Registrar

Annex 1 – Summary of the GCC SRR as of 30 November 2023

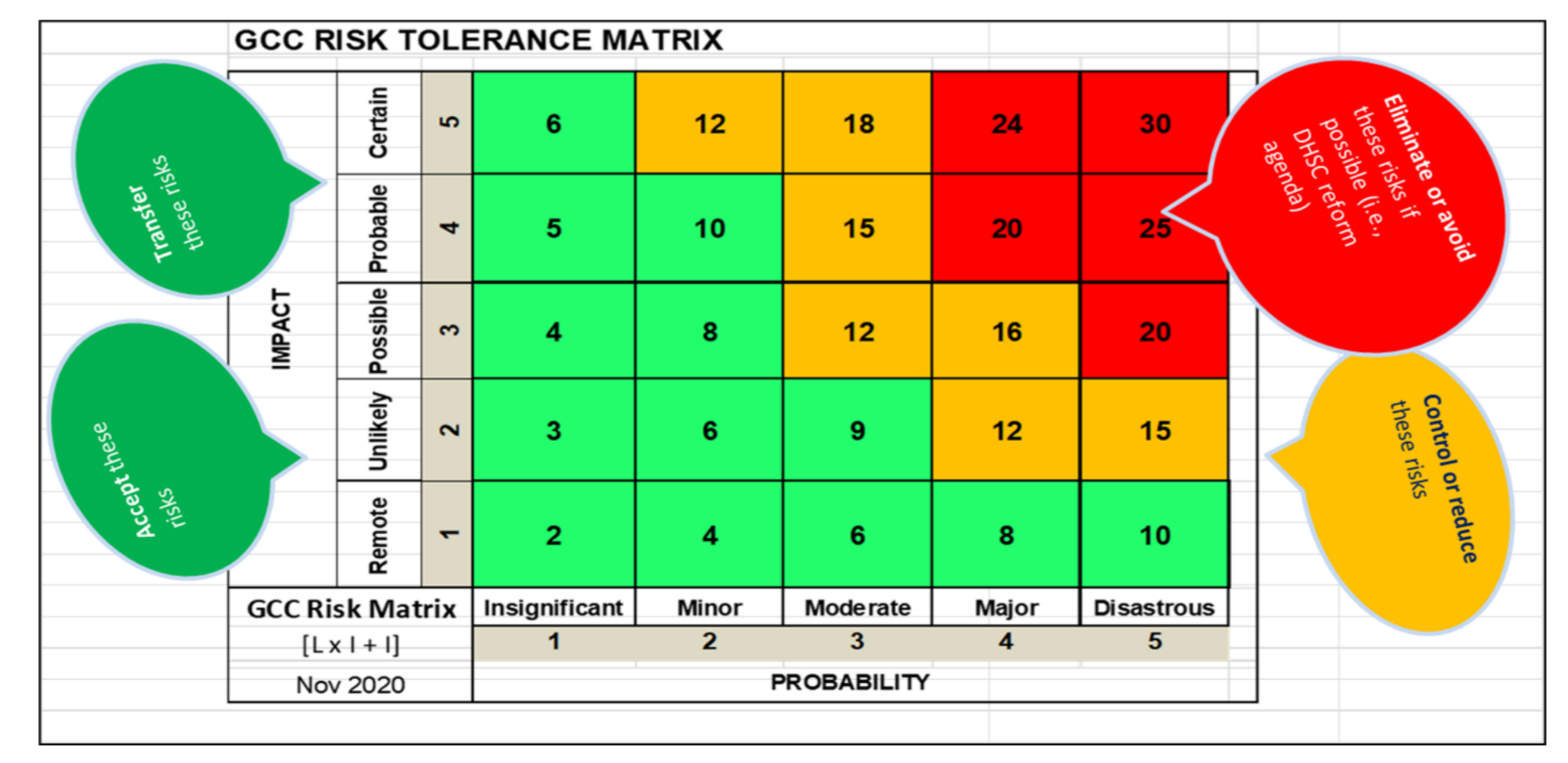
No	Risk event / category	Risk rating Nov-23	Risk rating May-23	Comment	Risk Appetite
1	Failure to protect the public GCC fails to meet core objective of public protection in FtP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	9	9	Unchanged since last meeting – with risk mitigation controls up-to-date.	Low
2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	6	6	Unchanged since last meeting – with risk mitigation controls up-to-date. For example, budget targets for the period have been achieved and the mid-year income statement forecast will be presented to the Council in June 2023.	Low
3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	16	24	Changed since last meeting. This risk is outside of the control of the GCC. Council raised a concern about the rating of this risk at red (severe) at the Jun-23 meeting. Following deliberations, Council approved by correspondence the downgrade of the risk from red (severe) to amber (moderate) from 'severe' to 'moderate' in Aug-23.	Medium
4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	12	12	Unchanged since last meeting – with risk mitigation controls up-to-date. For example, all staff vacancies have now been filled.	Medium
5	Cyber security The GCC is subject to a denial of service due to cyber-attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	9	9	Unchanged since last meeting – with risk mitigation controls up-to-date. For example, a more robust penetration test on our IT infrastructure is scheduled to be conducted by June 2023. The Pen-test is conducted every two years. We also have basic Cyber Essentials (CE) and enhanced Cyber Essentials Plus (CE+) certifications in place – and are valid until August and October 2024 respectively.	Low
6	Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	9	9	Unchanged since last meeting – with risk mitigation controls up-to-date.	Medium

10 - Annex 2: GCC - STRATEGIC RISK REGISTER (SRR) NOVEMBER 2023

ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Controls in Operation	Gaps in Controls	Mitigation Response	Response Completion Date	Residual Score			Council and/or Committee Assurance	Further Actions (i.e. progress to-date on the achievement of the agreed mitigation response targets/milestones [Column M])	Risk Appetite
									Value: Last Period	Trend	Value: This Period			
									9	↑	9			
SR1	Failure to protect the public GCC fails to meet core objective of public protection in FIP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	Mar-22	Reputational risk	D, DEV D, FTP	Regular reporting of performance through monthly executive and quarterly Council scrutiny. Formal contractual relationship with legal advisers – handling all PCC matters and general advice available on request. Close scrutiny of the performance by Education Committee on education programme and registration activities, including CPD. Committee draws on advice of appointed external experts.	Partial business continuity arrangements in some key functions, notably data management and registration.			9	=	9	COUNCIL / ARC	1. GCC's performance review for 2022/23 This has concluded and we met all 18 standards set by the PSA for regulators. Demand from HE to run Chiro courses remains high. Seamless appointment of new EC Chair but induction and new ways of working to follow. New membership of EC concluded. 2. New Education Standards Council approved the new Education Standards and QA Handbook in December 2022. These are effective from 1 March 2023. Work continues on implementing the new Standards.	Low
SR2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	Mar-22	Financial / Liquidity	DCS	Prepare annual budget for Council approval. Produce management accounts report for review by the Audit and Risk Committee at its meetings.	1. Prepare a new 3-year financial strategy for the GCC to replace the current 2019-2023 strategy by Jun-22 Stress-test the key variables in the budget and forecast statements (to identify when balanced budget targets may not be achieved, and alert Council of potential risk). In a financial emergency, Council to decide how much of the investment portfolio and general reserve is to be drawn down each year. A business case is to be made by the Executive.	Produce a new 3-year (2023-25) financial strategy for Council approval. December each year When required	June 2022	6	=	6	COUNCIL / ARC	Financial Strategy 2023-25 The 3-year financial strategy 2023-25, including the 7 recommendations therein, was approved by Council in Jun-22. Budget and Forecast 2023 The 2023 Budget was approved by Council in Dec-22 with an expected budget surplus of £267k (9% surplus margin). The target surplus margin in the Financial Strategy 2023-25 is 1.5%. The Forecast 2023 income statement was approved by Council in Sep-23. Forecast surplus margin is 1.9% (just over the target surplus margin of 1.5%).	Low
SR3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	Mar-22	Business risk	CER	Regular and sustained involvement in reform developments notably the S.60 Order and review of regulators, including meeting with Director General. Surveillance of the professional and regulatory landscape – monitoring of social media; regular meetings with stakeholders (as SR1) and CERs group. Routine reporting of developments to Council.	The Executive capacity is limited. As soon as we get additional requirements as a result of reform (i.e. s60 becomes real), we will need to act swiftly to provide the needed additional capacity	If the regulatory reform proposals by the DHSC are judged to be fully implementable: 1. Developed a communication and engagement plan with stakeholders (i.e. registrants, professional bodies and GCC staff). 2. Present a business case to Council to release some funds from reserves to meet capacity needs - when required.		24	↓	16	COUNCIL	Risknet 2024 Draft Order February 2023 DHSC issued draft Order and response to April 2021 consultation. Our initial priorities was to absorb and understand proposals; socialised with Council (14 March 23). Closely monitor the implementation of the re form proposals and develop a communication and engagement plan with stakeholders (i.e. Registrants, professional bodies and staff) in due course. Currently premature to develop rules; output here is response to consultation by May 2023. Update Apr-23 - response to consultation: A legal firm was commissioned to support on our response to the consultation. Response to the consultation completed and presented to Council. Response included outcomes of the meeting with professional stakeholders views of patients and registrants. Update Aug-23 - risk downgrade: a. Following a concern raised by Council in Jun-23 about the rating of this risk, the GCC Risk Management Group reviewed the risk and recommended its downgrade from red (severe) to amber (moderate) in Jul-23. b. Council subsequently discussed and approved (by correspondence) the downgrade of this risk from red to amber in Aug-23. Update Oct-23 - publication of timetable The DHSC is yet to publish a clear timetable for its next phases of work. However, the DHSC say that their initial timeline is achievable. If met, likely that we will be developing rules in 2024. Significant cost implications - BP and financial planning implications in the short-term.	Medium
SR4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	Mar-22	Operational risk	CER	Executive arrangements for performance scrutiny – monthly performance board to act as early warning. Suite of employment policies including probation, performance appraisal and objective-setting and consistent application by Directors for their teams. GCC operating model intended to ensure optimal working patterns in place. Ability to use temporary staff to cover for prolonged staff absences. Business continuity plans.	Resource constraints (financial and staffing)	Development of procedure guides on data systems – that is FIP data system and CRM. Review the existing divisional cover arrangements in place. Nov-22	Daily	12	=	12	COUNCIL	Completed in 2020 with ongoing review. Completed in 2020 with ongoing review. Corporate Services team re-visited its cover arrangements in Jun-22. Currently developing process maps for its core finance and payroll activities. Extra resilience deployed in the Development team - FTP process documents are up-to-date. Current risk rating is Amber because: staff turnover is down; sickness absence is low; Council and Committee membership renewed and stable; recent recruitments successful; employee engagement survey activity carried out and follow-up on reported impact on health – and well-being and work-life balance is ongoing.	Medium

