

General Chiropractic Council Meeting Agenda

18 June 2025 at 9:30 (Remote)

Item	Action	Presenter	Time
1. Welcome, Apologies and Declarations of Interest		Chair	9.30
2. A. Council Minutes of 19 March 2025 B. Matters Arising	To approve	Chair	9.35
3. Chair's Report	To note	Chair	9.45
4. Chief Executive & Registrar's Report	To note	CER	10.00
5. Performance Updates			
A. Fitness to Practise Performance Update	To note	Interim D of Change	10.20
B. Finance Update – Management Accounts to May 2025	To note	D of CS	10.45
C. Business Plan 2025 Update	To note	BPO	10.55
Break (15 Minutes)			11.10
6. Strategic Risk Register	To approve	CER	11.25
7. Update Report from the Chairs of Committees			
A. Audit and Risk Committee	To approve	Chair, ARC	11.35
B. Education Committee Report and approval of HSU satellite programme	To approve	Chair, EC	11.45
C. Remuneration and HR Committee	To approve	Chair	11.55
8. Council Work Programme	To approve	Chair	12.05
9. Any Other Business		Chair	12.10

Close of meeting: 12.15

**Date of next meeting: 1 October 2025
10.00 – 4.00pm
In-person meeting**



**[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**

19 March 2025 at 9:30 am

Members present	Jonathan McShane (Chair of Council) Aaron Porter Annie Newsam Catherine Kelly Elisabeth Angier Fergus Devitt	Jennie Adams Keith Richards Keith Walker Paul Allison Ralph Pottie Samuel Guillemard
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Apologies No apologies were received as all members were present.

In attendance	Nick Jones, Chief Executive and Registrar Joe Omorodion, Director of Corporate Services Penny Bance, Director of Development Derek McFaull, Overall Chair of Professional Conduct Committee Sumaya Ahmed, Council Associate	Angela Maragna, Interim Director of Change (Remotely) Mary Nguyen, Business and Project Officer Rachana Karekar, Governance Coordinator, GCC (minutes) Nilla Varsani, Overall Chair of Investigating Committee (Remotely – item 9b) Daniel Sullivan, Council Associate
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Observers	Kate Steele, Partner, Capsticks Solicitors Karol Robert, Protection of Title Caseworker & Committee Coordinator	Siobhan Carson, Scrutiny Officer, Professional Standards Authority Giles Peel, external observer
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1.	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>No apologies were received.</p> <p>It was noted that members' interests were captured in the register, published on the GCC website and were accurate. The Chair asked that additional interests be notified and none were.</p>
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2.	<p>Draft minutes of the Council meeting of 5 December 2024 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 the matters arising from the previous meeting, as set out in the report, were ongoing satisfactorily or completed.</p>
3.	<p>Chair's report</p> <p>The Chair presented the report.</p> <p>The Chair restated Council's condolences on the passing of Joanna Kowalczyk in 2021, expressing sympathy to Joanna's family and friends on behalf of Council.</p> <p>The Chair welcomed the two associate members to their first Council meeting since their appointment in January 2025.</p> <p>The Chair informed members about his attendance at the forthcoming WFC Global Congress alongside the CER and Director of Development, noting the GCC research abstract on the scoping review for the Education Standards had been accepted, congratulating those involved.</p> <p>Council noted the Chair's report.</p>
4.	<p>Chief Executive and Registrar's report</p> <p>The Chief Executive & Registrar (CER) presented his report, highlighting key updates:</p> <p>Regulation 28 (Prevent Future Deaths) report: The CER informed the Council that the coroner issued a Prevention of Future Deaths Report following the inquest into the death following treatment of Joanna Kowalczyk. The CER confirmed that he had convened an expert group to provide advice to the Council. The group will operate under the terms of reference, with the Council responsible for determining any action that may be required. The CER confirmed that the composition of the expert group and its terms of reference had been published on the GCC website. Members expressed support for the approach and timeline and the expertise within the group. Members agreed to the distinction between the review and any ongoing investigations.</p> <p>The CER confirmed that the expert group would meet before the June Council meeting, with a final report expected in September 2025. The Chair thanked the CER and colleagues for their work on this matter.</p>

	<p>Professional Standards Authority Consultations: The CER highlighted the forthcoming review of the PSA performance review standards. The PSA had not yet proposed specific changes, rather exploring the principle of introducing standards around organisational culture and safeguarding. Given the relevance of these developments, the CER proposed an online discussion for interested Council members, encouraging engagement in this process.</p> <p>The CER also referenced the PSA's publication on right-touch regulation, which promotes best practices among regulators.</p> <p>Council members discussed and agreed to participate in the engagement session for the PSA's standards review and to align future strategy with best practices in regulatory governance.</p> <p>Action 1: The Executive would convene an engagement session in April 2025 for members to discuss the PSA review.</p> <p>Council noted the report.</p>
5.	<p>A. Regulatory Committee Appointments</p> <p>The Chair introduced Angela Maragna, the Interim Director of Change.</p> <p>The Interim Director (IDC) presented the report, providing an overview of the role and priorities. The IDC outlined the focus on improving efficiency, supporting the Case Management System (CMS) implementation, and assessing the registration team structure. The IDC emphasised streamlining processes, enhancing decision-making, and maximising staff potential.</p> <p>The IDC proposed regulatory committee appointments. Council noted that the term of Nilla Varsani as the overall Chair of Investigating Committee (IC) would end in May 2025. The Director recommended that following a competitive appointment process, its approval of the appointment of Andrew McNamara as the new overall Chair effective from 1 June 2025 to 31 August 2027.</p> <p>The IDC recommended the reappointment of seven members of the Professional Conduct Committee (PCC) whose terms expire in May 2025, with new terms from 1 June 2025 to 31 May 2029.</p> <ul style="list-style-type: none"> • Claire Bonnet – Lay and Chair member – 4-year term • Hannah Poulton – Lay and Chair member – 4-year term • Ann McKechin – Lay member – 4-year term • Suzanna Jacoby – Lay member – 4-year term • Yvonne Walsh – Lay member – 4-year term • Julie McKay – Chiropractic member – 4-year term • Ceri Edwards – Chiropractic member – 4-year term <p>Council approved the appointment of Andrew McNamara as overall Chair of the Investigating Committee and the reappointments of members to the Professional Conduct Committee.</p>

	<p>B. Fitness to Practice Update</p> <p>The Interim Director (IDC) provided an update on FtP performance, noting that despite challenges, including departure of the Director of Fitness to Practice and staff shortages, performance has remained stable. Unclosed enquiries remained high, partly due to balancing CMS implementation and staffing issues. The team focused on case progression, closing 18 cases in Q4, an improvement from the previous quarter.</p> <p>The IDC noted that the team had returned to full capacity dealing with ongoing work with CMS, including data migration and process mapping. The IDC commended the team's efforts to maintain performance.</p> <p>Members raised the receptiveness by staff to change with the IDC noting that there is some scepticism, people are open to improvement, recognising the need for faster, better processes without compromising quality.</p> <p>Members enquired about the extent of any constraints on proposed improvements. The IDC assured Council that such constraints were not apparent but acknowledged the challenges of making changes in a small organisation with limited resources.</p> <p>Members requested an overview of the Case Management System and its practical benefits. The IDC explained that the CMS would professionalise processes, providing better visibility into the workflow and improve efficiency. It would allow the team to track cases, identify bottlenecks, and make quicker, more informed decisions, ultimately benefiting both registrants and patients.</p> <p>A member raised concerns about emerging trends, noting an increase in cases with higher-risk categorisations. The IDC acknowledged the higher volume, highlighting that the organisation's rising profile could lead to more cases and referred to a recent case potentially driving further enquiries.</p> <p>Members expressed appreciation for the support arrangements by a third-party put in place for registrants under investigation, recognising it as a positive step forward. Following a suggestion, it was agreed that information about the new counselling service for registrants be included in future meeting reports to assess its usage and functionality.</p> <p>Action 2: The Executive will include information about the new counselling service for registrants in future meeting reports.</p> <p>Council noted the report.</p>
6.	<p>Finance update – Management Accounts to February 2025</p> <p>The Director of Corporate Services (DCS) presented the management accounts for the first two months of the financial year, covering the period to February 2025.</p>

	<p>The DCS reported a headline surplus of £112k for the period, exceeding the budgeted surplus of £99k by £13k. The excess surplus was attributed to £1k in additional income from registration fees and £12k in underspent budgeted costs.</p> <p>The DCS highlighted that the balance sheet remained strong, with reserves of £3.8m, including £2.1m in cash at the bank. The investment portfolio had risen by 1.4% (£69k) since December 2024.</p> <p>A member enquired about the impact of recent market fluctuations on the investment portfolio. The Director confirmed that while investments may have been affected, the latest monthly report from advisors had not yet been received and, as always, with investments it is important to take a long-term view.</p> <p>To the question of the 2024 financial year's surplus of £11k compared to the forecast deficit, the Director confirmed that the Audit and Risk Committee had discussed the matter at its meeting on 5 March 2025. The Director noted that the Committee members acknowledged the high staff turnover and unpredictable hearing costs within the Fitness to Practise (FtP) team contributed to the uncertainty around FtP costs during the last financial year, particularly towards the end of the year. The Committee further recognised that no single formula could fully resolve the uncertainty around the challenges of hearings cost estimation. To address the issue, the Director confirmed that the Executive would obtain third-party confirmation of estimated year-end costs from the GCC solicitors and other professionals.</p> <p>Council noted the report.</p>
7.	<p>2025 Business Plan update</p> <p>The Business and Projects Officer (BPO) provided an update on the progress of the key projects for the year: developing the five-year corporate strategy, implementing the Code of Professional Practice, embedding the Case Management System (CMS) into FtP, and Regulation 28: responding to the coroner's requirement (a new addition to the Plan).</p> <p>The BPO reported on communications activity from December 2024 to February 2025, focusing on promoting the new Code of Professional Practice. It was noted that the website and newsletter engagement improved, with the coroner's report being the most-read story.</p> <p>Council queried the low rating from the pulse survey results reported. The BPO highlighted that short-term improvements could focus on providing staff training to enhance customer service when it came to general enquiries, while long-term improvements would be addressed through the corporate strategy, particularly in digital areas. Council noted that high call volumes often occurred</p>

