

General Chiropractic Council Meeting Agenda

20 March 2024 at 9:30 (MS Teams)

Item	Action	Presenter	Time
1. Welcome, apologies and declarations of interest		Chair	9.30
2. A. Council Minutes of 8 December 2023 B. Matters Arising	To approve	Chair	9.35
3. Chair's Report	To note	Chair	9.45
4. Chief Executive & Registrar's Report Inc Comms update	To note	CER	9.55
5. A. Regulatory Committee Appointments B. Fitness to Practise Update	To note	D of FtP	10.10
6. Finance Update – Management Accounts to February 2024	To note	D of CS	10.25
7. 2024 Business Plan update	To note	D of CS/BPO	10.35
8. The Code Review	To note	D of Dev	10.50
Break (15 minutes)			11.05
9. Annual reports on key operational areas: Fitness to Practise Report 2023 Registration Report 2023	To note	D of FtP D of Dev	11.05
10. A. Annual Report from the Professional Conduct Committee (PCC)	To note	Chair of PCC	11.30
B. Annual Report from the Investigating Committee (IC)	To note	Chair of IC	11.45
C. Annual Report from the Audit and Risk Committee (ARC)	To note	Chair of ARC	12.00
11. Report from the Chair of the ARC	To note	Chair, ARC	12.10
12. Any Other Business		Chair	12.15

Close of meeting: 12.20

Date of next meeting: 19 June 2024 (In-person)



For approval

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

**Park House, 186 Kennington Park Road,
London SE11 4BT**

8 December 2023 at 09:30

Members present	Mary Chapman (Chair of Council) Annie Newsam Keith Walker Catherine Kelly Sam Guillemard Aaron Porter	Elisabeth Angier (for agenda items 1 to 7) Jennie Adams Ralph Pottie Keith Richards Steven Gould
Apologies	Fergus Devitt	
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 Alan Clamp, Chief Executive, Professional Standards Authority	Siobhan Carson, Scrutiny Officer, Professional Standards Authority

1.	<p>Welcome, Apologies and Declarations of Interest</p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>Apologies were received from Fergus Devitt.</p> <p>Members' interests were captured in the Register, published on the GCC website and were accurate. No additional interests were notified.</p>
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2.	<p>Draft minutes of the Council meeting of 25 September 2023 and matters arising</p> <p>A. Minutes Council agreed the minutes were an accurate record of the meeting.</p> <p>B. Matters arising The Chair confirmed that three matters arising had been completed and the remaining item that related to the reappointment of Council members coming to the end of their term in 2024 was ongoing.</p>
3.	<p>Chair's report</p> <p>The Chair tabled the paper, highlighting the positive conclusion to the business year and decisions to be made during the meeting for plans in 2024; and expressed gratitude to the Chairs of Committees for their leadership of specific areas of the Council's work.</p> <p>The Chair indicated that the recruitment process for Chair of Council had progressed with the recommendation of the preferred candidate currently under review by the Privy Council. Further, that performance appraisals would be undertaken before year-end, enabling a smooth transition.</p> <p>The Chair provided an update on the progress of regulatory reform, noting positive steps with the expected laying of the Section 60 order for the GMC.</p> <p>In discussion, the slight decline in admissions to education programmes observed at the recent meeting of the Education Committee was raised. The Chair of the Committee confirmed the Committee were monitoring this trend closely to determine if it signified a temporary, or longer term, change.</p> <p>Acknowledging the positive assessment by the Professional Standards Authority, and the efforts required to meet the standards, the Chair congratulated the executive team and concluded with a cautionary reminder that the challenge remained in sustaining such achievements over time.</p> <p>Council noted the Chair's report.</p>
4.	<p>Chief Executive and Registrar's Report</p> <p>The Chief Executive and Registrar (CER) presented his report.</p> <p>The Executive emphasised that the recently completed Continuing Professional Development (CPD) round highlighted a minority of registrants not meeting the submission deadline, with a less tolerant approach to be taken in 2024.</p> <p>Council welcomed the incorporation of a focused reflection on Equality, Diversity, and Inclusion (EDI) into CPD requirements for 2024.</p> <p>Members noted the correspondence with the Secretary of State on events in Israel and Gaza, and the response by the GCC.</p>

	<p>On the recent PSA annual research conference, Members discussed the potentially traumatic and devastating experience faced by complainants undergoing the Fitness to Practise process - the primary subject of NIHR research underway. Members recognised this and referenced experiences of registrants that are often challenging. The Chief Executive and Registrar acknowledged the challenging nature of the adversarial approach to justice, particularly for witnesses and complainants.</p> <p>The Director of FtP provided insights into existing mechanisms for witness support and further noted that where vulnerabilities of registrants were known, the GCC would ensure reasonable adjustments were made; and advice given to unrepresented registrants emphasising the importance of seeking support.</p> <p>Members queried 'dropout rates' of witnesses to FtP proceedings. The Director of FtP noted that rates were constant, albeit acknowledging the correlation between remote or in-person hearings and dropout rates would be monitored.</p> <p>Members enquired whether the GCC could be a provider of CPD opportunities as opposed to directing registrants to 'the market.' The Director of Development clarified the GCC did not accredit nor provide CPD.</p> <p>Council noted the report.</p>
5.	<p>Fitness to Practise Report</p> <p>The Director of Fitness to Practise introduced the paper, highlighted staffing and internal resource challenges, impacting team performance in Q3. The Director noted that despite mitigation, by utilising temporary staff, the effect would continue, with the focus remaining on prioritising higher-risk cases.</p> <p>Members noted the effect on the progression of cases and identified the possibility of the team being overly 'lean.' The Director acknowledged staffing challenges as a constant feature and the steps taken over the year to add resilience. The proposed case management system was identified as a potential improvement.</p> <p>A Council Member queried plans to increase panel member numbers. The Director confirmed this and explained that recruitment efforts for the PCC were in the pipeline, especially for chair positions. The Director added the focus would be on recruiting from the internal pool of lay members. Concerning the extant list of hearings, it was clarified that most involved existing panel members, and the recruitment process was not expected to impact on open cases, except where a listing had not yet been made.</p> <p>Council noted the report.</p>
6.	<p>Finance Update – Management Accounts to November 2023:</p> <p>The Director of Corporate Services presented the management accounts report for the period to 30 November 2023.</p>

	<p>The Director highlighted that the forecast year-end surplus was in the region of £54k. This represented a surplus margin of 1.7% compared to the required minimum annual surplus margin of 1.5% in the 2023-25 financial strategy which Council approved in June 2022.</p> <p>The Director highlighted net assets of £3.409m, an increase of £128k (3.9%) on the 31 December 2022 audited figures, represented by the General, Designated and Restricted reserves.</p> <p>The Chair noted that Council developed a financial recovery strategy in 2018 and that the strategy had now been achieved. The Chair acknowledged the work of the Director of Corporate Services and his predecessor in shaping the GCC's financial landscape, expressing gratitude for their leadership.</p> <p>Council noted the report.</p>
7.	<p>Business Plan 2023 Performance Update</p> <p>The Business and Projects Officer (BPO) presented the final report on performance on the 2023 Business Plan. Members commended the improved transparency and clarity of reporting and made several points.</p> <ul style="list-style-type: none"> • The utility of the newly introduced Pulse survey (of 10% of registrants randomly selected each month) • The impact of the published toolkits. The BPO confirmed that data on accessing the toolkits (downloads) was available and feedback was sought on the usefulness of the toolkit to the registrant and would be included in future reports. • The annual report on Equality, Diversity and Inclusion (EDI) activities was welcomed and it was agreed that plans to analyse data to inform future actions for the next corporate strategy were vital. On representation of the EDI working group, it would be important to continue to attract a diversity of membership and to ensure periodic refreshment of membership. <p>Action: The Executive to share the qualitative responses (anonymised) from the Pulse survey with Council.</p> <p>Action: A report on progress of the conclusion of the extant EDI action plan to be presented to Council at end of 2024.</p> <p>Council noted the report.</p>
8.	<p>Proposed Business Plan 2024</p> <p>The Chief Executive and Registrar (CER) presented the proposed business plan for 2024 highlighting the focus and main activities and emphasising the substantial nature of the proposed review of the Code of Practice. Members discussed the proposals.</p>

- The report of the scoping review of the Code and early engagement of stakeholders was welcomed.
- The Director of Development emphasised closer alignment with education standards would be important; its development would take place alongside wider reform considerations but would not be a limiting factor; and the opportunity presented to align standards, guidance and toolkits.
- On the proposed timeline, the Director confirmed it was ambitious and achievable albeit the imperative was engagement, effective consultation (also in Welsh) and completeness even if that would mean an extension to the timeline.
- There was agreement that the main gaps had been identified with the exception of information and cyber security which would require more consideration.

The Chair emphasised the importance of the Code being the basis of considerations in fitness to practise breaches and allegations, and care to be given to ensuring the robustness of that link.

Turning to the proposed business cases the CER highlighted a need to invest in supporting teams and driving performance and efficiency in fitness to practise and registration processes. A discussion on the proposed case management system covered:

- Expected benefits: in addition to efficiencies and reductions in processing time outlined, the Director of FtP indicated that non-cash realising savings had been identified - that is staff time saved.
- The preference for off-the shelf rather than bespoke solutions.
- Support for the arrangements proposed to 'backfill' team members dedicated to the implementation project.
- Confirmation that annual licensing costs would thereafter be funded from revenue rather than reserves and the positive financial position of the GCC enabled this.
- The inherent risks of technology projects and the importance of the regular reports to Council on progress being clear and transparent.

In relation to the proposed business case for improvements to the existing Registrant Management system the CER emphasised the importance of improvements to enable the team to meet the demand from increasing numbers of (especially new) registrants. He stressed the objective was to streamline processes, particularly in relation to the manual chasing of CPD submissions and assistance during the retention process with a move towards more 'self-service' by registrants. The Director of Development acknowledged that the specific benefits to both the organisation and registrants had not been quantified.

It was agreed that future business cases should make clear the cost/benefit analysis which underpinned each case. This was particularly important when the project required funding from reserves.

	<p>Members recognised the value in gathering up potential incremental improvements within a single project and the importance of freeing up staff time from basic administration towards more value-added activity.</p> <p>The CER noted that whilst the Business Case for the Welsh Language Scheme had been included in response to action point from a previous meeting, that following review the costs of implementation in 2024 were included in the proposed budget for 2024 and did not require funding from reserve.</p> <p>Council approved the</p> <ul style="list-style-type: none"> • Business Plan 2024 (Annex A) • Performance measures (Annex B) • Case for reviewing the Code (Annex C) • Business case for the case management system (Annex D) • Business case for enhancements to the Registrant Portal (Annex E) • Business case for the implementation of the requirements of the Welsh Language Standards (Annex F).
<p>9.</p>	<p>Proposed Budget 2024</p> <p>The Director of Corporate Services presented the budget for the 2024 financial year.</p> <p>The Director highlighted that the proposed budget was achievable, and that a budgeted headline surplus margin of 2.2% (£72k budget surplus) was expected to be achieved by 31 December 2024. The Director confirmed that of the total budgeted initial registration and annual retention income of £2.194m for the year, 90% had been received as of 30 November 2023. The Director added that the remaining 10% of the income was expected to be received by the end 31 December 2024. Variabilities in the budget, such as initial registration income and PCC costs were acknowledged, and the Director expressed confidence that appropriate controls were in place to efficiently manage those.</p> <p>The Director reported that the budget had been ‘stress-tested’ to assess the impact of changes to the key income and costs assumptions to the budget. The Director added that under the likely (proposed budget) scenario, the budgeted headline surplus for the 2024 financial year would be £72k. The best-case scenario produced a budgeted headline surplus of £132k and the worst-case would be £12k.</p> <p>Members discussed the level of the general reserve in relation to annual operating costs. The Director explained that the general reserve, also known as free reserve, had been set up to fund the GCC’s operations for six months in the event of a sudden and significant reduction in income. There was a discussion on future registrant number projections and the Director noted that a cautious approach had been followed and that academic work had been commissioned into registrant demographics to provide a solid foundation for strategy review work in 2024.</p>

	Council approved the budget for 2024.
10.	<p>Strategic Risk Register</p> <p>The Chief Executive and Registrar (CER) presented this report.</p> <p>Council noted that Council reviewed and approved the report in June and December each year.</p> <p>Council noted that there was a dedicated risk management group at the GCC, and the group convened monthly to address both operational and strategic risks. The CER emphasised the group's transparent and realistic approach to risk management.</p> <p>Council approved the Strategic Risk Register.</p>
11.	<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 on 22 November 2023.</p> <p>a) Recommendation on proposed Scotland College programme</p> <p>The Chair of the Education Committee reminded Council that the Committee had considered the 'Stage Five' recognition outcome of the Scotland College of Chiropractic degree programme. Further, that under the terms of the Chiropractors Act 1994 the Chair of the Education Committee stated that Council has the responsibility for recognising qualifications and must consult with the Education Committee in determining any recognition. The Chair of Education Committee noted that the relevant details from the Education Committee's considerations, including the report from the education visitors, had been included and published in the meeting pack as had been the practice in consideration of other applications considered by Council.</p> <p>Council noted that the Chair of the panel responsible for evaluating the Stage Five recognition outcome of the Scotland College of Chiropractic degree programme had presented the panel's report to the Education Committee at its meeting in November. The Chair of Education Committee advised Council that the Committee discussed the report in depth, focusing on two main issues.</p> <p>Firstly, there were concerns as to the high number of standards only partially met and one standard not met. The Committee had examined the fairness and thoroughness of the process in assessing evidence against these standards. The Chair of Education Committee noted the Committee had examined the documentation and the process of gathering and checking evidence and had questioned the Chair of the visit panel at length and received assurances as to the rigour and fairness of the process and were satisfied by those assurances.</p> <p>Secondly, that the Committee had addressed correspondence from the applicant. The correspondence addressed perceived factual errors and alleged bias and/or the improper conduct in the evaluation process and visit report.</p>

	<p>The Committee had regard to a detailed paper on the points raised and the response made by the visit panel to each. The Chair of Education Committee confirmed that, again, the Committee had undertaken robust questioning of the Chair of the visit panel on the concerns raised, noting where changes had been made to the visit report in response, and was satisfied that concerns raised around bias or conduct were not substantiated.</p> <p>The Chair of the Education Committee noted that where an application had been approved by the Committee previously, subject to 'conditions' as to one or more standard, the requirements of each Standard had been met by the applicant. The Chair of the Education Committee informed Council that the Committee had reminded itself of that as to the application under consideration.</p> <p>The Chair of the Education Committee highlighted that the report of the visit panel had identified positive commitments made by the applicant, provided without demonstrable documentation or assurance. Council noted those positive developments were not adequately represented in the current application. Following discussion, the Chair of the Education Committee confirmed such developments and improvements could be considered in a new application, and that such application must be tested against the new GCC Standards of Education.</p> <p>Members queried whether enrolment had taken place at the College with several students commencing the programme. The Executive confirmed that was the case, and emphasised the steps taken to ensure students were aware the programme remained subject to accreditation.</p> <p>Members briefly acknowledged reference to potential legal challenges by affected parties had been made, and agreed that bodies with decision-making powers must exercise their powers diligently.</p> <p>Council considered the recommendation from Education Committee not to recognise this new programme, and that the provider may not proceed further with the current submission for programme recognition because there are serious deficiencies in the programme., The recommendation was agreed.</p> <p style="text-align: center;">b) Annual Report for 2023 from Education Committee</p> <p>The Chair of the Education Committee presented the annual report on the work that had been undertaken by the Education Committee during 2023.</p> <p>Council noted the report.</p>
12.	<p>Report from the Chair of the Audit and Risk Committee</p> <p>Council noted the report from the Audit and Risk Committee.</p>

<p>13.</p>	<p>Report from the Chair of the Remuneration and Human Resources Committee</p> <p>The Chair of the Remuneration and HR Committee presented the update report to Council.</p> <p>Council received and approved the 4.5% staff inflationary pay award proposal for the 2024 calendar year subject to affordability and noted that increase had been included in the proposed budget for 2024 approved earlier in the meeting.</p> <p>The Chair highlighted the ongoing work on the review of the GCC's partners' service contracts, and that there were ongoing discussions of the matter at both the Audit Committee and Remuneration and HR Committee meetings. The Chair confirmed that an update on the matter would be provided to members in June 2024.</p> <p>Council approved the 4.5% pay award to staff for 2024.</p> <p>Council noted the report.</p>
<p>14.</p>	<p>Any 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>The Council expressed collective gratitude for the Chair's substantial contribution and generous service to the GCC since 2017. The Chair responded.</p>
<p>15.</p>	<p>Date of next meeting: 20 March 2024</p>



For approval

Agenda Item: 02b

Subject: Matters Arising from 8 December 2023

Presenter: Jonathan McShane, Chair GCC

Date: 20 March 2024

Item	Actions	Update
7.	<p>Business Plan 2023 Performance Update</p> <p>Action: The Executive to share the qualitative responses (anonymised) from the Pulse survey with Council.</p> <p>Action: A report on progress of the conclusion of the extant EDI action plan to be presented to Council at end of 2024.</p>	<p>Completed.</p> <p>Annual EDI report will be presented to Council in December 2024.</p>



For noting

Chair's report

Meeting paper for Council on 20 March 2024

Agenda Item: 03

Introduction

1. Members are welcomed to this virtual meeting of Council, our first of the year. This meeting in the business cycle has a focus on our performance in 2023. The annual report and accounts will be considered in the private session of Council as they are subsequently laid before Parliament.
2. This is also my first meeting of Council since my appointment on 1 January 2024. I am advised that the period from learning of my appointment to the start date was an unusually short one (understandable given the circumstances) but that has necessitated an accelerated programme of learning. I am grateful for the warm welcome from colleagues in the GCC and externally. Since appointment my time has been spent on introductory meetings aiding my induction to the role.
3. I was pleased to have met with Mary Chapman on 2 January, who was very generous with her time and insights, and then to meet with Council Member colleagues during January. I visited the GCC team in the offices on 19 January meeting with the Directors and each of their teams in turn.
4. I met with Clare Bonnet Chair of the GCC Professional Conduct Committee, who we will be reporting on the activities of the Committee later in the meeting. Additionally, I helpfully met with the Chairs of some of the professional health and care regulators and with several valued stakeholders of the GCC. I meet weekly with Nick Jones, CER.
5. I will offer my first few months' reflections at the meeting.

Governance

6. This meeting is Steven Gould's final meeting of Council following the completion of his second term in May 2024. Steven departs with our gratitude and best wishes. His insights and wisdom, particularly on regulation, will be missed.

Steven will be chairing the meeting of the HR and Remuneration Committee in April 2024, so his duties are not completed but I wanted to formally record my thanks to Steven here.

7. We will wish to appoint a Registrant Member of Council to balance membership between lay and registrant members and the arrangements for doing so have commenced with the Appointment Panel meeting in June, and I am grateful to Jennifer Adams and Keith Walker in joining me.
8. Members will recall our approach to reappointments were discussed at the meeting of Council in September 2023, where Council weighed up the merits of proceeding with reappointments or open competition for vacancies. An Appointments Panel will meet in May 2024 to consider the reappointment of several Members of Council with a term ending in August 2024.

Department of Health and Social Care

9. I am pleased to report, at this my first meeting, that a significant milestone has been reached regarding the much-anticipated reform of powers granted to the health and care regulators. Following the passage of the draft Section 60 Order through the Houses of Commons and Lords, the Order laid, on 13 December 2023, was passed on 26 February 2024.
10. It enables the GMC to register Physician Associates and Anaesthesia Associates for the first time, at the 12-month anniversary of the laying of the Order. In the meantime, the GMC is developing 'rules' on how it does so, and we will all look on with interest. A reminder that the Order becomes the template for the regulation of other professions, with the prospect that it can be more effective and efficient on behalf of the protection of patients and the public.

Office arrangements

11. Following agreement, I am pleased to report that I approved the signing of a renewed lease with effect from 1 March 2024 for six years, with our current HCPC landlord. This represents the result of positive negotiations and represents a good arrangement for both of us.

Engagements (virtual unless stated)

- 2 January 2024: Mary Chapman, past Chair of GCC
- January 2024: Meetings with Council Members of the GCC
- 19 January 2024: In-person introductory meeting with GCC colleagues in the office.

- 12 February 2024: Claire Bonnet, Chair of GCC Professional Conduct Committee.
- 12 February 2024: Introductory meeting with Peter Dixon.
- 13 February 2024: Introductory meeting with Dr Anne Wright CBE, Chair of General Optical Council (GOC)
- 19 February 2024: David Warren, Chair of Nursing and Midwifery Council
- 19 February 2024: Ross McDonald, Principal of the Scotland College of Chiropractic, with his team
- 1 March 2024: Tim Button, President of the British Chiropractic Association
- 6 March 2024: In-person Meeting of the GCC Audit and Risk Committee
- 11 March 2024:
 - Mark Gurden, President of the Royal College of Chiropractors
 - Christine Elliott, Chair of HCPC

Jonathan McShane

Chair



For noting

Chief Executive & Registrar Report

Meeting paper for Council on 20 March 2024

Agenda Item: 04

Purpose

This regular report summarises key developments in the period since the Council last met, on 8 December 2023, not covered elsewhere on the agenda.

Recommendations

Council is asked to note this brief report.

General update

1. At meetings last year I reported much greater stability within the staff team, with little staff turnover. Unfortunately, this was not sustained through the year and has continued into the early part of 2024 affecting the Fitness to Practise team, resulting in an escalation of both operational and strategic risks.
2. This is covered elsewhere in the agenda. At the same time, we have been successful in recruitment and bringing in additional resources to help us with project work. That said, it has been a challenging start to the year, and it will take time to bring about stability and sustainable levels of performance in some areas of activity.

Professional Standards Authority

a) Policy consultation

3. As the Chair reports, there has been progress on regulatory reform. In anticipation, the PSA is [consulting](#) 'on new draft guidance for regulators on rulemaking and the use of accepted outcomes in the fitness to practise process. The PSA is seeking views on draft good practice guidance developed as part of its work to support regulatory reform. The guides are aimed at supporting the

regulators to use their new powers effectively and ensure public protection remains a key consideration.

4. As regards accepted outcomes, case examiners would have the same range of measures available to them as panels and there are no limitations on the types of cases they can resolve. This enables regulators (having used initial assessment) to use case examiners to resolve fitness to practise cases swiftly and that would previously have been referred to a fitness to practise panel for a hearing. Resolution through an accepted outcome is likely to be swifter, less adversarial and more cost efficient in most cases. It is therefore likely to be beneficial to complainants, registrants and the public to resolve cases using accepted outcomes where appropriate.
5. The PSA will expect regulators to be guided by the following principles:
 - Decisions protect the public in accordance with the three limbs of public protection
 - Decisions are fair, consistent and transparent
 - The decision-making process supports equality, diversity, and inclusion for patients, service users and registrants.
6. As regards its draft guidance on rulemaking, the PSA aims to help regulators make effective use of new rulemaking powers to prioritise public protection. Again, it includes principles to guide what good rules should aim to do or be, and the rulemaking process, resulting in regulation which:
 - Is consistent with the regulator's legislative duties and statutory remit of public protection
 - Is consistent with the principles of right-touch regulation (proportionate to the risk of harm, accountable, consistent, targeted, transparent, and agile)
 - Promotes equality, diversity and inclusion
 - Supports consistency of regulatory practice between regulators, justifying disparity where appropriate
 - Is agile, allowing regulators to swiftly respond to changes in the external environment
 - Facilitates multi-disciplinary team working and innovative practice.
7. We will also be expected, and wish to, consult widely. As a first step we will support and observe the approach that the GMC is taking now in the development of its rules to bring PAs and AAs into regulation.
8. We will submit a response to the consultation by the deadline of 15 April 2024, and will circulate our draft response to Members towards the end of March 2024. The proposals are a useful addition to the development of an understanding of the new regime. Equally, on the basis that we currently work within a very rigid and inflexible framework we want to ensure that where the Order is applied to the GCC, we can use it to bring about the much-needed benefits promised.

b) Performance Review

9. Our extant performance review (for 1 July 2022 to 30 June 2023) is based on a periodic review, taking place every three years. This year 2023/24 is a lighter touch monitoring review. As in previous years, our assessment will include consideration of information collected during previous performance reviews; our datasets; information further to review of cases under the Section 29 process; other information in the public domain; and feedback received from third parties including any concerns raised with the Authority.
10. Based on the evidence collected, a recommendation to the PSA internal decision-making panel about our performance against each of the *Standards of Good Regulation* will be made, we expect at the end of April 2024. The PSA then drafts our report, with the expectation that the report will be published within three months of the end of the period (by the end of September 2024).