GCC STRATEGIC REGISTER -- OCTOBER 2023

<p>SR5 Cyber security The GCC is subject to a denial of service due to cyber attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.</p>	<p>Mar-22</p>	<p>Operational risk</p>	<p>DCS IT support and data storage systems are outsourced. All data storage off-site in secure data centres and in the cloud. No information is stored on employee's devices. Access to GCC systems subject to multi-stage authentication. Obtain recognised cyber certifications annually and display on GCC website. If a cyber event occurs (i.e. data loss), GCC is restored to normal operating capacity within a maximum period of 4 hours. Penetration testing of GCC IT infrastructure is carried out at pre-determined intervals (last conducted in 2021) - with assessed low risk of 'rogue actors' penetrating our IT architecture. Staff training on cyber security. GCC to work with other regulator-organisations to collaborate on conducting internal audit on non-financial areas of work (i.e. cyber attack, BCP, procurement, HR, etc). Review risk financing mechanisms to ensure retained risks can be funded from unrestricted reserves each financial year. GCC will not pay 'rogue actors' in the event of a ransomware attack.</p>	<p>Lack of control over business continuity arrangements of IT support company.</p>	<p>To manage third party IT supplier risks, agree a business continuity plan with current IT support company to cover continuity of service and data back-ups (for cloud-based and offline systems). Obtain Cyber essentials (CE) and CE+ certifications each year and display on GCC website. CE is the self-certified standard version. Cyber Essentials Plus is awarded following an on-site visit by an assessor (such as Cyber Strategies). CE Plus standard is optional but often required when working with Government agencies and platforms. Work with GCC IT support company to simulate a cyber attack/data loss event (i.e. a data recovery test). Conduct penetration tests on the GCC's IT infrastructure. Penetration test is to be conducted every three years. Organise cyber training for staff. Focus on one area of benchmarking exercise/internal audit with comparable regulator-organisation - at least once every three years. Review annual business risk policy with insurers. Activate agreed action when risk arises.</p>	<p>Oct-21 (Policy agreed with current IT support company) August and October of each year (last test: Aug-23 and Oct-23) 1. Simulation test: Nov/Dec yearly (last test: Dec-21) 2. RPO and RTI targets agreed Oct-21 Last test: Oct-23 Next test: Oct-26 Nov-22 Last internal audit: Oct-21 Last review: Nov-23</p>	<p>9</p>	<p>=</p>	<p>9</p>	<p>EXECUTIVE / ARC / COUNCIL</p>	<p>A paper on GCC's approach to cyber security and cyber threats mitigation strategies was received and noted by the Audit and Risk Committee in Nov-23. The mitigation strategies include CE and CE+ certifications; cyber attack simulation tests and penetration tests (as outlined below). CE certification for 2023-24 completed in Jul-23 (valid until Aug-24). CE+ certification 2022-23 completed in Sep-23 (valid until Oct-24). Cyber-attack simulation test was conducted on 27 December 2022. A report has been generated by the IT Support company in follow up to the test. With the IT system upgrade to SharePoint, the annual data recovery test will not be required going forward. Pen-test findings highlight vulnerabilities to be fixed by GCC software developers (i.e. MIS and Optima). The pen-test report has been circulated to both for remedial actions to be ongoing. Review of the GCC business risk policy (i.e. insuring GCC assets, cyber, public liability, other business risks) for 2024 calendar year was completed in Nov-23.</p>	<p>Medium</p>
<p>SR6 Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.</p>	<p>Mar-22</p>	<p>Governance risk</p>	<p>CER Annual effectiveness reviews of Council and Committees undertaken. Succession planning arrangements in place for Council, Committees and Partners. Governance policies and procedures in place. Compliance with PSA authorisation processes met consistently. Additional meetings with Council (if required) to maintain contact and focus on strategy.</p>	<p>1. Formalise the process of communicating findings from annual appraisals (to inform budget-setting so CPD costs can be allowed for in the budget). 2. Non-alignment of dates for conducting and reporting Committee and Council effectiveness surveys. 3. Gaps in the recruitment of Committee and Council members. 4. Chair of Council is finishing term early, this has the potential to create a lacuna in leadership. Risks in capacity to manage the process of replacement. a. Privy Council and new Chair appointment could be delayed. b. Arrangement for Deputy Chair may be necessary. c. Annual report sign off?</p>	<p>Conduct of annual effectiveness surveys: 1. EC to conduct its effectiveness survey every 2 years (next survey due: TBA, given new Chair in post). 2. ARC / RemHR: conduct committee effectiveness survey - every 2 years. Take necessary corrective actions. 3. IC and PCC: no effectiveness surveys as the Committees present their annual reports to Council each March. Reporting of effectiveness survey results to Council 1. EC and RemHR: report the survey results to Council. 2. ARC: report the survey results to Council. Succession Planning a. Provide sufficient resources in the annual budget for Council, Committees and Partner recruitment. b. Risks in capacity to manage the process of the Chair's replacement. Mitigated by appointing Agency. PSA has given green-light, launch on 04-Sep-23 and on track. Conduct annual appraisals of Council and Committee members between November and January of each year. Report on actionable findings to Council in June. Undertake review of Council performance by external consultant at least once every three years (or as the Chair of Council sees fit).</p>	<p>Conduct of next effectiveness surveys 1. EC: Mid-2024 2. ARC/RemHR: Committees: Nov-24 to Jan-25 Reporting of survey results 1. EC: Sep-24 2. ARC/RemHR: Jun-25 Jan-23: Conclude appraisals and report to Council in Jun-23 1. 2022: by June 2. Next Review: Jun-2025 (to be decided by Chair of Council)</p>	<p>9</p>	<p>=</p>	<p>9</p>	<p>EXECUTIVE / ARC / COUNCIL</p>	<p>The Council effectiveness review was completed in Jun-22. Actions were agreed in Sep-22. Completed. Although the recruitment of a new Chair of Council is currently on track, there could be delays before the process is completed. If there are delays in the transition between the incumbent Chair and new Chair of Council, the Council has the ability to elect a Deputy Chair of Council. The Deputy Chair will also sign-off of the 2023 Annual Report in early 2024.</p>	<p>Medium</p>
<p>KEY Inherent risk: Gross risk exposure before we put mitigation controls in place Residual risk: Net risk exposure after we put mitigation controls in place Risk appetite: This is the amount of risk GCC Council is willing to take in order to achieve its strategic objectives. Risk tolerance: This is the amount of risk the GCC is prepared to accept in order to achieve its financial objectives. We can best understand risk tolerance when linked to our RAG reporting: intolerable, if the risk score is in the red zone; tolerable, if in the amber zone; green zone shows preferred limit of tolerance. Risk attitude: Our response to a single decision (i.e. GCC's investment decision and how much risk to take) which could result in a potential positive or negative outcome (i.e. portfolio growth or decline). Business/disruptive risk: Risk arising from changes in current and potential registrants' interests in the Chartered profession, changes in UK economic and political conditions. Financial/liability risk: Risk that the GCC is unable to fund its short and long-term liabilities due to insufficient funds. Operational risk: Risk arising from inadequate internal processes and systems leading to loss events. Reputational risk: Risk from loss of damages to GCC's reputation, its brand name and perceived goodwill.</p>												





Report from the Chair of the Education Committee

Meeting paper for Council on 08 December 2023

Agenda Item: 11

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Education Committee, following its meeting on 22 November 2023. Council is also asked to consider the recommendation from the Committee regarding the Stage 5 recognition outcome of the Scotland College of Chiropractic degree programme.

Committee Chair

Catherine Kelly was appointed Chair of the Education Committee from 1 August 2023.

Issues arising from Education providers and programmes

1. The Committee took note of the many education related meetings and engagements undertaken by the Executive. It noted the substantive change form received from AECC University College (UC) including a name change to the School of Chiropractic and changes to its Graduate Entry programme.
2. The Committee noted that two universities in the southwest of England had expressed interest in running chiropractic degree programmes.
3. The Committee noted the responses from education providers to a letter by the Chief Executive and Registrar expressing concerns about students attending technique seminars outside of their education programmes. It was agreed that the responses were comprehensive, showcasing good practice. A summary note will be prepared and issued to each provider.
4. The Committee noted that student enrolment for September 2023 did not meet targets, with four out of five providers experiencing a decrease in numbers. Further discussions on enrolment numbers and strategies to attract students will

be part of the next round of annual monitoring. The Committee highlighted this as an area of concern that requires careful consideration.

Implementation of the Education Standards

5. The Committee discussed and approved the implementation and recognition plan for the MChiro programme in AECC UC.
6. The Committee received a draft good practice guide on Equality, Diversity and Inclusion for providers to support the implementation of the new Education Standards. Members will provide further comments on the draft enabling its publication by early 2024.
7. The Committee considered the recommendation for the ongoing recognition of AECC UC MSc Chiropractic Pre Registration programme. AECC UC submitted programme documentation to the GCC in September 2023, aligned to the new Education Standards. This was the first programme to align to the new Standards and delivery of this programme is planned for January 2024. A member of the Education Visitor (EV) panel joined the meeting and outlined the panel's report and took questions. The Committee agreed the ongoing recognition of the programme and noted the two recommendations and four commendations made by the EVs.

Scoping Review of the Code

8. The Committee received an update on the scoping review of the Code underway. The views of the Education committee were sought on several matters concerning the Standards of Proficiency, as set out in the current Code and the extent they met the requirements for modern UK practice. The Committee considered the implications regarding the standards of education, noting the importance of the Code building on many of the standards.
9. The Committee agreed that changes were necessary to the Code to establish sufficiently contemporary and high standards of conduct and care. A full review of the Code was supported. The Committee noted that a proposal as regards to that is elsewhere on the Council meeting agenda. Members were notified that any review of the Code would require their full involvement in its development.

Scotland College of Chiropractic (SCC) Stage 5 – Recognition Outcome of new programme

10. The Committee received an update on events and matters arising since the last meeting in July, including an additional Stage 4 meeting with SCC representatives in August 2023. The Approval Panel Chair presented the Stage 5 approval report and recommendation.

11. Background information, the approval report and a recommendation to Council can be found at **Annex A**.

Coventry University Stage 2 Outline Business Case Submission

12. The Committee considered Coventry University's Stage 2 Outline Business Case for offering an MChiro degree programme from September 2025.
13. Representatives from the University presented the information and the Committee considered whether the information provided met Stage 2 of the recognition process and could proceed to Stage 3.
14. The Committee agreed that the submission met Stage 2 of the recognition process and could proceed to Stage 3.

Committee Annual Report

15. The Committee discussed and agreed its annual report on the work undertaken by the Committee during 2023. This is presented to Council for noting at **Annex B**.

Committee Work Plan 2024

16. The Committee noted the work plan for the year 1 January – 31 December 2024. There was some discussion on the timing and frequency of Committee meetings and I undertook to consider further with the Executive.
17. The next meeting of Committee is on 18 April 2024.

Catherine Kelly

Chair of the Education Committee



Scotland College of Chiropractic – Stage 5 Recognition of a programme

Agenda Item: 11 - Annex A

Purpose

The purpose of this paper is for Council to:

- receive the report of the Approval Panel from the Stage 4 approval visit to the Scotland College of Chiropractic (SCC) at **Annex one**; and
- consider the recommendation from the Education Committee that Council does not recognise this new programme, and the provider may not proceed further with the current submission for programme recognition because there are serious deficiencies in the programme.

Report of the Education Committee

1. Council has received regular updates on the progress of the SCC application for programme recognition. Following the Stage 4 visit in May 2023 and additional (virtual) meeting in August 2023, the Approval Panel prepared its Stage 4 approval report. This was sent to SCC for comments on 8 September 2023, with comments invited for return by 9 October 2023.
2. The Approval Panel subsequently met and reviewed the points raised by SCC and confirmed its assessment, notably those areas where serious deficiencies in the programme remained, as summarised below:

Staffing matters

- Specifically, the suitability of the chiropractic staff and their experience in relation to teaching, learning and assessment and their ability to support students, particularly in relation to a range of academic skills including critical appraisal, research and the use of evidence in order to support integration of academic learning into clinical practice.

- The ability of SCC to recruit senior staff to fulfil leadership roles.

Course design and content

- The development of academic skills relevant to research and evidence-based practice featured too late in the programme.
- The Panel was not assured that undergraduates would progressively develop evidence-based skills across the programme in a way that would embed their integration into clinical practice by the time the students reached their first clinical module in year three.
- The Panel agreed the approach to care was too narrow. The Panel was unclear how and where a wider range of evidence-based, condition-specific interventions and management techniques would be taught and delivered.

Relationship between SCC and the wider chiropractic community

- While there is evidence of a relationship between SCC and the New Zealand College of Chiropractic, the Panel concluded that how the College intended to engage with the wider UK chiropractic community, particularly those in education and research, was unclear. The Panel was concerned this suggested an overly 'insular' approach rather than one that extracted the benefits from evidence and innovation seen elsewhere.

Education Committee considerations

3. The Education Committee, issued with comprehensive documentation in advance, met on 22 November 2023. The Chair of the Approval Panel presented the Panel's report and recommendation to the Committee and responded to rigorous and extensive questioning.
4. The Panel Chair restated the Approval Panel's recommendation to not recognise the programme because of serious deficiencies identified. The Panel Chair highlighting that out of 50 Standards, the Panel's assessment was that 14 Standards remained partially met, with one Standard not met. The Panel Chair also drew the Committee's attention to the GCC Quality Assurance Handbook that specified that all Education Standards must be met before a programme could be recognised by the GCC.
5. The Panel Chair highlighted the conduct of the approval process, covering the composition and experience of the Approval Panel, the site visit undertaken in May 2023, and the subsequent meeting held virtually in August 2023.
6. The Committee noted concerns about staffing capability and capacity including considerations about the suitability and experience of staff; the challenges of recruiting senior staff to fulfil leadership roles and that a Programme Lead would not be in post until the second year of the programme.
7. The Committee noted the difficulties experienced by the Panel in obtaining clarity on the employment status of relevant staff and the recruitment policies of SCC.

8. The Committee observed that Education Standard 18, concerning academic research and scholarly activities, was not met. Members discussed how SCC might demonstrate requirements to meet this and other Standards that were partially met. The Panel Chair referenced the efforts made by SCC to redesign aspects of the programme and noted that SCC had raised those efforts in the meeting in August 2023 and also with their response to the Approval Report. The Panel Chair stated the further changes had not been finalised or documented so could not be considered. The Panel Chair emphasised that the Panel must only base its recommendations on the programme as presented by SCC at Stage 3 and the Panel had identified significant gaps, and those gaps remained evident.
9. The Panel Chair noted the Panel had concluded that the proposed changes, while welcome, would have a 'ripple effect' on the entire programme; noting the effect of those would result in significant differences from those presented to the GCC at Stage 3.
10. The Committee queried whether the application of conditions of recognition would enable approval of the Programme. The Panel Chair explained the initial recognition requires an applicant to meet specified eligibility criteria and all the Education Standards of the GCC, reminding Members that conditions could only be applied where a programme meets all the Education Standards but has a medium or high risk of not continuing to do so.
11. Council will note that the Committee reviewed and addressed comments from SCC in its response to the Approval Report suggesting the standards applied by the GCC to this application were biased, discriminatory, unfair or inconsistent with those for other applicants.
12. The Committee discussed the assertion that the GCC, and specifically the Chair of the Panel, were biased against the SCC and had predetermined the outcome of the SCC's application. The Panel Chair observed this was a serious allegation and asserted that he and the Panel, acted reasonably and fairly, with the ability to evaluate evidence available to it in forming its judgments. The Committee noted the concern raised by SCC that the outcome was a foregone conclusion, but satisfied itself that this was not the case.
13. The Committee considered representations made by SCC that the Panel may have discriminated against the SCC in respect of possible concerns in the utilisation of non-UK graduates on the SCC programme. The Panel Chair indicated the Panel's intention with that line of questioning was to establish how staff would support students in gaining an understanding of where chiropractic sits in the wider UK health care system and how they would ensure the Code was applied appropriately. The Panel Chair noted the importance of a diverse range of academic staff on chiropractic programmes and recognised this was common practice. The Panel Chair also referenced that the GCC regulates the profession within the UK, and SCC had been questioned around how students would be prepared for work within the UK.
14. The Chair of Committee sought clarification on the claims made by SCC that lack of feedback on its Stage 3 submission, before the Stage 4 visit, had not allowed it

to prepare for the next stage of the process, and that was an unreasonable and irregular approach. The GCC Executive referred to the papers and confirmed that the SCC Interim Principal was sent feedback on the submission, focused on Standards that remained Partially Met and Not Met, following the desk top analysis on 21 April 2023, four weeks prior to the Stage 4 visit, and which was acknowledged by the Interim Principal by email. The Executive added that it was not usual practice to provide detailed feedback following a Stage 3 submission to an applicant.