	<p>during registration and CPD periods, but calls are generally manageable across the board.</p> <p>The BPO reported the EDI update, noting the completion of the 15-point action plan at the end of 2024 and the focus this year was to integrate EDI into the next corporate strategy.</p> <p>Council noted the report.</p>
8.	<p>Annual Reports on Key Operational Areas</p> <p>The Director of Development introduced the annual registration report for 2024 and the Fitness to Practise annual report for 2024.</p> <p>Council noted the reports.</p>
9.	<p>A. Annual Report from the Professional Conduct Committee (PCC)</p> <p>The Chair welcomed Derek McFaull, the overall Chair of the Professional Conduct Committee, to the meeting to present the PCC annual report.</p> <p>The Chair of the PCC provided an overview of the annual report for 2024, highlighting the key points.</p> <p>A query was raised regarding the significant costs associated with using expert witnesses. The PCC Chair explained that, although expert witnesses incur costs, their involvement helps streamline the committee's work, and they stay only for the necessary duration.</p> <p>A member queried whether there had been any change in public attendance due to hearings being held remotely. The PCC Chair confirmed that hearings remain public, and no substantial changes had occurred with the shift between remote and in-person hearings.</p> <p>Council noted the report.</p> <p>B. Annual Report from the Investigating Committee (IC)</p> <p>The Chair welcomed Nilla Varsani, the overall Chair of the Investigating Committee, to present her annual report.</p> <p>The Chair of IC presented the annual report, highlighting the Committee's work. She noted that remote meetings had been going well, and that the workload had remained the same as the previous year.</p> <p>The Chair of Council acknowledged that this would be the Chair of the Committee's final report due to her retirement from the Committee and expressed gratitude for her service.</p>

	Council noted the report.
10.	<p>A. Annual Report from the Audit and Risk Committee</p> <p>The Chair of the Audit and Risk Committee (ARC) presented the Committee's annual report to Council highlighting the key work undertaken during the last financial year.</p> <p>Council noted the report.</p> <p>B. Report from the Chair of the Audit and Risk Committee (ARC)</p> <p>The Chair of ARC presented the highlights of the ARC meeting held on 5 March 2025, which included a development session. The Chair noted that the regular and development session meetings focussed on scrutinising the draft 2024 annual report and accounts of the GCC; the Strategic Risk Register (SRR); reviewing the findings of the survey on its effectiveness; and reviewing the report on the GCC's ESG practices and related actions to be taken forward.</p> <p>Council noted the report.</p>
11.	<p>Any other Business</p> <p>The Chair confirmed there were no items of other business.</p> <p>The Chair thanked all members of the Council for their contribution.</p> <p>The Chair invited questions from observers, none were asked.</p>
	Date of next meeting 18 June 2025.



For noting

Agenda Item: 02b

Subject: Matters Arising from 19 March 2025

Presenter: Jonathan McShane, Chair GCC

Date: 18 June 2025

Item	Actions	Update
3.	Chief Executive and Registrar's report Action 1: The Executive would convene an engagement session in April 2025 for members to discuss the PSA review.	Completed (15 April 2025)
5.	Fitness to Practise Report Action 2: The Executive will include information about the new counselling service for registrants in future meeting reports.	Completed (See agenda item 5A)

**For noting**

Chair's report

Meeting paper for Council on 18 June 2025

Agenda Item: 03

Recommendations

Council is asked to note the report.

Introduction

1. Members are welcomed to this meeting of Council, our first 'virtual' meeting of the year. This meeting in the business cycle has a focus on our performance to date as well as prospects for the rest of the year.
2. Following our agreement of the annual report and accounts at the closed session of our previous meeting I am pleased to confirm that they were laid in Parliament in May as hoped and are now published [GCC Annual report and accounts 2024](#). The report reflects a year of significant progress in strengthening the regulation of chiropractic and supporting registrants in delivering safe, high-quality care.
3. A key achievement was the completion and publication of the new Code of Professional Practice, following an extensive consultation with the profession and stakeholders. The Code, which takes effect from January 2026, places person-centred care at its heart and ensures chiropractors are well equipped to meet the evolving needs of their patients. We saw growth in the profession, with nearly 3,900 chiropractors now on the Register, and the successful implementation of new Education Standards across all UK programmes. We also reported a positive financial performance, with a small surplus (in line with the financial strategy) and a strong reserve position.

Governance

4. I am pleased to report that, following open competition, the Privy Council has approved my recommendation, inviting two candidates to serve as Members of Council, with both accepting the offer of a four-year term with effect 1 August 2025.

5. Alistair Brown is appointed as lay Council Member, with a strong financial and non-Executive Director background in a range of settings including the civil service and social housing. Fiona Hutchinson is appointed as registrant Council Member, and Member for Scotland, registering with the GCC in 2012 and founding Inverclyde Chiropractic in 2023 as director and sole chiropractor. They will attend their first meeting of Council as Members on 1 October 2025, and we will be publicising their appointment in the July edition of the GCC newsletter.
6. As new Members are welcomed, we say farewell (at Council) to Keith Richards and Ralph Pottie, whose terms end on 31 July 2025, although both have one more Committee meeting to attend during July. They depart with our gratitude for their brilliant contributions to the work of the Council since 2017 and best wishes for the future – they will be missed.
7. Members will have seen the report from the Chair of the Audit and Risk Committee with a recommendation that the term of the extant independent member, Shelagh Kirkland, be extended. Similarly, from the Chair of the Remuneration and HR Committee, that its extant independent member, Andrea Sillars, be appointed for a further and final term. I seek your agreement to my recommendation, as set out in the reports, that both appointments be approved.

Council effectiveness review

8. As I reported at the last meeting a *Board Effectiveness Review* is important in ensuring that we operate well, and we know that strong governance underpins effective decision-making, strategic oversight, and the confidence that our stakeholders have in us. We adopted a hybrid approach looking at four areas: a survey gathering quantitative insights; qualitative discussions I held with Members; a document review; and an independent observation of a Council meeting. I committed to report progress back to this meeting.
9. I am pleased to report that the independent observation of the meeting of Council in March, was positive, with some suggestions for improvement offered. An action plan setting out what we have learned and what we can do to improve (the aim of the exercise) our ways of working is included within the closed session. I reflect that the process undertaken was proportionate, cost effective and ultimately of great value.

Long service

10. I wish to convey my appreciation, on behalf of Council, for the contribution of a member of the staff team completing 25 years' service with the GCC. Jamie Button, Registration lead, achieved this significant milestone in May. He is well-known to registrants having personally registered most over the years! Jamie was delighted to receive a token of our appreciation.

PSA matters

11. I attended a roundtable meeting of Chairs hosted by the Chair and CEO of the PSA. This was a useful meeting that considered the effect of the new powers granted to the GMC, in relation to the registration of new categories of professionals, further to a presentation given by Carrie McEwan, Chair of the GCC.

Engagements

12. Since the last meeting of Council, I have undertaken the following engagements:

- 21 March 2025: Attended shortlisting meeting for Council member recruitment.
- 24 March 2025: With Nick Jones, met with Phil Harper, professional regulation lead, DHSC.
- 1 April 2025: Met Giles Peel, observer at the March Council meeting to receive feedback.
- 7 and 8 April 2025: Council member recruitment interviews at the GCC offices.
- 24 April 2025: With Catherine Kelly and Nick Jones, hosted a dinner meeting with Mark Gurden, President; Stuart Smellie, President elect and Susie Isaacson, CEO: Royal College of Chiropractors.
- 7-11 May 2025: Attended the World Federation of Chiropractic conference in Copenhagen.
- 14 May 2025: Attended the PSA Chair's roundtable meeting in London.
- 21 May 2025: With Nick Jones, dinner meeting with Jo Clift, Chair and Matthew Redford, CER, General Osteopathic Council
- 14 June 2025: Attended the McTimoney Chiropractic Association annual conference in Oxford

Jonathan McShane

Chair

**For noting**

Chief Executive & Registrar Report

Meeting paper for Council on 18 June 2025

Agenda Item: 04

Purpose

This regular report summarises key developments in the period since the Council last met, on 19 March 2025, not covered elsewhere on the agenda.

Recommendations

Council is asked to note this report with questions invited.

General update

a) GCC Strategy to 2030

1. Following consideration by Council of the proposed GCC Strategy to 2030 at the March meeting of Council, a range of further stakeholder engagement was undertaken. Subject to agreement by Council in the private session I look forward to launching our proposed strategy for consultation with stakeholders in the next few weeks.
2. The proposals set out a bold and exciting new strategy with stakeholder engagement and involvement at its heart, to uphold professional standards throughout the career of every chiropractor, delivering on our core regulatory, registration and education activities to a high standard, and collaborating to shape the profession's future

b) Operations

3. We report on our fitness to practise performance and related issues with the agenda. Our risks are being managed, and I am pleased to report ongoing stability within the staff team. Our attention has turned to our registration function.

4. The Chair of Remuneration and HR Committee, in their report to Council later in the meeting, references proposals based on a business case on strengthening the registration function that the Committee considered at its last meeting. It noted the sometimes-poor customer care experienced by registrants and the need for an increase to staffing numbers including a new role providing greater managerial oversight.
5. Council is considering its financial forecast later in the meeting and Remuneration and HR Committee expressed the importance of seeing the impact of making those investments, in the round. Therefore, the proposal is subject to Council agreement.

Regulatory reform

6. It has been some time since I have offered any formal information as to the prospects for reform of our outdated legislation and rules. In May, the regulators received a letter from Karin Smyth, Minister of State for Health and Secondary Care, attached, updating on intentions. This confirms the government's priority for delivering legislation for the GMC, NMC and HCPC within the current Parliamentary period.

Coroner – prevention of death report

7. At the meeting of Council in March 2025, I outlined our actions in response to letter from the coroner following the inquest into the death of Joanna Kowalczyk in 2021. The letter (under regulation 28 powers) asked us to consider [our role in ensuring] that 'consideration to obtaining medical records should always be given before assessment, particularly where recent medical treatment or investigations has been undertaken.' [Regulation 28 report to prevent future deaths.](#)
8. The expert group convened to consider met for the first time on 16 May and considered the terms of reference and many of the issues raised in considerable depth. I was delighted that all group members were able to attend and there was considerable agreement as to the potential for learning and guidance to follow. Members commended the overall approach taken by the GCC to dealing with the request and the depth to which the issues were considered. I am grateful to members for the valuable insights and guidance.
9. Given the progress made, we expect one further meeting of the group over the summer and expect to bring recommendations to the GCC (and potentially other bodies) to the meeting of Council on 1 October 2025.

Updating GCC Guidance for Registrants following the publication of the Code of Professional Practice.