Meetings and engagements (all virtual unless stated otherwise)

January 2024

- 16 January – Appointments Seminar hosted by the Professional Standards Authority
- 16 January - Bernie O'Reilly, CER HCPC (in person)
- 17 January – GCC webinar: Expectations of new registrants as regards CPD
- 19 January – Andrea Sutcliffe, CER NMC (in person)
- 26 January – Meeting of CEORB
- 31 January – The Royal College of Chiropractors annual conference (in person)

February 2024

- 8 February – Health and Social Care Regulators Forum hosted by CQC
- 12 February – External auditors further to audit of accounts
- 19 February – With Chair of Council, Scotland College of Chiropractic senior team
- 21 February – Gave presentation to BCA webinar on 'why does regulatory reform matter to chiropractors?'
- 22 February – Meeting of CEORB
- 28 February – Visit to Cleve Chiropractic in Bristol
- 29 February – Institute of Regulation – workforce special interest group
- 29 February – Leadership centre webinar on exploring the impact of AI

March 2024

- 4 March - Richard Brown, WFC
- 4 March – Society for Promotion of Chiropractic Education annual meeting

- 6 March – Meeting of the Audit and Risk Committee of the GCC
- 7 March – Institute of Regulation annual conference (in person)
- 13 March – Training Day for new Test of Competence Assessors
- 13 March – Scotland College of Chiropractic senior team
- 22 March - Chief Executive's Steering Group

Nick Jones

Chief Executive & Registrar



For approval & noting

Fitness to Practise update

Meeting paper for Council on 20 March 2024

Agenda Item: 05

Purpose

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

- Part A Regulatory Committee Appointments and Reappointments
- Part B Fitness to Practise Update
 - Operational update
 - Fitness to Practise performance report

Recommendations

Council is asked to:

- Part A Council is asked to approve the appointments and reappointments
- Part B Council is asked to note this update

A. Regulatory Committee Appointments and Reappointments

1. Appointment of overall Chair of Investigating Committee

1. At its December 2020 meeting, Council approved Jill Crawford as the overall Chair of the Investigation Committee (IC) for a term ending 31 May 2024.
2. Rule 6(2) of The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009 makes provision for the appointment of one panel Chair from the IC to act as the overall Chair of that Committee.
3. The role of the overall Chair of the IC is an important one in providing an appropriate bridge between accountability to Council for the effective operation of panels while maintaining the independence of their decision-making. Important tasks to be undertaken include appraisal of Committee members, reappointment and recruitment of new members and training. We must fill the role at the end of Jill Crawford's term.

4. Expressions of interest were invited from Chairs of the IC for the overall Chair role. The interview panel (consisting of the overall Chair of the IC, the Director of Fitness to Practise and an independent member with substantial relevant experience) saw one candidate for interview.
5. The following applicant is recommended for appointment and a biography can be viewed at Annex A:
 - Nilla Varsani – Overall chair of the IC – (to the end of their current term as IC member: 30 May 2025)
6. Further to expression of interest, and interview, Nilla Varsani demonstrated she meets the requirements and expectations of the role and also confirmed she is enthusiastic about the challenge.
7. Nilla is in her final year of term with the GCC and in accordance with Rule 6(4), as her IC term is due to conclude on 30 May 2025, her appointment to overall Chair of the IC can only run until that date (or as long as her substantive membership on the Committee continues).
8. Under *The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009*, Rule 6(2), Council is asked to approve the appointment of Nilla as overall Chair of the IC until 30 May 2025. If approved, her appointment will commence from 3 June 2024.

2. Re-appointment of members of Professional Conduct Committee

9. There are several members of the Professional Conduct Committee (PCC) whose terms are due to expire on 31 May 2024.
10. The annual appraisal of all PCC members has now concluded, and all were noted as being satisfactory or above.
11. Those whose terms are due to expire were approached for expressions of interest in being put forward for a second term. Having all indicated that they wished to continue the work of the PCC, the following have been put forward for reappointment by Council:
 - Rachel O'Connell – Lay and Chair member – 4 year term
 - Derek McFaull – Lay and Chair member – 4 year term
 - Amanda Orchard – Lay member – 4 year term
 - Michael Glickman – Lay member – 4 year term
 - Julie Stone – Lay member – 4 year term
 - Laura Metcalfe – Chiropractic member – 4 year term
 - Andrew Miles – Chiropractic member – 4 year term

12. Under *The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009*, Rule 7(1) and 8(1), Council is asked to approve the reappointments of the above mentioned members for the terms proposed. If approved, extended terms will commence from 3 June 2024 and run to 3 June 2028.

B. Fitness to Practise Update

1 Operational update

Staffing issues / internal resources

13. There have been several resignations of staff in the FtP team. The investigations team consists of 5 members of the team, and at a point in January, only a single caseworker and the Manager were in post. In mitigating risks, the following actions were taken:

- In December 2023 a junior lawyer with experience of GCC work supplied by our external solicitors was appointed. That arrangement ended on 23 February 2024.
- On 29 January 2024, as part of formal monthly review of our strategic risk register (SRR) and operational risk register (ORR), OR1 was uprated from a score of 9 (green) to 20 (red): *There is a risk that the GCC fails to protect the public and patients caused by lack of compliance by FTP staff with legislation and internal procedures/protocols. This may result in the GCC suffering reputational damage, loss of confidence and intervention.* Given the relationship between operational risks and strategic risks, we also uprated SR4 Organisational capacity from a score of 12 (amber) to 20 (red): *There is a risk that the 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.*
- Three colleagues have been appointed on a full-time and permanent basis, with one having started and two starting in April. Subject to contract that completes recruitment requirements.
- However, in the light of turnover and transition and to ensure the FtP Manager has access to experienced support and some resilience – we have seconded a senior lawyer on a six-month basis - from February to- August 2024.
- Risk meetings, initially daily and now x3 per week, are held to oversee progress with recruitment and to identify priorities based on risk to the public.

14. The impacts of the staffing issues are as follows:

- Increased workloads of experienced staff, and the potential for stress-related impacts
- Impact on performance, notably timeliness of throughput of cases – this is likely to be the case until May – June as new starters in FTP will need time to bed into GCC processes.

- The administration and organisation of Professional Conduct Committee matters is unaffected.
- Pressure is undoubtedly placed on budgets. We will seek to manage within existing budgets and undertake full financial analysis at the reforecast stage in June 2024.

2 Fitness to Practise performance report

15. This section provides Council with an update on the operational performance of the FtP team in the period October to end of December 2023 (Q4).

Performance report summary

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

Like the last quarter, performance of the team in Q4 was impacted because of the staffing issues as noted in Operational Update. Impact of staffing issues in September are starting to be seen but we continue to take a risk-based approach in managing incoming complaints.

- 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 13 enquiries are open indicating no concerns.
- New complaints:* A higher-than-expected level of incoming *complaints* was received in Q4. In November, 15 complaints were received (against the usual circa. five per month). This, together with the staffing issues noted in the *Operational Update*, 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 in the first half of this year are now low given the staffing issues.

- 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.
- PCC hearings:* Four substantive hearings were scheduled in Q4 with only three concluded this was due to one case being adjourned to 2024. The end-to-end median for Q4 was 101 weeks, which was a slight increase from 100 weeks in Q3 but still a 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 impacted as a result of the staffing issues noted in the *Operational Update*. The current number of open complaints at the end of Q4 was 24 cases relating to 17 individuals and the median time to close complaints up to this period was 41 weeks.

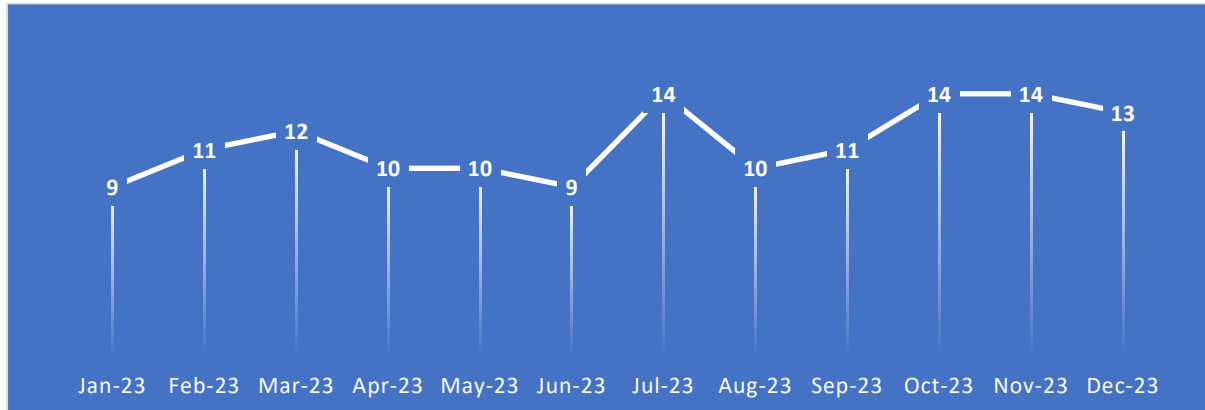
16. We provide more detailed commentary on the above five areas of performance at Annex 1 with glossary of terms at Annex 2.

05: Annex 1: Performance report

A. Enquiries

Open enquiries in last 12 months

Chart 1



Only 13 enquiries that are open, albeit four relating to advertising concerns. Typically, a very small number of enquiries tend to be escalated to a formal complaint.

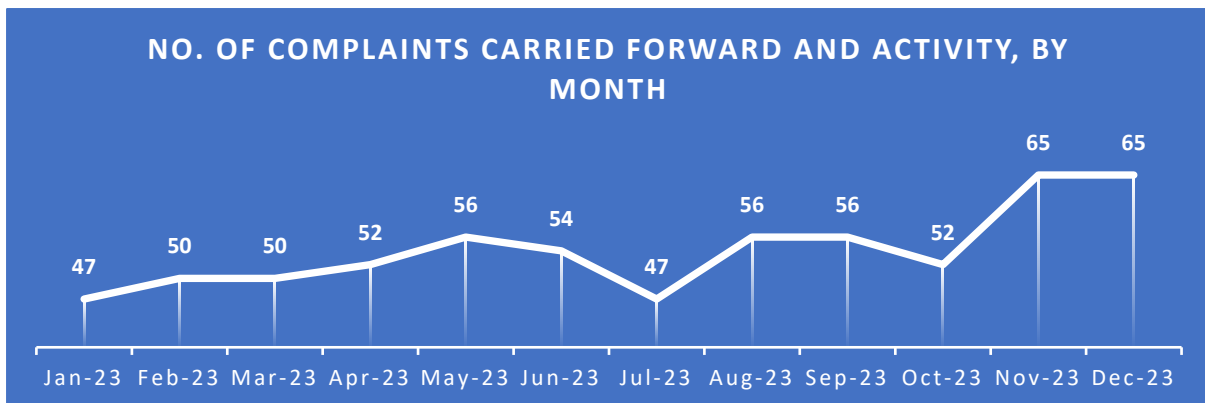
Total number of enquiries closed/promoted in 2023

Table 1

	2023			
	Q1	Q2	Q3	Q4
Closed with no further action	6	9	14	6
Promoted to s.20	7	6	4	3
Total closed	13	15	18	9

B. S.20 (IC) Complaints in 2023

Chart 2



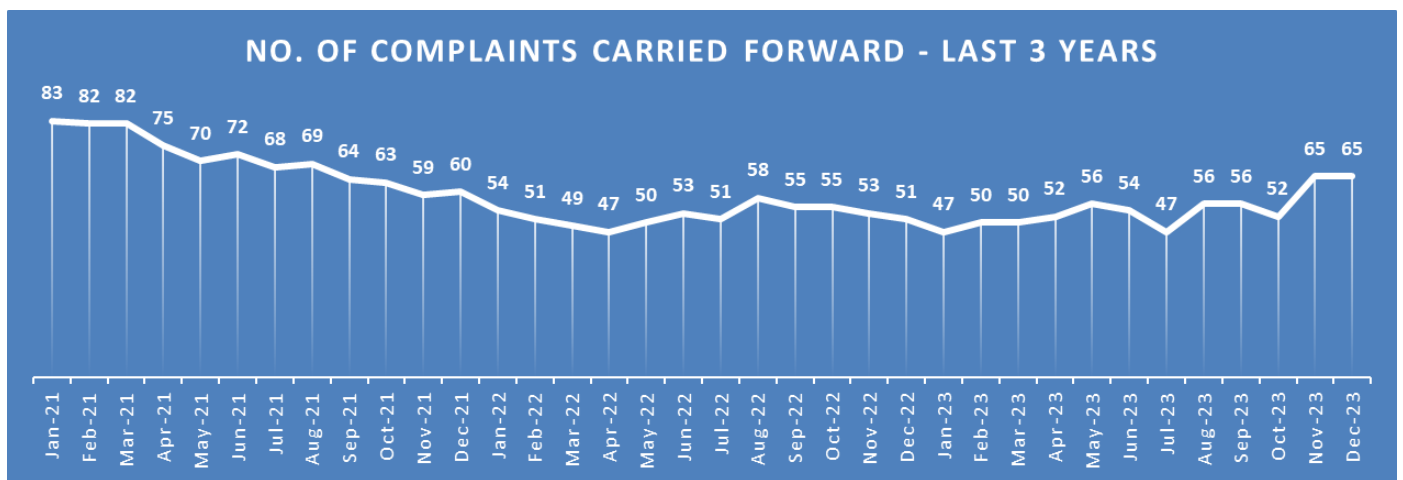
We continue to prioritise efficient case management of higher risk complaints, which by their nature are usually long-standing complex complaints.

Table 2

	Jan -23	Feb -23	Mar -23	Apr -23	May -23	Jun -23	Jul- 23	Aug -23	Sep -23	Oct -23	Nov -23	Dec -23
New s.20 complaints in (no.)	3	5	6	4	9	4	3	9	3	0	15	5
Cases determined (no.)	7	2	6	2	5	6	10	0	3	4	2	5

A slightly lower number of cases were determined in Q4 compared to Q3. As well as the usual 2-day IC meetings held per month, two additional IC meetings were held in December to address the slower throughput of cases due to staffing issues in late July and September.

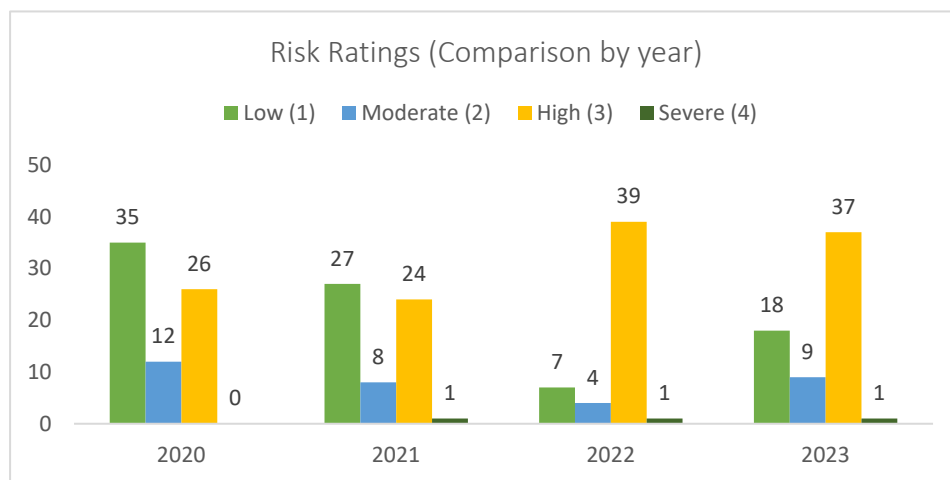
Chart 3



Higher than usual number of complaints were opened in November due to the impact of staffing issues from July and staff turnover in November, which is keeping open complaints higher than we would like.

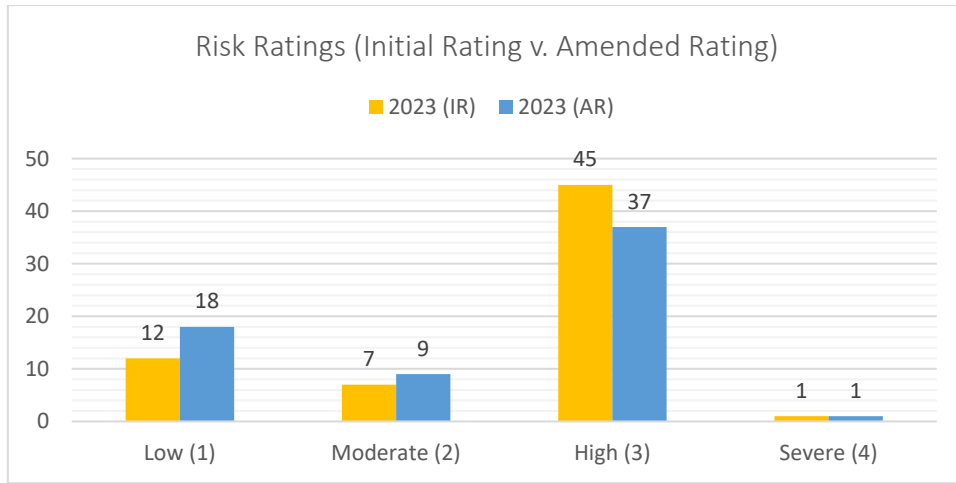
Risk rating of open IC complaints

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.

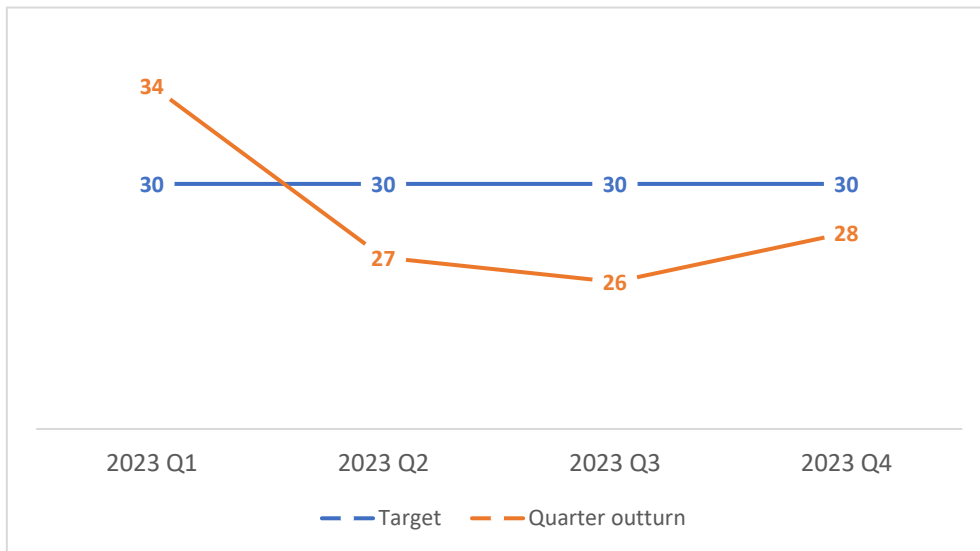
Chart 5



Even after adjustment, 58% of complaints are high or severe risk. Such complaints take longer to process.

Time complaints have been open: median weeks

Chart 6



The median time of open complaints increased from 26 weeks to 28 weeks from the last quarter, showing that the open cases are starting to get older due to the staffing issues in 2023 as noted in the Operational update.

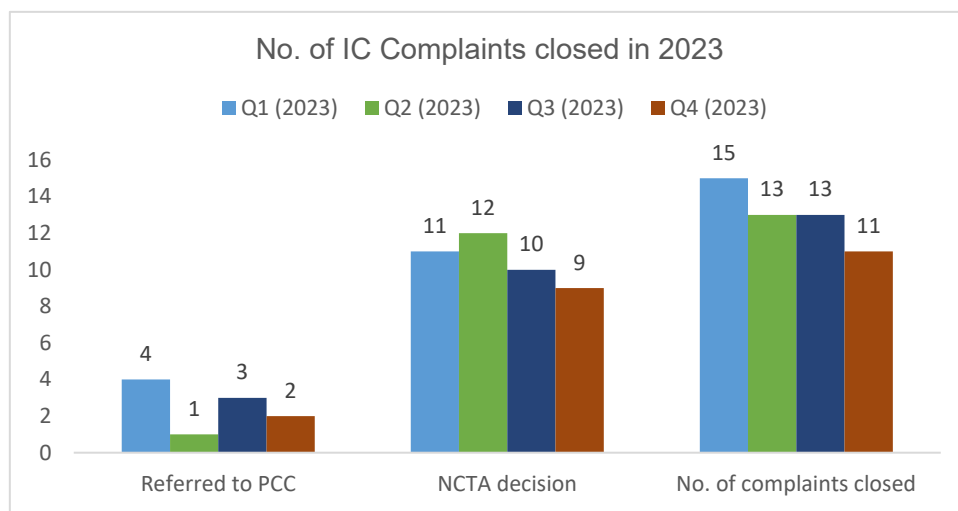
Breakdown of open current complaints

Table 3	2023			
	Q1	Q2	Q3	Q4
Under 52 weeks	38	40	46	57
52 weeks +	12	14	10	7
104 weeks +	0	0	0	1
153 weeks +	0	0	0	0

There is one case that was open of over 104 weeks.

Number of complaints closed by the Investigating Committee in 2023

Chart 7

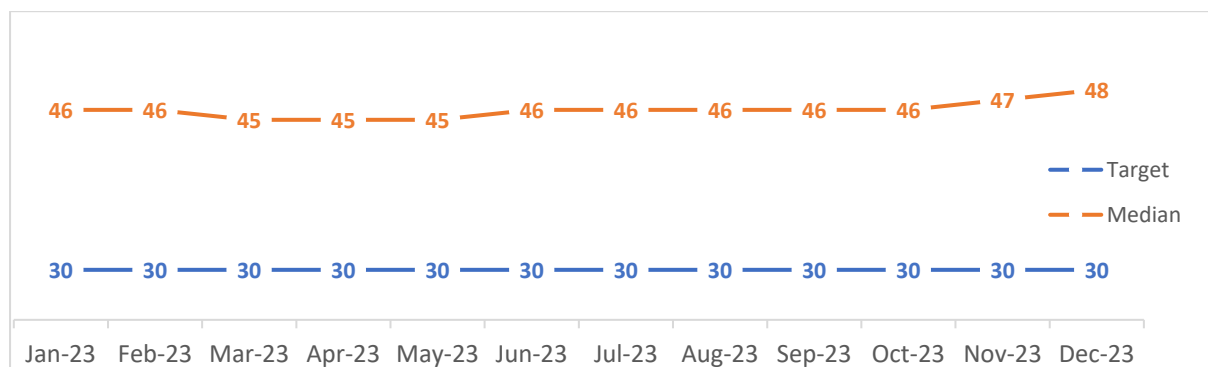


Of the 11 complaints closed in Q4, nine were closed as ‘no case to answer’ and two were referred to the PCC. For planning we assume one referral a month.

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)

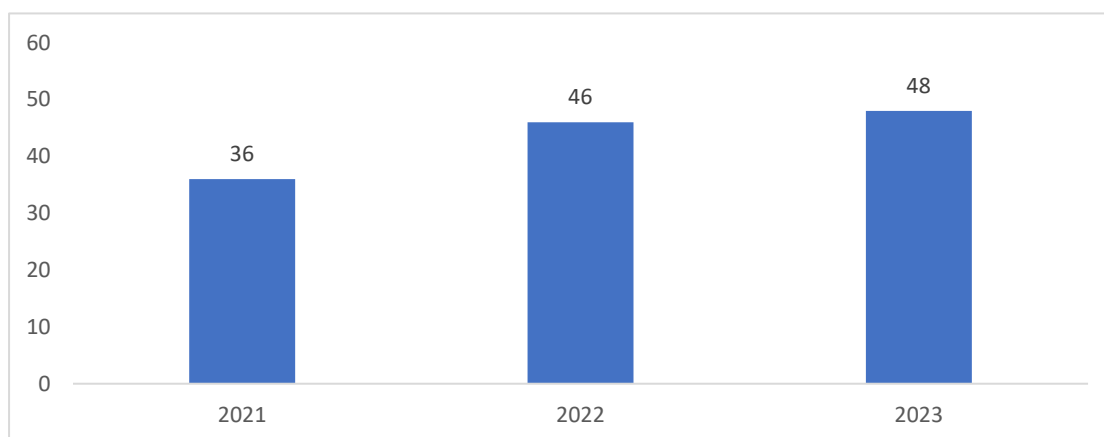
Chart 8



Median times were steady in the first half of 2023 but has slowly started to increase due to the staffing issues noted above as well as 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 2023 ended at 48 weeks.

Complaints opening to closure by IC – Comparison with other regulators

Table 4

Median weeks to close a complaint	2019	2020	2021	2022	2023
GCC	37	33	36	46	48
Comparative median for receipt of complaint to closure by IC or equivalent (weeks)¹					
GOC	51	60	74	73	45 ²
GOsC	20	28	24	36	33 ³
GPhC	49.1	60.4	80.1	73.6	94.3
HCPC	61	61.6	58	50	63
Average	45	53	59	58	63

Looking at the median time from receipt of complaint to closure by IC, the performance of the GCC declined in 2022, however, it still appears somewhat better than most of the peer group for.