15. The Executive confirmed that, as set out in the Quality Assurance handbook, as a new entity without prior experience in delivering healthcare programmes, SCC must inherently be considered at a high level of risk.

16. Throughout the process the Committee was assured that:

- the GCC followed the recognition procedure for new programmes.
- each submission underwent a thorough evaluation against set criteria to ensure that the programme had the potential to meet the requirements of the Education Standards
- the GCC provided support to SCC, holding five meetings with SCC and engaging in written communication to try and move the recognition process forward. This is more support than other applicants have sought.
- The GCC independently evaluates the merits of each programme, basing decisions on the evidence presented by the provider, and Education Standards must be met before programme recognition can be granted. It was satisfied that conditions had not been applied to programmes where Standards were unmet.

17. The Education Committee considered the presentation from the Panel Chair and the approval report (**Annex One**) and agreed with the Panel's recommendations to not recognise the MChiro degree programme, and the provider may not proceed further with the current submission for programme recognition because there are serious deficiencies in the programme.

Recommendation

Council is asked to:

- Consider the approval report and recommendation from Education Committee that Council does not recognise this new programme, and the provider may not proceed further with the current submission for programme recognition because there are serious deficiencies in the programme.

Annex One

Education Visitors' Report (Approval of a Programme)

Name of Educational Institution	The Scotland College of Chiropractic (SCC)
Programme Name	Master of Chiropractic (MChiro)
Proposed Start Date of Programme	September 2023
Date of Visit	18/19 May 2023 – (Additional meeting 14 August 2023)

Panel Chair	Grahame Pope
Panel Members	Rabia Ahmed, Gay Swait, Mark Webster
Observers	Penny Bance (May visit only)
Panel Secretary	Elizabeth Austin

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Introduction
The Scotland College of Chiropractic (SCC) made a full programme submission to the General Chiropractic Council (GCC) in December 2021, and a further full programme submission in September 2022 to be considered by the Education Committee at its November 2022 meeting. Additional assurances were requested from SCC following the second submission around financial projections for their proposed MChiro programme,

expected to commence in Autumn 2023. SCC subsequently submitted further information including information supplied to it by Social Investment Scotland (SIS) and which was considered by the Education Committee at its March 2023 meeting. At that meeting the Committee approved a Stage 4 visit to SCC.

The programme submission was analysed by an Approval Panel (the Panel).

The Education Committee decided that the full Approval Panel for that visit was to comprise of two registrant and two lay visitors given it was a new programme at a new institution. The visit would require a Panel with a wide range and high level of knowledge and expertise.

The Approval Panel met on the 10 May 2023 to discuss areas which required further exploration as a result of their analysis of the programme submission and further documentation requested.

The Panel referred to the areas in Section One and Two of the Education Standards that remained 'Partially Met' or 'Not Met', following the SCC submission in September 2022, as set out below:

Section One – Standards related to Learning Outcomes

September 2022 submission	
Outcome	Standard
Met (16)	1.2; 1.3; 1.4; 1.5; 1.6; 1.7;1.8 2.1; 2.4; 2.5 3.3 4.1; 4.2 5.3 6; 6.1
Partially Met (13)	1.1; 1.9 2.2; 2.3; 2.6; 2.7 3.1; 3.2 4.3; 4.4 5.1; 5.2; 5.4
Not Met (0)	

Section Two - Standards Related to Programme Quality and Delivery

September 2022 submission	
Outcome	Standard
Met (10)	8; 16; 19-25; 27
Partially Met (10)	7; 9-15; 17; 26
Not Met (1)	18

Ahead of the Stage 4 visit, the Panel completed and shared an agenda with the College, to include a tour the College campus and meetings with senior management, teaching and support staff, potential placement providers and prospective students.

Staff members, groups, facilities and resources seen			
	Yes	No	N/A
Dean/ pro-vice-chancellor/deputy vice chancellor/ Principal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative(s) from validating institution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior management responsible for programme resources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Faculty staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students (potential)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinic facilities *	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Resources (e.g. IT, library facilities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Please specify		

* An area for a potential clinic site was shown to the visiting team

How areas of concern were addressed.

Thursday 18 May 2023

1. Tour of facilities

The Chair and a registrant member of the Approval Panel toured the College campus and teaching facilities with the Interim Principal, the Director of Business Development and the Vice-Chair of the Board of Trustees. The Panel was informed the building had been acquired on a 15 year lease with two break clauses included. That would allow the College to review the ongoing suitability of the accommodation if student numbers increased.

The facilities included a reception/administration area, and an adjacent single office. A small library with two small breakout study rooms, complete with audio-visual equipment. The Panel was told that would evolve into a teaching room in line with any increase in student numbers when a larger library would be required, and that the library would be stocked with at least three copies of each core textbook (as identified in module specifications, with two copies for reference only). The Panel saw a wide range of anatomical models to enhance the teaching of anatomy.

The Panel observed a dedicated theoretical teaching room was separated from the technique room by a removable partition wall, giving a flexible space which could be partitioned when needed to accommodate the timetable. The Panel saw that both areas were equipped with audio-visual equipment. The Panel was informed that the student cohort would be split into two groups of 12 for all practical classes with eight benches purchased for the technique room, with locker storage for students.

The Panel was told the current practical teaching space was adequate for the first two years of the programme; however, the College was in negotiation with the landlord to lease the larger vacant unit next door, providing an additional 4700 square foot of space. The Panel was told additional space would allow for additional teaching spaces, study spaces, a rehab suite and storage space for equipment, for example, the dummy X-ray unit which had been acquired.

To accommodate the clinic, the Interim Principal told the Panel it would need to lease additional space. The SCC team said it was planning for six to eight treatment rooms, plus additional space for imaging. The SCC team said there were two options for the clinic which included leasing a large interconnecting retail unit on the ground floor of the building, or if that was not possible, leasing accommodation in the planned new build adjacent to the current building.

Initial Panel considerations

Immediately subsequent to the meeting, the Approval Panel held a short private meeting. Overall, the Panel was impressed with the teaching spaces, and the flexibility that they afforded the teaching team. They recognised the space would be sufficient for the first two years of the programme when additional space would be required. The Panel was also impressed with the potential space adjacent to the current facility which could meet this need. The Panel was concerned that those additional rental costs were not factored into the budget forecast supplied and that would need further investigation.

The Panel discussed concerns around the lack of dedicated office space for academic staff and the lack of private administration space to review confidential/sensitive material. The Panel also noted there was no dedicated space to hold private student meetings and that additional study spaces for students for year two of the programme would be required.

Friday 19 May 2023

2. Meeting with Senior Management Team

The Panel met with:

The Interim Principal (SCC)
Senior Partnership Officer (external engagement) - Buckinghamshire New University (BNU)

Director of Quality Assurance (QA) (SCC)
 Director of Business Development, (SCC)
 Vice-Chair, Board of Trustees (SCCCT)
 Secretary, Board of Trustees (SCCCT)
 One Member and one trustee, (SCCCT)
 The Investment Manager, Social Investment Scotland (SIS)
 Two representatives from AAB accountants.

Where does the course fit into institution strategy: The Interim Principal told the Panel the programme would be delivered by SCC in partnership with BNU. The Panel was told the proposed chiropractic programme would be an opportunity to grow the profession in Scotland as there was a dearth of chiropractors in the country with only 180-200 practising chiropractors serving a population of five million. The Interim Principal informed the Panel many Scottish students who enrol on courses in England and Wales do not return to Scotland and that demand to see a chiropractor was very high, stating it was also difficult to fill vacancies across the country. The SCC team said they believed they would have a positive impact on community health, the development of research programmes and continuing professional development (CPD) opportunities.

BNU: The validating institution confirmed it had supported the College since its inception and outlined the support they intended to offer the chiropractic programme. The BNU Senior Partnerships Officer told the Panel that a rigorous due diligence process was undertaken before the College and programme were approved. It also confirmed recent module amendments had been approved by academic leads and were going through the course amendment process one week later. They stated the programme was also supported by an academic link tutor for teaching and assessment and regular visits from the university had taken place alongside the provision of day-to-day support.

The Panel was informed staff on the chiropractic programme would be able to access staff development opportunities offered by BNU, including an MA in Education and a Postgraduate Certificate in Higher Education. The SCC team confirmed that all staff would be required to possess a formal teaching qualification within three years, to fulfil requirements of the Scottish Government. The Board told the Panel they supported that as they want their chiropractic staff to become good educators.

The Panel noted support from BNU including a designated admissions officer, a librarian for online support, and a designated member of the virtual learning environment (VLE) team to support both staff and students.

Other relationships with education providers: The Interim Principal informed the Panel that outside of their relationship with BNU, the College had also established a formal agreement with Newcastle University around the use of teaching staff and with Aberdeen University's anatomy department. A formal agreement was also planned with Edinburgh University's MSK radiology department but was not yet in place.

Finance: Representatives of the College's accountancy firm, AAB, and SIS were present at the meeting. They confirmed to the Panel that the College had sufficient finances for the startup and the first five years of the programme. It was reported that strict due diligence procedures were in place and sensitivity stress testing had been conducted. SIS stated they had full confidence in the College management and the accountancy firm, with management accounts reviewed at quarterly meetings.

The Panel was told the biggest risk to the finances would be the recruitment of students, and financial projections had been modelled on possible scenarios including 50% student

intake, reduced clinic income, and failure of non-committed donations. The SCC team shared that 230 expressions of interest to study at the College had been received and that they were confident that would increase in-line with their planned marketing strategy.

It was confirmed to the Panel that projections relating to expenditure would be increased as those related to the current College space but not the additional premises next door. The Panel was told rent for the clinic space had not been factored into the financial projections. The SCC team said they expected the clinic to be self-funding and clinic rent, and staff salaries would be paid out of the generated clinic income. The SCC team said that for each student in year four there would be three new patient visits to the clinic every month (approximately 40 per year) and 33 visits per month (approximately 400 per year). Each patient would have between six and twelve visits to the clinic.

The Panel was told the SCC team also planned to generate an additional income stream through other uses of the campus during the holiday periods. Those would include the hosting of CPD events and hosting external speakers.

Student recruitment: The Panel was informed for the first two years of the course, applications would be through direct entry as planned numbers were manageable and the team had built up relationships with potential applicants. From year three of the programme, the College planned to recruit through UCAS

Querying the student application process, the Panel was told that as well as satisfactory achievement of academic requirements, the application process would include an interview, one recommendation from a chiropractor and one reference from either a recent academic or employer, plus a personal statement. Initially only students from Scotland would receive funding until the College receives recognition from the Quality Assurance Agency (QAA), which would then allow applications from the rest of the UK. International students cannot be recruited during the first two years of the programme.

The Panel was told the College was aiming for a first cohort of twenty-four students and were confident that number would be achieved. The Panel noted the student recruitment plan showed a 10% increase in student numbers per year, with a 5% allowance for student attrition.

Staff recruitment: The Panel was told the previously identified Principal of the College was no longer in post and the Chair of the Board of Trustees was acting as Interim Principal and that a full time Director of Business Development and a 0.5 FTE Director of Quality Assurance were in place. The Panel was also informed that a Director of Research had been identified and was based in New Zealand and that post would be appointed to begin in year three at 0.3 FTE, increasing to 0.6 FTE in year four. The Panel was also informed that a Programme Leader would be appointed in year two at 0.2 FTE increasing to 0.4 FTE in year four, with a full time Director of Clinical Practice appointed in year three.

The Panel noted the lead for two of the year one modules had relocated to Malaysia and no other lead or leads had been identified by SCC. It also noted the module lead for Chemistry of Life was a senior lecturer based at the School of Dental Sciences in Newcastle University and that the chiropractic lead for years one and two was currently based in Australia but was expected to relocate to the UK for September 2023. For the remaining two modules, in Communication and Behavioural Science and Studying and Researching Science, the Panel was told the leads were based in Australia and New Zealand respectively and that the modules would be delivered remotely. For pre-clinical teaching in years two and three, the Panel was told the College planned to bring in specialists in chiropractic techniques.

BNU confirmed their review of academic profiles and qualifications of staff appointed to the College.