10. Work is progressing well on updating GCC Guidance to reflect the Code of Professional Practice, with five of the nine guidance documents in the final stages of production for publication, and three others in development.
11. At the same time, we identified that the sexual boundaries guidance (originally published in 2016) required substantial updates to reflect the standards in the new Code. The content needed to reflect current research and expectations around power imbalances and vulnerability. Further, the scope of guidance needs to be widened to cover other professional boundaries (emotional, financial and physical), and other relationships (most notably with colleagues as well as patients). We anticipated early on that this guidance would require a public consultation and expected to bring a proposal for that consultation to this meeting of Council.
12. Following our experience of developing the new Code, we now believe the document will substantially benefit from 'pre-consultation' discussion with the Professional Bodies and RCC, as well as members of the Professional Conduct Committee and groups with experience of working with vulnerable people (both in healthcare and beyond) to ensure proposed guidance is as robust and clear as possible and will 'land' well.
13. We want to conduct this work over the summer and then present the Guidance proposal to the meeting of Council on 1 October 2025, with the intention of being ready to consult immediately thereafter. The guidance would then be finished and ideally agreed by Council in December 2025.

Professional Standards Authority (PSA)

a. Consultation on PSA Standards

14. Members will recall that, in February 2025, the Professional Standards Authority for health and social care (PSA) launched a consultation on its review of Standards for regulators and Accredited Registers, and Council agreed to consider the questions in more depth. I am grateful to Members for their participation and thoughtful contribution during the discussion on 15 April 2025, to steer our response.
15. The GCC responded to the consultation by the PSA on 8 May 2025. It:
 - Outlined our broad satisfaction with the form of the current Standards for Good Regulation as being clearly stated with flexibility in how they are evidenced.

- Highlighted a concern that combining standards 14 and 18 (access to the complaints process and taking part in the process) did not allow for alternative resolution.
- Cautioned that separating out timeliness of complaint handling could lead to a perverse incentive to complete complaints quickly without consideration of the quality of the outcome.
- Suggested that standards on governance and culture may not be the most effective, or measurable, route to delivering patient safety. Instead, we proposed the PSA should consider how governance and culture are measured and managed (the process, not the outcome) within the organisation.
- Cautiously acknowledged the public expectation that healthcare professionals hold a criminal record check but also highlighted the administrative burden this is likely to have on both the registrant and the GCC. We questioned if these burdens would provide sufficient benefits to the safety of patients, as opposed to giving patients confidence that a checking process is in place.

b. Right touch regulation

16. The Professional Standards Authority is planning to release an updated version of its guidance document *Right-touch regulation* in October 2025. The first version was published in 2015. As previously reported to Council, in March the PSA published a discussion document inviting views.

17. On 1 May 2025 we responded, highlighting:

- The additional risk management required in applying the principles when they are not well supported by our legislation.
- While the document recognises the “ecosystem” of regulators that each registrant is subject to, it could do more to consider how that ecosystem can best prevent harms by leveraging the respective existing powers of those different regulators.
- The possibilities of applying the principles of right-touch regulation to FTP and other “High Impact Regulatory Decisions” (as used by GMC).

c. Impact of the Supreme Court Judgement on Sex in the Equality Act

18. Council is aware of the Supreme Court ruling on 16 April 2025 on the definition of the words “Man”, “Woman” and “Sex” in the Equality Act. On 9 May 2025, the PSA wrote to regulators seeking to understand how the judgement was being addressed within our work.

19. We provided a factual response to the PSA survey outlining:

- The wording of our legislation specifies that we publish (on the register) whether the registrant is “male or female.”

- We have considered, and continue to consider, the impact of diversity on our other regulatory functions. While the ruling will inform these considerations, we do not believe it fundamentally changes our approach.
- How (and when) we monitor the diversity characteristics of our registrants, stakeholders and others who interact with us. Our questions reflect those used by the Office for National Statistics (ONS).

20. On 29 May 2025 we attended a cross-regulatory meeting to discuss in more depth the issues raised by the ruling for healthcare regulators. We are confident that we are in-line with the other regulators' approach. This is an area of policy still developing and we further highlight:

- The ruling does not impact Northern Ireland, Gibraltar or Isle of Man (as these are covered by separate legislation).
- The Equality and Human Rights Commission is [reviewing their guidance](#) following the ruling.
- Government and the ONS have yet to respond to the [Sullivan Review on collecting data on Sex and Gender](#), which may affect how we collect data in the future.

d. Evaluation of Standard 3 – Equality, diversity and inclusion

21. The performance reviews of us by the PSA are based on its standards of good regulation. In 2023 the PSA introduced a new approach to assessing regulators on this standard, formally: *The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.*

22. We welcomed this. Members will previously recall frustration as to our assessment previously in it not being clear as to the 'standard' by which we were assessed. I attach the evaluation undertaken by the PSA in May 2025 – which amongst other things shows significant improvements in this regard measured by feedback from the regulators. We welcome the change and improvements made to the assessment of the standard, and the transparent approach undertaken in evaluating those.

Meetings and engagements

March 2025

- 21 March – meeting of Chief Executive's Steering Group
- 24 March – online seminar hosted by Capsticks on Witness to Harm research
- 26 March – PSA online seminar on impact of Worker Protection (sexual harassment) in FtP matters concerning registrants
- 27 March - attended Institute of Regulation annual conference

- 31 March – GCC Education Committee development session

April 2025

- 1 April – meeting of the GCC Education Committee
- 2 April – meeting with RCVS to discuss forthcoming changes to veterinary legislation and regulation
- 3 April – attended a poster exhibition by students held at LSBU
- 10 April – GCC Remuneration and HR Committee
- 11 April – meeting with Andrew Mcnamara – newly appointed overall Chair of GCC Investigating Committee
- 15 April – GCC Council Members' meeting on PSA proposed review of performance standards
- 24 April – With Jonathan McShane, dinner with RCC leaders
- 25 April – meeting of UK Chiropractic Forum

May 2025

- 7-11 May – attended the World Federation of Chiropractic Congress in Copenhagen
- 16 May – attended Expert group meeting following the death of a patient
- 20 May – meeting with Wayne Minter, Chair of Chiropractic Board of Australia
- 21 May - meeting of the GCC Audit and Risk Committee
- 21 May – with Jonathan McShane, dinner meeting with Chair and CER of the General Osteopathic Council
- 23 May – meeting with Director General of Regulation, Ministry of Health, Singapore to discuss GCC registration requirements of chiropractors in Singapore

June 2025

- 9 June – meeting with Lesley Haig, VC Health Sciences University
- 14 June – attended the Royal College of Chiropractors summer conference in Birmingham

Nick Jones

Chief Executive & Registrar



Department
of Health &
Social Care

*From Karin Smyth MP
Minister of State for Health and Secondary Care*

*39 Victoria Street
London
SW1H 0EU*

May 2025

Dear All Regulator CEOs/Chairs, PSA CEO/Chair, and HSCC Chair,

I am pleased to confirm that this Government is committing to reforming the regulation of healthcare professionals across the UK. The case for modernising the system of regulation for healthcare professionals is clear.

One of the core aims of the 10-Year Health Plan for the NHS in England is reform. The professional health and care regulators play a key role in ensuring our healthcare professionals uphold standards, maintain competency and deliver safe patient care. To do this effectively and efficiently, we need to ensure regulators have the mechanisms in place to provide a regulatory system that can meet future patient, public and workforce requirements.

These important reforms will be made to all regulated healthcare professionals in the UK via a series of statutory instruments made using the affirmative procedure under powers granted in Section 60 of the Health Act 1999. These reforms will bring greater consistency of approach and secure faster, fairer and less burdensome and costly regulation.

Our initial focus will be to modernise the regulatory framework for doctors under the GMC before moving on to make changes to the Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC).

I know that all professional regulators are keen to see these changes, and my officials will continue to work with regulators, the devolved governments and other key partners to address the remaining outstanding policy areas and prepare the necessary legislation.

I anticipate that we will be in a position to consult on the GMC legislation in late 2025, and to deliver legislation for the HCPC and NMC within the current Parliamentary period.

Thank you, in advance, for your continued support with this important reform programme.

Yours sincerely,

Karin Smyth MP

Minister of State for Health and Secondary Care

Evaluation of new approach to assessing regulators against Standard 3 (May 2025)

1. Introduction

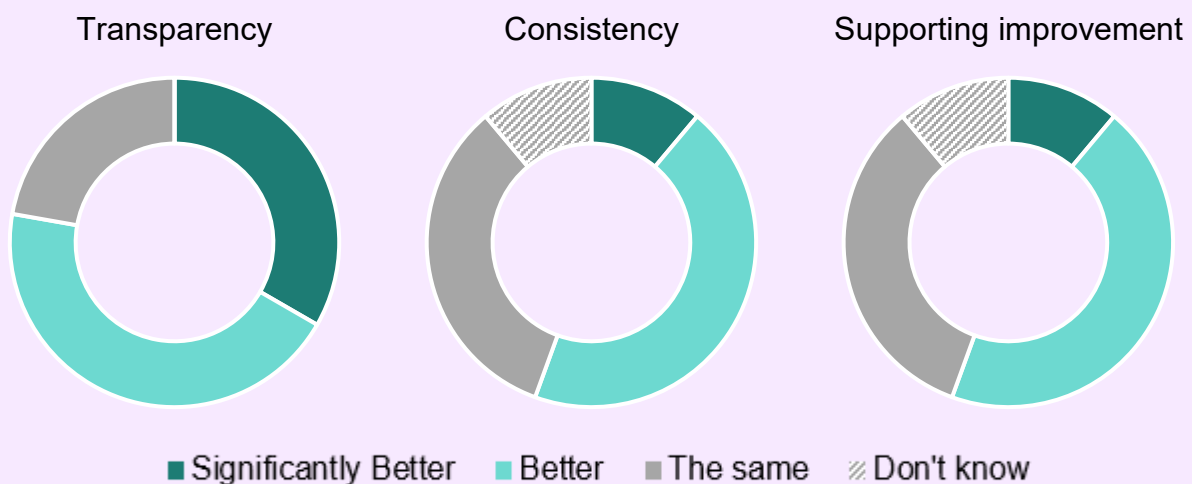
- 1.1. In 2023/24, we introduced a new approach to assessing regulators against Standard 3. Our objectives were to:
- raise our expectations for meeting this Standard, which had been set at a relatively low bar when it was introduced in 2019
 - make our assessments more transparent and consistent, building on the improvements we made to our processes when we introduced our new approach to performance reviews from 2021/22
 - do more to support regulators to make further improvements.
- 1.2. Annex 1 sets out more information about the changes we made to our approach to Standard 3 and the methodology for this evaluation.

2. Findings

Transparency, consistency and supporting improvement

- 2.1. In the survey we sent to regulators and decision-making panel members, we asked them how our new approach compared to the approach we had taken in previous years in terms of transparency, consistency and supporting improvement. Both groups provided positive responses to these questions, and we received no negative responses.