¹ Comparative data was obtained from the PSA's 2022/23 Performance Review unless stated otherwise

² Figure is from the reporting period of Q3 2023/24

³ Figure is from the reporting period of Q3 2023/24

C. Interim Suspension Hearings

Table 5

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

Consideration of matters where an interim suspension may be necessary are an unpredictable area, affecting outputs from both the FtP team and the IC. One IC interim suspension hearing (ISH) was held in Q4, slightly lower than 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. In 2023, the median was 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 2023

Table 6

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

Decisions of PCC cases concluded in 2023

Table 7

Decision	Number
Removal from Register	1
Suspended	1
Conditions of Practice Order	2
Admonishment	1
No UPC	6

There were more conditions of Practice cases in 2023 than in the last 4 years. Other than this, the decisions of the PCC in 2023 are in line with decisions made in previous years.

Open PCC cases: Listing progress

There were 10 open PCC cases open at the end of 2023. 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 42 weeks at the end of 2023, a slight increase from 39 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) 25/03/2024	103	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	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 3	21/03/2023	04/01/2024	41	Listing delayed as defence not ready for hearing
Case 4	18/07/2023	12/02/2024	30	Target met
Case 5	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 6	19/09/2023	23/04/2024	31	Target met
Case 7	20/06/2023	24/06/2024	52	Listing delayed due to unavailability of registrant and expert for hearing
Case 8	18/07/2023	04/06/2024	46	Listing delayed due to unavailability of [registrant and expert] for hearing
Case 9	17/10/2023	Awaiting listing	[]	
Case 10	06/12/2023	24 July 2024	33	Target met

Of the 10 cases awaiting PCC hearing none were referred prior to March 2022. Two were referred in 2022 and eight 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

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

Table 9

Time from IC decision to final PCC decision: Median Weeks	2019	2020	2021	2022	2023
GCC	25	32	68	46	42
Comparative Median from IC decision to final PCC Decision (weeks) ⁴					
GOC	67	67	N/A	33.5	50 ⁵
GOsC	29	39	34	55	36
GPhC	37.7	39.9	48.4	44.9	38.3
HPCP	50	33.6	51	57	95
Average	46	45	44	48	56

Looking at the median time from IC referral to final PCC decision, the performance of the GCC declined in 2021 (as a result of cancelling hearings due to the pandemic). However, our performance is somewhat better than most of the peer group for 2022 and 2023.

Referral of complaint to final PCC decision (end to end) – Comparison with other regulators

Table 10

Median weeks from referral of complaint to final PCC decision (end to end)	2019	2020	2021	2022	2023
GCC	53	91	122	94	101
Comparative Median from (end to end) (weeks) ⁶					
GOC	112	120	141	83	90 ⁷
GOsC	59	65	65	98	58
GPhC	93.7	98.3	119	126.1	129 ⁸
HPCP	102	103.2	118	123	153
Average	92	97	111	108	103

⁴ Comparative figures were obtained from the PSA's Performance Review for 2022/23

⁵ Figure is for the reporting period of Q3 2023/24

⁶ Comparative figures were obtained from the 2022/23 PSA Performance Review unless stated otherwise

⁷ Figure is for the reporting period of Q3 2023/24

⁸ Figure is for the reporting period of Q3 2023/24

Looking at the median time from end to end, the performance of the GCC declined in 2021 (as a result of cancelling hearings due to the pandemic). However, our performance has improved in 2022 - 2023 and is somewhat better than most of the peer group for that period.

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 Q4 has remained at 41 weeks, as result of priority been given to s.20 matters due to the staffing issues as noted in the Operational Update.

Table 11

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of cases (at beginning of the month)	42	35	29	20	16	20	23	25	27	16	17	20
Number of new cases in a month	4	2	3	0	4	3	2	2	2	1	3	5
Number of cases closed in period	11	8	12	4	0	0	0	0	13	0	0	1

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>

05: Annex A

Nilla Varsani is an accomplished senior leader in developing and implementing standards and policies relating to professional practice and the medical education and training of doctors in the UK.

She is a current Investigation Committee Lay Member and Chair for the GCC and has extensive experience in regulatory proceedings, and of working with Committees for a number of other statutory health regulators (GMC, NMC and GOC). Nilla is also a presiding magistrate, a qualified Executive Coach and a lay selection panel member for the Judicial Appointments Commission.

Finance Update – Management Accounts to February 2024

Meeting Paper for the Council Meeting on 20 March 2024

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.

This report outlines the performance against the budgeted income and expenditure targets for the period to 29 February 2024. The Executive reviews the management accounts each month and takes the required corrective actions to manage material deviations from the set financial targets.

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 29 February 2024 and commentary on material variances ([Annex 1a and 1b](#))
 - Balance sheet as at 29 February 2024 ([Annex 2](#)), and
 - Recommendations.

Summary of income and expenditure account for the period to 29 February 2024

2. The table below shows the year-to-date (YTD) actual, full year dynamic and budgeted results for the 2024 financial year.

	A	B	C	D	E
	YTD Actual	YTD Budget	YTD Variance	Full Year Dynamic 2024	Full Year Budget 2024
£'000s	£	£	£	£	£
Income	548	543	✓ 4	 3,336	3,332
Expenditure	517	516	✗ -1	 3,261	3,259
Headline Surplus /-Deficit	31	28	✓ 3	✓ 75	72
Underlying Surplus /-Deficit	31	28	✓ 3	✗ 85	82

3. The realised headline surplus for the period is £31k (column A of the table), compared to the headline budgeted surplus of £28k (column B) for the same period. This represents an over-achievement of the target surplus for the period by £3k.
4. The total variance between the actual and budgeted income and expenditure for the period to-date (of £3k) is shown in column C. Column C is made up of the YTD positive income variance of £4k and negative expenditure YTD variance of £1k. The detailed statement of income and expenditure account, variance analysis threshold and the reasons for the variance are provided in [Annexes 1a and 1b](#).
5. The headline full year fixed budget surplus for the year is £72k (column E). The headline dynamic surplus is £75k (column D). The 'dynamic' budget (column D) tracks how we expect to perform against the fixed annual budget by the end of the financial year. It also responds to the question, '*what surplus or deficit do we expect to realise at the year-end?*'.
6. Although the budgeted surplus is achieved, we expect the Fitness to Practise (FtP) secondment and recruitment costs to reduce the budgeted surplus of £72k for the year. However, we are working hard to manage the impact of the exceptional additional temporary staffing costs on the budgeted surplus for this financial year and remain committed to achieving the minimum surplus margin (1.5%) of at least £50k by the end of this financial year.

Balance sheet as of 29 February 2024

7. The balance sheet at [Annex 2](#) shows a total net assets value of £3.494m (December 2023: £3.401m). This is represented by the general and designated reserves.

8. The cash at bank as of 29 February 2024 is £1.895m (December 2023: £2.280m). This shows a headline cash ratio of £0.68 that is available to settle every £1 of our short-term liabilities. The headline ratio, which is below the standard level of at least £1/£1, does not present a solvency issue because the adjusted ratio (i.e. after allowing for fees paid in advance) is £3.48/£1.
9. The value of the investments increased by £57k (1.2%) from £4.535m as of 31 December 2023 to £4.592m on 29 February 2024. The unrealised investment gain (i.e. paper gain) in the period is £62k (December 2023: paper gain of £96k).



Recommendation



The Council is asked to note this report.

Joe Omorodion
Director of Corporate Services

Annex 1a – Commentary variances in the statement of income and expenditure for the period to 29 February 2024

Year-to-date variance analysis threshold policy

10. The Audit and Risk Committee (ARC) agreed a £10k variance analysis threshold policy from January 2021.
11. Where income or expenditure varies by £10k or more in the period under review a report is to be provided. Other items below the variance analysis threshold are to be noted on a risk and materiality basis and considered as immaterial for control and monitoring purposes.
12. 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.

13. 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

14. The breakdown of the total income variance is shown in the *Report by Income & Cost Centre* section of this report at [Annex 1b](#).
15. In the period to-date, the total actual income earned is more than budget by £4k (i.e. a positive variance). This is mainly due to the interest earned on our money market deposits. In line with the variance analysis threshold policy, we have not provided any further commentary on the relevant items of income.

Commentary on YTD expenditure variance

16. The breakdown of the total expenditure variance is shown in the *Report by Income & Cost Centre* section of this paper at [Annex 1b](#).
17. Total budgeted expenditure for the period is over-spent by £1k (i.e. total budget over-spend less budget under-spend in the period). This is made up of the following under/over-spent budget lines of £10k or more.

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

No.	Budget Item	Variance (£)	Variance commentary
1.	Fitness to Practise (FtP) team	-39k	<p>Increased cost is mainly due to the unavoidable secondment and recruitment of staff within the FtP team – to provide cover for current staff sickness absences and resignations.</p> <p>The secondment arrangement is for six months from 12 February to 12 August 2024.</p>

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

No.	Budget Item	Variance (£)	Variance commentary
2.	Professional Conduct Committee (PCC)	+£14k	<p>The PCC budgeted expenditure is driven by the caseload and number of hearings held in any given period.</p> <p>The total PCC budgeted hearing days for the period to February 2024 is 19, compared to the actual hearing days of 17. Hence, the budget under-spend here.</p>
3.	Other budget areas	+£24k	<p>The other individual budget items in this report have an under/(over)-spend of less than £10k each.</p> <p>So, we have not provided any further commentary on those items.</p>

General Chiropractic Council
February 2024 Management Accounts

February 2024 February

Annex 1b

Overview - Statement of Income and Expenditure Account



	MONTH				YEAR-TO-DATE (YTD)				Full Year DYNAMIC FORECAST 2023	Full Year BUDGET 2023
	February				February 2024					
INCOME	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %		
	£	£	£		£	£	£		£	£
Registrant fees	244,346	247,600	-3,254	-0	500,058	504,500	-4,442	-1%	3,115,359	3,119,800
Investments	10,000	10,000	0	0	20,000	20,000	0	0%	120,000	120,000
Test of Competence (ToC)	4,000	4,000	0	0	14,000	14,000	0	0%	70,000	70,000
Other Income	6,246	2,456	3,790	2	13,412	4,762	8,650	182%	30,501	21,850
TOTAL INCOME	264,592	264,056	536		547,470	543,262	4,208		3,335,860	3,331,650
EXPENDITURE										
Governance costs ¹	10,553	14,178	3,625	0	20,608	24,356	3,748	15%	157,072	160,818
Shared Central costs ²	74,308	87,428	13,120	0	149,620	162,126	12,506	8%	986,342	998,957
Fitness to Practise (FtP) ³	111,171	99,335	-11,836	-0	260,682	242,807	-17,875	-7%	1,429,506	1,411,618
Development costs ⁴	39,748	41,704	1,956	0	85,768	86,117	349	0%	687,766	688,005
TOTAL EXPENDITURE	235,780	242,645	6,865		516,678	515,406	-1,272		3,260,686	3,259,398
Underlying Operating Surplus / -Deficit					30,792	27,856	2,936		85,174	82,252
HEADLINE OPERATING SURPLUS / -DEFICIT	28,812	21,411	7,401		30,792	27,856	2,936		75,174	72,252
Percentage	11%	8%	3%		6%	5%	0%			
GAINS/-LOSSES ON INVESTMENTS					61,963					
SURPLUS / -DEFICIT BEFORE TAXATION					92,755					

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
7. Budget 2024 – as agreed by Council in Dec-23
5. Fixed Forecast 2024 – will be received by Council in Jun-24
6. Dynamic Budget / Forecast 2024 – tracks performance against the Budget or Forecast

General Chiropractic Council
 February 2024 Management Accounts
 Report by Income & Cost Centre

Annex 1b

		MONTH				YEAR-TO-DATE (YTD)					Full Year PROJECT DYNAMIC	Full Year BUDGET	
		February				February 2024					2024	2024	
Detailed Income Statement Dept		Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance		£	£	
		£	£	£	%	£	£	£	%		£	£	
Income	72	Initial Regn Fees - Practising	5,250	10,175	-4,925	-48%	21,000	27,350	-6,350	-23%		165,400	171,750
	72	Initial Regn Fees - Non-practising	100	0	100	100%	200	-	200	100%		800	600
	72	Retention Fee- Practising	233,788	233,000	788	0%	467,575	466,800	775	0%		2,887,976	2,887,200
	72	Retention Fee- Non Practising	2,108	2,125	-17	-1%	4,233	4,250	-17	0%		26,583	26,600
	72	Non- Practising to Practising	1,600	800	800	100%	1,600	1,600	0	0%		10,400	10,400
	72	Restorations	1,500	1,500	0	0%	5,450	4,500	950	21%		24,200	23,250
		Total Registrant Fees	244,346	247,600	-3,254		500,058	504,500	-4,442			3,115,359	3,119,800
	74	ToC Income	4,000	4,000	0	0%	14,000	14,000	0	0%		70,000	70,000
	33	Investments	10,000	10,000	0	0%	20,000	20,000	0	0%		120,000	120,000
	33	Other	6,246	2,456	3,790	154%	13,412	4,762	8,650	182%		30,501	21,850
		Total Investments & Other	20,246	16,456	3,790	23%	47,412	38,762	8,650			220,501	211,850
		TOTAL INCOME	264,592	264,056	536	0%	547,470	543,262	4,208	1%		3,335,860	3,331,650
Governance Costs	10	Council	10,553	14,178	3,625	26%	20,422	24,356	3,934	16%		153,496	157,428
	11	Audit & Risk Committee	0	0	0	0%	186	-	-186	100%		2,016	1,830
	12	Remuneration Committee	0	0	0	0%	-	-	0	0%		1,560	1,560
		Total Governance	10,553	14,178	3,625		20,608	24,356	3,748			157,072	160,818
CER Office Costs	30	CER's Office	14,922	15,277	355	2%	29,749	30,104	355	1%		179,815	180,170
Shared Central Costs	31	Technology	5,895	10,783	4,888	45%	18,818	23,281	4,463	19%		171,392	175,970
	32	Human Resources	8,614	14,642	6,028	41%	10,876	18,284	7,408	41%		82,450	89,858
	33	Corporate Services	27,449	30,590	3,141	10%	53,312	61,182	7,870	13%		387,453	395,320
	34	Property	17,428	16,136	-1,292	-8%	36,866	29,275	-7,591	-26%		165,231	157,639
		Total Shared Central Costs	74,308	87,428	13,120		149,620	162,126	12,506			986,342	998,957
Fitness to Practise Costs (FtP)	50	FtP Team	67,451	33,351	-34,100	-102%	105,268	66,711	-38,557	-58%		439,780	401,215
	51	Investigating Committee	6,575	13,350	6,775	51%	27,432	33,103	5,671	17%		198,011	203,683
	52	Professional Conduct Committee	32,520	47,970	15,450	32%	118,157	132,015	13,858	10%		729,779	743,632
	53	Interim Suspension Hearing	4,625	3,364	-1,261	-37%	9,825	7,448	-2,377	-32%		44,285	41,908
	54	Protection of Title	0	1,300	1,300	-100%	-	3,530	3,530	-100%		17,650	21,180
		Total FtP	111,171	99,335	-11,836		260,682	242,807	-17,875			1,429,506	1,411,618
Development Costs	70	Development Team	24,988	25,263	275	1%	51,419	50,526	-893	-2%		408,512	407,618
	73	Quality Assurance	0	3,875	3,875	-100%	-	3,875	3,875	-100%		73,675	77,549
	74	Test of Competence	6,348	5,771	-577	-10%	13,248	12,779	-469	-4%		56,243	55,665
	75	Policy and Development	8,193	6,795	-1,398	-21%	20,759	18,937	-1,822	-10%		139,444	137,622
	13	Education Committee	219	0	-219	100%	342	-	-342	100%		9,893	9,551
		Total Development	39,748	41,704	1,956		85,768	86,117	349			687,766	688,005
		TOTAL OPERATING COSTS	235,780	242,645	6,865	3%	516,678	515,406	-1,272	0%		3,260,686	3,259,398
		Underlying Operating Surplus / -Deficit					30,792	27,856	2,936		85,174	82,252	
		HEADLINE OPERATING SURPLUS / -DEFICIT	28,812	21,411	7,401		30,792	27,856	2,936		75,174	72,252	
		<i>Percentage</i>	<i>11%</i>	<i>8%</i>	<i>-3%</i>		<i>6%</i>	<i>5%</i>	<i>0%</i>		<i>2%</i>	<i>2%</i>	
		GAINS/-LOSSES ON INVESTMENTS	61,963				61,963						
		SURPLUS / -DEFICIT BEFORE TAXATION	90,775				92,755						

GCC Balance Sheet

As at 29 February 2024

Annex 2

	31 December 2023		29 February 2024		Movement	% Change
	£	£	£	£		
Fixed Assets						
Tangible Assets	0		10,066			
Investments	4,535,256		4,591,878			
		4,535,256		4,601,944	↑ 66,688	▲ 1%
Current Assets						
Debtors	50,568		77,439			
Bank	2,280,429		1,895,225			
Total Current Assets		2,330,997		1,972,665	↓ -358,332	▼ -15%
Current Liabilities						
HMRC and pensions	40,037		37,734			
Payments in advance	2,821,350		2,351,042			
Trade creditors	79,644		39,588			
Corporation tax payable	46,023		46,023			
Other creditors	290,974		422,441			
Total Current Liabilities		3,278,027		2,896,828	↓ -381,199	▼ -12%
Current Assets less Current Liabilities		-947,030		-924,163		
Total Assets less Current Liabilities:		3,588,227		3,677,781	↑ 89,555	▲ 2%
Long Term Liabilities		187,145		183,945	↓ -3,200	▼ -2%
Total Assets less Total Liabilities (Net Assets)		3,401,082		3,493,836		
Funds of The Council						
General Reserve	1,629,701		1,629,701			
Designated Reserve	1,158,983		1,158,982			
Restricted Reserve	27,049		27,049			
Revaluation Reserve	585,349		585,349			
Gains/(Losses) on Investments	0		61,963			
Surplus/(Deficit) on Operating Activities	0		30,792			
Total Funds/Reserves		3,401,082		3,493,837	↑ 92,755	▲ 3%
			30,792			
		-		0.00		



For noting

Business Plan 2024 Performance Update

Meeting paper for Council on 20 March 2024

Agenda Item: 07

Purpose

The Council sets the GCC's annual strategic priorities and ensures the necessary resources are available for their delivery.

This paper provides an update on our performance against the 2024 Business Plan so that Council can scrutinise progress and be assured that progress is being made in achieving its strategic objectives and risks to delivery and budget.

Recommendations

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

Background

1. Council agreed the 2024 Business Plan in December 2023, along with the five 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. This is the first performance report on the 2024 Business Plan to Council, covering the first two months of this financial year.
4. There are five projects planned for this year. All but one project has commenced and are being progressed as planned. The one project that is yet to commence is Business Plan project number 5 (i.e. Development of the Corporate Strategy); this is planned to commence in June 2024.

5. No significant concerns relating to delivery are identified and costs are as budgeted.
6. There are four annexes to this report:
 - **Annex A** displays summary information on progress made in delivering the five projects in the 2024 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 activities in line with our Plan for 2024
 - **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

Annex A: Business Plan 2024 Dashboard, 6 March 2024

This dashboard presents BP 2024 projects' progress, priority level, external impact and risk of not delivering them in the current financial year. The order in which the projects are listed is according to their project number.

Annex A: Business Plan Dashboard, 6 March 2024				
No.	Project	Status and % Completion	RAG Rating GAW[1]	External Impact
1	Review of the Code of Practice	On schedule		High
	Key milestones: March, June, September, December 2024	20%		
2	Fostering professionalism and safer care	On schedule		High
	Key milestones: March, April, October, December 2024	5%		
3	Case Management System for Fitness to Practise	On schedule		High
	Key milestones: March, April, July, September and October 2024	5%		
4	Enhancements to the registrant management system (iMIS)	On schedule		High
	Key milestones: June, September, November and December 2024	5%		
5	Development of the GCC Corporate Strategy	Not yet started		High
	Key milestones: June, September, November and December 2024	0%		

Annex B – Business Plan 2024 Projects

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (February 2024)
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>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>Status: On Schedule</p> <p>Project Update:</p> <ol style="list-style-type: none"> 1. Dr G Swait was appointed as a contractor for this project in January 2024. A project timeline has been produced highlighting key activities / milestones throughout the project. Steering Group meetings convened on 18 January and 29 February 2024, with the next meeting scheduled for 14 March 2024. A draft structure of the Code and development of values document will be shared with Council on 20 March 2024. 2. A communications plan has been developed to ensure ongoing engagement and involvement pre-consultation. 3. A subgroup of the Education Committee members has been formed with the first meeting scheduled for mid-March. The Education Committee has delegated responsibility for the Standards of Proficiency of chiropractors.
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 	<p>Status: On Schedule – though order of delivery may change</p> <p>Project Update:</p> <p>On 2 February we spoke with the ICO who will be sending some information on which to base the managing patient data</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (February 2024)
		<p>4. Published toolkit for registrants on maintaining sexual boundaries, informed by patient research. December 2024</p> <p>Project Targets</p> <p>1. By end of 2024, to have published GCC resources (e.g. guidance, toolkits etc) on key themes identified in our regulatory activities.</p>	<p>toolkit. It is possible that this may slip with the imaging toolkit being prioritised and issued first (in March).</p> <p>The referral toolkit for imaging has been sent to the imaging expert board for consideration, with changes received by 16 February 2024.</p> <p>The sexual boundaries guidance and toolkit are likely to be strengthened by increased focus within the new Code of Practice, so will be developed further in light of the Code Consultation.</p>
3	<p>Case management system for Fitness to Practise</p>	<p>2024 Deliverables and Milestones</p> <p>1. Produce a formal request for proposal (RFP) for the case management system (CMS) including vendor shortlisting, supplier presentations and selection of 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 (for stats comparison). <i>(Process estimated to take 3 months)</i>. May – July 2024</p> <p>4. Complete Data take-on (intake of current case data). August-September 2024</p> <p>5. Go live with a fully populated system. October 2024.</p> <p>Project Targets</p> <p>By the end of 2024, implement a case management system (CMS) to the Fitness to Practise process</p>	<p>Status: On Schedule</p> <p>Project Update:</p> <p>We have engaged with an external IT consultant to lead the tender process. A formal RFP for the CMS was finalised and was distributed to several companies. We received a healthy response in terms of their confirmation of intent to bid.</p> <p>Deadline for receipt of proposals is 15 March 2024 followed by responder presentations and demonstrations on 11 April 2024.</p> <p>A number of companies that offer case management within a wider integrated regulator system (including registration and CPD) have responded that they would not be able to separate case management from their core product. We are currently exploring this further as there may be potential cost savings across IMIS as well.</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (February 2024)
4	Enhancements to the registrant management system (iMIS)	<p>2024 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Meet with the developer to formalise the project plan and scope of works required January 2024 2. Council will receive an update at its meetings in March and June 2024 3. Implement a Welsh application form on the registrant access portal June 2024 <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>Status: On Schedule</p> <p>Project Update:</p> <p>We have identified 11 different themes for focus during the year.</p> <p>The first theme is Registration.</p> <p>Following a meeting with Zentso on 2 February, we are now collecting user stories for the creation of the Registration theme.</p> <p>We have already spoken with multiple stakeholders including new registrants, universities (registration and teaching departments), other health registers, insurance companies, health clinics (for medical certificates) and professional associations.</p> <p>These will be presented to Zentso as a process specification for them to develop a time and budget schedule.</p> <p>We believe we are on track to meet the June 1 deadline for delivery of the Welsh version of the process.</p>
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 	<p>Status: Not yet started</p> <p>Project Update:</p> <p>As the review of the Code is underway, this project is not due to start and there is no update at this stage.</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress (February 2024)
		<p>4. Final version presented for approval. December 2024</p> <hr/> <p>Project Targets</p> <p>1. Corporate Strategy is approved by Council December 2024</p> <p>2. Corporate Strategy is published on the website December 2024/January 2025</p>	

Annex C – Communications Update

This is a summary of communications activity and performance between 1 December 2023 and 1 March 2024.

General Channel Overview

Overall engagement with content across all channels was down in December, but this is believed to be a seasonal impact.

Newsletter

In response to a long-term trend of strong open rates, but low click through rates, in February we trialled longer newsletter articles. The aim was to ensure the core message reaches recipients without forcing them to visit the website. February's newsletter maintained a similar click-through rate despite the longer articles. It is not yet clear if this is driven by FTP findings (which always perform well in the newsletter) or if this approach will continue to deliver.