The Panel noted that the chiropractic teaching staff had very little academic experience, and the Panel was keen to learn how they would be supported with their teaching, and in particular develop academic skills such as planning a series of teaching sessions, writing of lesson plans and the formulation of assessments. The Panel was told that the Director of QA and BNU would support staff with that and support the staff in their understanding of the academic framework and in promoting activities such as peer observations and student feedback. The Director of QA acknowledged that upskilling of staff regarding critically appraising evidence would be required and the academic development team from BNU would support the process. BNU added they would also have input into setting and approval of all assignment briefs.

The SCC team shared with the Panel that lesson plans had been written for all year one modules.

The SCC team acknowledged the lack of experience amongst the chiropractic staff but stated that from a quality assurance point of view they were confident procedures were in place to enable the development of staff.

In closing the session, the Chair of the Panel advised the senior team that it hoped to be able to give indicative findings and outcomes during the final session of the day. Those would need to be discussed by the GCC Education Committee and could be subject to change. The Chair emphasised that once approval from the Education Committee and Council had been secured the final step in the process would be Privy Council approval – over which the GCC had no jurisdiction in terms of a timeline for a decision, and further that a programme was not approved until Privy Council agreement had been secured.

Initial Panel Considerations

Immediately following the meeting, the Panel held a private meeting and agreed that there was a case for development of a Chiropractic programme in Scotland, and that figures reported in the meeting supported sufficient interest from potential students.

The Panel was assured that the course should be viable over the initial five-year period however, reservations remained regarding the accuracy of reporting that all costs associated with delivery of, and resourcing of the programme had been captured and that those would require ongoing monitoring.

The Panel had continued concerns regarding the staffing of the programme and that minimal staffing levels offered no scope for contingency should enforced absences of staff occur. There was also concern regarding the lack of clarity related to recruitment processes employed in attracting and employing experienced staff.

The Panel was surprised that the stated recruitment processes and interaction with UK based Chiropractic institutions had not resulted in the College recruiting experienced academic staff. The Panel was concerned that an inability to build productive relationships with other UK institutions would inhibit the future adoption of best practice and innovation related to the UK healthcare systems. The Panel recognised that SCC appeared to be building some international relationships.

The Panel had significant concerns as to the experience of the teaching staff. The Panel noted the assurance by BNU that staff would be expected to undertake teaching qualifications within three years and that these were accessible through the University but

had serious concerns over the proportion of inexperienced staff responsible for on-site, day to day delivery of the programme.

3. Meeting with staff responsible for self-directed/virtual learning

The Panel met with:

The Interim Principal (SCC)
 Director of Business Development (SCC)
 The Senior Partnership Officer (external engagement BNU)
 Senior Digital Learning Technologist (BNU) (virtually)
 Librarian from (BNU) (virtually)

Virtual learning environment (VLE): The Senior Learning Technologist confirmed to the Panel that Blackboard 'ultra' would be the VLE used at SCC and students would have full access in College and off site. SCC said it would provide the online learning resources for the students, and students would have access to their historical modules throughout the duration of the programme and students with additional learning needs would be able to use 'Blackboard Ally' which would check for accessibility issues and generate alternative accessible formats.

The SCC team informed the Panel they were currently in negotiation with BNU regarding access to online bibliographic databases such as Medline and the British Nursing Index, and online journals. The Interim Principal was also organising direct access for journals that would not be supplied by BNU and he hoped those would also be uploaded to the VLE platform. The Panel noted that the cost of additional journals would need to be added to the College budget.

BNU confirmed to the Panel that they would deliver group and 1:1 training sessions of one hour to upskill staff on Blackboard; that students would have access to training and pdf help guides during their induction and programme handbooks would also direct students where to find online resources and how to use the library systems.

The Panel was told that Blackboard would be mainly used for accessing resources and online sessions, while *Turnitin* would be the platform used for assessments.

The SCC team said students would be able to reserve books in the SCC library, but currently, inter-library loans with BNU were not possible.

Balance of virtual/face-to-face learning: The SCC team shared with the Panel that they would expect students to attend College for three days of face-to-face teaching per week with the rest of the time online/self-directed, adding that would promote collaboration and a sense of community spirit.

4. Meeting with staff responsible for student support services

The Panel met with:

The Director of Quality Assurance (QA) (SCC)
 The Director of Business Development
 Three registrant members of the GCC who had been identified as personal tutors (SCC).

Process for assessing students with additional needs: The Panel was informed that initially, students could declare any additional needs on the College's application form. Following disclosure, the Director of QA would contact each student regarding support required throughout the admissions process; and that once enrolled on the course, a learning support plan would be formulated, including the implementation of reasonable adjustments if required.

The Panel was informed that students not declaring additional needs on the application form, but manifested those during their course of study, would be monitored by the team regarding their attendance and performance in taught sessions and assessments. The SCC team said they would be alert and hold conversations with the student identified. The role of the personal tutors would be key in that process.

Personal tutors: The Panel noted that three personal tutors were identified who were all practising chiropractors. The Panel was told that students would meet with their personal tutor twice in semester one and once in semester two. Students would also visit their personal tutors in practice and would complete observations for two of their year one modules. The Panel noted that the personal tutors had no previous experience of undertaking that role and queried what training and support was in place. The SCC team confirmed that two induction sessions had been held with the personal tutors to date and the Director of QA would also obtain feedback from other academic staff members and students on how to improve and enhance the role. Additional training on assessments would be required for the personal tutors.

The tutors said they viewed the role as providing guidance and support to the students and helping to bridge the gap from school, or back into education for the mature students.

The Panel was told there would be a ratio of one personal tutor for every eight students for year one and they would look to expand the number of tutors for year two.

The Panel noted that the personal tutors would report to the Director of QA who would oversee the learning support plans.

Additional on-course support: The SCC team shared with the Panel it had secured a scholarship fund for possibly three or four students per year, for all four years of study and was fundraising to set up and grow a hardship fund. BNU told the Panel hardship funding was available that would be distributed to students at SCC from the Office for Students (OfS).

The Panel was told the Director of QA would train as a mental health first aider and would be the first port of call for students requiring wellbeing support. The Panel noted that the Director of QA was a 0.5 post and would not be on site for all of the week.

SCC said that by year three the College planned to join an external organisation called 'Togetherall', a clinically managed online community designed to improve mental health.

The SCC team explained it would be reliant on external agencies to provide counselling services, and BNU would also support with virtual counselling sessions that students could directly access from the VLE.

Student Union (SU): The SCC team informed the Panel that students would have access to the Student Union at BNU and become automatic members of the National Union of Students (NUS).

The Panel was informed that the College would also encourage students to set up a student association and aimed to become an affiliate member of the British Universities and Colleges Sports organisation and join the 'universal gym' scheme. Further, that students would have access to an external social space in the College building from Tuesday-Friday.

Student feedback: The Panel queried how student feedback would be developed and captured within the programme and how that would be acted upon. The SCC team shared they would use the BNU model to capture formal student feedback which would include programme committee meetings held virtually, with students, tutors and BNU once every semester. SCC noted that issues would be captured, and an action plan developed and that there would also be mid-semester surveys and the election of student reps.

The SCC team told the Panel that having a small student cohort would allow plenty of opportunity for the capture of informal feedback.

5. Meeting with potential placement providers

The Panel met with:

The Interim Principal (SCC)

The Senior Partnership Officer (external engagement BNU)

Five potential external placement providers, including three identified for the role of personal tutor.

Planning for observational visits/placements: The Panel was told students would take part in clinical observations from year one as part of their Professional Identity modules. Until the College clinic was established, all observations or placements would be external, and students would rotate around the different practices. Initially, all identified practices were in the centre of Edinburgh and the College had a target of eight to twelve providers for the initial years, potentially near to where students live.

The Panel learned only chiropractic placements had been agreed with external providers, although the College aspires to include interprofessional observations of non-chiropractic disciplines such as physiotherapists for year one students.

Quality assurance: The Panel was keen to understand the criteria used to select the identified placement providers. The SCC team confirmed providers were required to have a minimum of five years' experience, postgraduate study, had tutor or mentor experience and a history of 'giving back' to the profession.

The Senior Partnership Officer from BNU stated that the University's Partner Placement Policy would be shared with SCC to help with that aspect of the programme. The representative from BNU was unable to clarify to the Panel the expectations of a placement provider as laid out in the policy.

Regarding audit processes and procedures of clinical placement settings, the SCC team stated those had not started but they would replicate the BNU system where tutors would be expected to visit the students in their placement settings.

While the SCC team commented that clinical experiential learning was crucial for the students' learning, the Panel sought assurance that external providers would not deviate from the module specifications and that students would not be exposed to less evidence-based practice or content. The Interim Principal stated that he and the Director of Clinical Programmes would observe the students in the placement setting and could assure the Panel they would not learn anything that deviated from the module specifications.

The Panel queried if any of the potential providers used practice approaches that were not supported by evidence, such as thermographic scans, vitality scans or digital scans for postural assessment. All placement providers responded that they did not carry out any of the approaches identified in the question. (NB that statement of confirmation would appear to contradict information provided on a number of their practice websites.)

The SCC team shared they expect the placement providers role to grow, and individuals could develop into future clinical supervisors.

The Panel was told providers would have the opportunity to attend training to become familiar with the curriculum and what was expected of them when performing the role. Providers would not be undertaking assessments against learning objectives.

The Panel was told a whistleblowing policy would be in place, overseen by the Director of QA and the Director of Clinical Programmes, when in post. Both students and providers can whistle blow.

The Panel was told that following a placement, students would complete feedback on their experience as part of their reflective portfolio and placement providers would also complete a feedback form on the placement.

Initial Panel Considerations

Immediately subsequent to the meeting, the Panel held a short private meeting to cover discussions held in meetings 3, 4 and 5.

The Panel noted the effective provision of virtual and remote learning technology and support provided by BNU.

The Panel also noted the enthusiasm of the three potential personal tutors for their role in supporting students. The Panel agreed it was not assured that robust quality assurance processes would be in place in clinical settings external to the College and further that students could be exposed to practice or content that had a lesser evidence base.

The Panel queried the statement of confirmation from placement providers regarding practice approaches that were not supported by evidence such as the use of thermographic scans, vitality scans or digital scans for postural assessment as that would appear to contradict information provided on a number of their practice websites. The Panel was not assured that students would not observe techniques and practices unsupported by evidence. The Panel was concerned regarding the clinical educators lack of ability to respond to questions about accessing/sourcing best evidence and was also not assured that the clinical educators would be consistently demonstrating evidence based clinical practice.

Additionally, The Panel was not assured students would have the opportunity to experience interprofessional clinical learning in a meaningful way; the various proposals laid out by the course team remained aspirational with no firm commitments evidenced from healthcare providers outside of the chiropractic community supporting the programme.

6. Meeting with course delivery team – Year One of the programme

The Panel met with:

The Interim Principal (SCC)

Director of QA (SCC)
 Module lead for Chemistry of Life
 Module lead for Professional Identity (virtually)
 External moderator of SCC curriculum.

Course philosophy: The SCC team shared with the Panel that the focus would be on the health of patients and helping patients to promote their own health using a combination of evidence-based science and activities such as exercise prescription. The Panel was told there would be a balance between contemporary science and that, as they stated, health comes from within, which they said would empower patients to take care of their own health. The SCC team said it would encourage students to understand the limits of their scope of practice and to collaborate with other healthcare professionals regarding referrals.

Regarding the clinical aspects of the course, the Panel was told the College wanted to develop the students into effective critical thinkers.

Course delivery: The Interim Principal told the Panel there were vertical themes running through the programme, with one year building on the next. He said that in year one, students would develop a sound knowledge of basic sciences with themes focussing on professional identity, skills and application and critical appraisal and reflection; and that observing chiropractors in practice would allow students the opportunity to reflect and record that in their reflective portfolios.

The Panel noted the reading lists for some modules were short. The Interim Principal explained that BNU only asked for core texts to be documented in the module descriptors and that there would be additional reading lists for each module, held by the module lead. Additionally, it was stated the reading list for module 407 – Professional Identity 2, would be amended as a tutor was in place.

The Director of QA informed the Panel that additional detail was included in the assignment briefs which were provided to the students at the start of the academic year.

Assessments: The SCC team shared that in year one, assessments would focus on 'knowledge telling' but would develop as the students' progressed. The SCC team stated it was important for students to become competent at that method before building on that in years two to four.

The Panel noted the lack of any formative assessments detailed and the SCC team clarified that was because BNU only required the detail of summative assessments. The Panel was told the College envisage formative assessments taking place and gave examples of self-marking activities that were planned.

The SCC team stated they were confident assessments were balanced and were sufficiently spaced throughout the year. During end of year exams, students would have no more than three exams in one week.

The Panel noted for module 402 – Human Body Systems 1, a practical exam would be the means of assessment but no practical classes were identified. The SCC team confirmed that practical activity would take place in the scheduled seminars.

The Panel also queried for module 408 – Communication, why there were two written assignments as practical assessments would be appropriate. The SCC team responded that was appropriate for the summative assessment and students would develop their verbal communication skills in other modules throughout the year.

The Panel queried whether student communication skills would have been sufficiently developed by the time they reach level 7 as the bulk of teaching on that subject would be taught remotely in year one and communication skills had not been referenced in the indicative content or learning outcomes of other modules. The SCC team told the Panel its preference was to allow a 'safe space' for students to practise those skills without a learning outcome attached to them.