In terms of the following criteria, how did our approach to assessing Standard 3 in 2023/24 compare to previous years? (Regulators)



2.2. The regulators scored 'transparency' most favourably, with seven out of eight reporting that this had improved with the new process.

- "In previous years it was less clear how you applied the previous criteria to assess regulators on ED&I. We feel the evidence capturing and sharing of information has improved."
- "Recent reports have been helpful in understanding how Standard 3 has been assessed across regulators and illustrates, with greater clarity, how outcomes have been evaluated."

2.3. Scores were slightly lower for 'consistency' and 'supporting improvement', but they were both still clearly net positive. Many of the regulators had not been through the whole process at the point the survey was launched in November 2024, at which point we had only published reports for four of the ten regulators. There was therefore less information available to regulators regarding consistency and supporting improvement. Our work to support improvement goes beyond the published performance review reports and is still underway.

- "We were particularly pleased to see good practice identified, beyond a straightforward description of actions taken. This was beneficial in our own report and in reading others. A convened discussion would be helpful, if the PSA took a structured approach and ensured that the examples discussed were ones that they had identified as good practice."
- "It would be helpful to understand where the regulators are succeeding and engaging in good practice, and also to understand where there are barriers across the sector and opportunities for improvement e.g. what trends are emerging."
- "The guidance and examples of best practice tend to be very focused on what other health regulators have done without looking more broadly."
- "For our own assessments we felt more could be done to highlight good practice. We would like to see you sharing more examples of good practice."
- "The indicators and evidence matrix have been instrumental in informing the organisations EDI strategy which is current subject to a public consultation. It has provided a clear focus for us in improving our EDI activities."

Documentation and presentation

2.4. We also collected evidence about how well the new approach had worked in practical terms, with specific survey questions about the new evidence matrix, and how information was presented in the analysis document and published report. Regulators provided positive responses to those survey questions.

In terms of the evidence matrix, to what extent do you agree that:	Strongly Agree	Agree	Neutral	Don't know	Disagree	Strongly Disagree
All the relevant information had been captured under the appropriate indicators	1	7	1	0	0	0
The analysis and RAG ratings were supported by the evidence	1	6	2	0	0	0
The matrix was easy to understand	1	6	2	0	0	0

In terms of our provisional and final analysis documents, to what extent do you agree that:	Strongly Agree	Agree	Neutral	Don't know	Disagree	Strongly Disagree
They accurately reflected the contents of the evidence matrix	0	8	1	0	0	0
The analysis against each outcome statement was supported by the evidence	1	6	1	0	1	0

In terms of the published performance review report, to what extent do you agree that the section on Standard 3:	Strongly Agree	Agree	Neutral	Don't know	Disagree	Strongly Disagree
Accurately reflected the information previously shared with you	1	6	0	2	0	0
Was a fair reflection of performance against Standard 3	1	6	0	2	0	0

2.5. Comments from individual regulators provided further useful information about how the new approach had been received.

- “We feel, overall, that the evidence matrix, with the supporting guidance document that the PSA provide is a much clearer method for its assessment to be presented in. We found the information clear as the issues were detailed and then the conclusions why the RAG rating was decided at the end of the summary in each was a useful way to conclude.”
- “The matrix was clear and RAG ratings seemed to be supported by evidence. It could be made clearer how the ratings are used to make an overall judgement.”
- “The analysis was robust and a fair reflection of our position. The matrix and the analysis document were both fine but the performance report did appear quite light compared to the amount of information we had provided, so that the report did not necessarily reflect all our work. This may have been because this was a monitoring year.”
- “The analysis was correct so far as it relates to the information provided by us to the PSA. The analysis however did not contextualise sufficiently the challenges of evidencing analysis when a smaller organisation such as us

will have lower activity level, for example, fewer consultations, less capacity to publish frequent guidance and longer periods of time required to trend and analyse performance on outcomes of complaints and FTP cases, from an EDI perspective. The time-based milestones may therefore take longer for a smaller organisation to evidence progress.”

Guidance and support

2.6. Regulators told us that they had received enough guidance and support and had been given enough time to provide information.

In terms of the new approach as a whole, to what extent do you agree that:	Strongly Agree	Agree	Neutral	Don't know	Disagree	Strongly Disagree
You were provided with enough guidance and support	2	5	1	0	0	1
You were given enough opportunities and time to provide relevant information	3	4	2	0	0	0

2.7. Some regulators provided comments indicating a need for specific pieces of guidance tailored to their circumstances.

- “I found it very useful to work closely with the PSA on this in order to share our own workings and ensure we met expectations. I found seeing the 'workings' of this from the PSA very useful.”
- “We had a positive experience, with the PSA team reacting positively and fairly to amendments or clarifications that we suggested.”
- “We have valued the regular meetings with the PSA to discuss our progress as a regulator. We have also found it helpful to explain context of our regulatory work, as this has a big impact in relation to how much progress we are able to make.”
- “It may also be helpful to provide regulators with criteria as to how the decision is made as to whether an indicator is RAG rated.”

Proportionality

2.8. Regulators found the approach to be proportionate, although scores were slightly lower on this question and several regulators provided comments about the workload involved in providing the information required for the 2023/24 assessments. We asked regulators whether they would be in favour of us taking a similar approach to our assessment of other Standards; this was not supported, and the comments we received focused on the resource implications of extending such an approach. We have fed these comments into our current Standards review work. These points were consistent with feedback from staff in the performance review team regarding the time spent collecting and analysing evidence.

	Strongly Agree	Agree	Neutral	Don't know	Disagree	Strongly Disagree
In terms of the new approach as a whole, to what extent do you agree that it was proportionate	1	7	1	0	0	0
Would you be in favour of us using a similar approach (indicators and/or outcome statements) for our assessments against any other Standards?	1	1	3	0	3	1

- “Providing evidence against the matrix was heavily resource intensive, but we appreciate this was necessary for the introduction of the new evidence criteria and we hope this will lessen now that the foundational knowledge has been established.”
- “...we do find this to be the most helpful standard of all the standards for good regulation, and the one that provides the most accurate and proportionate assessment of performance.”

3. Conclusions and next steps

- 3.1. From the evidence we have collected, we are satisfied that the new approach to assessing regulators against Standard 3 has led to tangible improvements against the three key objectives of improving transparency and consistency and supporting improvement. We recognise that our new approach has involved additional workload for both the regulators and PSA staff; while we will look for ways to make the process less burdensome in years two and three, we consider it remains a proportionate approach in terms of the broader objective to improve public protection for all.
- 3.2. We have already started to make use of the feedback we have received during this evaluation process:
 - In March 2025 we published an updated Standard 3 guidance document, including a new section explaining our approach to the RAG ratings used in our evidence matrix.
 - We have started the 2024/25 cycle of performance reviews using the evidence set out in the 2023/24 evidence matrices as our starting point. By focusing on activities and developments since 2023/24 we hope that the process will be less resource-intensive for regulators and staff.
 - We have taken note of the comments we received from regulators for our review of the Standards of Good Regulation¹ – particularly regarding whether a similar approach could be used to assess other Standards in future, notably in terms of proportionality and workload.
 - Acting on feedback from regulators, we are producing a good practice paper to expand on what we found in our 2023/24 performance reviews –

¹ [Consultation on reviewing our Standards | PSA](#)

particularly to understand more about how regulators implemented specific actions, overcame any barriers and what lessons they learned. We intend to discuss this with regulators and encourage further learning.

- 3.3. We continue to welcome further feedback about our approach to assessing regulators against Standard 3.

Annex

Our new approach to Standard 3

In May 2023², we set out our new approach to assessing regulators against Standard 3:

- We would use a new evidence matrix to collate evidence against a number of indicators, organised under four outcome statements.³ Most of those indicators were applicable from the first year of assessment (2023/24), while others would not apply until 2025/26 because we recognised that some would take longer to deliver.
- Rather than assess performance over the year as a whole (as we do with other Standards) we would assess performance against Standard 3 in terms of a regulator's position at the end of each review period.
- We would take into account each regulator's position in the cycle of our performance reviews because some would have more time than others before their 2023/24 assessment under the new approach.

In other respects, our approach for Standard 3 would be consistent to the way we assessed regulators against our other Standards. For example, we would take into account plans in place as well as actions already delivered, and we would reflect specific circumstances affecting individual regulators, such as those caused by differences in legislation, size or source of referrals.

Methodology for this evaluation

For this evaluation, we wanted to find out how successful our new approach had been in meeting the three main objectives underpinning our new approach: transparency, consistency and supporting improvement. We also wanted to know what regulators and colleagues thought about the process itself, and whether it had been proportionate. We collected evidence from three key sources:

Regulators

We sent the regulators a survey in November 2024 and received responses from nine of them. We recognised that, at this point in the performance review cycle, most of them would not have experienced all elements of the new approach to Standard 3 assessments. However, we decided to conduct the survey at this point to identify any significant issues that might require more time to address before the 2024/25 assessments began.

We also used our regular engagement meetings with the regulators to discuss our new approach; this information was discussed at performance review team meetings and was consistent with the results of the survey.

² [Guidance for regulators – assessing performance against Standard 3](#)

³ [Performance review Standard 3 evidence matrix](#)

Performance review team

We used two team meetings in December 2024 and January 2025 to reflect on the first year of our new approach and also to discuss the results of the survey of regulators.

Decision-making panel members

In March 2025, we sent a survey to PSA colleagues who acted as panel members on our decision-making panels for performance reviews in 2023/24. This used most of the same survey questions as had been used in the survey of regulators. We received responses from three panel members who, collectively, participated in every panel meeting during the 2023/24 round of performance reviews.



For approval and
noting

Fitness to Practise update

Meeting paper for Council on 18 June 2025

Agenda Item: 5A

Purpose

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

- Part A Approve the amendment to the IC Guidance
- Part B Fitness to Practise Update
 - Operational update
 - Fitness to Practise performance report

Recommendations

Council is asked to:

- Part A Approve the amendment to the IC guidance
- Part B Council is asked to note this update

A. Amendment to the Investigating Committee Guidance

1. As part of their annual review of our performance we committed to the PSA to update our guidance documents in relation to action we would take in circumstances where racism and other forms of discrimination were evident in allegations.
2. We propose an amendment at paragraph 53 of the guidance which will bring our guidance in line with other regulators. The paragraph states:

‘The following are matters which are viewed by the GCC as being particularly serious. As a result, if the IC is satisfied that there is a case to answer in respect of the factual allegations, it is highly likely to refer the matter for a public hearing’:

3. The current list of matters is as follows:

- The serious abuse of a clinical relationship, including the breach of boundaries with a patient;
- A conviction for certain categories of cases referred to above in 48; paragraph
- Undertaking treatment or procedures beyond competence;
- Serious abuse of the privileged position enjoyed by registered professionals;
- Lack of appropriate indemnity cover/lack of evidence of appropriate indemnity cover;
- Risk of patient harm due to the registrant's alcohol or drug use;
- Failing to co-operate with an employer or the GCC in the investigation of a concern;
- Misleading behaviour, deliberate or otherwise and dishonesty; all of which can include deliberate acts and/or omissions; and/or
- Failure of safeguarding or duty of candour - failing to raise concerns about matters which may (or may have) posed a risk to patient or public safety; and/or by inhibiting others from raising concerns which may (or may have) posed a risk to patient or public safety; and or failing to be open and honest with patients when things go wrong.