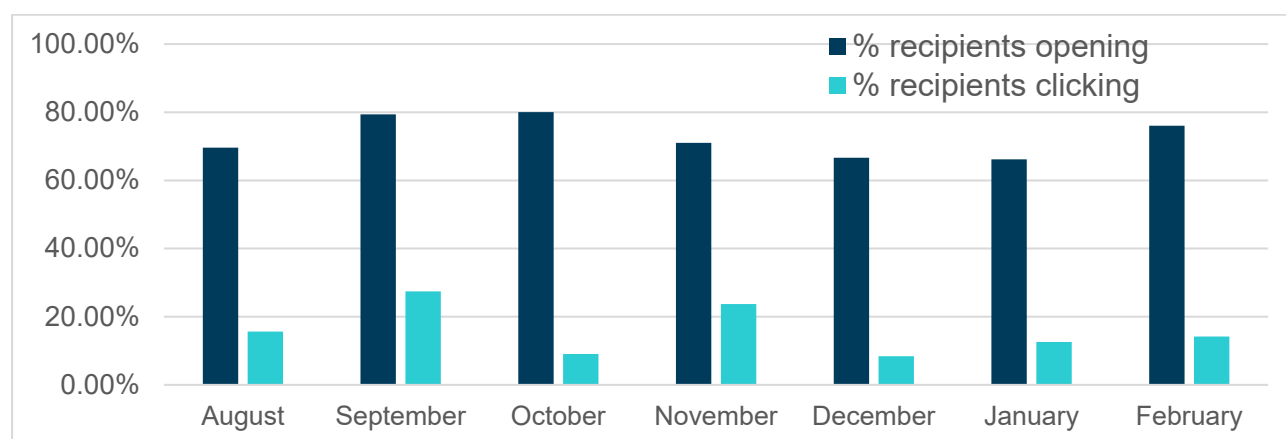


Figure 1 Percentage of all recipients opening, and clicking through to the website, for the last 7 months of newsletters.

The newsletter now includes (when relevant) a targeted section sent to support new graduates. The January newsletter trailed a CPD and PRT webinar later in the month. The event was well attended (there was a follow up invite as well), with 58 registrations and an estimated 25 attendees.

Social Media

LinkedIn is now the most engaged audience, with a specific peak in activity around the announcement of the appointment of the new Chair of Council. The post was liked 20 times, reposted 3 times and commented on twice. There were 60 clicks on the URL to the news story.

Twitter (X) appear to engage well to reach staff at the educational establishments (in particular a post on the new Education Standards received engagement from AECC staff) but does not receive much engagement from chiropractors or the public. We will continue to support the channel, but without prioritising it.

During January we promoted a video on YouTube to the Cardiff area on the importance of the I'm Registered Mark. This had the unexpected benefit of benefiting

the whole YouTube channel nationwide - GCC videos were watched for 289 hours in January 2024 (up 999% on December). While the boosted video received the most views, two other videos (“What to expect at your first visit”, and “Adding the mark to your website”) also performed extremely well. We are now exploring how we can further use YouTube to reach patients.

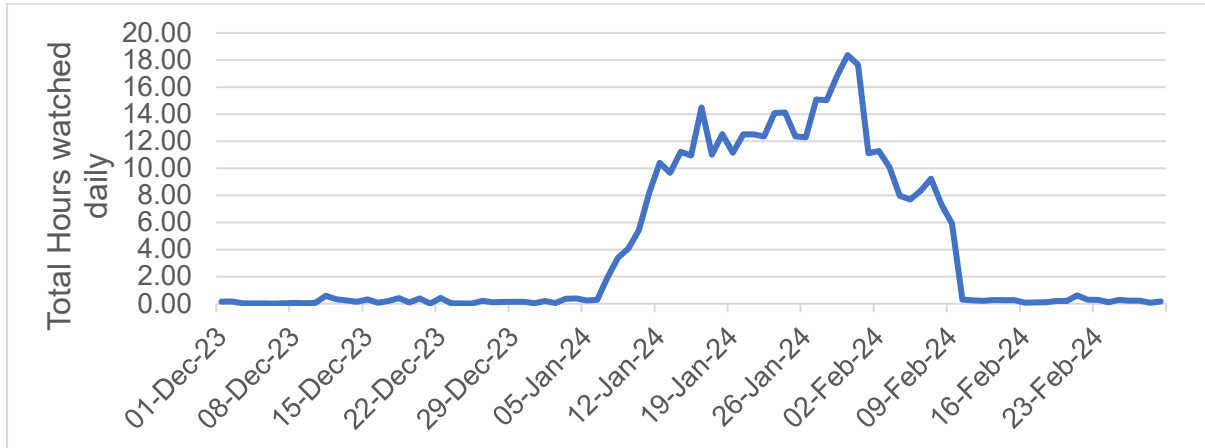


Figure 2- Total hours of GCC videos watched daily on YouTube

Specific Campaigns

I'm Registered

All registration certificates now include the I'm Registered mark and a QR code linked to the individual's entry on the online register. While we saw an expected peak of scans in January (68 scans, as chiropractors downloaded their certificates) we were pleased to note a continuation of scans from the certificates in February (47). We will continue to monitor this.

We are now reflecting on the learning from the November promotion of the I'm Registered mark on Meta, and the January promotion on YouTube to develop a plan for further promoting the mark to patients. We are also in the process of registering the mark as a certification mark (a type of trademark).

The Pulse Survey ([Link to Question set](#))

Although the response rate to the pulse survey was down in December (6%), we received a stronger response rate in January and February (11% of recipients).

To address the lower confidence in the education monitoring process we have commissioned a series of videos with the education institutions around the new education standards and the challenge of meeting them.

We are monitoring the lower confidence in contacting the GCC, and hope the appointment of the new registration administrator, along with the IMIS improvement project, will impact this metric.

The comments continue to be useful as a source of intelligence and are being used as part of the process of reviewing the Code.

Pulse Survey

1 Dec 2023 - 29 Feb 2024

Responses 100 Comments 47

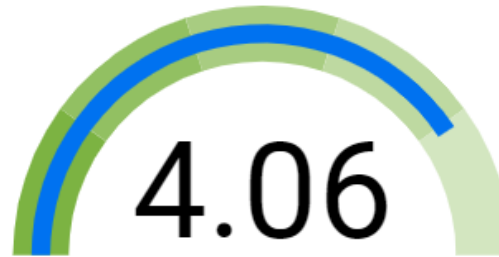
100 47

Chiropractor Confidence in the GCC to...

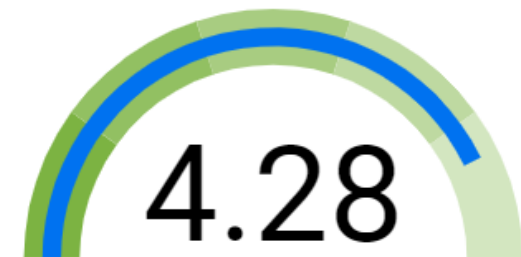
protect the health and safety of the public.



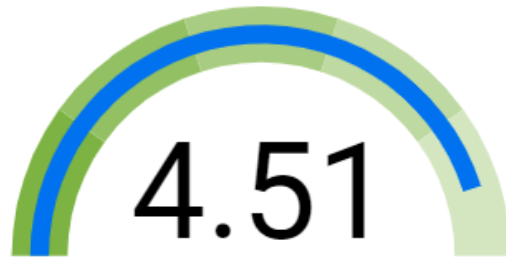
ensure high standards of practice in the chiropractic profession



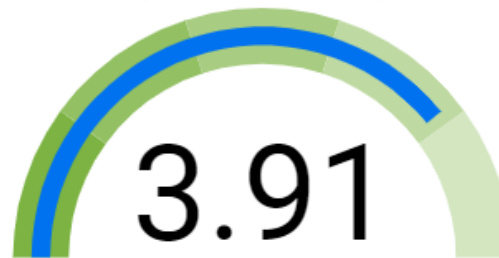
ensure all chiropractors are properly qualified and are fit to practise



take action if a chiropractor fails to meet the standards expected



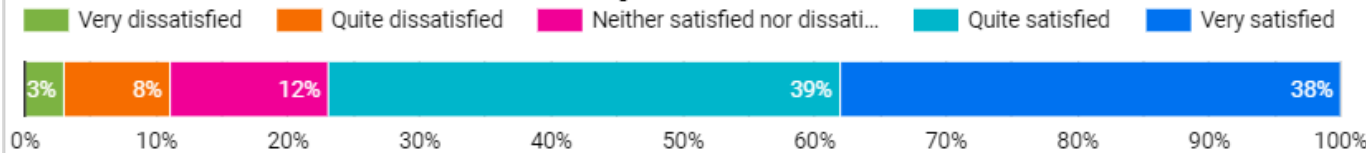
do a good job of approving and monitoring the UK chiropractic education providers



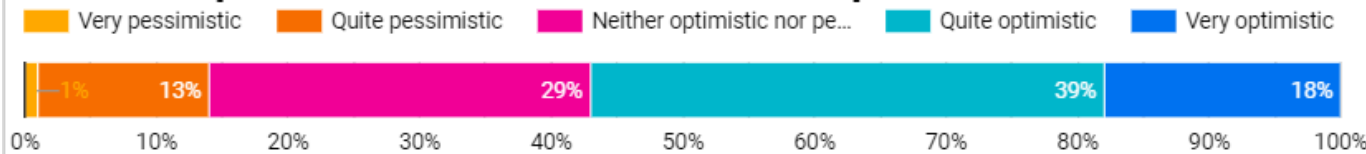
be approachable and easy to contact when you need to.



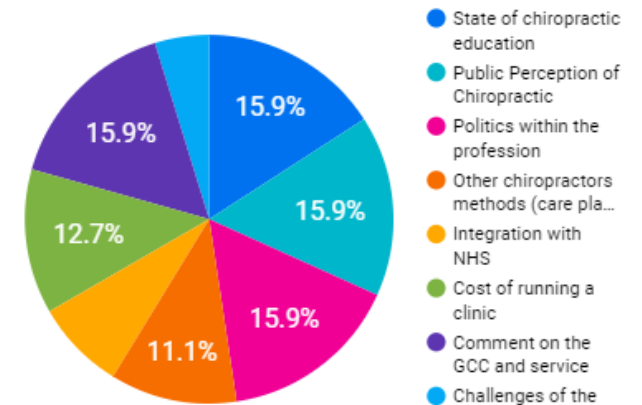
Satisfaction with the profession:



Optimism about the future of the profession:



Comment Categories



Annex D – Equality, Diversity and Inclusion (EDI)

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

Plans are underway to deliver the remaining Action Points in 2024 (12,13,14), a report and to develop a new Action plan to accompany the new Corporate Strategy.

The EDI Working Group met in February 2024 to discuss progress with the Action Plan and the remaining action points. In particular, the group discussed the Code Review and the proposed values; the creation of EDI Champions (Action Point14) and potential for patient champions; and the plans to share the results of two surveys carried out during 2023 with registrants and patients (Action Point 5).

The purpose of the first survey was to build our understanding of the experiences and understanding of registrants around the topic of Equality, Diversity and Inclusion (EDI). The results of the survey are designed to help us understand if there is more we can do to help chiropractors feel more confident in these areas of their practice, understand the core level of knowledge regarding EDI within healthcare, identify key concerns regarding EDI within the registrant population, and develop an understanding of how EDI relates to the chiropractic profession. An infographic of the results is being prepared for March newsletter.

The purpose of the patient survey was to help build understanding around patients' expectations of EDI within the chiropractic profession, and to identify any areas for further research to help steer future EDI efforts. The findings are being turned into a patient focused report and an infographic.

Equality, Diversity and Inclusion within Education Standards

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

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

Phase Two of the project has resulted in a chiropractic-specific document for education providers being 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. This document has been discussed by the Education Committee and published in March 2024.

PSA Performance Standard 3: EDI

In May 2023, the PSA updated its expectations for regulators in relation to its equality, diversity and inclusion Standard. This involved developing a new evidence framework and accompanying guidance for regulators, which will apply from 2023/24 to 2025/26.

We have carried out an internal audit and developed an action plan to assist us meet the EDI Standard and this has been shared with the PSA to assist with their current performance review.



For noting

Review of The Code

Meeting paper for Council on 20 March 2024

Agenda Item: 08

Purpose

The purpose of this paper is to update Council on the review of the Code, which commenced in January 2024, following Council's agreement in December 2023 to proceed with the review in the 2024 GCC Business Plan.

Recommendations

Council is asked to note progress to date, to note the proposed values underpinning the Code together with the proposed amendments to the Principles.

Background

1. Following the scoping review of 2023, the planned review of the Code is underway. The purpose of the review is to revise and update the Code; current version published on 30 June 2015 coming into effect on 30 June 2016.
2. The current Code, for the first time, amalgamated the Code of Practice and Standards of Proficiency into a more streamlined, single document and removed the supporting guidance. Guidance is published and updated more frequently (drawing upon feedback from patients), alongside *toolkits* providing practical support for registrants.
3. The current Code contains standards around both:
 - The Standards of Proficiency (SoP) – i.e. what should be the standard for the knowledge, skills and competencies that chiropractors implement into their professional practice
 - Conduct, performance and ethics (CoP) – i.e. aspects of behaviour and the character of chiropractors.

4. The legislation specifies that the GCC must determine and publish a statement of the Standard of Proficiency. The SoP sets the threshold by which a qualification is to be judged by the GCC as suitable for recognition for the purposes of registration of individual chiropractors. The Education Committee has delegated responsibility for this and is included in the review of the Code. A sub group of the Education Committee has been set up and will meet in March ahead of the Education Committee meeting in April 2024.

The Review

5. To support the work, Gay Swait, former GCC Council and Education Committee member has been contracted working with an Executive steering group and the sub-group of the Education Committee.
6. The Scoping Review recommended an articulation of *core values* to underpin the Code, to be informed by the views of stakeholders.
7. In January 2024, the GCC attended the Royal College of Chiropractor's Winter Conference to begin conversations with stakeholders about the Code, particularly seeking the views of attendees on the values they see as being most important.
8. The GCC newsletter in February 2024 followed up to survey how registrants define the principles and ethics that guide their behaviour and actions in practice.
9. We see the following values as being core to the expectations of patients, registrants and other stakeholders:
 - Patient-centred care
 - Honesty, integrity and transparency
 - Safety and Quality
 - Professionalism.
10. The analysis from our research and the proposed values are presented at **Annex A**.
11. A draft outline structure of the new Code was discussed at the February Steering group meeting and is presented at **Annex B** for noting. This is very much work in progress but gives Council a summary of the content of each Principle, with new content highlighted. Further work on the development of the Code will take place in advance of the June 2024 meeting of Council where Council will be asked to consider a completed draft and the plan for consultation.
12. A communications plan has been developed and is attached at **Annex C**. The plan aims to create awareness and understanding of the review among all stakeholders ahead of the formal consultation after June.

Action and next steps

13. Council is asked to note:
 - initial considerations around values to underpin the Code.

- initial considerations on the Principles
- the Communications plan

14. A consultation document will be presented to the Council at its June meeting along with a plan for formal consultation. That is planned for late summer/early autumn, available in English and Welsh and including the holding of several focus groups involving registrants, education providers, patients, professional bodies, and FtP Committees.

Penny Bance

Director of Development

08a - Annex A - Development of values

The [2023 Scoping Review of the Code](#) recommended (section 5) *that in its Code review process, the GCC:*

- *Considers taking a values-based approach by agreeing and articulating the core values that underpin the Code, translating these into principles and component standards, and presenting the Code as an agreement between patients and the profession.*

The scoping review, during consultation with stakeholders, identified the following core values for practice, which were held to be important by practitioners and/or were expected by patients:

<ul style="list-style-type: none"> • Safety and Quality • Honesty, integrity and transparency • Respect and dignity • Openness • Best interests of patients 	<ul style="list-style-type: none"> • Respect for diversity • Evidence-informed practice • Patient-centred care • Empathy • Professionalism 	<ul style="list-style-type: none"> • Privacy • Commitment • Equality • Non-discriminatory • Inclusion
--	---	--

It is noted that these are not presented in any order, the number of values listed is impractical, and many of the values overlap in meaning.

However, the opportunity to develop shared values across the profession that underpin the principles of the Code is attractive to the GCC. Clear identification of underpinning values may explain and inform the derivation of regulatory objectives and, in the case of the Code, its Principles may be framed as the means of actioning the core values.

With that aspiration the GCC undertook work to understand the personal values shared across the profession.

Preparation

The values were considered as concepts (rather than as specific value titles) and overlapping concepts were removed. This left a group of 10 value concepts to prioritise:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Safety and Quality • Honesty Integrity and Transparency • Openness • Evidence-informed practice • Empathy • Professionalism | <ul style="list-style-type: none"> • Privacy • Commitment • Patient-centred care (includes "Best interests of patients") • Equality, Diversity and Inclusion (includes "Respect and dignity", "Respect for diversity", "Equality", "Non-discriminatory", and "Inclusion") |
|--|---|

Royal College of Chiropractors Winter Conference (31 January 2024)

At the GCC stand at the RCC Winter Conference we asked attendees to “spend” five marbles on the values they identified with most (by placing them in labelled containers). They could vote on a value more than once but could not use more than five marbles.



While this technique yielded some qualitative results (below), it also acted as an opportunity to speak to registrants about the review of the Code and understand their attitudes towards professional values within their practice:

Anecdotally:

- While patient-centred care scored highest, several registrants felt the term did not fully encompass the patient-first value that they held.
- Many seemed to be able to quickly distribute three marbles and then had to consider the last two in more depth.
- Very few offered other values that they felt were not represented within the concepts. The values that were felt not to be represented were:
 - Evidence-Based Practice
 - Pragmatism
 - Ethics
 - Humour

In total 59 chiropractors responded to the question.

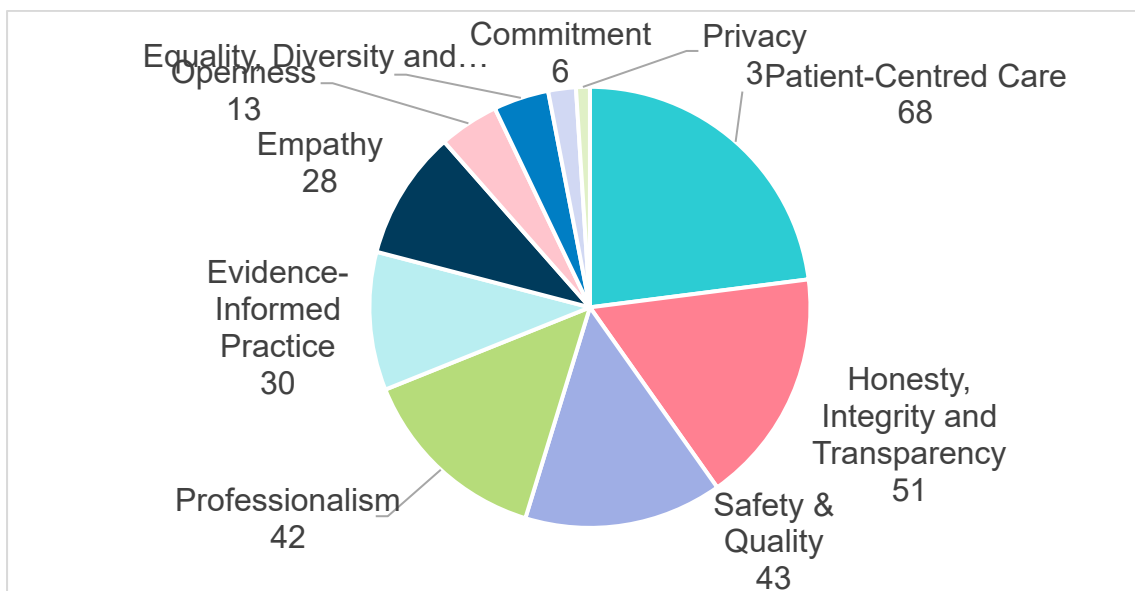


Figure 1 - Distribution of “votes” for different values at GCC Winter Conference. 59 participants.

GCC Newsletter Questionnaire (7 February 2024)

The [February 2024 edition of the registrant newsletter](#), included an explanation of the desire to connect the Code of Practice and Standards to the values that chiropractors hold in their professional life, and a link to [a questionnaire](#).

The newsletter was sent on 7 February to registrants and again on 9 February to those who had not opened the original email. The values survey was also promoted across social media throughout February.

The questionnaire asked registrants to rank all 10 value concepts in order (1 being most important).

For each question the options were randomised (to prevent any specific value being favoured by presentation) and there were also opportunities for registrants to suggest further values and make comments on the process.

We received 94 complete responses, with a further 62 responses completely empty (i.e. they had visited the introduction page but not responded to any of the questions).

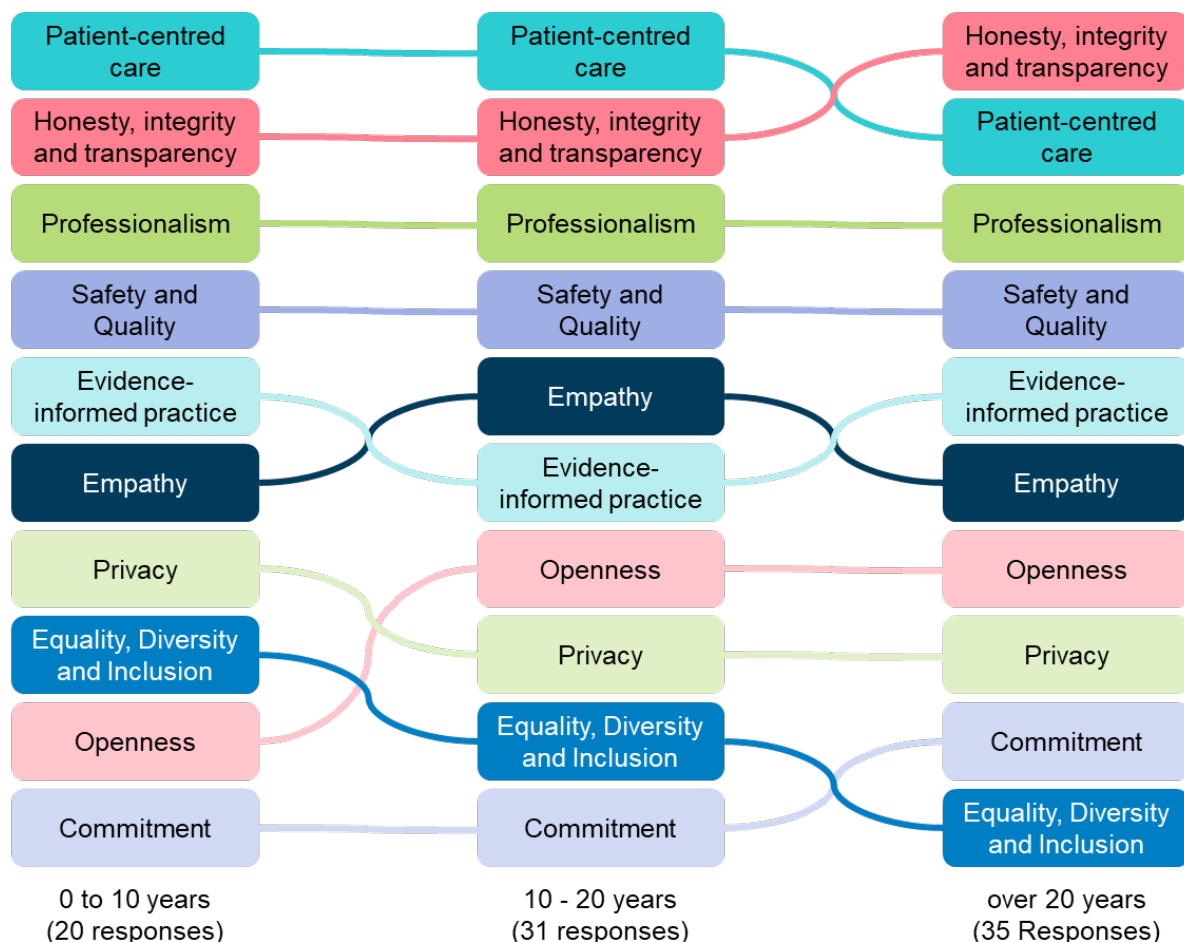


Figure 2 - Distribution of values stratified by time on GCC Register

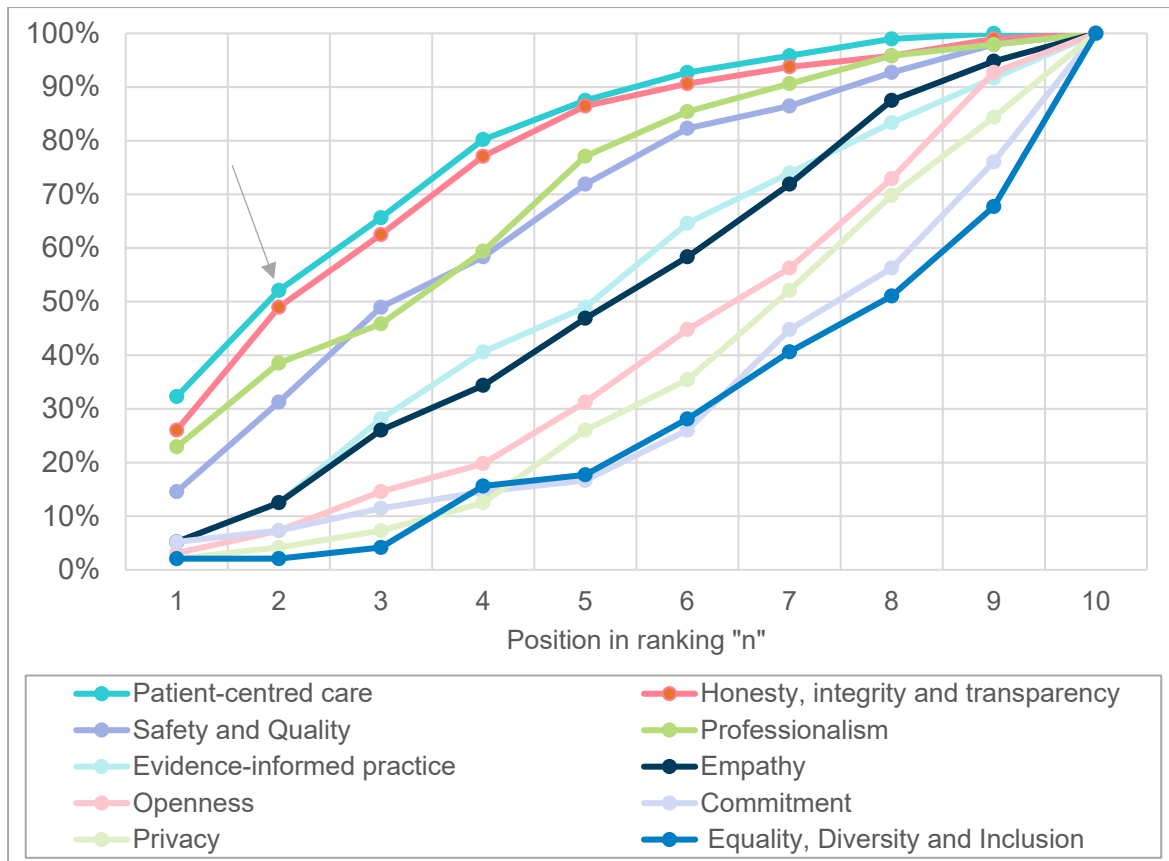


Figure 3 - Percentage of respondents ranking each value as position “n” or higher. E.g. at the arrow, 52% of respondents ranked “patient-centred care” in position 2 or higher.