Quality Assurance: The SCC team confirmed that lesson plans were in place for each module and that teaching staff would be given appropriate support around the design of assessments and marking of work in their induction period. Further, that would be overseen by the Director of QA and the academic development team at BNU.

Development of Research Skills: The Panel was keen to learn how students would acquire the required critical appraisal skills from year one onwards to undertake module 702 – Research Project, in their final year. The Interim Principal explained that vertical and horizontal integration regarding research skills would be embedded in the programme. Further, that students would begin to learn critical appraisal skills such as searching for and researching literature, digital resources and journals in year one.

The SCC team shared that students would acquire a depth of understanding through evidence-based teaching and outcomes and the module lead for 406 – Chemistry of Life, said the techniques used in her module around questioning the science would likely develop students' appraisal skills from the outset.

The Panel noted that the module lead for Professional Identity 1 and 2 (who had joined the meeting remotely from Australia) did not contribute to the meeting.

Initial Panel Considerations

Subsequent to the meeting, the Panel held a short private meeting.

The Panel was not assured that students would receive evidence-based teaching consistently. Whilst there was some evidence presented that the modules covering basic sciences would consider sources of information and their relative strength, there was no confirmation of how this would be undertaken within the Chiropractic specific modules as the module lead for Professional Identity failed to contribute to discussions.

The Panel also was not assured that there was appropriate horizontal integration within the programme, and that whilst vertical themes were outlined it was unclear how the content built higher level academic skills as students progressed. In particular the Panel was concerned there was a lack of academic and clinical integration within the programme, specifically between the critical appraisal skills, research, and clinical aspects of the programme.

7. Meeting with course delivery team – Years two-four of the programme

The Panel met with:

The Interim Principal (SCC)

Director of QA (SCC)

The module lead for Clinical Assessment 1 and 2 and Chiropractic Technique 1 and 2 (virtually)

Three registrant members identified as personal tutors. (Those three members were identified as supporting staff for Clinical Assessment 1 and 2)

Development of clinical skills: The Interim Principal commented that modules at level 5 and 6 were pre-clinic modules and students' skills would be developed during those years. The Interim Principal explained that students would take patient histories at level 5 and be exposed to practical scenarios and physical examinations at level 6. The Panel asked questions regarding the teaching related to non-physical management of patients, specifically approaches including behavioural change (as mentioned in several module descriptors, including CH602 and CH605) and noted that clarity as to how those non-physical approaches would be taught or reinforced when in clinical settings was not provided.

Multi-disciplinary learning: The SCC team shared that students would understand what it meant to be an evidence-based chiropractor and how that fits in with the wider healthcare landscape. They would learn the differences and similarities between themselves and others, such as physiotherapists, and they would understand their scope of practice.

The SCC team told the Panel they expected guest speakers such as physiotherapists and MSK radiologists to contribute to the curriculum in the clinical assessment modules and there was also an opportunity for students at SCC to learn radiology with other students at BNU.

Imaging and diagnostics: The Panel queried the rationale for the teaching of imaging and diagnostics with such breadth. The SCC team said it was important for students to be introduced to the use of digital radiographic imaging systems and to develop their skills in the interpretation of images. The Interim Principal clarified that students would study imaging at level 5, in the Principles and Practices of Radiography module where the assessment would focus on radiographic positioning and a diagnostic imaging interpretation. The Panel was told those skills would develop further at level 6 with two additional modules.

The Panel asked how students would retain and remain safe and competent in that area as they progressed through the course. The SCC team stated that there would be references to the modules to build on and consolidate students' knowledge.

The Panel noted BNU would oversee delivery of the module at level 5, but the College was aware it would need to engage an additional person to deliver the practical element on site.

The Panel was told the College aspired to bring in a chiropractor who was a member of the American Chiropractic Board of Radiology (DACBR) to lead the two modules at level 6 but if that was not possible, they would use the MSK radiology department at Edinburgh University (agreement yet to be finalised).

The SCC team agreed with the Panel that that aspect of the curriculum would be intense due to the depth of study required but they said they felt there was enough time for the students to acquire competency.

Techniques: The SCC team confirmed students would be introduced to five core techniques such as Diversified, Gonstead, Thompson, Activator and Upper Cervical. Technique tutors would be engaged to provide support on those modules. The Panel noted that the CH507 module content appeared heavy and may affect the student's ability

to gain competent psychomotor skills. The SCC team agreed with the Panel and stated that the module content could change to ensure students gained the necessary skills and competencies.

Clinical assessment modules: The Panel asked the three registrant members in the meeting what sources of evidence would they refer the students to in order to support their learning. The registrants said they would look for evidence of best practice but could not expand further or give specific examples of key clinical evidence.

Clinical experiential learning: The SCC team confirmed that students and staff would act as patients for the first year. They stated practical classes would be split into twelve with three students per bench acting as chiropractor, patient and observer.

The team also told the Panel that ethical considerations would be taken into account around cultural sensitivities for example and consent would be obtained from all students. If they did not want to act as a patient, they could take on the role of the chiropractor or observer. Further, that for the first year of clinic there would be an emphasis on small group scenarios and simulations.

The Interim Principal told the Panel that students would graduate at the end of the academic year. The year four students would stay on until July so there would be a transition period of six weeks or so where they would mentor the new students entering the clinic.

Pharmacology: The Panel queried whether the introduction of pharmacology at level 7 was too late to ensure students were able to apply the knowledge and learning in the clinical environment and practice safely, particularly in relation to the timing of the clinical modules. The SCC team responded that due to the full curriculum content the course design dictated this is where the module needed to sit.

Research Module: The SCC team told the Panel that the Director of Research would have overarching supervision of the supervisory team and all supervisors would be required to hold a PhD. Discussions with BNU were ongoing regarding the timings of obtaining ethical approval for projects. Students would be expected to write their research protocol over the summer following year three, however the Panel suggested students would need additional and earlier research dissertation teaching and supervisory input to inform the protocol.

The Panel noted that the module lead for Clinical Assessment 1 and 2 and Chiropractic Techniques 1 and 2 did not contribute to the meeting.

Initial Panel Considerations

Subsequent to this meeting the Panel held a short private meeting.

The Panel agreed there was insufficient evidence provided regarding how placements would be quality assured, how audits might be carried out or how students would be allocated.

Additionally, the Panel was not assured that students would consistently receive evidence-based teaching, nor that practice observed in clinical settings would be evidence-based.

It was also not assured that necessary research skills would have been appropriately developed to enable students to conduct their dissertation. Whilst the SCC team had

previously identified vertical themes, the vertical integration of material, particularly in relation to research and developing evidence-based practice remained unclear and disjointed.

8. Meeting with potential students

The Panel met with three potential students of SCC.

The Panel asked the potential students why they wanted to study at SCC and what it was about the course that appealed to them. One replied that she was very excited to become a 'vitalistic chiropractor' and wanted to study 'pure chiropractic and was interested in the philosophy aspect of the course'. She felt the course would allow her to do that whereas other chiropractic programme providers cover 'additional content she was not interested in'. When asked to expand on her second point, she explained to the Panel that was information she had received from local chiropractors who had recommended the course.

All three students said they wished to study in Scotland due to their personal circumstances and the location of the College was a significant factor for why they wanted to study at the College.

The students confirmed that the Director of Business Development had been a great help and communication with the College was efficient and effective. All three had attended an open day where they were given an outline of the course structure, and all knew about the placement provider observations they would be expected to undertake. All three confirmed they would be happy to travel outside of Edinburgh to attend their placement.

The potential students had all received information on student fees, accommodation, additional course costs and living costs.

Initial Panel Considerations

Immediately subsequent to the meeting the Panel held a short private meeting.

The Panel was impressed with the confidence exhibited by the participants, their enthusiasm for a programme in Scotland and the articulation of their understanding of the programme.

The panel was concerned by the assertion of one participant that courses delivered elsewhere in the UK would include material not necessary to become a chiropractor.

Account of Verbal summary given to the institution

The Panel Chair informed members of the SMT that the Panel was unable to reach a recommendation on the day due to time constraints and the non-attendance of key teaching staff and would convene a virtual meeting to complete the Stage 4 approval process.

The SMT was informed the Executive would outline in writing the further evidence/documentation required to support the meeting.

Additional Meeting held on 14 August 2023

The Panel held pre-meetings on 26 July and 9 August 2023, to discuss areas of interest or concern following the document submission received on 25 July 2023. The Panel agreed areas to be explored in further detail through a series of virtual meetings with College staff and SMT on 14 August 2023.

1. Meeting with staff responsible for the chiropractic teaching

The Panel met virtually with:

The Interim Principal (SCC)

Partnership Tutor - Buckinghamshire New University (BNU)

The module lead for Professional Identity, Clinical Assessment and Chiropractic Technique (SCC)

The module lead for Neuroscience (SCC).

Observers:

The Director of Quality Assurance (QA) (SCC)

Vice-Chair, Board of Trustees (SCCCT)

One Member of the Board (SCCCT)

Overview of the philosophy underpinning the chiropractic elements of the programme:

The module lead for Professional Identity explained to the Panel they would be looking at the history of the profession and chiropractic from an evidence based point of view integrating Sackett's model. The module lead shared that material would be integrated horizontally across the programme with the research module 403, and the Professional Identity 2 module, 407.

When asked how the literature identified in module 407 underpinned the teaching and learning outcomes of the module, the lead was unable to answer. The Interim Principal shared that key resources and texts identified were contemporaneous and had been published through the World Federation of Chiropractic (WFC) and NICE guidelines.

The Panel queried whether the key resources identified for the module were balanced and why some references appeared outdated. The Interim Principal stated it was important for students to learn the history of the profession taking into account vitalism and how the profession had now progressed with an 'evidence informed' direction. He commented that students would receive a balanced perspective of chiropractic and where it fitted in to the UK healthcare system. The Panel said that they were unsure how a balance could be achieved having reviewed the key resource list.

The module lead for Neuroscience commented that it was important to have the older references to lay down a foundation and then move to more contemporary studies such as those by Dr Haavik.

Chiropractic technique modules: the Panel queried how teaching staff would ensure students developed appropriate psychomotor skills and how those modules would build upon those delivered earlier in the programme. The module lead for Chiropractic Techniques was unable to respond to the question and asked the Interim Principal to answer on his behalf. The Interim Principal informed the Panel they would be focussing on

developing touch sensitivity and building up the student's psychomotor skills through practical activities using toggle boards to develop speed of thrust and speed of skill. The chiropractic benches all had drop pieces so students could practice and develop their thrust technique.

Following a question from the Panel on how students would be able to assess validity and reliability of the use of specific patient assessment techniques, the Interim Principal stated they would be working closely with Dr Haavik and the research team to develop the students' skills in that area.

The Panel further explained that they were trying to gain a sense from the module lead for Chiropractic Techniques of not only how students would develop their psychomotor skills but at the same time how those would be underpinned by best available evidence and the literature that accompanies it. The Panel said they wanted to learn how that would be tied together.

The module lead did not respond to the question, and the Interim Principal again answered on his behalf. He explained the techniques modules build on the psychomotor skills from year one, and in year two students would learn five key chiropractic techniques.

The Chair of the Panel asked if the module lead could contribute to that question as he was identified as the person who had responsibility for those modules. The Panel noted the module lead did not respond to the question.

The module lead for Neuroscience stated that there would be vertical and horizontal integration across the programme. Early in the programme students would be taught anatomy and physiology and then learn technique application as the programme develops, and that alongside that they would use evidence and literature to support the application.

The Interim Principal told the Panel that the module lead for Chiropractic Techniques had been focussing on level four modules so had not had time to assimilate the level five modules.

Differential diagnosis and management modules: The Panel queried why the literature for those modules were focussed only on chiropractic rather than wider healthcare literature. The Interim Principal stated that those later modules would be refined and updated to align with the new Education Standards.

Neuroscience modules: The Panel asked the module lead to explain what content would be covered with regards to pain as there were no learning outcomes assigned to it. The lead gave a detailed response to the Panel on the core content to be covered in the module with regards to pain and the principles around how an adjustment could reduce pain with students receiving both theoretical and practical teaching. Although informative, the Panel queried how the understanding of pain would be assessed if it was not a learning outcome. The lead stated students would be assessed through a variety of assessment styles.

The Panel queried the breadth of neuropathological processes that would be captured, as the module appeared to focus only on neuroplasticity. As well as neuroplasticity, the lead told the Panel that other pathophysiological processes such as diabetes and more common neuropathologies would be captured in the module.

Education Standards: The Panel focussed on the Standards that required students to critically evaluate research methods in the context of clinical practice and to appraise methodologies that would underpin practice. The Interim Principal told the Panel he was confident the students would develop those skills through the earlier years of the programme and be able to integrate them into practice.

The Panel commented that in order to deliver an evidence based programme, the wider staff would need a high level of critical appraisal skills themselves and asked how the College would ensure all clinical staff had those skills.

The Interim Principal reported that the College had been in touch with Cochrane Collaboration to develop a bespoke evidence informed training programme for the College. The Panel was told that was in progress but had not been finalised and the training programme would also be a requirement for all placement providers.

Placement providers and technique supervisors: The Panel queried whether the College would regard postural assessments, vitality scans and preventative care to be evidence based.