4. We propose the addition to this list, of:

- Conduct that could amount to racism or other forms of discrimination.

5. In addition to this change, we will also be reflecting our intent in our Indicative Sanctions guidance, and FtP Manual. For the Indicative Sanctions guidance, we will be consulting on this change over the summer with the PCC and defence bodies. We have made the change to the FtP manual which is an internal document.

6. The change is subject to approval by Council. It has been agreed with the Chair of Investigating Committee.

B: Operational update

Staffing issues / internal resources

7. We currently hold a high number of open S.20 cases with 80 open (at end May 2025), impacting on workloads. We have brought in a temporary investigator who will focus on witness statements to help progress cases. We have also had support from Capsticks. Otherwise, the team are stable with someone temporarily covering a case worker role, but we have now agreed to make this a permanent appointment which is excellent for the stability of the team and the role of Director of Fitness to Practise will be advertised shortly.

Progress on the change implementation

8. The team is continuing to deliver, and performance has remained consistent despite the impact of implementing the new CMS. The team remain committed to meeting our PSA requirements and are very keen to meet and exceed any targets. Since my last report there have been significant changes within the team involving the adoption of the CMS and ways of working. Much of our work involves relying on documents and data which is a bit beyond our control (such as waiting on witness statements) so we have focused our attention on where we can influence change and an acceleration of process. To help explain the detail of the change I will walk through the attached presentation which will hopefully enable a richer conversation at the meeting.

Fitness to Practise performance report

9. This section provides Council with an update on the operational performance of the FtP team in the latest completed quarter, the period end 31 March 2025.

Performance report summary

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

- i. **New Enquiries:** There were 25 enquiries open at the end of Q1. There was a notable increase of enquiries received within the quarter, however, with the new process of bi-weekly enquiry review meetings instigated in February, we expect to see the volume of open enquiries decrease in Q2.
- ii. **New Complaints:** The higher-than-expected level of incoming complaints from Q4 2024 continued into Q1 2025. As the enquiries are addressed more regularly, a portion of those enquiries are promoted to a formal complaint. We had 76 cases yet to be seen by the IC by the end of March – the highest number it has been over the last 12 months. As a response to the high volume of complaints, we have taken measures to provide additional resources to assist the investigation process.

Professional Conduct Committee (PCC) Referrals: There were three referrals from the IC to the PCC in Q1 2025. As it stands, this is in line with our forecasting volumes for budgeting purposes (one referral per month over the year). With the new referrals, there are 10 open cases yet to be heard by the PCC. Of the 10 cases, there are seven so far that are scheduled to be listed this year.
- iii. **Interim suspension hearing (ISH):** There were two ISH hearings held in Q1. One had an outcome of suspension and the other not suspended. High-risk cases are an important consideration in safeguarding and for the PSA in

assessing how quickly we manage risk, so we continue to ensure that this remains a key focus in fitness to practise.

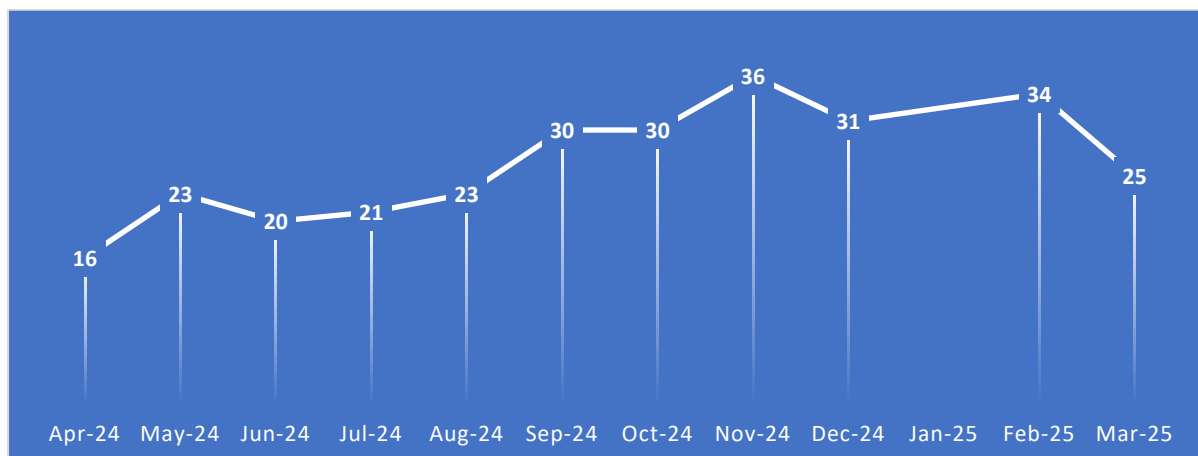
- iv. **PCC hearings:** Only one hearing was held in Q1 and was concluded in March 2025 with an outcome of unprofessional professional conduct (suspended). The end-to-end (date of receipt of complaint to PCC decision) timeliness of the case was 102 weeks. Based on the current listings shown in Table 8, most of the cases referred are being listed within the 35-week target after being referred. There are six cases listed in Q2 2025 so we expect to see the end-to-end median (weeks) be impacted should they all have a final decision made.
- v. **S.32 (Protection of Title) complaints:** Following on from significant improvement made from Q4 2024, we continue to manage a steady volume of open S.32 complaints, with 18 cases open at the end of Q1. We expect this volume to remain steady as we progress into the year, closely monitoring this on a weekly basis.

05A: Annex 1: Performance report

A. Enquiries

Open enquiries in last 12 months

Chart 1



At the end of Q1 2025, there were 25 enquiries open.

Total number of enquiries closed/promoted in 2024/25

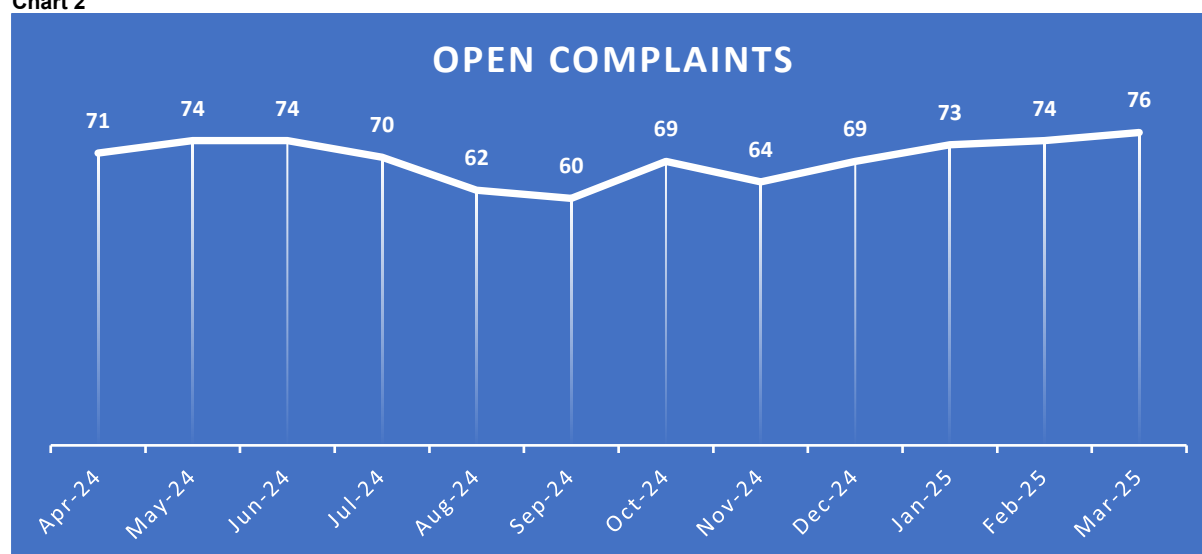
Table 1

	2024			2025
	Q2	Q3	Q4	Q1
Closed with no further action	5	5	8	4
Promoted to s.20	1	3	1	11
Total closed	6	8	9	15

B. S.20 (IC) Complaints in 2024/25

Total number of complaints carried forward and activity in the last 12 months

Chart 2



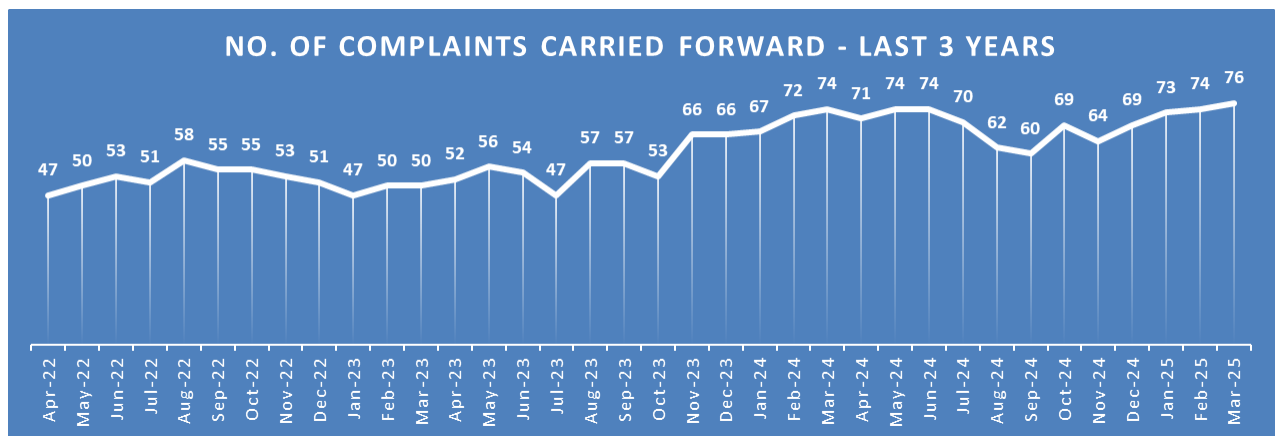
We continue to prioritise case management of higher risk complaints, which by their nature are usually long-standing complex complaints.