Other suggested Values

We received 82 suggestions for “other” values across 43 respondents. These were categorised and the values that were suggested three times each were:

- Collaborative
- Compassion
- Education
- Holistic
- Integrated
- Intervention Free of Drugs
- Leadership

“Vitalism” and “Chiropractic Philosophy” were suggested by 2 respondents each.

We also asked them to pick the word or phrase that best expressed their understanding of the values of “patient centred care” and “equality, diversity and inclusion”.

Defining terminology – the concept of patient-centred care

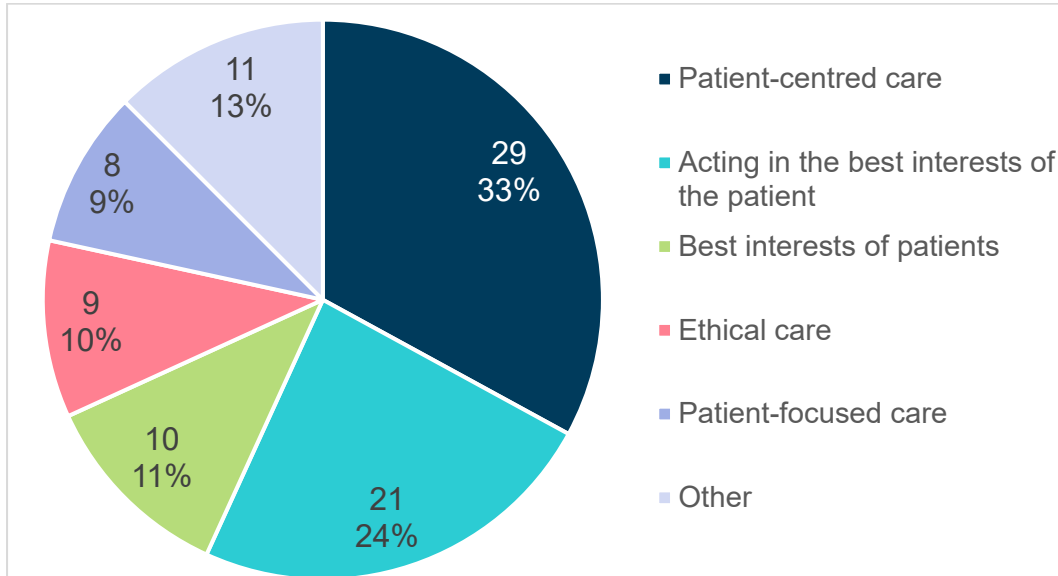


Figure 4 - distribution of terms for patient-centred care

The concepts of patient-centred care and acting in the best interest of patients would seem to be subtly different in approach.

Defining terminology – the concept of equality, diversity and inclusion

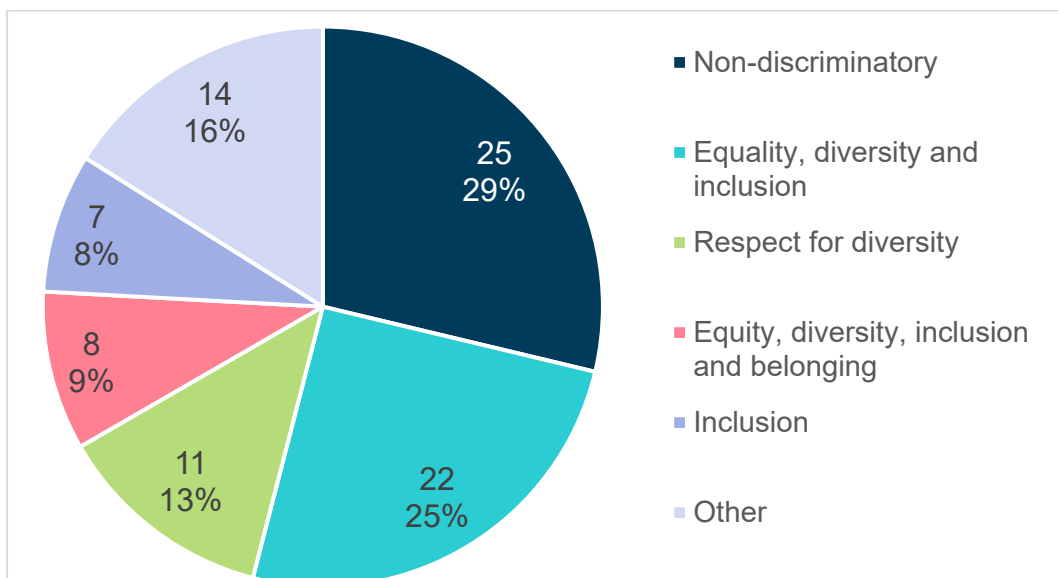


Figure 5 - distribution of terms for Equality, Diversity and Inclusion

Comments on the questionnaire and process

There were 23 comments made in total. Of these, four referenced the overlap between different Values, the difficulty of distinguishing between them and specifically that “Patient-Centred Care” included an understanding of “Equality, diversity and inclusion”.

Four referred to philosophical aspects – specifically calling out the GCC for not promoting chiropractic care or not understanding chiropractic. Four comments were looking for more clarity over scope of practice, and three discussed the need for effectiveness and evidence.

Recommendation

Our recommendations for the values to adopt to support the code are:

- Patient-centred care
- Honesty, integrity and transparency
- Safety and Quality
- Professionalism.

While the value of EDI will also be woven into the code, this does not need to be identified as a specific value.

8b – Annex B - Code Review

Underpinning values and proposed structure of the new Code

The proposed core values that underpin the Code are

1. Patient-centred care
2. Honesty, integrity and transparency (including acting in the best interest of patients)
3. Professionalism
4. Safety and quality

The Values are enacted through 10 (currently eight) Principles

Principle A: Put the interests of patients first

Principle B: Ensure safety and quality in clinical practice*

Principle C: Act with honesty and integrity and maintain the highest standards of professional and personal conduct

Principle D: Provide a good standard of clinical care and professional practice

Principle E: Establish and maintain clear professional boundaries

Principle F: Obtain valid consent for all aspects of patient care

Principle G: Communicate professionally, properly and effectively

Principle H: Foster collaborative health care, effective professional relationships and supportive workplace practice*

Principle I: Maintain, develop and work within your professional knowledge and skills

Principle J: Maintain and protect patient information

*Principle B and Principle H are possible new Principles

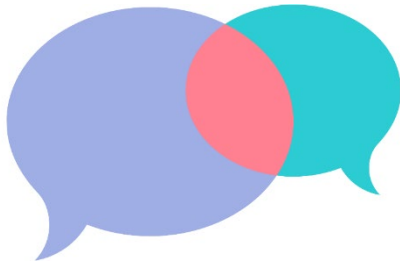
The possible two new Principles and areas of proposed new content to the standards are highlighted to show current thinking.

Principle A: Put the interests of patients first	<ul style="list-style-type: none"> • Putting the needs and safety of the patient at the centre of the care process • Collaborative care, shared decision-making, empowering patients • Showing respect, compassion and care • Privacy, dignity, cultural differences • Fairness, discrimination, diversity, choice. Cultural competence. • Not allowing personal views to affect patients. • Safeguarding
Principle B: Ensure safety and quality in clinical practice	<ul style="list-style-type: none"> • Culture of safety, protecting patients and preventing harm before it occurs • Taking action over patient safety concerns • Hygienic, safe environment, equipment, risk management, planning and managing emergencies • Adverse event recognition, safety incident reporting • Quality management and continuous improvement
Principle C: Act with honesty and integrity and maintain the highest standards of professional and personal conduct	<ul style="list-style-type: none"> • Protecting patients – health, conduct and performance • Proper qualification, registration, insurance • Advertising • Maintaining patient confidentiality when communicating • Professional behaviour, public confidence, trust • Not placing undue pressure on patients • Conflicts of interest and financially motivated care, including motivating others with inducements • Duty of candour • Personal values, biases and beliefs in professional relationships and care • Duty to raise concerns about unfair/discriminatory behaviour by colleagues • Refusing/discontinuing care • Notifying GCC of criminal/regulatory findings etc

<p>Principle D: Provide a good standard of clinical care and professional practice</p>	<ul style="list-style-type: none"> • Safe, effective person-centred care. Takes account of best available evidence. Meets needs/preferences of patient • Taking case history • Determine goals of care, use validated baseline outcome measures, agree planned health outcomes • Physical examination giving regard to patients health and dignity, recording findings working diagnosis/rationale for care, keeping patient informed, documentation, keep under review, inform patient about diagnostic uncertainty • Making proposals about care – patients’ needs/priorities and best evidence. Requirement to inform patient where there is not supporting evidence for the proposed approaches • Planning care, agreeing with patient • Reviewing progress and care • Not proposing or providing long plans of care that are not justified on the basis of appropriate assessment or reassessment of a patient. • Not making clinical decisions, proposals or recommendations that are not based upon the best interests of the patient • Selecting and applying care, chiropractic care approaches. • Ceasing care • Making, receiving and implementing referrals • Imaging and diagnostic investigations • Prevention, health promotion, engagement with population health initiatives • Use of information, communication and digital technologies in clinical care • Engaging appropriately with research
<p>Principle E: Establish and maintain clear professional boundaries</p>	<ul style="list-style-type: none"> • Power imbalances, position of power and trust, sexual boundaries, improper emotional/financial relationships • Be professional, ensure patients and others are treated with respect and dignity • Removal of clothing, privacy, record discussions • Advocates and chaperones

<p>Principle F: Obtain valid consent for all aspects of patient care</p>	<ul style="list-style-type: none"> • Share, and consider understanding of, information to enable informed decision-making • Capacity to consent, legislation and guidance • Obtain and record consent (for care, teaching or research). Ongoing consent • Ensure consent is voluntary • Consent of a child, competence • Consent to adjust/remove clothing • Consent for sharing of information
<p>Principle G: Communicate professionally, properly and effectively</p>	<ul style="list-style-type: none"> • Meeting language and communication needs, taking all reasonable steps, while maintaining privacy. • Explore care options, risks and benefits with patients, enable questions • Information on patient fees, charging and complaints. Respond quickly and appropriately to complaints. • Involve other healthcare professionals, appropriately share relevant information. • Listen, be polite and considerate, including regarding any complaint. • Provide information on individuals responsible for care and arrangements when not available. • Use of media sharing and social networking sites. Maintaining professional boundaries, checks that information is not misleading. Maintain duty to promote public health.
<p>Principle H: Foster collaborative health care, effective professional relationships and supportive workplace practice</p>	<ul style="list-style-type: none"> • Collaborate appropriately and effectively with other health and care professionals. • Delegation of tasks • Team working, professional interpersonal relationships. Supporting design delivery and enhancement of services. • Leadership appropriate to a healthcare professional • Workplace behaviours, bullying/intimidation/harassment, duty to take action • Duty to report, follow-up, escalate, and act upon concerns about the performance or conduct of colleagues. • Mentoring, teaching, training, professional support. Duty to support colleagues to meet their regulatory duties.

<p>Principle I: Maintain, develop and work within your professional knowledge and skills</p>	<ul style="list-style-type: none"> • Reflective practice • Continuously monitor and adapt practice • Routine critical appraisal of evidence, and integration into practice • Keeping knowledge/skills up to date, professional development. Duty to be competent in all aspects of work (including leadership, management, research or teaching roles) • Keeping knowledge up to date in terms of the law, relevant regulations and GCC guidance. • Working within the limits of your knowledge, skills and competence. • Make clear the limits of your competence and knowledge • Recognise the roles and expertise of others. Referring, or seeking expertise when needed. • Not requiring anyone else to take on responsibilities for patients where beyond their level of knowledge, skills or experience.
<p>Principle J: Maintain and protect patient information</p>	<ul style="list-style-type: none"> • Personal information, confidentiality and improper disclosure. Adapting to advancing technology • Only disclose without patient consent if there is a legal basis to do so. • Patient records kept up to date, legible, attributable and representative • Safe storage of patient records • Arrangements if you close down your practice • Patient records remain your responsibility, unless contractually transferred • Giving patients access to their personal health records



**General
Chiropractic
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08c - Annex C – The Code Conversation (communications plan)

Background

The Code Conversation campaign is part of the 2024 business plan project to review and consult on the Code of Practice, following the scoping review conducted in 2023.

The business plan objective is:

- 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.

2024 Deliverables and Milestones

1. Share framework and values 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**

This plan covers the period of discussion between February and July during which the new Code will be developed.

Objectives

The communications objectives are that by 1 June 2024 we will have:

- carried out a series of discussions with stakeholders around the themes (identified on the next page) and use these to inform the proposed Code.
- a clear idea of the areas of the proposed Code that are likely to prove controversial, and why.

By 1 July 2024 we will have published a revised Code of Practice for full consultation between July and September. This comms plan does not include the formal consultation.

Topics for communication

The scoping review and structure proposal have identified some potential areas for change to the Code. Taking into account the likely impact of the changes suggested in these two documents, the following topics have been identified for further development in consultation with stakeholders and the profession:

- **The Values** that underpin the Code (already developed, see Annex B).
- **High level Principle:** Safety and quality of care
- **High level Principle:** Collaborative health care. This is likely to include:
 - professional relationships and workplace practice
 - teamworking and leadership
 - interprofessional working
 - bullying/harassment
 - a greater duty to act upon concerns
- **Discussion topic:** Patient-centred care including shared decision making
- **Discussion topic:** Unjustified use of X-Rays
- **Discussion topic:** Strengthening the Code as a regulatory tool in relation to sexual boundaries and misconduct cases
- **Discussion topic:** Care and business practice that is not in the patient's best interests. This is likely to include:
 - Shared space/open plan treatment
 - use of screening devices or images to sell packages of care
 - dependency on a practitioner
 - "maintenance" or regular visits with no measure of long term outcome.

In addition, during this period we also need to be able to clearly articulate the need and purpose of the Code and the Code review.

Audiences

- **Chiropractors (registrants)** – using the brand of “the Code Conversation”
 - Newsletter items
 - Blogs on principles and topics
 - Social media linking to newsletter blogs on topics
 - Online webinars on specific topics
 - Code Conversation Webpage
- **Patients and their representatives**
 - Facilitated patient-group discussion on professional and sexual boundaries
 - Code Conversation Webpage
- **Council and GCC Committees members**
 - Specific webinar for GCC Council and partners to be involved in discussions
- **Chiropractic Associations and Royal College of Chiropractors**
 - Volunteering to participate in association events discussing the Code
 - Discussions with the AUKC and BCA
- **Education Providers**
 - Forum of Deans

- **Lawyers involved in chiropractic regulatory issues**
 - Quarterly Defence Meeting
- **Professional Standards Authority**
 - Letter from Registrar to inform them of plans
- **Department of Health, NHS in all UK countries and other health regulators**
 - Letter from Registrar to inform them of plan

Strategy

Message consistency:

While the specific topics will be explored in different contexts, the key messages across the campaign are:

- The Code is the basis of professional practice – it codifies the standards expected of chiropractors by patients, chiropractors, and the wider healthcare sector.
- A new Code is needed to reflect developments in approach across wider healthcare regulation, changes in the attitudes of society and developments within technology.
- The new Code will be built on the values of the profession.
- The new Code will protect the public, but this idea is likely to be more widely interpreted than previously.
- The Code Conversation is a two-way discussion to help the GCC form the new Code that will be consulted on from July onwards.

Scoring/Evaluation

The effectiveness of the communication will be measured through:

- Responses to surveys and questionnaires (quantitative)
- Volume and quality of comments received (both formally and informally)
- Attendance at events
- Invites to events organised by other stakeholders
- Awareness of the Code Conversation as a campaign.

**For noting**

Annual Reports

Meeting paper for Council on 20 March 2024

Agenda Item: 09

Purpose

The purpose of the reports on Registration and Fitness to Practise is to update Council on activity during 2023 fulfilling our accountability objectives. They are summarised in the Council's annual report.

Recommendations

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

Key points

The key points of note in the Registration report are:

- The register grew by 178 individuals in comparison to the 2022 figures, marking a 4.8% increase.
- If this trend continues, we should see a healthy increase in the register's population over the upcoming five years.
- The GCC welcomed 294 new registrants in 2023: 71 more than the previous year.
- 33 chiropractors registered via our international pathway, which is 5 fewer than in 2022. 13 qualified in the USA and 10 in South Africa.
- The profession is witnessing a shift towards a more diverse student demographic, a trend that is gradually being reflected in the register.
- Approximately 20% of the register's population are under 30, while individuals aged 60 and above constitute 10.5%.

Last year's Registration Report can be found [here](#) for reference.

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

- In 2023, the number of complaints received about chiropractors' fitness to practise increased by 25% compared to 2022.
- A lower number of cases were concluded by the Investigating Committee in 2023 compared to 2022.
- Complaints were made about 63 chiropractors.
- Most complaints were received from patients or relatives of patients.
- Most complaints related to clinical care and communication.
- Of the cases concluded by the Investigating Committee, 10 of these were referred to a Professional Conduct Committee hearing.
- Five chiropractors were found guilty of unacceptable professional conduct by the Professional Conduct Committee.

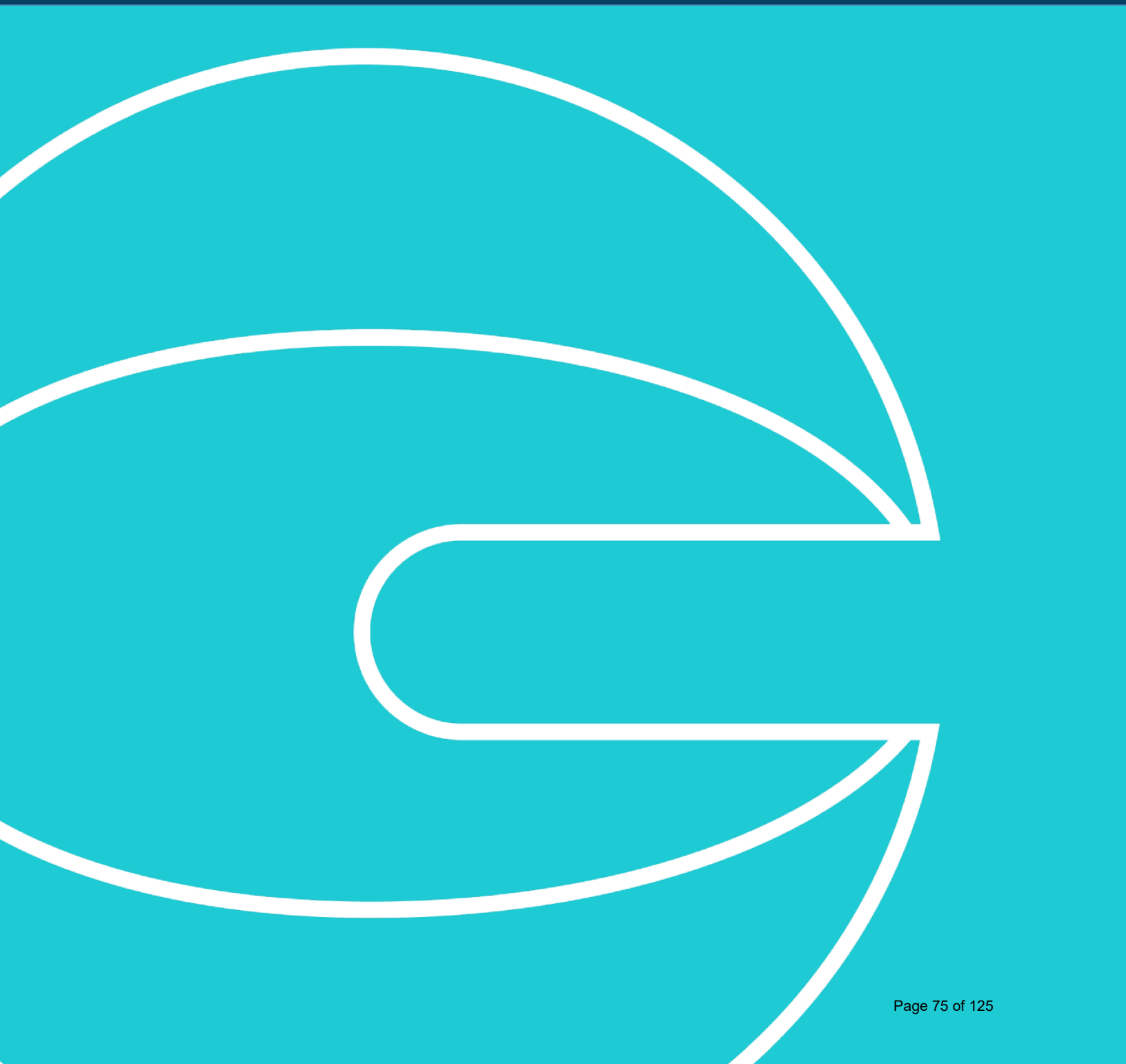
Last year's report can be found [here](#) for reference.