The Interim Principal stated students would conduct static postural analysis for clinical assessment, but that would not involve the taking of images. The only planned scans envisaged would be an MRI scan; and further, regarding preventative care plans, students would be taught how to devise a care plan based on evidence and literature.

The Panel asked if they considered their placement providers, who did conduct postural assessments, recommend long care plans and vitality scans, to be sufficiently evidence based to support the students. The Interim Principal responded that as placement providers, they would have to follow the rules and curriculum content of the College. If following the College's quality assurance audit, they were deemed to be following practices not endorsed by the College, they would not be able to continue as a placement provider.

The Panel asked the chiropractic teaching staff what they would consider as best evidence / key references to refer their students to for the management of osteoarthritis. Following some clarifications, the module lead for Neuroscience explained he would refer them to NICE guidelines and MSK clinical guidelines. The lead expanded he would teach clinical interventions and would expect the clinical educators to be implementing that in practice.

Behavioural change: The Panel was keen to learn where aspects such as behavioural change would be captured in the curriculum. The Interim Principal stated that would be delivered in module 408, Communication and Behavioural Science, 602 and 605, Differential Diagnosis modules and 603, Rehabilitation. Again, the Interim Principal confirmed that further refinement would be required on those module descriptors.

Interprofessional learning: The panel was keen to learn if there would be opportunities for interprofessional learning on the programme, including clinic placements.

The Interim Principal shared that students would observe other healthcare professionals in practice, including observing the MSK care team at Edinburgh Royal Infirmary. The MSK care team would also be invited to come and teach the students at the College. Students would also undertake observations of physiotherapists and at GP surgeries

Initial Panel Considerations

Immediately subsequent to the meeting, the Panel held a short private meeting and agreed they were not assured that the module lead for Professional Identity, Clinical Assessment and Chiropractic Technique had sufficient understanding of the programme design, nor the proposed delivery.

The Panel considered there was insufficient evidence that there was capacity and experience to teach, assess and support the students effectively within the teaching staff, and that this would adversely impact on the students' development as practitioners in the UK health system. From the discussions held the Panel concluded there was insufficient knowledge and skills around critical appraisal, research and evidence to support integration into clinical practice.

The Panel was also not assured regarding the specifics of what would be taught in terms of Behavioural and Cognitive approaches, nor how students would develop the skills to employ such approaches in their clinical practice.

The Panel noted that opportunities for inter-professional learning (IPL) outlined by the Interim Principal were aspirational, with no contractual commitment to observations or contributions evidenced. As such the Panel are not assured that there will be sufficient opportunities for students to develop Interprofessional skills and understanding. It was also unclear as to what opportunities would exist for students to develop an understanding of referral on to other healthcare professionals or co-management with them.

2. Meeting with staff responsible for the teaching of research methodologies

The Panel met with:

The Interim Principal (SCC)
Partnership Tutor - Buckinghamshire New University (BNU)
Director of QA (SCC)
Dr Heidi Haavik, (New Zealand College of Chiropractic).

Observers:

The Vice-Chair, Board of Trustees (SCCCT)
One Member of the Board (SCCCT)

The Panel queried the attendance of Dr Haavik at the meeting as they were unaware of her role within the College. Dr Haavik explained she had a memorandum of understanding (MOU) with the College agreed in early June 2023 and had helped develop their research strategic plan and design of the research modules. She said, the New Zealand College were also providing the teachers for the research modules through an MOU with SCC. She clarified that she would not be teaching on the course.

The Panel expressed their disappointment that the two identified module leads, who were requested to attend the meeting, were absent, as that was an area where the Panel wished to seek further clarification and assurance. The explanation from Dr Haavik was that they did not want to attend the meeting due to time zone differences. The Panel commented that the GCC had agreed to organise two separate meetings to accommodate all required attendees, also noting the College had chosen to opt for a single meeting.

Evidence based research and critical appraisal skills: The Panel asked Dr Haavik how she would ensure the research skills students required would be evidence based, in line with GCC expectations and vertically integrated.

Dr Haavik responded that students would be introduced to evidence based concepts in year one in module 403 and would integrate those later in the programme. Further, that

students would be taught how to search for literature, review and understand different research designs and how to critique literature – at a low level.

Dr Haavik expanded that students would develop further skills in years two, three and four in specific modules such as 504, Neuroscience, 506, Evidence and Ethics in Contemporary Chiropractic Practice, 606, Special Populations, 602, Differential Diagnosis and 702, Research Project.

The Panel queried at what stage in the programme students learn how to conduct a risk of bias assessment, appraise the quality of an individual study or across a body of evidence, and if there was an underpinning research skills component, as that was not clear from the documentation.

Dr Haavik responded that they had not finalised their discussions as they had been concentrating their efforts on the first semester module. Plans were in place, but the documentation had not been finalised. The Interim Principal confirmed that they planned to bring in the research teaching earlier in the programme, but that had not been refined to date.

The Panel queried the level of research and critical appraisal knowledge the students would obtain as they entered year four of the programme and where they would have gained this knowledge from, as the Panel had not seen learning outcomes or core content to identify that.

The Interim Principal shared that those details were documented on the week by week learning schemes but were not shown on the module specifications submitted to the Panel. The SCC team re-stated that research teaching would need to be introduced earlier in the programme than was currently the case, to ensure students had the necessary research and critical appraisal skills by year four. The Panel was told those changes would be made to the programme along with the changes in aligning to the new Education Standards.

While the Panel appreciated that changes to the programme were planned, the Panel shared that recommendations can only be made on the programme as it currently stood.

Student research study: Dr Haavik explained that at her institution students normally plan their research study in the third year, including completing a literature review and ethics application, prior to data collection and presentation of the project.

The Panel queried the timeline of the ethics application as it currently stood, as it was planned over the summer following year three, and the Panel suggested students would need additional input in advance of then, to inform the protocol.

Delivery of evidence based teaching: Dr Haavik shared that the team delivering research methods all had PhDs or were working towards completion, had clinical experience and were active in chiropractic research. Dr Haavik told the Panel there was a strategic plan to work with the wider faculty at SCC to develop skills and appoint a Director of Research.

The Panel was told in the interim period, teaching staff would need to be upskilled and would undertake a higher education teaching certificate and take part in a mentoring programme.

The Panel was keen to learn how the research teaching would be integrated into clinical practice. Dr Haavik explained that the research strategic plan included a research content

audit to be undertaken every few years. That audit would also be mandatory for external clinical placements.

The Interim Principal clarified for the Panel that the New Zealand College would be providing both formative and summative assessments over the four years of the programme.

The Panel was told all content would be delivered remotely with lectures pre-recorded online, and seminars virtual 'in person.'

Initial Panel Considerations

Immediately subsequent to the meeting the Panel held a short private meeting.

The Panel agreed that the programme as presented and discussed in that meeting was significantly different to the programme that had been submitted to the Panel.

The Panel agreed it was not assured that the structure of the programme as presented as part of the programme submission, including the vertical integration of research and evidence based content, would give students the knowledge and skills needed prior to commencing patient care to apply appropriate evidence based care or would permit them to successfully conduct their research dissertation.

The Panel expressed disappointment in the lack of clarity presented regarding the staffing of this aspect of the programme, specifically the personnel changes and mode of delivery.

3. Meeting with Senior Management Team (SMT)

The Panel met with:

The Interim Principal (SCC)

Partnership Tutor - Buckinghamshire New University (BNU)

The Director of QA (SCC)

Observers:

The Vice-Chair, Board of Trustees (SCCCT)

One Member of the Board (SCCCT)

HR recruitment policies: The Panel was unable to review the College's HR recruitment policies as those were not submitted to the GCC prior to the meeting. The Interim Principal apologised to the Panel for not submitting those policies and explained procedures for the recruitment of staff.

The Panel was told senior positions such as the role of Principal were advertised amongst the profession in the UK and overseas; and that there was a staged process to the appointment including a two stage interview and presentation.

Similarly, the role of Director of Business Development was advertised online and consisted of a staged interview process. The Director of QA was approached following a recommendation by a previous validating partner.

The Panel was informed that BNU had made recommendations for potential anatomy lecturers, who in turn recommended potential biochemistry lecturers.

The Panel noted that all chiropractic teaching staff had been recruited from overseas, with one applying to sit the GCC's Test of Competence (ToC) in September 2023. The Interim Principal confirmed that all chiropractic teaching staff qualified overseas would be expected to complete the ToC.

The Interim Principal updated the Panel that the identified research staff would no longer be employed by SCC, as had been stated during the Stage 4 visit in May, but the modules would now be delivered remotely further to an MOU with the New Zealand College of Chiropractic. The Panel was told that was due to the practical difficulties of their relocating to the UK.

The Interim Principal also updated the Panel that he expected a new permanent Principal could be in place by January 2024. He told the Panel the vacancy would be advertised in professional journals in the UK, through the professional associations and the European Chiropractors' Union.

Transition to new Education Standards: The Director of QA shared that they had completed their own cross mapping exercise to the new Standards but would now use the mapping template supplied by the GCC. They said they were aware that was a substantial task and they intended to work on that over the next academic year with a view to implementing the new Standards in September 2024. BNU said they were aware that process would change modules already approved. The Director of QA said it would be beneficial to have a steer from the GCC on timeframes for submitting those documents.

Teaching space: The Panel asked for an update on the adjacent larger vacant unit identified at the visit in May 2023 as additional teaching space. The Interim Principal shared the College had a signed contract and he expected access to the space towards the end of the year; and that the plan for the space was for an extended practical skills area, rehabilitation space and additional student space.

The Panel was told that there had been no further discussions on the clinic space due to the Interim Principal being on annual leave over the summer period.

Student enrolment: The Interim Principal confirmed that between 12 to 14 students would enrol and begin the programme on 4 September 2023. BNU had agreed to support the running of the course without GCC approval following the visit in May. The Panel was told students were aware that the course had not yet been approved by the GCC and understand that if the programme had not secured approval by the GCC at the time of their graduation, they would not be able to join the chiropractic register.

Placement observations: The Panel asked for clarification on whether non chiropractic placement observations for the students were optional or mandatory. The Interim Principal stated they were unsure they could mandate the observations, but he said the expectation was all students would undertake both chiropractic and non-chiropractic observations in years one and two. The Panel was told students would document their observations within their reflective portfolio.

The Panel was informed that during year three, as skills developed, students would have the opportunity to undertake more hands on tasks under supervision.

The Interim Principal confirmed that the Director of QA and he would be responsible for the quality assurance audits of placements but that would eventually transfer to the clinical team and Director of Clinical Programmes. The Panel was told any professional within a placement setting, who oversaw a student, would be required to undertake training with

the College. The Interim Principal stated it was important that students on placements were only exposed to procedures/techniques taught on the programme.

The Panel queried whether the self-declaration form for placement providers was rigorous enough to ensure they only applied an evidence based model of care. The Panel was told the partnership tutor at BNU, who had experience of working with clinical placements would review the forms and advise the College on any amendments needed.

The Panel asked the SMT to specifically outline the ways they would quality assure that the techniques and practices used in a placement setting were acceptable to the GCC. SMT stated there were five identified techniques being taught on the programme and that was what they expect students to observe on placements. With regards to non-hands on treatment such as exercise, rehabilitation, behavioural change and supported self-management, the Interim Principal confirmed they would audit feedback forms and patient PROMs and PREMs questionnaires.

The Panel sought assurance that patients in the chiropractic clinic would be receiving a breadth of intervention and evidence based care. The Interim Principal stated that although challenging, the QA/auditing process would allow them to select placement providers who meet the GCC's expectations. The Panel was told the Director of QA would monitor that process.

Initial Panel Considerations

Immediately subsequent to the meeting the Panel held a private meeting where they expressed their concern as to the decision to enrol students at this stage while the programme was not approved.

The Panel noted that it was not presented with any evidence supporting the Colleges' staff recruitment processes, and were therefore not assured that the recruitment practices and processes employed by the College were transparent, nor that they followed good HR practice. The Panel agreed that ongoing vacancies in the programme delivery team, and management/leadership positions were of significant concern.

The Panel was not assured students would undertake non-chiropractic observations as the information presented regarding placements and observations lacked clarity.

The Panel was also not assured that the aspirational statements regarding IPL would be enabled, and that students would develop the skills and knowledge to practice effectively in an interprofessional manner.

Account of verbal summary given to the institution

14 August meeting:

The GCC Education Visitor Approval Panel provided a verbal summary to the SMT setting out the timeline for completion of the draft report:

- Following the meeting the Approval Panel would meet to review, reflect upon and analyse the information/discussions from the original visit in May and the meeting on 14 August 2023.
- The draft report, with the main findings and recommendations to the Education Committee would be issued to the Interim Principal, on Friday 8 September 2023.
- The report would include the Approval Panel's analysis of the extent to which the provider had demonstrated that it meets the requirements of the 2017 GCCs Education Standards, and any areas of particular risk identified. Conditions may be recommended that aim to mitigate such risk. The report may also include areas where commendations or recommendations were made.

The Panel explained that the draft report and its recommendations were confidential and could not be shared. The Panel said the College had one month from the date that the draft report was sent in which to respond with any factual corrections, observations, or objections to the content.

Following that, the recommendations of the Approval Panel, and any responses from the College, would be progressed for consideration and decision-making by the Education Committee during Stage 5.