Table 2

	Apr -24	May -24	Jun -24	Jul -24	Aug -24	Sep -24	Oct -24	Nov -24	Dec -24	Jan -25	Feb -25	Mar -25
Classified as s.20 complaints (no.)	2	7	2	4	0	6	11	0	16	8	6	9
Cases determined (no.)	5	4	2	8	8	8	3	4	11	4	2	9

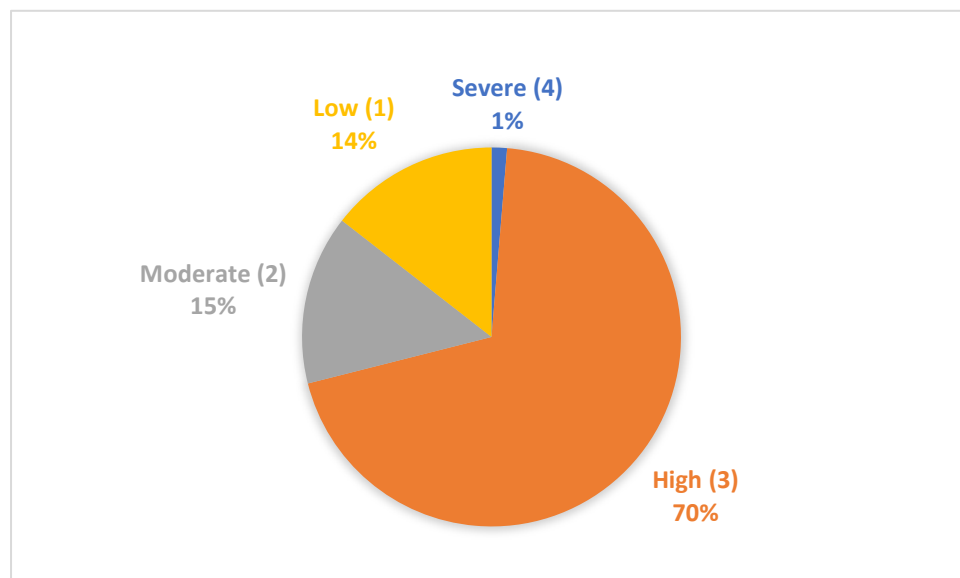
Continuing from the high volume of cases opened in Q4, we continue to open a higher-than-usual number of cases in Q1 (23 cases). November 2024 was an anomaly due to the team prioritising interim suspension hearing (ISH) work, focusing on CMS, the work involved with additional IC meetings and being under resourced. In the past, it was forecasted to receive an average of 4 complaints opened per month. 2025 so far has seen the average increase to 7 cases.

Chart 3



Risk rating of open IC complaints

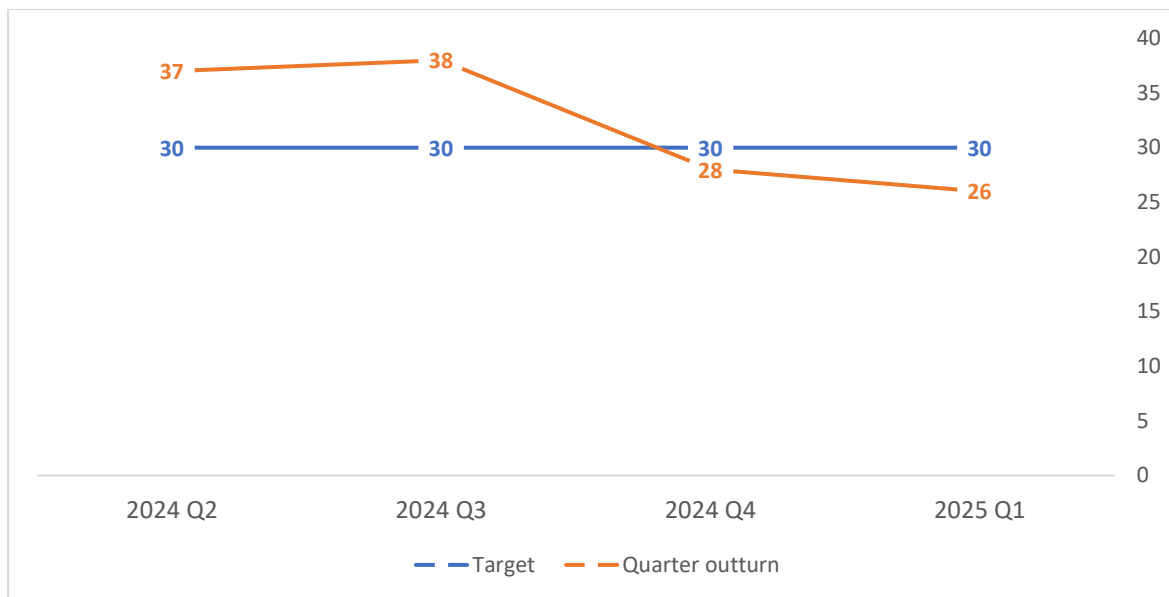
Chart 4



When assessing and categorising risk we take the complaint at its highest (as advised by our internal auditors), resulting in more cases being categorised as *high risk* initially but allows for the rating to be amended or reduced as further evidence emerges.

Time complaints have been open: median weeks

Chart 6



The median time of open complaints decreased slightly by 2 weeks compared to the previous quarter.

Breakdown of open current complaints

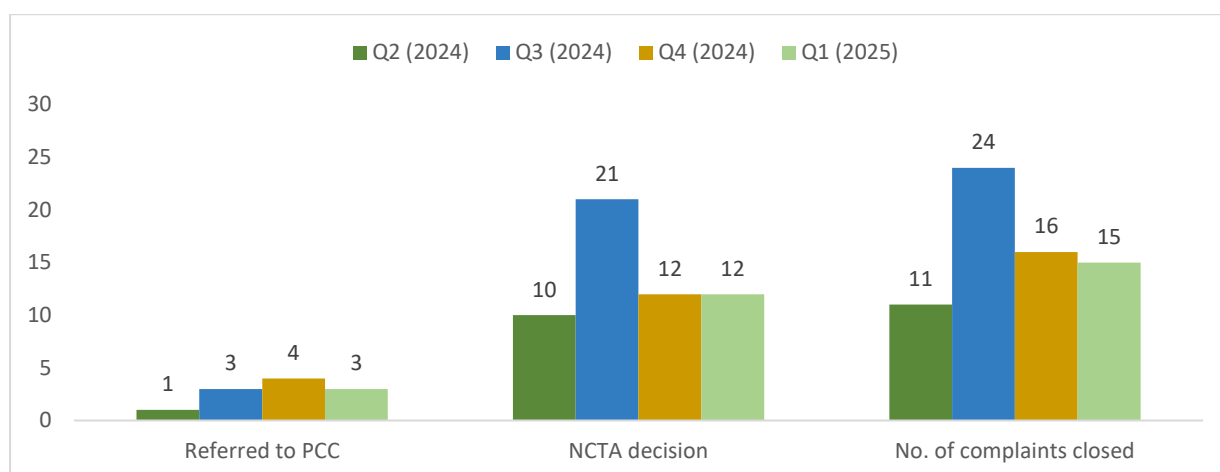
Table 3

	2024			2025
	Q2	Q3	Q4	Q1
Under 52 weeks	58	49	44	61
52 weeks +	15	23	13	12
104 weeks +	2	2	3	2
153 weeks +	0	0	0	1

Two cases were open of over 104 weeks, and one case was over 153 weeks, of which they are third party investigations (an Inquest, outstanding medical assessment and criminal matter).

Number of complaints closed by the Investigating Committee in 2024/25

Chart 7

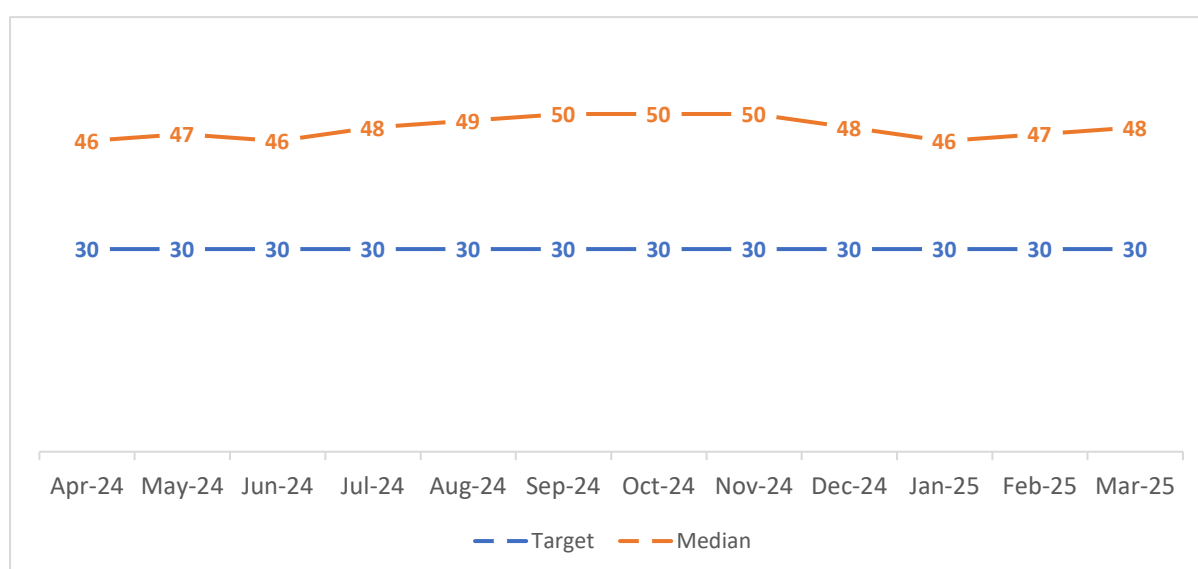


Of the 15 complaints closed in Q1, 12 were closed as 'no case to answer' and three were referred to the PCC. In terms of referral to PCC, we estimate and budget on the basis of one referral a month from the IC.

Median time taken to close cases

(Time taken from the opening of a complaint to closure by the Investigating Committee)

Chart 8



Our assessment is that the median will only start to shift if we close newer cases. However, it is important to note we continue to prioritise the complex high-risk cases (which by the nature are likely to be older cases).

C. Interim Suspension Hearings

Table 5

	2024											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ISH hearings	0	1	0	0	0	0	0	1	0	0	1	1
Suspension imposed	0	0	0	0	0	0	0	1	0	0	0	1
Suspension not imposed	0	1	0	0	0	0	0	0	0	0	1	0

Consideration of matters where an interim suspension may be necessary are an unpredictable area, affecting outputs from both the FtP team and the IC. There were two IC interim suspension hearings (ISH) held in Q1 2025, and one was suspended, the other not suspended.