Niru Uddin
Director of Fitness to Practise

Penny Bance
Director of Development



Fitness to Practise Annual Report 2023



General Chiropractic Council **Fitness to Practise Annual Report 2023**

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General Chiropractic Council [Fitness to Practise Annual Report 2023](#)

Introduction

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

About Fitness to Practise (FtP)

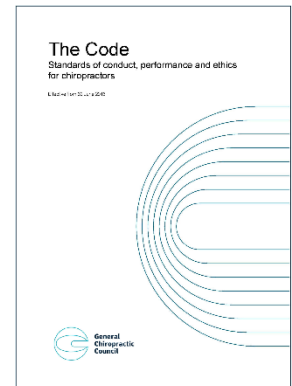
The Code

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

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

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

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



Investigating complaints

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

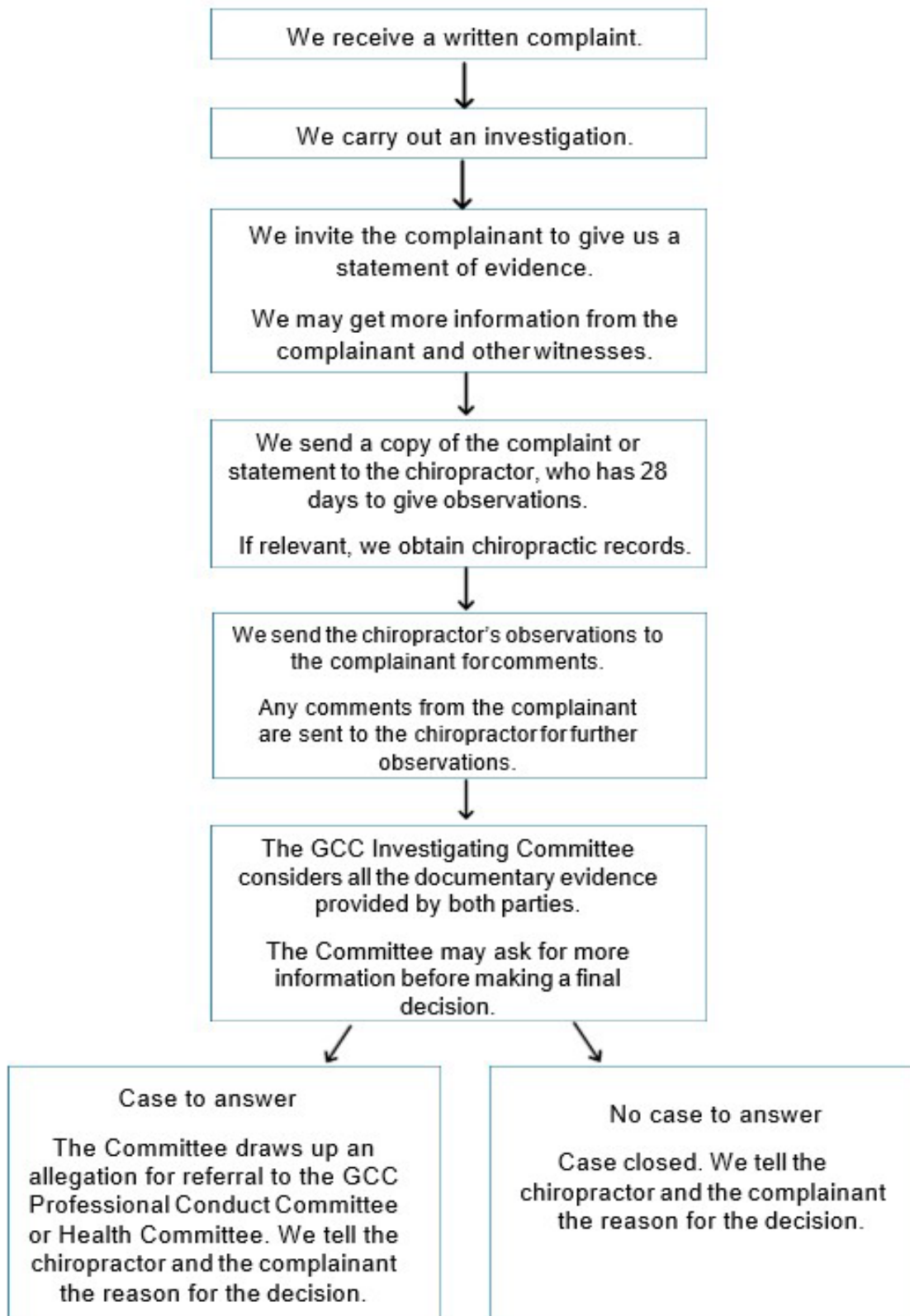
- Treatment, care or advice given by a chiropractor
- The professional or personal behaviour of a chiropractor
- Serious impairment of fitness to practise due to the physical or mental health of a chiropractor

What complaints are the GCC unable to investigate?

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

 General Chiropractic Council **Fitness to Practise Annual Report 2023**

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



Fitness to Practise in 2023 - summary

Our focus in 2023 was to improve our regulatory processes, further protecting patients, working towards swifter resolution for the benefit of complainants and registrants alike. This meant that the time to progress the more serious investigations was improved.

Having undertaken a scoping review in 2022 as to how investigations of fitness to practise could be sped up as well as reduce costs by the introduction of clinical advisers, we concluded there were many potential advantages in the introduction of clinical advisers. In 2023, the GCC finalised the model under which clinical advisers would work as well as recruiting and appointing the advisers to provide clinical input into fitness to practise investigations. The new model went live from August 2023 with efficiency savings to be seen in 2024.

The PSA published its annual performance review of the GCC in August 2023, with the GCC meeting all the Professional Standards Authority's Standards of Good Regulation – the first time for five years that the GCC met all the benchmarks. Standard 15, the time to progress investigations, saw the greatest improvement, with the time between receipt of referral and final hearing decision being significantly improved, a testament to the hard work of the FTP team and all partners involved in our work.

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

There were 66 fitness to practise concerns requiring investigation in the year. This was a 25% increase in the number received compared to 2022. The reasons are difficult to discern, albeit the number received in 2021 were similar to this year, indicating that 2022 was somewhat unusual.

However, we received fewer referrals this year (four) requiring urgent consideration for interim suspension due to the nature of the concerns. Whilst no suspension orders were made against the four registrants, we must remain vigilant where concerns identified represent a potential risk to patients.

In 2023, ten cases were referred for hearings before the Professional Conduct Committee. Two of the hearings were adjourned part-heard and carried forward into 2024 for completion. The median number of weeks taken from the receipt of the complaint to consideration by the PCC was 102 weeks.

Whilst seeing an increase in the volume of complaints received in 2023 compared to 2022, with some of these complaints raising serious concerns, they represent a small proportion of the number of treatments carried out by chiropractors.

Performance summary

		2023	2022	2021
Number of cases concluded by Investigating Committee		52	60	82
Number of cases concluded by Investigating Committee with the following outcome:	No Case to Answer	42	48	73
	Referral to Professional Conduct Committee	10	12	9
Number of cases concluded by Professional Conduct Committee		11	10	11
Number of registrants removed ('erased') from the register		1	1	2
Number of registrants suspended from the register		1	1	1
Number of registrants receiving a conditions of practice order		2	0	0
Number of registrants receiving an admonishment		1	3	2
Time from receipt of initial complaint to the final Investigating Committee decision (in weeks):	Median	48	46	36
	Longest case	111	163	123
	Shortest case	9	11	8
Time from receipt of initial complaint to the final PCC decision (in weeks):	Median	102	94	122
Number of open cases (at the end of the year) which are older than:	52 weeks	7	10	13
	104 weeks	1	0	4
	156 weeks	0	0	0

Key points

- In 2023, the number of complaints received about chiropractors' fitness to practise increased by 25% compared to 2022.
- A lower number of cases were concluded by the Investigating Committee in 2023 compared to 2022.
- Complaints were made about 63 chiropractors.
- Most complaints were received from patients or relatives of patients.
- Most complaints related to clinical care and communication.

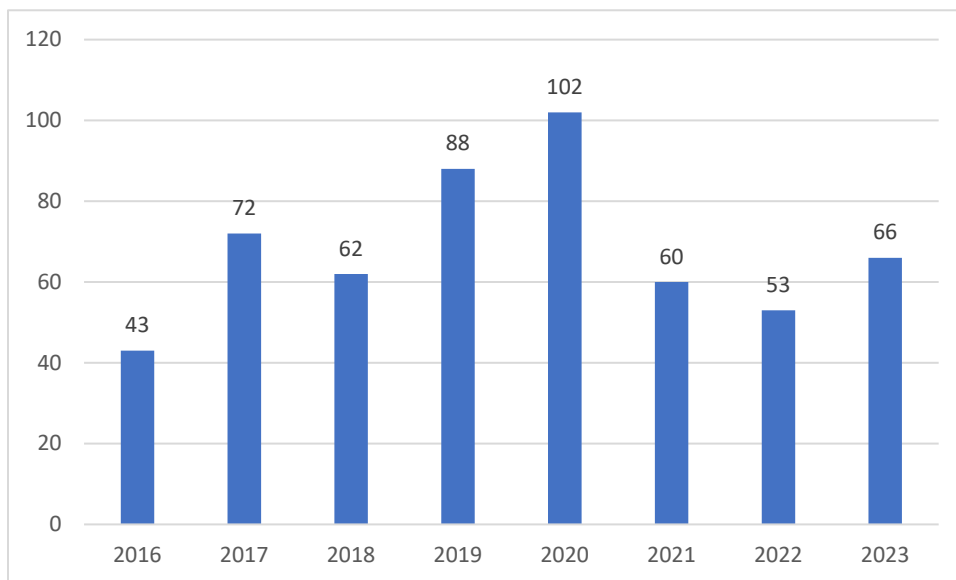
General Chiropractic Council **Fitness to Practise Annual Report 2023**

- Of the cases concluded by the Investigating Committee, 10 of these were referred to a Professional Conduct Committee hearing.
- Five chiropractors were found guilty of unacceptable professional conduct by the Professional Conduct Committee.

Complaints received

In 2023, the GCC received 66 complaints about chiropractors, a 25% increase in complaints compared to 2022. Over the last five years, the GCC has, on average, received 74 complaints per year.

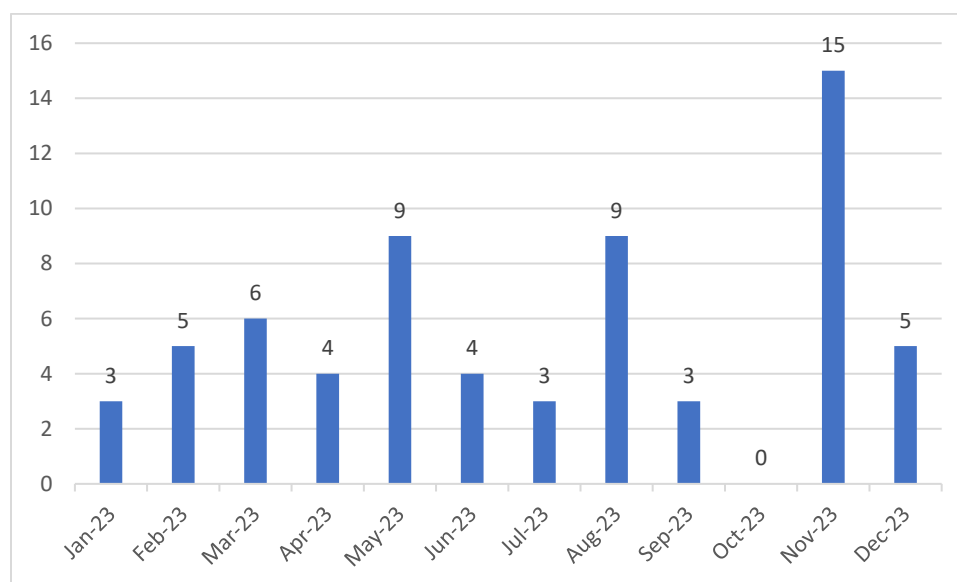
The complaints related to 63 registered chiropractors.



Complaints received by month

On average we received 5 complaints per month with a peak of 15 complaints received in November, an increase from the average of 4 per month in 2022.

General Chiropractic Council **Fitness to Practise Annual Report 2023**



Source of complaints

Most complaints are made by a patient or a relative of a patient, accounting for 46 of the complaints received in 2023.

Source of complaint	Number
Patient/Relative of	46
Member of public/private organisation	7
Other Chiropractor/Clinic where worked	6
Anonymous	2
Other Healthcare Professional	2
Public Sector Organisation (e.g. Police)	1
Registrar	0
Self-Referral	2
Total	66

Nature of complaints

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

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

Our approach

A complaint received by the GCC is reviewed by a member of the fitness to practise team, who completes an initial case report recording the allegation and issues raised by the complainant. This case report records all allegations made, including where more than one allegation is made by a complainant. This explains why the number of allegations (184) is greater than the number of complaints received in the year (66).

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

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

Nature of complaint by category

Most complaints contain more than two allegations about the chiropractor. The highest number of allegations made in a complaint was 6.

Of the 66 complaints received, there were 101 allegations of a failing relating to *clinical care*.

In 60 separate complaints there was an allegation of a failing in *communication/consent or professional relationships*.

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

All allegations made are listed in the table below.

Base: 66 cases (received in 2023)

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Nature of Complaint	Number of allegations raised
Clinical care	101
Communication/Consent/Professional Relationships	60
Probity	10
Conviction/Criminality	2
Health	2
Working with colleagues	7
Other	0
Teaching/Supervision	1
Business/employment issues	1
Promoting anti-vaccination	0
Compliance with GCC investigations	0
Total	184

Clinical care allegations - by type and subtype

The most commonly occurring allegation relating to clinical care was the concern about treatment technique/approach/dissatisfied with treatment.

Type	Number of allegations raised
Substandard treatment	95
Breach of patient confidentiality	2
Inadequate record keeping	3
Poor hygiene practice	0
Clinic facilities/premises	1

Substandard treatment

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

Subtype (Substandard treatment)	Number of allegations identified
Concern about treatment techniques/approach/dissatisfied with treatment	30
Rough/aggressive treatment causing injury/pain	22
Inappropriate/contraindicated/excessive treatment/lack of clinical justification	20
Misdiagnosis/No diagnosis	6
Lack of further investigation/follow up/review	1
Lack of clinical justification for investigations/x-rays	2
Failure to work within limits of knowledge, skills and competence	3
Failure to cease treatment	2
Failure to refer, when appropriate	0
Inadequate assessment/case history	5
Failure to examine/inadequate examination	2
Failure to adhere to x-ray guidelines	2

Communication/Consent/Professional Relationships by type and subtype

The second largest category of complaint is Communication/Sexual Boundaries and Consent.

Type	Number of allegations raised
Communication	28
Sexual boundaries	15
Consent	11
Intimidation of patient/pressure/undue influence to undergo treatment	2
Failure/delays in providing access to records	0
Failure to preserve patient's privacy and dignity/not providing chaperone	4
Financial impropriety with patients	0

Communication

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

Subtype (Communication)	Number of allegations raised
Rudeness to patient/lack of respect or sympathy/empathy	10
Inappropriate comments/language	6
Failure to respond to communication from complainant/comply with patient request	3
Failure to explain or agree diagnosis/treatment or treatment plan/results	3
Failure to explain fees adequately/mechanisms for payment	1
Failure to provide adequate information about complaints procedure/poor complaint handling	4
Failure to explain refusal to treat	0
Bullying/Harassment/discrimination	1

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

Sexual boundaries

There were 15 separate complaints alleging sexual behaviour by a chiropractor. This is a large increase from the previous year where there was five.

Subtype (Sexual boundaries)	Number of allegations raised
Inappropriate personal/sexual relationship with patient	3
Indecent/sexualised behaviour	3
Inappropriate contact with patient's body/intimate areas	7
Use of sexualised language/comments	2

Probity

In this category, the largest number of allegations related to dishonesty/failure to fulfil duty of candour to be open and honest with all patients.

Subtype (Probity)	Number of allegations raised
Financial deception/fraud/improper charging	0
Misleading advertising/claims made on website	2
Improper alteration of records/clinic diary	2
False representation of skills/experience/registration/use of doctor title	1
Practising while not registered/Practising on non-practising register/ Practising without indemnity insurance	0
Removal of patient records/data from clinic	1
Dishonesty/Failure to fulfil duty of candour to be open and honest with all patients	3
Improper use of patient database/soliciting patients	1

Commonly occurring allegations in 2023

The most commonly occurring allegations in 2023 were:

1. Concern about treatment techniques/approach/dissatisfied with treatment —¹
2. Rough or aggressive treatment causing injury or pain to the patient —
3. Inappropriate/contraindicated/excessive treatment/lack of clinical justification —
4. Communication - rudeness to patient/lack of respect or sympathy/treat patient fairly —
5. a. Consent - failure to obtain informed consent ↑²
b³. Sexual boundaries - inappropriate contact with patient's body/intimate areas ↑
6. Misdiagnosis/No diagnosis —
7. Communication - inappropriate comments/language ↓⁴
8. Inadequate assessment/case history*⁵

It is of note that whilst the most common occurring allegation may relate to substandard treatment, if appropriate or clear communication between chiropractor and patient had taken place, this may have avoided this type of allegation being referred to the GCC.

Allegations relating to clinical care (1-3) and communication (4) continue to be the most commonly occurring in 2023. 1-4 above remain in the top four commonly occurring allegations as 2022.

There are more allegations about consent and sexual boundaries than last year. Although *Consent* (5a) and *Sexual boundaries* (5b) appears in the list of commonly occurring allegations in 2022, they have moved up in the list in 2023.

Misdiagnosis (6) remains at the same position as 2022. There are slightly lower number of allegations relating to *inappropriate comments / language* (7) than 2022.

Inadequate assessment / case history (8) did not appear in the list of commonly occurring allegations in 2022 and is therefore new in the list for 2023.

¹ — Indicates that allegation is at same position in list of common allegations compared to previous year

² ↑ Indicates that allegation has moved up in list of common allegations compared to previous year

³ 5a and 5b are of equal number of allegations

⁴ ↓ Indicates that allegation is lower in list of common allegations compared to previous year

⁵ * Indicates that allegation is new addition to list of common allegations compared to previous year

Investigating Committee

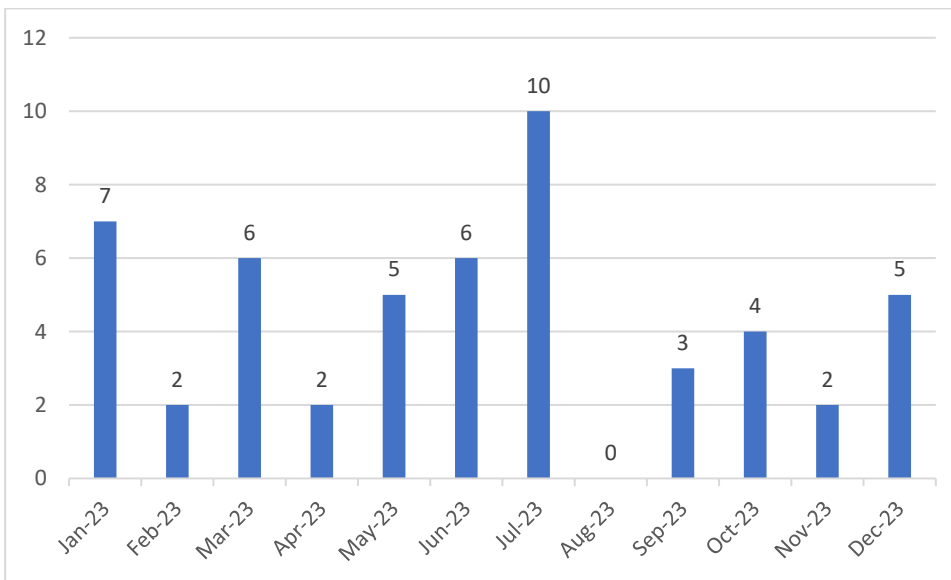
The GCC Investigating Committee (IC) investigates complaints made to the GCC about a chiropractor's conduct, professional incompetence or health, to establish whether there is a 'case to answer'. If there is a case to answer, the IC will refer the complaint for consideration by the GCC Professional Conduct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

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

In 2023, the IC determined 52 cases compared to 60 cases in 2022.

	2023	2022	2021	2020	2019
Cases determined	52	60	82	87	62

Cases determined by month



Decisions of the Investigating Committee

Of the 52 cases that were determined by the IC in 2023, ten were referred on to the PCC (19%). Whilst there was a slight reduction of cases determined by the IC, the proportion of referrals to the PCC remained nearly the same as 2022.

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Decision of the IC	2023	%	2022	%	2021	%	2020	%	2019	%
No Case to Answer	42	81%	48	80%	73	89%	78	90%	54	87%
Referred to PCC	10	19%	12	20%	9	11%	9	10%	8	13%
Total	52		60		82		87		62	

Professional Conduct Committee

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

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

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

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

Sanctions available to the PCC are:

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

In 2023, 11 cases were determined by the PCC.

Five chiropractors were found guilty of unacceptable professional conduct in 2023. Details of the decision of each are set out below.

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

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PCC decision	2023	2022	2021	2020	2019
Removal	1	1	2	0	0
Suspension	1	1	1	0	0
Conditions of Practice	2	0	0	0	1
Admonishment	1	3	2	2	1
No UPC	6	5	6	4	5
GCC offered no evidence	0	0	0	0	0
Total	11	10	11	6	7

The median number of weeks taken from the receipt by the GCC of the initial complaint to the decision taken by the PCC was 102 weeks for decisions made in 2023.

Review hearings

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

There were three review hearings held in 2023, in comparison to no review hearings in 2022.

PCC Caseload

At the end of 2023 there were 10 cases that were yet to be determined by the PCC. This is a decrease of one case compared to those at the end of 2022.

Health Committee

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

The HC did not meet in 2023.

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

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

Name and registration number of Registrant	Date of Decision	Source of complaint	Outcome
Jaimon Patel 4719	20/04/2023	Patient/Relative of	Conditions of Practice
<p>Summary of facts found proved and amounting to UPC</p> <p>The registrant failed to provide an adequate standard of clinical care to Patient A, including failing to obtain / document Patient A's case history and failure to conduct / record any adequate review or reassessment. The registrant failed to review or modify the plan of care or refer to another health professional and recommended a plan of care which was excessive in the circumstances.</p>			
Nina Eghani 4172	07/06/2023	Patient/Relative of	Suspension
<p>Summary of facts found proved and amounting to UPC</p> <p>The registrant failed to provide an adequate standard of clinical care to Patient A, in particular, inadequately conducted / recorded one or more components of Patient A's physical examination, failing to adequately or at all formulate / record a diagnosis or rationale for care, caused or allowed Patient A to receive a document containing inaccurate / misleading information and did not obtain Patient A's informed consent.</p>			

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Name and registration number of Registrant	Date of Decision	Source of complaint	Outcome
Andrew Coombs 3816	26/07/2023	Public Sector Organisation	Conditions of Practice
<p>Summary of facts found proved and amounting to UPC</p> <p>The registrant made inappropriate comments to Patient A which abused the position of trust that he occupied as a professional when treating Patient A. The registrant had a responsibility to ensure that his communication with Patient A was always professional, and this responsibility was enhanced because the registrant had identified and described the patient's vulnerability and her tendency to be overfamiliar. The registrants use of language was found to be unprofessional, demeaning and coarse.</p>			
Stephen Blinman 2946	22/08/2023	Other Regulator	Removal
<p>Summary of facts found proved and amounting to UPC</p> <p>The registrant failed to maintain professional and sexual boundaries with Patient A in that he groomed, pursued an improper sexual relationship and engaging in a sexual act with her. The registrants' actions were not clinically justified and were sexually motivated.</p>			
Sylvan Richardson 4513	14/11/2023	Patient/Relative of	Admonishment
<p>Summary of facts found proved and amounting to UPC</p> <p>The Professional Conduct Committee considered concerns against the Registrant wholly in private. The PCC concluded the Registrant's actions amounted to UPC and determined that an admonishment was the appropriate outcome.</p>			

Interim Suspension hearings

Investigating Committee

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

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

There were four registrants who were the subject of interim suspension hearings by the Investigating Committee in 2023, a decrease of three from the previous year.

	2023	2022	2021	2020	2019
Interim Suspension Hearings held	4	7	9	3	10
Interim suspension ordered	0	2	1	0	2
Interim suspension not ordered	4	5	8	3	8

Professional Conduct Committee

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

There were no PCC interim suspension hearings held in 2023, in comparison to two hearings held in the previous year.

Section 32 complaints

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

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

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

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

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

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

During 2023, the GCC continued to focus on clearing older section 32 complaints. 48 complaints were reviewed and closed in 2023, leaving 24 complaints open at the end of 2023.



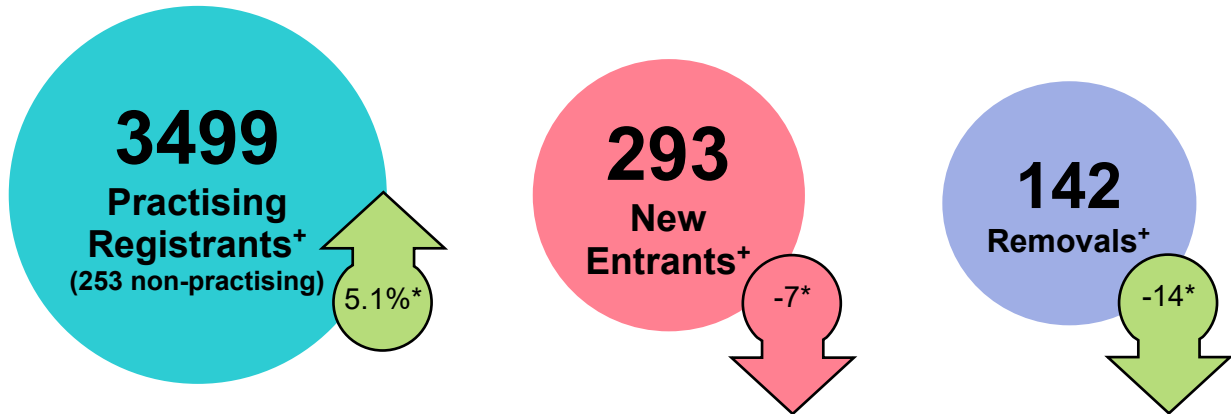
The Register Annual Report

2023



The Register in 2023

This report provides an overview of registration activity in the General Chiropractic Council between 1 January to 31 December 2023 and is a snapshot of the Register of Chiropractors as of 31 December 2023.