Approval Panel's Findings

After reviewing all submitted documentation and reflecting on information presented during the Stage 4 visit in May 2023 and the additional meeting in August 2023 the Panel made its assessment against each Education Standard. The Panel identified serious deficiencies set out below against each numbered Education Standard.

1.7 Explain the nature and context of chiropractic as a regulated profession in the UK as well as chiropractors' duties as registered healthcare professionals and compare the UK context with others around the world

Although the Panel concluded the Standard appeared to be met further to its 'desk top' analysis, following the meetings in May and August 2023 the Panel had significant concerns regarding the students' exposure to the wider healthcare domains within the UK and in particular, interprofessional working. (Pg.11, Pg.20, Pg.21, Pg.25)

1.8 Describe the importance of interdisciplinary team working and the role of chiropractors in relation to other healthcare professionals and in the wider healthcare context

Although the Panel concluded the Standard appeared to be met following the 'desk top' analysis, following the meetings in May and August 2023 the Panel felt there was a significant risk that would not happen. **(Pg.11, Pg.20, Pg.21, Pg.25)**

1.9 Describe the scientific method used when providing and understanding the evidence-base for current chiropractic practice, and the importance of incorporating advances in knowledge into professional practice.

The Panel concluded there were risks that essential skills needed to implement the evidence based practice requirements of prior modules and to effectively plan the dissertation, featured too late in the programme. The Panel noted commitments given by Dr Haavik to amend the structure of the programme in the future, but the Panel reminded itself that its assessment was being made only on the proposals before the Panel.

Additionally, the Panel was not assured that undergraduates would progressively develop evidence based skills across the programme in a way that would embed their integration into clinical practice by the time the students reached their first clinical module in year three. The Panel assessed that to be a significant risk. **(Pg.11, Pg.13, Pg.16, Pg.20, Pg. 23)**

2.6 Interpret reports and the results of investigations

The Panel had significant concerns that the learning outcomes for the imaging modules were unrealistic. The panel was concerned that the module content was too ambitious in terms of volume of content and the expected levels of proficiency sought and that both constituted a risk to the safety of patients. **(Pg.16)**

2.7 Use an evidence-based approach, taking into account patient-reported experience and outcomes, and patient choice in decision-making, to arrive at a working diagnosis and rationale for appropriate care.

The Panel was concerned that significant gaps relating to that Standard remained. The Panel noted the emphasis on chiropractic manual techniques in the expected management of patients, but did not see enough evidence as to where and how students would develop psychosocial and behavioural interventions, provide advice on actions patients could take to manage their lifestyle, and on shared care and multidisciplinary approaches. The Panel were concerned that omission suggested an overly narrow approach to teaching emphasising manual treatment. **(Pg.16, Pg.21)**

3.1 Distinguish between and apply, in sufficient depth, a wide range of approaches to therapeutic psychomotor and condition-specific management skills, drawing appropriately from evidence of effectiveness.

The Panel had regard to the consistent questioning of the course team over several meetings considering the Standard. The Panel was unclear how and where a wider range of **evidence-based, condition-specific** interventions and management techniques would be taught and delivered. The Panel observed **there was insufficient evidence available to it to be assured that students would be adequately supported to develop the skills and knowledge to implement those approaches into patient care.** **(Pg.16, Pg.21)**

3.2 Apply appropriate skills and patient centred care based on the working diagnosis and rationale for care

The Panel noted that 'mental health' and 'communicating nutrition and healthy eating' were evidenced briefly in module descriptors but the Panel also noted SCC had not mapped that information to standard 3.2. Accordingly, the Panel noted limited detail regarding the inclusion of health promotion/behaviour change, preventative advice, involving carers/stakeholders and multidisciplinary care implementation (not only referral). The Panel had significant concerns at the absence, or limitations of that information. **(Pg.16, Pg.21)**

4.1 Describe a range of different research methods and explain when each is appropriate for use in answering clinical questions and informing clinical decision-making.

In relation to clinical decision making, the Panel identified a risk that students would not be equipped with the requisite skills and understanding to interpret best available evidence and apply it safely and effectively. The concerns related to the lack of integration between research teaching and the academic skills developed and the clinical elements of the programme. The Panel was also not assured by evidence presented that supervision on clinical placements would be of sufficient depth or evidence based. **(Pg.16, Pg.23)**

4.3 Demonstrate the ability to judge validity and critically appraise research methodologies and findings that underpin clinical claims and practice.

The Panel said it was unclear where students would have learned, to a sufficient level, how to find evidence or to differentiate a good study from a bad study (of the same methodology type), and which would therefore be a risk to the safety of patients. **(Pg.11,Pg.13,Pg.16,Pg.23)**

5.2 Identify appropriate situations for referral to, or co-management with, other healthcare professionals.

The Panel was not assured that students would be exposed to a range of teaching and clinical situations where they could develop understanding of referral to and co-management with other healthcare professionals. They concluded there were still gaps relating to the Standard and was not assured that interprofessional learning either simulated or in a placement setting would ensure the Standard was 'met'. **(Pg.16, Pg.20)**

7 Ensure knowledge and skills covered by the programme are integrated across academic and clinical settings, are internally consistent and are orientated to chiropractic practice.

The Panel was concerned about a lack of academic and clinical horizontal and vertical integration within the programme, specifically between the critical appraisal skills, research and clinical aspects. Additionally, the Panel had concerns around the structure of the programme design with respect to research and evidence.

The Panel was also concerned about the opportunities for inter-professional observations. It was not clear to the Panel how clinical observations would support the integration of practice and theory. **(Pg.13, Pg.16, Pg.21)**

9 Build an interdisciplinary approach within the programme structure such that students understand and recognise that chiropractic is an integral part of the wider educational and healthcare sector.

The Panel was unclear as to how students would observe other practitioners, and have experience of other roles in practice. The College was yet to agree whether observations would be compulsory for students and the Panel concluded the commitment of the College to students' understanding and a recognition that chiropractic was an integral part of the wider educational and healthcare sector was aspirational (or cursory at worst) and lacked sufficient evidence. (Pg.21, Pg.25)

15 Consistently provide sufficient numbers of experienced chiropractors, academics and clinical staff with sufficient capacity to teach, assess and support effectively the entire learning experience for all students in each programme cohort. The institution must have at least one GCC registered chiropractor on staff who occupies a position of academic and/or managerial authority.

The Panel was not assured from speaking to the placement providers and the module lead for Professional Identity, Clinical Assessment and Chiropractic Technique that they had sufficient capacity and experience to teach, assess and support the students effectively. From the discussions held the Panel concluded there was insufficient knowledge and skills around critical appraisal, research and evidence to support integration into clinical practice.

The Panel also had concerns that a significant proportion of teaching would be delivered remotely, utilising staff sited overseas. In particular, the new proposal that all research would be delivered remotely from New Zealand, and therefore the ability to support students and staff would be intermittent and uncertain. The College was not able to offer clear contingency planning should these outsourced arrangements fail nor any contingency were staff unavailable.

Furthermore the Panel expressed concerns about the 'model' being utilised and speculated that the approach emphasised in New Zealand may run counter to mainstream practice in the UK. The Panel asked itself why such a resource was not available in the UK.

The Panel also expressed concern, given those above, as to the risk of SCC being unable to recruit staff to the programme, with little information as to its policy or processes provided. The Panel had no confidence in the SCC human resource strategy/plan in ensuring appropriately qualified and experienced staff were recruited. (Pg.7, Pg.11, Pg.23)

18 Encourage a culture of personal and collaborative academic research and scholarly activities.

The Panel was not assured that sufficient leadership and oversight would be in place due to the absence of personnel with appropriate experience, at least until year three, and concluded the risk of not meeting this Standard was significant.

The Panel also expressed concern that a part-time (0.3 whole time equivalent) Research Director was unlikely to be able to support all the research teaching, staff needs and development, supervision of dissertations and planning/working towards the College's wider and necessary ambitions for its research activities.

Similarly, students require knowledgeable research input to other aspects of their learning and at an earlier stage than when moving from year three to four.

Although there were plans in place to amend the structure of the programme in the future, the Panel assessed the programme as it stood. **(Pg.7,Pg.23, Pg.25)**

26 Demonstrate an ability to embrace and utilise innovation and advances in chiropractic practice, education, and science where appropriate

The Panel concluded that how the College intended to engage with the wider UK chiropractic community, particularly those in education and research, was unclear. The Panel was concerned this suggested an overly 'insular' approach rather than one that extracted the benefits from evidence and innovation seen elsewhere. **(Pg. 8)**

Additional note: Identified Placement Providers

During the meeting with placement providers on 19 May 2023, the Panel asked providers if they used practice approaches that were not supported by evidence, such as thermographic scans, vitality scans or digital scans for postural assessment. All placement providers responded that they did not carry out any of the approaches identified in the question.

The Panel was surprised to see, following a review of the practice provider websites, that this assurance was not supported. The Panel was not assured that students would always observe techniques and practices supported by evidence.

Conclusion: The Approval Panel considered there were serious deficiencies in the application and the Panel does not recommend the programme be approved for recognition.

Recommendation to Education Committee

1. Approve <u>without</u> conditions	<input type="checkbox"/>
2. Approve <u>with</u> conditions	<input type="checkbox"/>
3. No approval (insufficient evidence due to serious deficiencies)	<input checked="" type="checkbox"/>

Signed:



Panel Chair: Grahame Pope

Date: 07/09/2023

Annex One

Copy of letter sent to SCC via email 22 May 2023

Private and Confidential

Ross McDonald

Chair, The Scottish College of Chiropractic Charitable Trust

By email: ross@scotlandcollegechirotrust.co.uk

22 May 2023

Dear Ross

The Panel would like to thank you for your recent hospitality and for organising the campus tour and meetings over the two day period. The Panel recognise the challenges a new academic institution is presented with in developing a programme.

In the final feedback meeting with the SMT the Panel communicated it was not able to make a recommendation on the day. That was due to some of the sessions taking longer than we expected and the Panel satisfying itself that the necessary information had been obtained. In some areas it was not, and the Panel requires further information for it to form a conclusion.

The Panel identified several areas requiring development, and where we expect Conditions would be set. However, there were three areas where further information is required in documentation to be submitted to us and at further meetings.

Those were:

- **Teaching and practice:** A meeting with staff supported by documentation received in advance to provide assurance that the course would be underpinned by evidence-based teaching and practice. Further, that robust quality assurance processes would be in place in both college-based and clinical settings external to the college. We expect the documentation provided to include the audit tool to be used in assessing the quality of clinical placement settings. We also expect the staff identified as having substantial chiropractic teaching responsibility to be at the meeting; and to include Dr Michael Hall and Dr Mark Pascoe and those responsible for the teaching of research methodologies including Dr Nikita Kumari and Dr Usman Ghani.
- **Staff recruitment:** Further evidence enabling the Panel to assure itself that transparent HR and recruitment processes were in place must be provided. Such processes must be followed to recruit staff with appropriate experience and skills and to deliver a programme in line with GCC Standards. That could include further work and support from BNU and/or outsourced third parties.
- **Meeting Education Standards:** A further meeting takes place with the academic team such that the Panel can be assured the development of programme content enables the transition to compliance with the new GCC Education Standards in place for the academic year 2024/25.

Furthermore, the Panel would like to receive the full reading lists for each module, beyond the core texts currently referenced, and which we expect to see reference to contemporary sources.

The Panel would also appreciate further information regarding your student scholarship programme discussed during meeting three on Friday morning.

It is proposed the meetings be held virtually. Please propose dates for the additional meetings identified. Please also advise when we can expect to receive the additional documentation requested by us.

With kindest regards

Yours sincerely

Elizabeth Austin

Elizabeth Austin

Education & Standards Officer

Annex Two

List of documentation received from SCC on 25 July 2023

1. Expanded reading lists for 11 programme modules
2. Mapping document to the new Education Standards
3. Documents relating to clinical placements
4. Information on the student scholarship programme
5. PowerPoint on SCC strategic people plan and HR frameworks (not including recruitment processes)

Agenda item 11 - Annex B

Purpose

This paper informs and updates Council on the work that has been undertaken by the Education Committee during 2023.

Recommendations

The Council is asked to note the report.

Background

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

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

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

Summary of Activities

2. The Education Committee met three times in 2023 (March, July and November). Two meetings were held virtually via MS Teams and one face to face. This report summarises the work of the Committee, decisions taken, actions recommended and progress on work overseen by the Committee. The Council has received a report at each of its meetings.

Quality Assurance of Recognised Qualifications

3. During 2023 no new qualifications have been recognised.

4. The Education Committee has continued to liaise with its education providers and consider issues arising from substantive changes such as programme validation/governance changes, staffing changes and changes to modules.
5. One annual monitoring visit was held in May 2023: face to face with Teesside University and the report considered by the Committee in July 2023.
6. Discussions and meetings have continued regarding the proposed new programme in Scotland with The Scottish College of Chiropractic (SCC) and its validating partner, Buckinghamshire New University. The College moved to Stage 4 of the approvals process with a visit taking place on 18/19 May and a further virtual meeting on 14 August. The Committee considered the approval panel's report, the SCC response, and recommendations from the Approval Panel at its November meeting and agreed its recommendation to the GCC Council.