In 2021, the median time (from the 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, and this was the same up to Q4 for 2024. Based on the two cases so far in 2025, the median time was 9 weeks. This was due to a case that was outsourced to The GCC's Solicitors (The Solicitors) to investigate. The Solicitors experienced delays with collection of evidence as the patient had a complex medical history and required significant support. The Solicitors completed their investigation and returned the paperwork to the GCC but omitted to notify the GCC upon receipt of an expert report that it raised potential patient safety issues, as is normal practice.

The GCC subsequently reviewed the paperwork and noted that there were patient safety issues and referred this matter to the Committee to consider referral for ISH. The Committee referred for an ISH in January 2025.

D. Professional Conduct Committee

Number of cases referred from the IC; and heard by PCC in 2025

Table 6

	Apr-24	May-24	Jun-24	July-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
No. of cases brought forward	8	8	8	7	7	7	7	6	8	8	8	9
No. of Referrals from the IC	0	0	1	1	1	1	0	2	2	0	1	2
PCC hearings held	1	0	2	1	1	2	1	0	2	0	1	1
Part heard	1	0	0	0	0	0	0	0	0	0	0	0
PCC Cases Closed	0	0	2	1	1	1	1	0	2	0	0	1

Decisions of PCC cases concluded in 2025

Table 7

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

The decisions of the PCC in 2025 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 Q1 2025. The target established is that on referral from the IC, the hearing should be listed before the PCC within 35 weeks. The median from IC outcome to PCC outcome for 2025 so far was 32 weeks at the end of Q1 2025.

Table 8

Case	Date referred from IC	Date listed for hearing	Weeks	Status
Case 1	21/03/2023	25/06/2025	118	Target was met when it was initially referred to the PCC – the hearing was held in late October 2023; this was later postponed to obtain further evidence. Hearing was then relisted from 13 – 17 Jan 2025 but did not conclude. Hearing has now been rescheduled for June 2025.
Case 2	14/08/2024	27/05/2025	40	Target for listing not met.
Case 3	18/09/2024	07/04/2025	28	Target for listing met.
Case 4	13/11/2024	10/06/ 2025	29	Target for listing met.
Case 5	13/11/2024	14/05/2025	26	Target for listing met.
Case 6	11/12/2024	23/07/2025	32	Target for listing met.
Case 7	11/12/2024	12/05/2025	21	Target for listing met.
Case 8	17/02/2025	Not yet listed		
Case 9	25/03/2025	Not yet listed		
Case 10	25/03/2025	Not yet listed		

Of the 10 cases awaiting PCC hearing, there are –

- One referred from 2023
- Six referred from 2024
- Three referred this year

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
- adjournments outside of the control of the GCC

E. Section 32 cases

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

The median time taken to close section 32 cases over the last 12 months was 35 weeks.

Table 11

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of cases (at beginning of the month)	38	40	43	45	49	55	53	59	44	13	17	18
Number of new cases in a month	2	3	2	4	6	2	7	4	1	4	2	5
Number of cases closed in period	0	0	0	0	0	2	1	19	32	0	1	5

05A: 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; ord) 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>

Interim Director of Change report

Council Meeting 18 June 2025

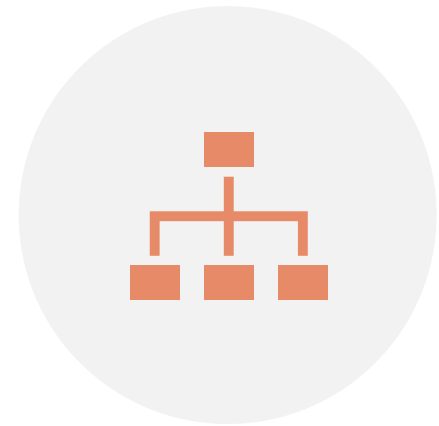
Review of Fitness to Practise (FtP)



IMPROVE INTERNAL
OPERATIONS OF THE TEAM



IMPROVE EXTERNAL SERVICE
(CUSTOMER-FACING SPEED
AND QUALITY)



BUILD A MORE MODERN,
AUTOMATED AND AGILE
TEAM

What I found

CONTEXT

- I joined in Mid-January when the team were doing the data migration to the new customer management system (CMS).
- The Director of FtP, Niru left at the end of January and the team has carried another vacancy of a case worker since, albeit we have had a temp in place for the last 4 weeks so they are below full complement.
- On-boarding the new system proved to be very challenging, both for the team learning new technical skills and also in how the team has adapted to the system which has highlighted over-engineered processes.
- The team are rightly fearful of removing any steps in our process or reducing the peer-reviews that take place as they want to protect the public and patients and ensure everything is done to a high standard.

What I found...

CONTEXT

- High risk aversion and an embedded desire to do the best job for registrants and the public
- Listened to feedback from CER, the council when I presented in March and 121s with people. There was a willingness to change, to adopt new ways of working, a real wish to speed things up and improve the experience for registrants. A desire to be bolder but thoughtfully and deliberately bold.
- Most of my work centred on the cultural changes, embedding a new culture of continuous improvement

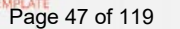
How we approached this change

Design principles

1. To help the GCC work in a less hierarchical way and at faster pace – we will do this through making decisions at the right level and having more visibility of reports
2. To help us to reduce the fitness to practise caseload through less touch-points which will lead to higher productivity
3. To reduce the number of inappropriate complaints – ones we can't process – through better explanation of our processes and up-front interventions

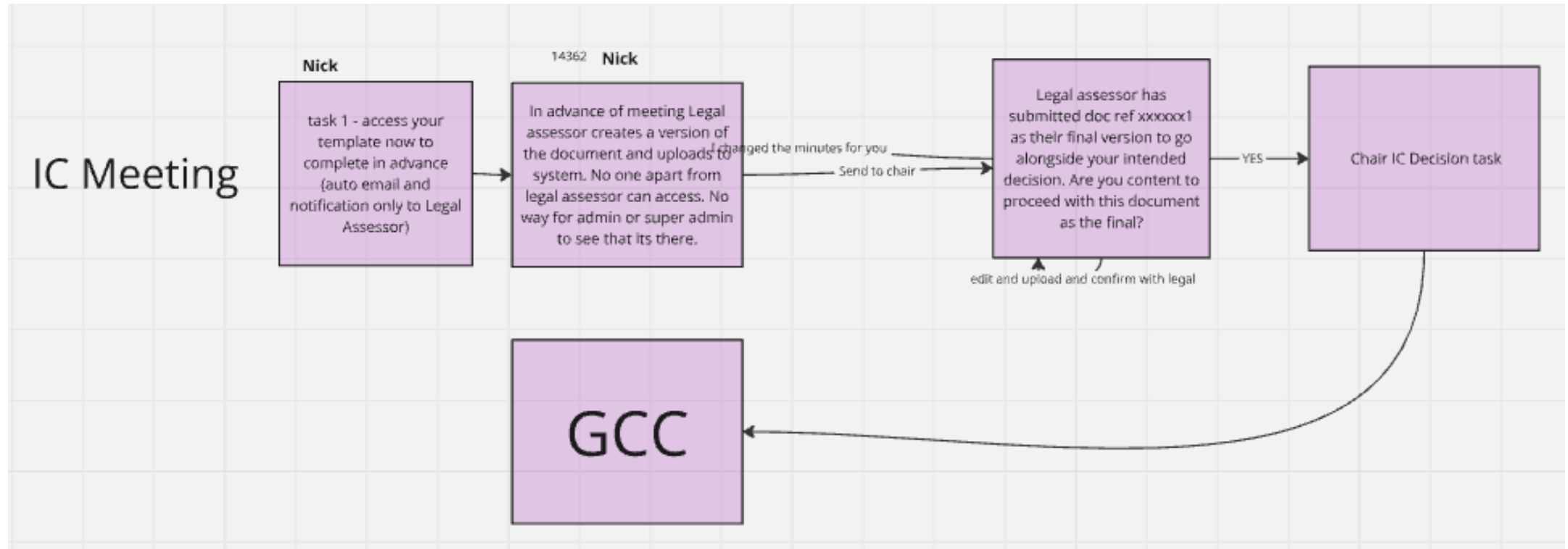
We've done this work through workshops, 121s and using technical expertise of industry best practice.

Investigating Committee
– Decision Made
Simplified from this...



A picture of the complexity of our processes

Investigating Committee – Decision Made To this...

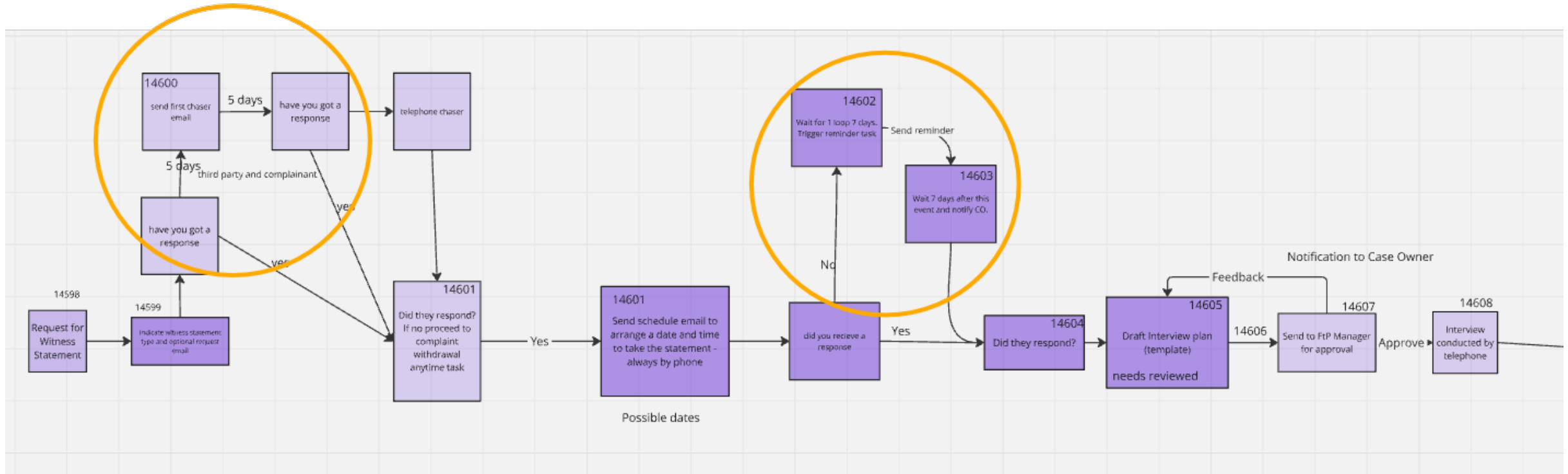


A picture of the complexity of our processes

Witness Statements

Reduced the timer from 7 days to 5 days for each chaser

Cut down from 3 chasers (two email chasers) to 2 chasers (one email, one telephone), as a result shaved 7 days off the total timer