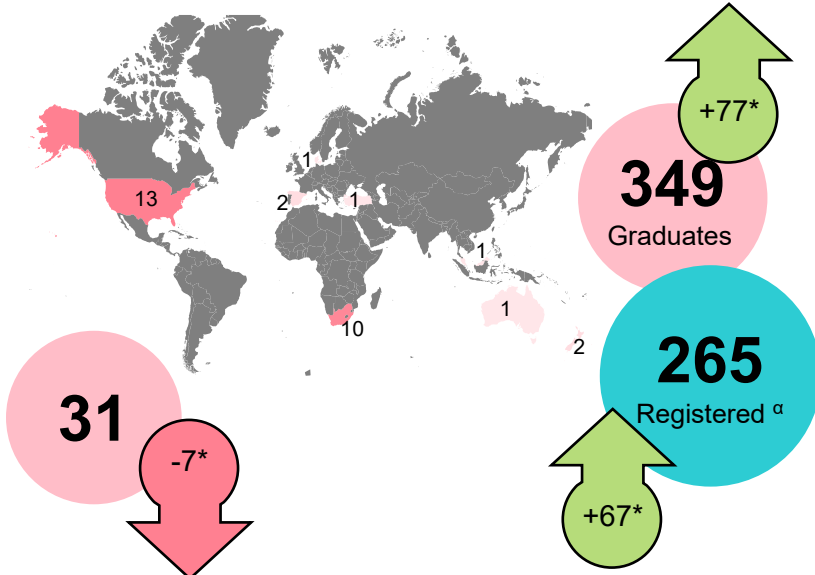


+ at 31 December 2023
* when compared to 2022 figures

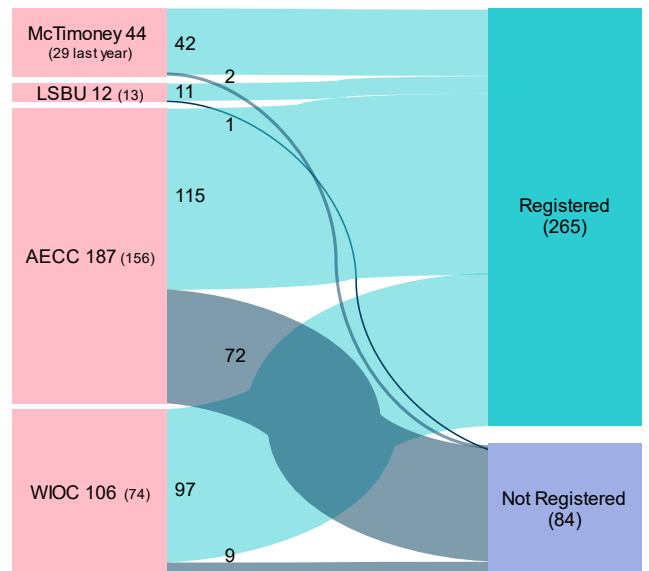
Despite a slight decrease in new entrants, the register grew in 2023 with more new entrants than removals. It is predicted to continue growing for at least the next four years.

Origins of New Registrants

Qualification Country of New Registrants via International Route in 2023



Destination of UK Approved Course 2023 Graduates ^α



^α destination registration figures include individuals who completed a course in 2023, and have since joined the register (as at 12 February 2024).

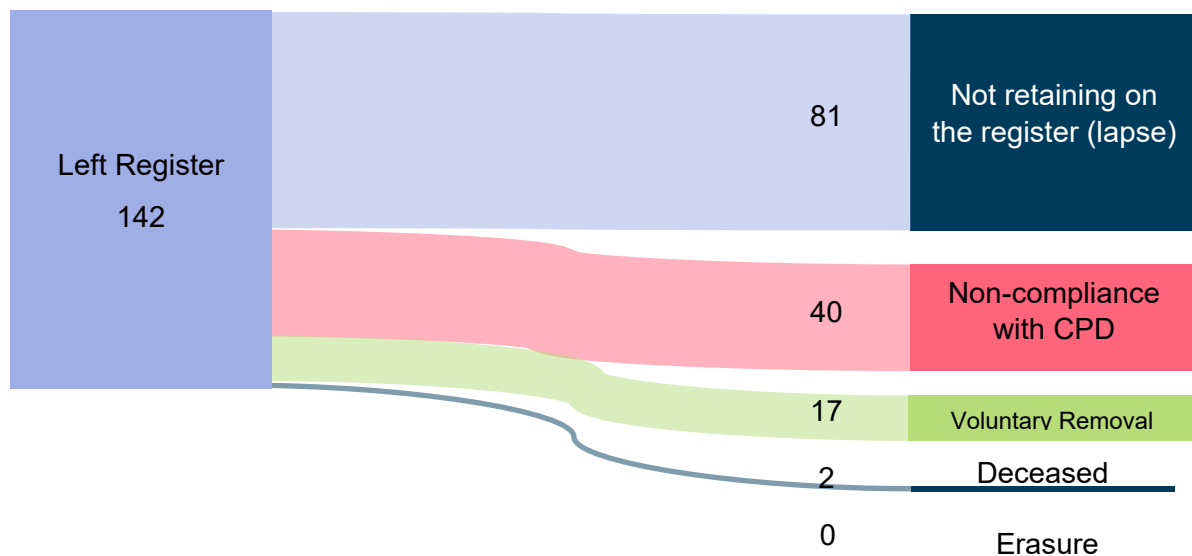
The majority of registrants through the international route are concentrated from a few countries, with the USA (13) and South Africa (10) standing out. There were also joiners from Australia, Denmark, Malaysia, New Zealand, Spain and Türkiye.

The growth in the register is driven by increased graduation of students from existing education providers McTimoney College of Chiropractic (MCC), AECC University College, University of South Wales (WIOC)) with only London South Bank University (LSBU) falling slightly.

Trends in Register Leavers - 2023



In 2023, 142 registrants were removed from the register, (compare 2022: 156; 2021:160; 2020:162). While removals for failure to complete CPD and complete retention fell slightly, the number of applications for Voluntary Removal increased by 6. There were no erasures (strike offs) in 2023.



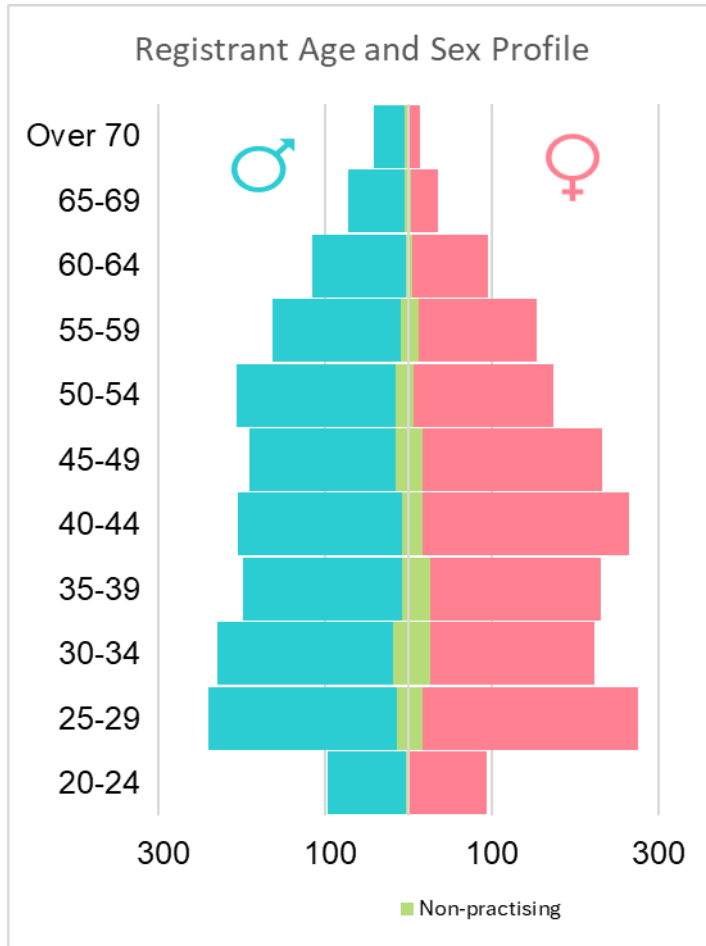
Leavers reflected the wider register in that there was an approximate 50:50 split between male and females leaving the register.

Of the 24 leavers with qualifications from overseas, 10 had been registered for less than five years (5 registered in 2022).

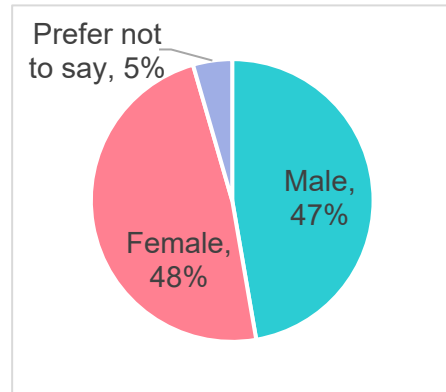
Of the total 142 leavers, 13 had first registered in 2022 (and one had first registered in 2023!). Another notable cohort were 30 that had first registered between 1999 and 2001 when the register was first created.

Demographic profile of the register population

Age and Sex



Registrants reported their sex as



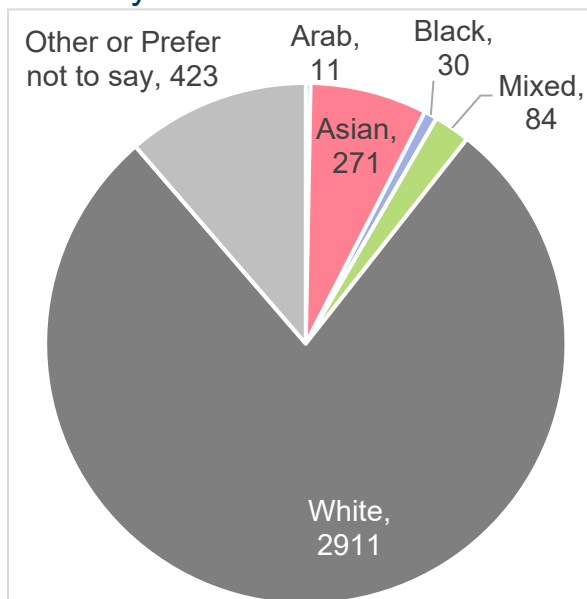
Note.

In previous years, this report has used “male” or “female” data published within the register.

This approach did not give registrants the opportunity to opt their data out of demographic reporting, nor did it define whether the data was sex or gender.

From 2023 retention onwards, we have separately asked for the registrant’s sex, and given the option to opt out.

Ethnicity



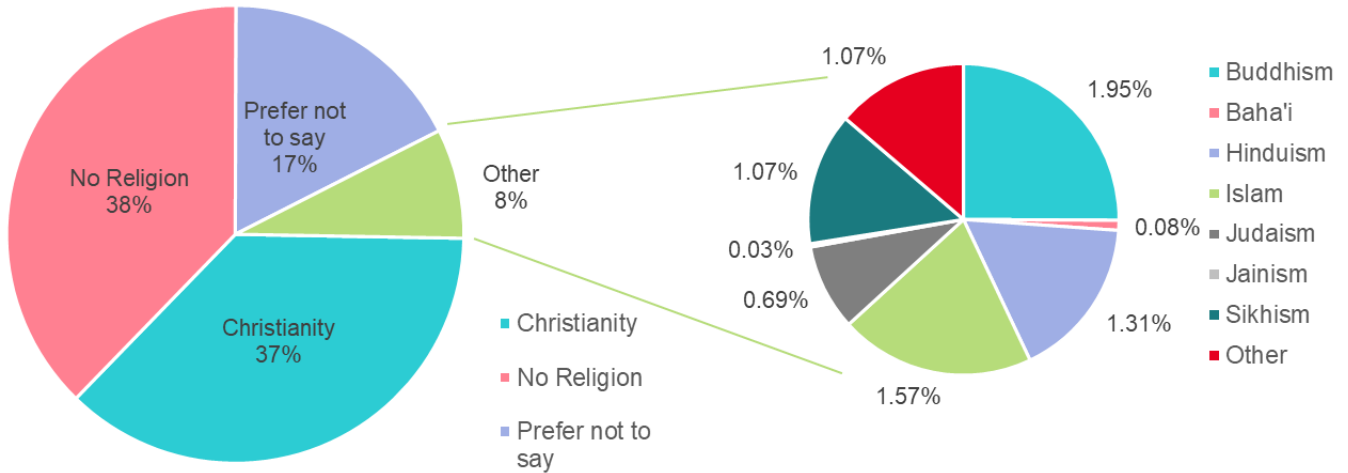
In total 12.7% of the register identify with a minority ethnicity (compared with 18.3% of the UK population in 2021 census).

6.1% of the register responded “prefer not to say” when asked their ethnicity.

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

Religion/Beliefs

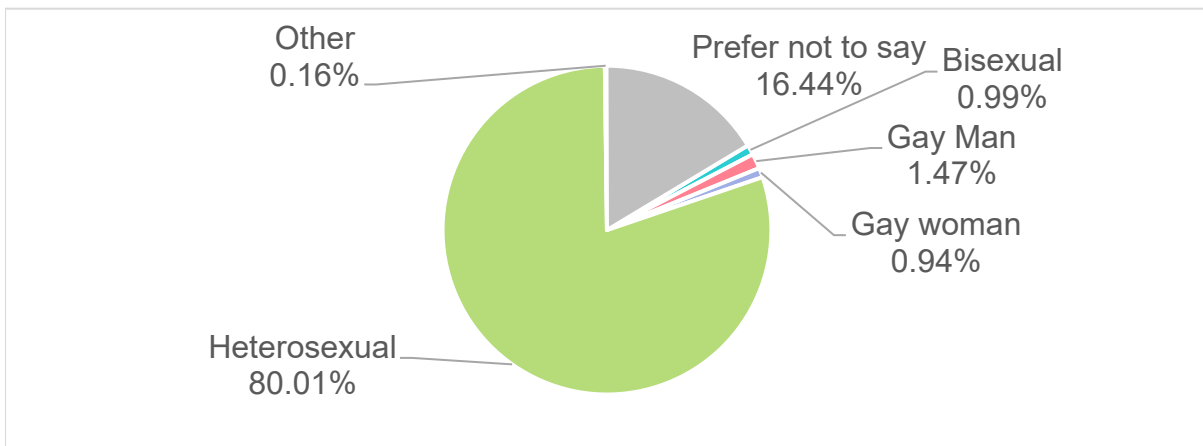
Which religion or belief system does the registrant identify with?



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

Sexual Orientation

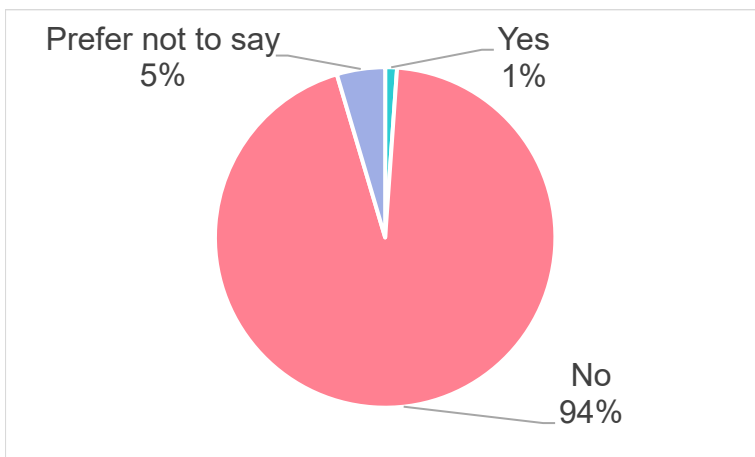
Which sexual orientation does the registrant identify with?



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

Disability

Does the registrant consider themselves as disabled?



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



For noting

Annual Report from the Professional Conduct Committee

Meeting paper for Council on 20 March 2024

Agenda Item: 10a

Purpose

This report by the overall Chair of the Professional Conduct Committee provides Council with an overview of the Professional Conduct Committee's work and related activities in 2023.

Recommendations

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

Report from the Professional Conduct Committee

Introduction

1. The Professional Conduct Committee (PCC) continued with its statutory duties in 2023 as well as undertaking other activities and work throughout the year.

Chair of PCC

2. I formally took over the role as overall Chair of the PCC on 1 December 2022, following a handover period with my predecessor, Helen Potts whose tenure at the GCC ended on 30 November 2022. Part of my role is to provide an important link between PCC members and the GCC.
3. [Meeting with the Chair of the GCC Jonathan McShane](#)

I was pleased to meet with Jonathan McShane, the newly appointed Chair of the GCC for a virtual introductory meeting. I would like to welcome him and wish him well in his new role at the Council and look forward to working with him and all the Executive Team.

PSA Report August

4. The PSA report on the GCC came out in August 2023. This followed a periodic review for the period 1/7/22 – 30/6/23. The GCC met all 18 Standards of Good Regulation. In particular concerning Standard 15; the time to progress FTP investigations, saw the greatest improvement with the time between receipt of referral and final hearing decisions being significantly improved. The PSA also noted that the time taken from receipt of referral to IC decision had increased for the 2nd year in a row. The PSA reviewed all 5 of the PCC's decisions in this period and identified no concerns. The PSA made reference to a PCC decision from February 2022 which was subsequently referred to the High Court where the PCC decision was quashed by consent. In response to this the GCC issued learning points arising from this case to PCC Members and Legal Assessors and the learning from this case was discussed in our recent training (see below).

Committee Membership

5. There are presently 17 members of the PCC; 4 of these are Lay Chairs, 8 are Lay Members, and there are 5 Registrant Members. All PCC Members, save for one co-opted Member from 2019, were appointed from 1 June 2021 to serve for a period of either 3 or 4 years.

In view of the listing requirements it has become apparent that there is a need for further Chairs to be appointed. An invitation to existing Lay Committee Members was sent out July 2023 by the Director of Fitness to Practise to request an expression of interest in becoming Chairs subject to a pathway to chairing. In addition to providing self-development opportunities for members, this will have

the additional benefit of making it easier to resource hearings. I understand from the Director of Fitness to Practise that the recruitment process for further chairs will take place in 2024. At the same time there needs to be consideration of the recruitment of further Lay Committee members if some existing Lay members become Chairs.

In the recent PSA report, August 2023, it highlighted that an area for further development is the need to improve diversity of its FTP Committees.

6. Amongst the 2021 cohort of PCC members several have still only sat for a limited number of hearings. The reasons for this have been multifactorial, for example, one PCC Member has been unavailable by reason of ill-health; there have been issues with requests for availability and the listing process via Doodle polls (see Listings for future hearings below). This is important as all need to continue to maintain and develop their knowledge of GCC rules and processes from training and put this into practice. I have discussed this issue during the appraisal meetings. Informal support is given to relatively new members when sitting.

Listings for future hearings

7. The Committee concluded 11 substantive hearings in 2023. The PCC members are sent out Doodle Polls requesting dates for future hearings; a recent request in September 2023 asked for availability for April-December 2024. From discussion during appraisals this system does not work for everyone. There have been examples of PCC Members keeping confirmed dates on hold for over 6/7 months and then being informed that they are released from sitting. If, for example, a PCC member is self-employed, this has issues on obtaining work elsewhere for this period. Realistically it is difficult for some PCC Members to hold open dates for more than a few weeks due to other demands for work elsewhere. There have been examples of PCC Members on other occasions chasing up confirmed diary dates to see if the hearing is proceeding only to be informed that it is not. There needs to be better and swifter communication from the GCC to confirm dates offered and if a potential listing changes.

Appraisal and Peer Feedback

8. I completed appraisals for 15 of the current members of the PCC during the period November/ December 2023; one appraisal remains outstanding due to that PCC Member's ill-health.
9. Appraisals were conducted this year on completion of a self-appraisal form and the information from the previous meeting last year followed by an appraisal discussion with me as overall Chair of the PCC. Whilst there is a relatively new mechanism from 2022 for peer feedback to be provided online via a form following each hearing, this had not worked as well as expected. The feedback forms were not routinely sent out to members immediately following hearings. I understand that this has been remedied.

10. Initially information gathered from the spreadsheet generated from the feedback forms was difficult to identify who it related to but this was subsequently resolved. Before the information from feedback can be used for the appraisal process in the interests of fairness and transparency the feedback for a particular individual needs to be collated by the GCC in a format that can be sent out in advance of the appraisal meeting to both parties so the same information is available for discussion.

I have actively encouraged PCC Colleagues to complete the online feedback form as soon as possible after sitting. The feedback obtained is important and allows issues and themes to be identified to be followed through for training and development purposes. My recommendation, which I have discussed at the recent training session, is for the generic online feedback form to be saved and completed by PCC Members after each hearing and sent in to avoid the Hearings Co-ordinator having to send out the feedback form after every hearing. I understand that the feedback system used is being reviewed by the Director of Fitness to Practise.

11. During the appraisal meeting, as well as discussing the completed appraisal form, it was also a useful opportunity for me as Chair of the PCC to discuss any concerns or future training needs with individual members at the end of their second year in the role. They were also invited to provide feedback on what support they considered was needed to enhance the effectiveness of the PCC. The undertaking of all the appraisals for each PCC Member is time consuming and there has been some discussion on this. The appraisal system has been reviewed and I understand that appraisals will be undertaken every 2 years; the next appraisals will therefore be planned for 2025.

Training

12. The PCC Committee training day was in person and took place at the GCC's office in Kennington, London on 28 November 2023. It was the first opportunity for the majority to meet each other face to face; there had been strong support for this from Committee Members and was very much appreciated. It provided a forum for lively open discussion and engagement and interaction with the speakers and each other. Feedback on the day was that it was enjoyable and interesting and also provided an opportunity for colleagues to meet face to face for the first time which enabled more discussion.
- I liaised with the Director of FTP and the trainer on subject areas to be covered. The main training session discussed topics including neurodiversity, unconscious bias/prejudice, the decision-making process, dealing with vulnerable witnesses, sexual motivation /breaching boundaries and a caselaw update.
- There was a variety of speakers; for example, a very interesting and informative presentation on neurodiversity and also a presentation from Head of Legal at the PSA to explain the PSA's role and the Section 29 power of referral of a PCC decision if the PSA considered it was for insufficient for the protection of the public.
13. The Chairs' half day training was postponed to 2024 when it is hoped this training will also include the newly recruited chairs.

14. The GCC has now re-instated annual training for PCC members. Previously this was every 2 years so there was, therefore, no formal training for Members in 2022. Previous feedback from some members during the earlier appraisal discussions was that they felt training every two years was insufficient to support them in the role. While some members sit on fitness to practise panels for other regulators, for others, in particular the Registrant Members, this is the only role of this nature in which they are involved.
15. During appraisal discussions and informal feedback discussions after hearings, a number of themes have emerged as potential areas for future all-Committee training and areas of concern:
- (a) Feedback forms (see above)
 - (b) Continuing problems of late receipt of papers by the Committee prior to hearings. These sometimes arrive late on the Friday before a hearing scheduled to start on the following Monday and are often voluminous. On occasion, the PCC has had to use the first morning of the listed hearing dates to read the bundle. I understand from the Director of FTP that on the whole this is as a result of lack of agreement from defence for bundles to be sent to the Committee in advance of the hearing.
 - (c) Issues with Egress – usage is not straightforward. The idea for a Portal has been suggested to be set up by the GCC for all case documents, GCC guidance documents, Rules legislation and relevant caselaw. This is a system operated by some other regulators. The individual PCC Member is granted access on the Portal to the papers for their particular case and those papers can be easily updated by the GCC. The individual Member can also access and submit the feedback form on the Portal. I understand that the Council are looking at options around this regarding a new CMS being introduced.
 - (d) GCC support for vulnerable witnesses (see below).
 - (e) On going IT difficulties encountered with Teams.
 - (f) Requests for availability and subsequent listing of hearings (see above).
 - (g) Insufficient number of PCC Chairs (see above).
 - (h) It was suggested that there could be future joint training with one of the other regulators – perhaps GOsC – to share wider learning and reduce costs. One member reported that GOsC had recently undertaken some research work to update the CHRE (as it was then) on clear sexual boundaries guidance, which would be relevant to PCC Members, taking into account societal changes around the use of social media.
 - (i) Effective questioning had been covered in the initial training but some members felt they would be assisted by having better guidance on the boundaries of acceptable questioning.
 - (j) Need for more prehearing case management to deal with some preliminary issues and legal argument in advance of the substantive hearing.
 - (k) Lay Members had had a one-hour introduction to Chiropractic as part of their induction training. Through sitting on hearings, some Lay Members felt that

- they would benefit from having more understanding of the scope of practice of Chiropractors and the different ways and settings in which they practise.
- (l) Regulatory case law update – this formed part of the recent annual training and some case law updates have been circulated by the GCC this year. These are sent out by other regulators and by many law firms.

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

16. A number of learning points for the PCC came out of the January 2022 GCC case which was the subject of an appeal by the Registrant. The parties agreed that the PCC's reasons for its determination on UPC were flawed and that the determination on UPC ought therefore to be quashed. The Director of Fitness to Practise prepared a learning note for PCC Members and Legal Assessors with input from the then overall Chair of the PCC. The themes for learning from the case were explored in a case study at the recent training for PCC Members in November 2023.