Annual Monitoring

7. The Education Committee carried out its annual monitoring of programmes for 2021-22. Two members of the Committee and the Executive met with each institution's staff and student representatives. Key themes identified were:
 - A decline in National Student Survey (NSS) scores compared to the previous year (reflective of the national picture)
 - Overwhelmingly positive feedback from students. Students expressed their satisfaction at being back on campus full time, with the lifting of all Covid restrictions.
 - Overall, the engagement and involvement of patients in the design, development and delivery of chiropractic courses has started to increase following the pandemic.
8. For the first time, providers reported on student data around five protected characteristics. These included the recruitment of students based on, age, sex, disability, ethnicity and sexual orientation. Capturing this data will allow the GCC a greater understanding of the makeup of the student body.
9. The annual monitoring form also required providers to describe in detail the approaches taken to promote equality, diversity and inclusion (EDI) across all aspects of the programme delivery.
10. The Committee approved the annual monitoring and self-assessment form for 2022-23 and the thematic review topic on collaborative healthcare activities undertaken throughout the academic year. The GCC prioritised this area as it was strengthened and updated in the new Education Standards (Domain E) in line with those of other regulators and wider healthcare practice. The new Standards will expect new chiropractors to develop a greater understanding of the wider healthcare system and the importance of collaborating with other professionals for the benefit of their patients.
11. In June 2023 the GCC published [its second online annual monitoring overview of chiropractic education](#). The publication allows the public and profession access to

a range of information and insights and show how the GCC quality assures chiropractic education in the UK.

Work of the GCC Education Committee 2023

12. The Education Committee has been responsible for the following areas and projects:

- Overseeing the Test of Competence (TOC)
- The GCC's Continuing Professional Development (CPD) Scheme and audit
- Implementation of the Education Standards

Test of Competence (TOC)

13. During 2023 the Committee has continued to oversee the implementation of the TOC and considered the External Examiner's report. The report concluded that, overall, the process was operating smoothly, standards were maintained and public safety assured.

14. The report and the GCC's response are available on the GCC website.

15. The GCC has held all 2023 TOC interviews remotely and monthly to meet demand. Demand has decreased from the peak in 2022 with 39 candidates sitting during 2023.

16. The Committee approved a new Anonymised Patient Records policy in March 2023 and noted the amends made to the website, EPQ form and Question Bank following the launch of the new Education Standards.

17. The annual review meeting with TOC assessors was held in October 2023.

18. A recruitment exercise was held in late 2022 with new assessors and chairs being appointed and trained. One assessor has since left to take up a role on Council. A further recruitment exercise begins in late 2023. A Chairs mentoring programme has also been successfully introduced.

CPD

19. For 2021/22 the focus for all registrants was on Consent, relating to Principle E in the Code: Obtain informed consent for all aspects of patient care.

20. We had seen an increase in issues around obtaining appropriate and valid informed consent in concerns and complaints raised about chiropractors. The guidance on Consent was reviewed and updated and a toolkit published, building on the research with the GCC Patient Advisory Group.

21. The CPD submissions of all new registrants, together with a full review of 10% of returns, were checked and audited in autumn 2023.

22. The Committee agreed that the focus for CPD for 2023-24 would be on Equality, Diversity and Inclusion. Guidance and support materials were published in August 2023.

Implementation of the Education Standards

23. The Committee has overseen the launch on 1 March 2023 of the new Education Standards and suite of documents and new templates accompanying it.

24. The implementation and recognition plans from each Education Provider were scrutinised and approved in July 2023.

25. The Committee noted the newly developed process for the recognition of satellite programmes in the UK and overseas and the revised Clinical Placement Guidance, which was published in October 2023.

26. A chiropractic-specific document for education providers has been developed, including best practice examples and recommendations which can be used to support providers to meet the Education Standards. Available guidance and best practice from other healthcare regulators has been signposted. Providers will also be encouraged to engage with the GCC to share examples of best practice.

27. All providers are adapting their existing qualifications or developing new qualifications to meet the new Education Standards. The first of which is the AECC UC MSc Chiropractic (Pre Registration) programme.

Website

28. The GCC has revised content on the Education portal of the website, with new content and images and a photography session was held at LSBU's Croydon campus.

Membership

29. During 2023 the Education Committee membership comprised:

Name	Member details	Dates of membership	Meetings attended 2023
Sharon Oliver	Council lay member and Chair	Until 31/07/23	2 of 2
Catherine Kelly	Council lay member and Chair	From 1/03/23 and from 1/8/23	3 of 3
Clare Allen	External lay member	All year	3 of 3
Mike Barber	External registrant member	Until 1/6/23	1 of 1

Philip Dewhurst	External registrant member	All year	3 of 3
Sam Guillemard	Council registrant member	From 1/07/23	2 of 2
Daniel Moore	External registrant member	From 1/07/23	2 of 2
Aaron Porter	External lay member Council member	until 31/07/23 from 1/08/23	3 of 3
Ralph Pottie	Council registrant member	All year	3 of 3
Keith Walker	Council registrant member	All year	3 of 3
Carol Ward	External lay member	All year	3 of 3
Jessica Watts	External lay member	From 1/08/23	1 of 1

Penny Bance

Director of Development



For noting and approval
(as applicable)

Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 8 December 2023

Agenda Item: 12

Purpose

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

Recommendations

Council is asked to note the report from the Chair of the Audit and Risk Committee.

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

1. Since the last Council meeting in September 2023, the Audit and Risk Committee met once (virtually) on 9 November 2023.

CER Report

2. The Committee received and noted the CER's report covering the period since its last meeting in May 2023.
3. The Committee noted the update on:
 - Office location
 - Professional Standards Authority – annual performance review
 - Chair of Council recruitment
 - IT upgrade
 - Regulatory reform

The Committee welcomed and noted the report.

Management Accounts for the Period to October 2023

4. The Committee noted that the realised headline surplus for the period was £200k compared to the forecast surplus of £150k.
5. The Committee further noted that the dynamic year-end forecast surplus was in the region of £58k.
6. The Committee additionally noted that the GCC's reserves remained strong with a total net assets value of £3.343m (December 2022: £3.280m). The value of GCC investments decreased by 159K (3.6%) from £4.461m to £4.302m as of 31 October 2023 (December 2022: £4.461m).
7. On the HR Update report, the members noted that there were no immediate concerns from the Executive to be brought to the attention of the Committee.

The Committee noted the report.

Strategic Risk Register October 2023

8. The Committee received the Strategic Risk Register (SRR) update report.
9. The Committee noted that there had been a reduction in the rating of one of the six strategic risks in the register (i.e. risk number 3: future of the profession) since the last meeting in May 2023.
10. The Committee further noted the continued efforts of the Executive to strengthen the agreed risk controls to mitigate any potential risk failures and their impact on GCC's operations.
11. The Committee recognised the transition in Council Chair as a potential risk and recommended a quarterly review until the new Chair was appointed to the role.
12. The Committee highlighted the importance of monitoring business objectives to ensure they were continually met.

The Committee agreed the report.

Strategic Risk Register - Managing the Risks Assigned to the Development Team and Impact on ARC Work

13. The Committee received a report from Penny Bance (Director of Development), outlining how the strategic risks assigned to the Development Team were being managed.

14. The Committee **welcomed** the report and thanked the Director for the team's work and the risks highlighted in the report.

The Committee noted the report.

Cyclical Taxation Matters – Update

15. The Committee **noted** that the GCC's cyclical taxation matters (i.e. PAYE Settlement Agreement and corporation tax) were up-to-date.

The Committee noted the report.

External Audit – Audit Planning Report for 2023

16. The Committee **reviewed** the external auditors' plan for the audit of the 2023 financial statements, including the proposed increase in the audit fee by approximately 10% from £19,200 in 2022 to £21,120 (including VAT).
17. The Committee **noted** the reasonableness of the 10% fee increase, considering the ongoing relatively high level of inflation, recruitment difficulties for auditors and the general uplift in audit fees across a range of sectors.

The Committee agreed the 2023 audit plan proposals from the external auditors.

Information Governance Update

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

Audit of Investigating Committee Decisions (Dec-22 to May-23)

19. The Committee noted the data protection issues identified by the auditors in the cohort of cases reviewed.

The Committee noted the report.

Updated ARC Terms of Reference (TOR)

20. The Committee **noted** the updated Terms of Reference.

Approach to Cyber Security at the GCC

21. The Committee noted that the report cited some of the best practices in cybersecurity protection and the GCC's approach to mitigating the most common forms of cyber threats.

22. The Committee acknowledged that the information presented in the report aligned with, and supported, the GCC's cyber security risk rating in the Strategic Risk Register.
23. The Committee congratulated the Executive on the detailed coverage of the topic. The Committee then noted its satisfaction with the mitigation arrangements for the known and emerging cyber security threats detailed in the report.

The Committee welcomed and noted the report.

Partners' Service Contracts and Implications for the GCC

24. The Committee noted the highlights of the preliminary legal advice received on the GCC partners' service contracts.
25. Members agreed that more time would be needed to conclude the review exercise and noted that the issue was primarily one for the HR Committee, with any financial risks being the primary concern for ARC.

The Committee noted the preliminary legal advice from the GCC solicitors on the partners' service contracts.

ARC Workplan 2023 and 2024

26. The Committee **agreed** the Audit and Risk Committee workplan for 2023 and 2024.

Any Other Business

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

Fergus Devitt

Chair of the Audit and Risk Committee



For noting and approval
(as applicable)

Report from the Chair of the Remuneration and Human Resources Committee

Meeting paper for Council on 8 December 2023

Agenda Item: 13

Purpose

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

Recommendation

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

Committee Meetings

1. The Committee met once, on 16 November 2023, since the last Council meeting.

CER Operational Report

2. The CER updated the Committee on:
 - Staffing and recruitment matters
 - Learning and development
 - Office location
 - New HR policy (Transitioning at Work policy and Action Plan)

The Committee noted that Executive's priorities for the next quarter were to:

- Crystallise office arrangements
- Complete appraisals and development plans, and
- Conclude partner contractual arrangements.

The Committee also noted that the annual leave arrangements were progressing satisfactorily and that there should be limited carry over of leave into 2024.

The Committee noted the report.

Pay Award Proposal

3. The Committee considered a detailed report from the executive concerning current pay awards, market conditions and expectations about inflation. They noted that while the level of inflation was now decreasing, overall prices of certain key goods and services were not following suit. This made pay award decisions more challenging.
4. Following discussions which covered current and future CHIP indices, pay awards and proposals for other regulatory bodies and other economic factors, the Committee agreed to recommend a 4.5% pay award to Council for the 2024 calendar/financial year. The award would be subject to the availability of funds in the 2024 Budget which would be reviewed by Council in December 2023.
5. Members also agreed that unconsolidated payments could be awarded in response to specific issues and events but that they should not be routinely made simply to supplement the annual pay award.

The Committee agreed to recommend a 4.5% pay award to Council, subject to availability of funds in the 2024 Budget which would be reviewed by Council in December 2023.

Succession plan

6. The Committee noted that from a long list of 10 candidates, four candidates had been selected for the final interview scheduled to be held in person on 28 November 2023 at the GCC offices.
7. Committee was informed that a conflict-of-interest matter arose during the selection process, which was mediated by the Chair, the independent panel member, and Gatenby Sanderson (GS). The panel considered and addressed the issue, and it was agreed that the independent member would incorporate relevant considerations in their report to the PSA.
8. The Committee noted that GS had been effective in the management of the recruitment process.
9. The Committee was informed that Catherine Kelly assumed the role of Chair of the Education Committee following her appointment at the additional Council meeting held on 1 August 2023. The Committee noted that she would attend her first meeting as Committee Chair in the week commencing 20 November 2023.

10. The Committee further noted that the current Committee Chair, Steven Gould, would attend his final Committee meeting in April 2024 due to his retirement from the Council on 31 May 2024. The Committee discussed and acknowledged the need for succession arrangements, but that these should be considered once the new Council Chair was appointed.

The Committee noted the report.

Review of GCC Partners' Service Contracts

11. The Committee discussed and noted the preliminary legal advice from the GCC's solicitors regarding the partners' service contracts.
12. Members agreed that because of the complexity here and more time was needed to conclude the review exercise and that the Executive would report back to the Committee in April 2024. For the moment the likelihood of a challenge is quite low but we should keep this issue on our agenda

The Committee noted the preliminary legal advice from the GCC solicitors on the partners' service contracts.

Updated Terms of Reference (ToR) for the Remuneration & HR Committee

13. The Committee reviewed the updated TOR.
14. The Committee noted that a section of the TOR required more clarity. Members then agreed that the Executive would finalise the update of the TOR with the Chair before the next Committee meeting in April 2024.

The Executive and Committee Chair would finalise the update of the Committee TOR before the next meeting of the Committee in April 2024.

Remuneration and HR Committee Work Programme for 2023 and 2024

15. The Committee emphasised the need to visibly highlight the *people strategy* aspect of the Committee's work.
16. There was also an enquiry about the frequency of the external benchmarking review of Non-Executive Directors (NED) remuneration for Council Members. The Committee restated the 2022 to conduct the review every three years. The Committee noted that the next review, would be conducted in 2025, with the changes to be applied from 1 January 2026.

The Committee noted the Committee's workplan & meeting dates for 2024.

Next Meeting

17. The next meeting will take place on 11 April 2024 (Virtually).

Recommendation

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

Steven Gould
Chair of the Remuneration and HR Committee