GCC Support

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

Hearings as of 31/12/23

18. The Committee concluded 11 substantive hearings in 2023. Unacceptable Professional Conduct (UPC) was found in 5 cases with 1 Chiropractor given an Admonishment, 2 receiving a Conditions of Practice Order, 1 Chiropractor receiving a Suspension Order, and 1 Chiropractor receiving the most serious sanction of Removal from the Register.
19. Allegations arising from breaches of clinical care; concerns about treatment techniques and breaches of professional and sexual boundaries were recurring themes in cases coming before the PCC.
20. There are currently 10 cases yet to heard and 2 part heard cases from 2023.

Issues and Challenges

Disengagement of Witnesses in remote hearings

21. All hearings in 2023 were again conducted remotely on Microsoft Teams. PCC Members contributed to the Hearings Protocol which includes a decision-making

tool to assist the GCC in deciding whether hearings should be conducted remotely or face to face. Some PCC Members have expressed a preference for face-to-face hearings while others prefer the convenience of remote hearings.

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

Claire Bonnet
Overall PCC Chair
Date: 12 February 2024



For noting

Annual Report from the Investigating Committee

Meeting paper for Council on 20 March 2024

Agenda Item: 10b

Purpose

This report by the overall Chair of the Investigating Committee provides Council with an overview of the Investigating Committee's work and related activities in 2023.

Recommendations

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

Report from the Investigating Committee

Introduction

1. Overview

In 2023 the Investigating Committee (IC) dealt with 52 cases, with 10 being referred to the Professional Conduct Committee as a result of the IC's assessment that there was a 'case to answer'. The other cases were closed with no further action. A further 4 cases were adjourned for further information. The previous year, the IC considered 60 cases, with 12 being forwarded to a hearing. The number of referrals to the PCC has remained relatively consistent over the past three years.

2. Evaluation

Professional Standards Authority Report 2022/23

Good Decision Making at the IC

In reviewing the GCC for the report published in August 2023, the PSA undertook an audit of IC decisions, having last audited the fitness to practise function in 2017/18.

The PSA found that *“the GCC had reasonable and proportionate controls in place to ensure good decision-making and those controls generally worked effectively. Almost all of the IC decisions we reviewed were reasonable, with clear, accurate and detailed reasons recorded. We only saw a small number of issues in relation to decisions and were reassured to see evidence of the GCC identifying and implementing learning when issues arose.”*

The positive audit of the IC decision-making contributed to the PSA conclusion that the GCC met all of the PSA standards, including the five Fitness to Practise standards.

Delay in cases getting to the IC

Although the GCC was judged to have met standard relating to timely progression of complaints, the PSA flagged concern that that the time taken for complaints to reach the IC has increased, with no decrease in volume of older cases in that stage of the process.

Cases in 2022/23 took an average of 52 weeks from receipt to an IC decision, compared to 46 weeks in the previous year and 29 weeks the year before that. The PSA indicated it intends to keep a close watching brief on this measure.

In addition to being difficult for registrants, a delay in cases reaching the IC has potentially serious implications for public safety in that it increases the risk that a complainant withdraws from the process. This may mean that by the time they are approached, they are no longer motivated or willing to give a witness statement or that they withdraw from the process, either actively or by non-engagement, before the case is considered at IC.

This is of particular concern in cases of alleged misconduct which rely solely on the account of the complainant. It will be self-evident that some of the most serious allegations, such as those involving sexual misconduct, often fall into this category. The withdrawal of a complainant in these cases almost invariably leads to the case being closed, with the potential outcome being that the public are left at risk of harm.

It is of concern that there have been a number of cases that fall into this category, although it is not possible to say whether delay was the deciding factor or whether the allegations were well-founded. It should also be said that the GCC is notably diligent in making repeated efforts to engage the complainant in such cases.

3. Highlights and challenges

Effective introduction of legal assessors

The GCC introduced new legal assessors in 2022. The legal assessor assists the IC by writing the first draft of the determination and so their efficiency and effectiveness is a critical element of a well-functioning IC. Following a settling in period, it seems that the current cohort is working effectively. This is evidenced by the PSA report, which also highlights the determination template as a supportive mechanism in producing clear and focused reasons for IC decisions.

Expert reports – variable standards

The GCC has increased its pool of expert witnesses to reduce its reliance on two experts. The IC needs reports from expert witnesses in many cases where chiropractic treatment and practice are in question in order to make informed decisions using a transparent evidence-base.

Feedback from members of the IC indicates that the standard of reports produced by those recently joining the pool is variable. There is a welcome trend towards shorter, more focused reports and a number have been clear, well-structured and appropriate. Unfortunately, there have also been examples of expert witnesses failing to give a clear conclusion or, more seriously, exceeding their remit by appearing to prefer the account of the chiropractor over that of a complainant. For example, an expert may inappropriately observe that, in their view, behaviour does not appear to be sexual in nature despite clear allegations of sexualised behaviour from a patient which conflicts with the chiropractor's account. Given the impact of this on the GCC's ability to protect the public, this will need to be addressed robustly.

4. Committee Membership - transition

This year saw the recruitment of 20 new IC committee members, a figure which includes 5 new chairs. This new cohort is to replace, in effect, the whole IC membership over this year and next. Three of the four IC chairs finish in May this year; ten other members leave the IC when they complete their second term the following year. As a consequence, the membership of the IC is currently 34 members, up from 14 last year.

The overlap of membership is intended to allow incoming chairs to sit as members to familiarise themselves with the GCC framework and process before chairing hearings from June of this year. Other incoming members are being brought on more gradually, firstly sitting to assess whether cases require an Interim Suspension Hearing before taking on substantive IC meetings in 2025.

The standard of the applications for the IC posts was encouragingly high across both lay and chiropractic applicants. However, there are inevitably risks associated with losing the whole cohort, with the associated organisational knowledge and committee culture, over a relatively short period. It should be noted that the previous IC cohort had the benefit of working together in person for a number of years. This enabled informal learning and relationship building which is much more difficult in a virtual environment.

The overlap of experienced members with new chairs will be of benefit in terms of managing a smooth transition. It should be noted however that the incoming members have a long delay between being appointed and sitting on substantive IC meetings. A proactive approach to support and training will be required to ensure that the standard of decision making and determination writing remains high.

5. Conclusion - transition of role of IC Chair

This is my final meeting as overall chair of the IC as I finish with the GCC in May 2024. I have served sixteen years with the GCC, first as a member on the PCC, the PCC chair, followed by two terms on the Investigating Committee. The role of overall IC chair is recommended to be taken on by Nilla Varsani, who currently serves as a chair of the IC.

Nilla works at the General Medical Council in an executive role, as well as serving as a magistrate and on other regulatory panels. If approved by Council, she will bring a breadth and depth of understanding and experience to the role that will be of real benefit to the IC.

Since I first started on the PCC of the GCC, the regulator, profession and the social climate within which chiropractors operate have all changed radically. During that time, the GCC has faced significant challenges but has navigated them all effectively. I am delighted that the GCC has met all the PSA standards, including those on fitness to practise, before I leave my role and am proud of the part the IC played in that.

I believe the reason that the GCC succeeds where other, much larger regulators, continue to struggle is that the GCC understands that its remit, first and foremost, is public protection. I wish the GCC all the best in the future as it continue to regulate chiropractors in order to uphold professional standards, maintain public confidence in the profession and protect the public.

Jill Crawford
Overall IC Chair



For noting

Annual Report 2023 from the Audit and Risk Committee

Meeting paper for Council on 20 March 2024

Agenda Item: 10c

Purpose

This paper informs and updates Council on the work that was undertaken by the Audit and Risk Committee (ARC) during the 2023 financial/calendar year.

Recommendations

The Council is asked to note the report.

Background

1. The ARC agreed in May 2023 that an annual report on the Committee's work should be produced and presented to Council each March. As such, this is the first annual report from the Committee to Council.
2. The ARC activities in this report cover the period from 1 January to 31 December 2023.
3. The ARC met three times in 2023 (March, May and November). Two meetings were held virtually via MS Teams; one was in person. The four-strong members of the Committee attended all the meetings last year.
4. The Chief Executive and Registrar and Director of Corporate Services attended each of the Committee's meetings last year.
5. The Committee successfully concluded its planned work for the 2023 financial year.
6. The Council received the reports on the Committee's work from the Chair of the ARC at its meetings in March, June and December 2023.

Outline of 2022 ARC Activities

Annual Report and Accounts 2022

7. The Committee reviewed and actioned the following reports from the external auditors:
 - a. Recommended the approval of the 2022 annual report and audited accounts to Council on 01 March 2023. Council approved the report on 14 March 2023.
 - b. Reviewed and recommended the signing of the letter of representation on the 2022 financial statements to the Council. Council approved and signed the letter on 14 March 2023.
 - c. Reviewed and noted the 2022 letter of representation from the Executive Directors to the ARC and Council. Council noted the letter on 14 March 2023.
 - d. Reviewed and recommended to Council the noting of the contents of the auditors' findings from their audit of the 2022 financial statements. The Council noted the very clean audit report from the external auditors.

8. The external auditors reported that they **did not identify any control findings** during the audit of the 2022 financial statements; the findings were similar to those of the prior year.

9. The control findings highlight significant, important, limited or advisory control points that needed to be brought to the attention of the Council.

10. A summary of the detailed control findings is presented in the table below.

Rating	Rating type	Audit findings
Significant	Findings considered to be significant to the management of risk at the GCC.	<ul style="list-style-type: none"> • No key control omitted. • No evidence of override of controls. • No evidence of non-compliance with laws and regulations.
Important	Findings that should be reviewed by management and corrective actions taken.	<ul style="list-style-type: none"> • No errors and exceptions were noted during the testing, and corrected retrospectively in the year by the management. • No proposed improvement to existing controls. • No exceptions noted during the audit.
Limited	Findings that identify non-compliance with established systems and controls.	<ul style="list-style-type: none"> • No minor control weaknesses noted during the review work.
Advisory	Items requiring no immediate action, but which may be of	<ul style="list-style-type: none"> • No recent or anticipated developments which needed new controls.










	interest to the management or best practice advice.	
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ARC Meeting with External Auditors

11. Members of the ARC met with the external auditors in a private session on 01 March 2023 – without any staff being present – to allow members the opportunity to put any questions they had to the auditors.
12. The members noted that the auditors did not raise any concerns regarding the 2022 audit of the financial statements in January and February 2023.

ARC 2023 Development Session

13. On 01 March 2023, members held a development session, discussed and agreed the following matters:

- Reviewed the findings from the effectiveness of the ARC work during the year. The findings followed on from the 2022 survey of its effectiveness.
- The following tasks which were identified for completion in 2023 were concluded by the Executive and signed off by the Committee by November 2023:
 -  To allow time for the 2022 ARC effectiveness survey findings to be actioned, the Committee agreed that the next ARC's effectiveness survey would be conducted in Nov/Dec-24. The survey findings would be presented to the Committee in Mar-25.
 -  The Executive should discuss and plan internal audit work (as may be appropriate) with other regulatory bodies.
 -  The ARC TOR should be reviewed.
 -  The Executive should produce a digital/cyber security plan for the Committee by the end of 2023.
 -  The ARC should produce an annual report for Council every March.
 -  The Executive should present a schedule of GCC policies. All reviewed policies should be presented to the relevant Committee on a cyclical basis.
 -  Reviewed the membership of the Committee (3 Council and 1 independent members) and agreed that the current membership of the Committee was adequate.
 -  Reviewed the resilience/resource planning risk for the Executive and noted that the GCC staff team (including the Executive) had made some internal emergency/contingency cover arrangements.
 -  Reflected on the streamlined GCC strategic risk register and noted that it was good practice to receive feedback from the Council whether the

streamlined register omitted any known risks. At the March 2023 meeting, Council confirmed the reduction of the risks in the register from 14 to six.

2022 Review of Effectiveness of External Auditor

- 14.** The Committee reviewed the effectiveness of the external auditors in May 2023 and agreed that the 2022 external audit process was effective.

ARC Governance Responsibilities

- 15.** In May 2023, the Committee agreed to:

- Include a governance statement in the 2023 annual report and going forward. The statement has been included in the audited 2023 annual report and accounts which the Council will be reviewing later this afternoon.

Terms of Reference (TOR)

- 16.** The Committee reviewed and recommended the approval of the changes to its TOR to Council in May 2023. Council approved the updated TOR in June 2023.

External Auditors – Audit Planning Report for 2023

- 17.** At its November 2023 meeting, the Committee reviewed and approved the 2023 audit planning report. The report set out:
- Risk assessment and materiality thresholds for the audit.
 - Audit team to be involved in the 2023 audit, and the audit timetable, and
 - Proposed fees for the audit.

Strategic Risk Register

- 18.** The Committee reviewed and agreed that the Strategic Risk Register (SRR) should be recommended to Council for approval in June and December 2023. Council approved the SRR twice last year.
- 19.** The Committee discussed and recommended the annual risk assessment statement to Council in March 2023. The Council agreed the annual risk assessment statement for the 2022 financial/calendar year in March 2023.

Assurance Map Update

- 20.** The assurance map provided an objective scrutiny of the risk management and control practices at the GCC. It identified the key sources and forms of assurance across the four-lines of assurance throughout the organisation. The map also showed the status of the current levels of assurance compared to the desired levels agreed by the ARC.
- 21.** Following the Committee's review of the assurance map, members agreed that the four lines of assurance were adequate for the needs of the GCC and that there were currently no gaps in the organisation's risk assurance framework.

Approach to Cyber Security at the GCC

- 22.** In November 2023, the Committee received and discussed a paper from the Executive on the GCC's approach to the mitigation of the cyber security risks to which the GCC was exposed. Members noted that no organisation could be completely protected against a cyber-attack.
- 23.** Following a lengthy discussion, members agreed that the GCC's approach to the management of cyber security risks closely mirrored the 'best practice' guidelines proposed by the National Centre for Cyber Security (NCSC) and those adopted by some reputable international organisations (as surveyed and reported by Deloitte LLP in August 2023).





Information Governance Update

- 24.** The Committee reviewed the risk mitigation actions the Executive took throughout the year to help reduce the GCC's exposure to reputational damage and financial sanctions arising from an infringement of the Data Protection Act (DPA) 2018.
- 25.** Members of the Committee noted that there were no matters which were being investigated or remained unresolved with the Information Commissioner's Office (ICO) in 2023.

Managing the Risks Assigned to the GCC Directorates

- 26.** The Committee reviewed and noted the reports from the Directorates of Corporate Services, Development and Fitness to Practise on how the risks assigned to their directorates impacted on the work of the ARC.

Other areas of the Committee work during the year are summarised below.

Activity	Reviewed and noted actions	Tick
Registers of Gifts and Hospitality and Conflicts of Interest	The Committee reviewed and noted that the declared submissions for 2022 of Council members and the Executive did not highlight any matters of concern.	
Management Accounts Reports	The Committee reviewed three management accounts reports in March, May and November 2023. Members noted the achievement of the financial targets for the financial year.	
ARC Workplan 2023	The Committee reviewed and agreed its annual workplan for 2023.	
Independent Audit Report of Investigation Cases	The Committee received and noted the independent audit reports of Fitness to Practise (FTP) investigation cases for the periods to November 2022 and May 2023.	

Schedule of GCC Policies	<p>From a risk perspective, the Committee reviewed (in May 2023) the GCC operational policies and agreed that they should be reviewed at least once every three (3) years.</p> <p>The Committee agreed that all reviewed policies should be presented to the appropriate Committee for agreement and recommendation to Council.</p>	✓
Tender of IT Support Service	<p>The Committee noted the due process the IT Tender Panel had followed during the IT tender exercise. The Council noted in December 2023 that the upgrade of the IT infrastructure to a Windows-based (SharePoint) platform was completed in September 2023 – with efficiency savings of c£50k over 3 years.</p>	✓
Cyclical Taxation Matters – Update	<p>The Committee noted in November 2023 that the computation and submission of the GCC’s PAYE Settlement Agreement (PSA) and corporation tax returns for the 2022/23 tax years were completed, and associated tax liabilities settled within their timescales.</p>	✓
Partners’ Service Contracts and Implications for the GCC (following the conclusion of the Somerville v NMC case)	<p>The Committee discussed and noted the interim legal advice from the GCC’s solicitors on the status of the contractual arrangements we have with our partners.</p> <p>The Committee further noted that more time was needed for the completion of the review of the partners’ service contracts and their implications for the GCC; and that the Executive would present updates reports on the review exercise in 2024.</p>	✓

Fergus Devitt

Chair of the Audit and Risk Committee



For noting

Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 20 March 2024

Agenda Item: 11

Purpose

The purpose of this paper is for Council to receive a report from the Chair of the Audit and Risk Committee on the Committee's work since the last Council meeting in December 2023.

Recommendations

When the Council meets later today, members are asked to:

- I. Consider and:
 - i. **Approve** the audited annual report and accounts for the 2023 financial year.
 - ii. **Approve** and sign the letter of representations from the Executive and Council for the external auditors.
 - iii. **Approve** the GCC's going concern assessment.
 - iv. **Note** the letter of representations 2023 from the Executive Directors to the ARC and Council regarding the audit of the 2023 annual report and accounts.
- II. Review and **note** the contents of the auditors' findings from their audit of the 2023 financial statements.
- III. Consider and **approve** the following annual risk assessment statement from the Audit and Risk Committee (ARC):

"The Committee agreed at its meeting on 06 March 2024 to confirm to the March 2024 Council meeting that the ARC members reviewed the GCC's risk management strategy and practices, internal controls and assurance map

during the 2023 financial year. The Committee is satisfied that the risk management policy and practices at the GCC are effectively being managed; that they have been strengthened in the year under review; and are achieving the desired risk mitigation results.”

- IV. Note** the other matters in this report which the Committee considered at its meeting on 06 March 2024.

Meeting of the ARC since November 2023

1. The ARC met in-person on 06 March 2024. The new Chair of Council, Jonathan McShan) attended both sessions. Kathryn Burton, Partner at the Haysmacintyre (external auditors), also attended the morning session of the meeting.
2. The Committee met in two sessions on the day. The morning meeting, to conduct its normal business, was held from 10.00 – 12.30hrs (sections 4–26).
3. The afternoon session was held from 13.20 – 15.00hrs to undertake development activities. The matters considered during the development session are outlined at section 30 of this report.

CER Report

4. The Committee received and noted the CER's report covering the period since its last meeting in November 2023.
5. The Committee noted, in particular:
 - a. **Staffing matters and FtP risks:** The Executive updated members on the staffing turbulence in the Fitness to Practice (FtP) team over the recent period because of sickness and resignations. These have resulted in the escalation of the risk ratings in both our operational and strategic risk registers.
 - b. **Office Location:** The CER informed the Committee that in the New Year, a significantly better offer was received from our HCPC landlord, which was broadly comparable to the costs proposed at Stratford. The Committee noted that the new lease with HCPC had now been signed and sealed. So, the GCC's offices would remain at the current location in Kennington Park Road, London.
6. The Committee **noted** the update on:
 - Regulatory reform
 - Education and Registration risks
 - Chair of Council recruitment and other governance risks
 - Business plan risks, and
 - Complaints.

The Committee noted the report.

Management Accounts for the Period to 31 January and 29 February 2024

Management Accounts to 31 January 2024

7. The Committee noted that for the first month of the financial year, a headline surplus of £2k was realised in comparison to the budgeted surplus of £6k.
8. Members further noted that the actions taken to address the current staffing issues within the FTP team. The actions taken by the Executive to address the unforeseen staffing issues was expected to significantly reduce the 2024 budgeted surplus of £72k.

The Committee further noted that Executive remained determined to achieve the minimum surplus target of c£50k by the end of this financial year.

9. The Committee additionally noted that the GCC's reserves remained strong with a total net assets value of £3.434m (December 2023: £3.431m).
10. The value of GCC investments decreased by £4K (0.1%) from £4.535m as of 31 December 2023 to £4.531m on 31 January 2024.
11. On the HR Update report, the members noted that there were no immediate concerns from the Executive to be brought to the attention of the Committee.

Management Accounts to 29 February 2024

12. The Committee received an oral report which updated the January 2024 report. Members noted that the surplus for the period was £31k compared to the budget for the same period of £28k. The value of the investment portfolio rose from £4.535m in December 2023 to £4.592m in February 2024. Total reserves amounted to £3.494m.
13. The Committee noted the impact of the additional staffing costs in the FtP team on the budgeted year end surplus.

The Committee noted the report.

Annual Report and Accounts 2023

14. The Committee reviewed the 2023 audited annual report and accounts. Members queried a number of points, and they were addressed by the Executive team and external auditor.
15. Following a detailed discussion of the report, the Committee agreed to recommend to Council on 20 March 2024 the consideration and:

- a. Approval of the 2023 annual report and audited accounts.
- b. Approval of the letter of representation from Council to the external auditors.
- c. Approval of the going GCC's concern assessment.
- d. Noting of the letter of representation from the Executive Directors to the Committee and Council.
- e. Noting of the contents of the auditors' findings from the audit work on the 2023 financial statements.

16. The external auditors reported that they did not identify any control findings during the audit of the 2023 financial statements; the findings are similar to those of the prior year.

17. The control findings highlight significant, important, limited or advisory control points that needed to be brought to the attention of the Council.

18. A summary of the detailed control findings is presented in the table below.

Rating	Rating type	Audit findings
Significant	Findings considered to be significant to the management of risk at the GCC.	<ul style="list-style-type: none"> • No key control omitted. • No evidence of override of controls. • No evidence of non-compliance with laws and regulations.
Important	Findings that should be reviewed by management and corrective actions taken.	<ul style="list-style-type: none"> • No errors and exceptions were noted during the testing, and corrected retrospectively in the year by the management. • No proposed improvement to existing controls. • No exceptions noted during the audit.
Limited	Findings that identify non-compliance with established systems and controls.	<ul style="list-style-type: none"> • No minor control weaknesses noted during the review work.
Advisory	Items requiring no immediate action, but which may be of interest to the management or best practice advice.	<ul style="list-style-type: none"> • No recent or anticipated developments which needed new controls.

Meeting of ARC Members with the External Auditors

19. Members met with the external auditors with no staff being present. The external auditors noted that the audit process went smoothly and that the GCC staff team

responded, in full, to all their enquiries and queries during and after the field audit work.

ARC Annual Report to Council

20. The Committee reviewed and recommended the first ARC annual report to Council for noting.
21. The report provided updates on the work that was undertaken by the Committee during the 2023 financial/calendar year.

The Committee noted the report.

Strategic Risk Register (SRR)

22. The Committee reviewed the SRR. Members **noted** the change to risk number 4 (organisational capacity) due to the expected impact (failure to protect the public) of the sickness absence and resignation issues within the Fitness to Practise team since late December 2023.
23. The Committee noted that the RMG continued to strengthen the mitigation controls in the register since the last meeting.
24. Of the six strategic risks in the register, four were rated as 'minor' (green), one as 'moderate' (amber–DHSC reform) and the last as 'severe' (red–organisational capacity).
25. The Committee also considered the annual risk assessment statement it makes to Council in March each year and agreed to recommend the following statement regarding the GCC's current risk management practices to Council:

“The Committee agreed at its meeting on 06 March 2024 to confirm to the March 2024 Council meeting that the ARC members reviewed the GCC's risk management strategy and practices, internal controls and assurance map during the 2023 financial year. The Committee is satisfied that the risk management policy and practices at the GCC are effectively being managed; that they have been strengthened in the year under review; and are achieving the desired risk mitigation results.”

26. In agreeing the above statement, the Committee reflected on the review of the SRR, information governance reports and assurance map at its meetings, and the very clean 2023 external audit findings report.

The Committee noted the report and agreed to recommend the annual risk assessment statement to Council at its meeting on 20 March 2024.

Information Governance Update

27. The Committee noted the reduction in the number of data breaches from three to one in the 12 months to 29 February 2024, compared to the prior 12 months.
28. The Committee noted the Executive's efforts in reducing the instances of data breaches to the barest minimum (i.e. through staff training on cyber security and phishing tackle awareness exercises).
29. The Committee further noted that all the information governance matters covered in the period under review had been resolved and closed; and that there were no outstanding matters being investigated or which remained unresolved by the Information Commissioner's Office (ICO).

The Committee noted the report.

Register of Conflicts of Interest

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

Gifts and Hospitality Declaration

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

ARC Meeting Dates and Workplan 2024

32. The Committee **reviewed and noted** the workplan which it agreed in November 2023.

Afternoon Development Meeting of the ARC on 06 March 2024

33. During the development session of the meeting, the ARC members considered the following matters and noted the actions to be worked through:
 - a. GCC's internal audit options – in-house or outsourced? Which areas of operations to focus on?
 - b. Environmental, social and governance (ESG) risks and policy development?
 - c. Review of, and reflections on, the current six strategic risks in the GCC Strategic Risk Register (SRR)?
 - d. GCC's investment portfolio risks – consideration of members' role and review of ethical investment policy?
 - e. GCC reserves – ownership and uses of the free and designated reserves?
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Fergus Devitt

Chair of the Audit and Risk Committee