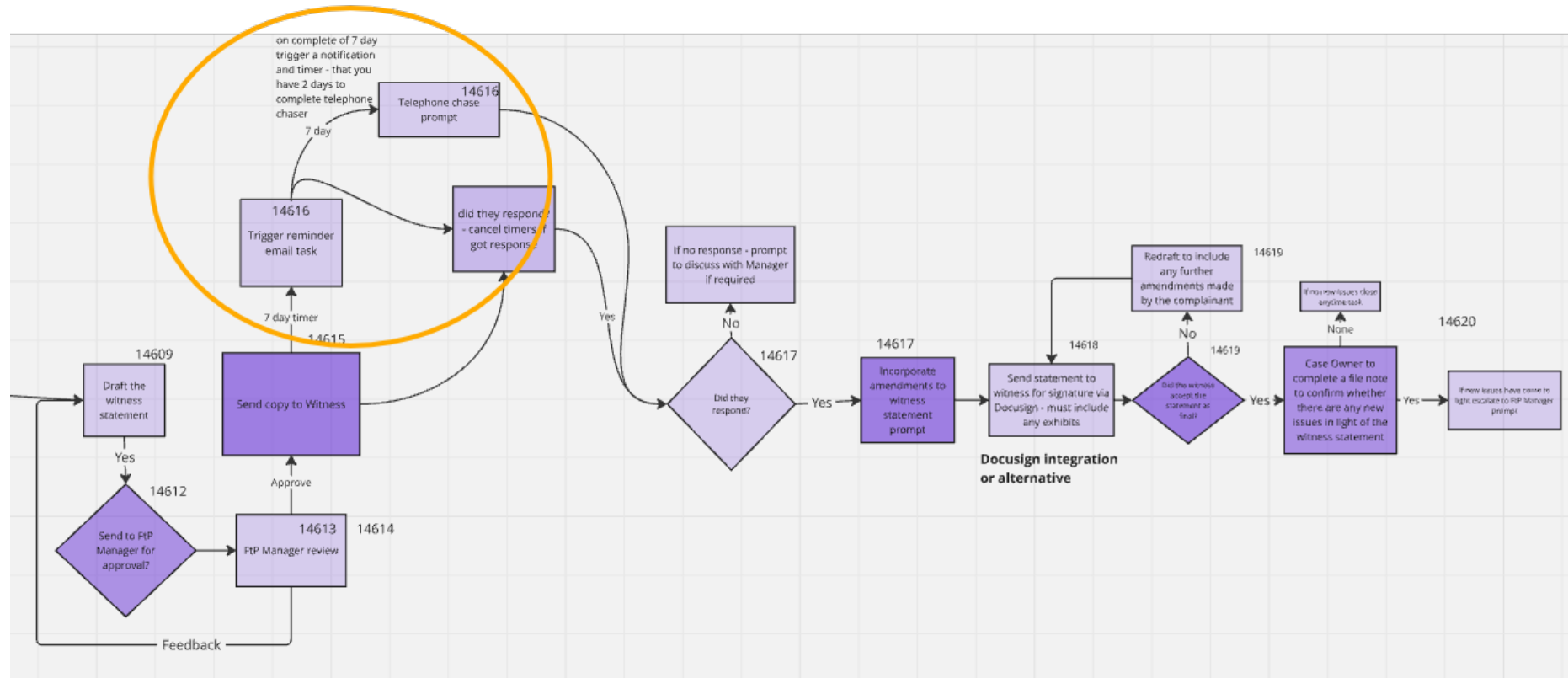


A picture of the complexity of our processes

Witness Statements

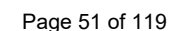
Reduced the timer from 7 days to 5 days for each chaser

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File Review Anytime task

Cut out repetition of templates





Start Doing – new ways of working

INTERNAL

- Use of CMS to prompt swifter action:-
 - 2-week flag – daily checks
 - Individual reports
 - Shortened time frames throughout investigation process
- Bi-weekly enquiries review meetings to swiftly resolve new queries into S20, S32, not applicable
- Reduce single point of failure by shadowing work of others in the team
- Use of data to drive recruitment and temporary support decisions

EXTERNAL (CUSTOMER POV)

- Emotional support service
- An independent support service for those going through an FTP process – for complainants and witnesses provided by Victim Support
- A new front door which is more streamlined and will evolve to inform people of the commitment of the process.
- Introduce mediation options for complainants

Stop Doing

INTERNAL

- Additional peer reviews of work in addition to line manager reviews
- File review notes – had 9 separate templates now have 3
- Lengthy all-team meetings where all cases were discussed
- An internal efficiency review which will stop duplication of internal reports (like risk) and automate some reporting.

EXTERNAL (CUSTOMER POV)

- Reduce attendance at IC hearings to free up time to complete case work
- Multiple external reports when some content can be used for different purposes.



Continue Doing

INTERNAL

- Excellent team working, covering for each other and supporting each other
- Training – ensure everyone has all the skills and capabilities they need to take decisions and there is an easy escalation routes to access legal support if needed.
- Closely monitor case numbers to ensure we have the right staffing model

EXTERNAL (CUSTOMER POV)

- Reviewing and accessing each and every possible complaint that is submitted.
- Supporting registrants through the investigation process

Future changes

Timeframe	Key actions
6 months	Explore the adoption of an early resolution model to address concerns before they escalate to a complaint. We want to work alongside the complainant to reach an appropriate resolution. By dealing with risks, concerns and complaints proportionately we believe we can continue to safeguard the public, minimise the harms to complainants and provide a more timely resolution for registrants.
4 months	Introduce an AI chat bot on website to guide people through the process. This will ensure complainants submit all necessary information at the time of submission and are fully informed of the process and what is involved.
9 months	Introduce AI automation of witness statements and telephone calls This will significantly improve our process flows and speed
On-going (part of JD of new Director of DtP)	<p>Continue to challenge and embed lighter touch processes and continual improvement, ensure the process flows within CMS are reviewed and updated regularly to capitalise on any opportunities to improve.</p> <p>Use the new data to drive decision making on staffing levels and also to direct training needs/challenge performance.</p>

Future changes

Timeframe	Key actions
Now	<p>Establish an aspirational target operating model for the FtP team so that all decisions and future changes within the team are driving towards this goal. This will ensure we realise the benefits of the CMS and new ways of working.</p> <p>Targets:</p> <ul style="list-style-type: none">• All enquiries/complaints are opened and actioned within 3 working days (currently 7 days)• The number of open enquiries reduces from c.30 to less than 10• The number of activities with a 2-week flag are closely monitored by the team leader• Reduce the median of IC complaints closed by 5 weeks within the next 12 months• Reduce PCC median time of referral of complaint to final PCC decision from by 6 weeks within the next 12 months <p>Health warning:</p> <p>All of these changes are subject to the having the right number of staff in place with the right skills and retaining them. Staff turnover and not addressing capacity needs will impact our ability to meet the targets.</p>

Any Questions?

Finance Update - Management Accounts to May 2025

Meeting Paper for the Council Meeting on 18 June 2025

Agenda Item: 05B

Purpose

This report updates financial performance to date, comparing actual figures with the budget, along with full-year forecast and budgeted figures. The aim is to support the Council and Executive to maintain effective oversight of the GCC's finances, scrutinise its income and costs, and ensure strong financial controls are maintained.

The Executive reviews the management accounts monthly and takes corrective actions to address significant deviations from financial targets. The Council reviews the report during its quarterly meetings.

Recommendations

The Council is asked to review and note this report.

Overview

1. This report consists of the income and expenditure account and balance sheet for the period ending May 2025. It shows the surplus of £98k for the period, after exceptional costs, compared to the budgeted surplus of £175k. The forecast for the year-end indicates a deficit of £107k, also after exceptional items.
2. The balance sheet as at 31 May 2025 reflects a strong reserves position of £3.705m.

Income and expenditure account

3. The income and expenditure account includes a breakdown of the income and costs for the period to date, along with commentary on material variances (**Annexes 1a & 1b**).
4. The table on the next page shows actual and budgeted year-to-date (YTD) amounts, together with full-year forecast and budgeted figures.

- Column A: Actual YTD figures
- Column B: YTD Budgeted figures
- Column C: YTD Variance (Actual vs Budget)
- Column D: Full-year Forecast (for Council review in June 2025)
- Column E: Full-year Budget (approved by Council in December 2024)

- The actual operating surplus (before exceptional costs) is **£169k**, which is £7k below the budgeted YTD surplus for the reporting period.
- The surplus variance is made up of the total net income variance (favourable) of £1k and a negative total expenditure variance (before exceptional items) of £8k.

	A	B	C	D	E
£'000s	YTD Actual	YTD Budget	YTD Variance	Full Year Forecast	Full Year Budget
	£	£	£	£	£
Income	1,402	1,401	✓ 1	3,430	3,287
Expenditure (before exceptional items)	-1,234	-1,225	✗ -8	3,427	-3,259
Surplus/(Deficit (before exceptional items))	169	175	✗ -7	3	28
Exceptional items (partners' backpay)	-70	0	✗ -70	-110	0
Headline Surplus /-Deficit (after exceptional items)	98	175	✗ -77	-107	28
<i>Underlying Surplus / -Deficit</i>	<i>103</i>	<i>180</i>		<i>-102</i>	<i>33</i>

- The exceptional costs of £70k relate to the GCC partners' backdated holiday and pension payments made in the period.
- The surplus/-deficit, after exceptional costs, for the period is £98k. Taking into account expected activity in the rest of this year, the forecast deficit (after exceptional costs) for the year is £107k.

Balance sheet and cashflow

- The balance sheet (**Annex 2**) reflects total net assets of £3.705m (December 2024: £3.621m). These assets comprise general, designated, restricted and revaluation reserves.
- The cash at bank as of 31 May 2025 stands at £1.476m (December 2024: £2.378m). This equates to a headline cash ratio of £0.61, meaning there is 61p in cash for every £1 of debt due for payment in the next 12 months (short-term liabilities). However, this does not indicate a solvency issue, as the adjusted cash ratio (after accounting for fees paid in advance) is £1.75 per £1 of liability.
- The value of investments has decreased by £26k (-0.5%), reduction from £4.802m on 31 December 2024 to £4.776m on 31 May 2025.

- 12.** The unrealised investment loss for the period is £14k (compared to the paper gains of £289k in December 2024).

Recommendations

The Council is asked to review and note this report.



Please feel free to contact me at j.omorodion@gcc-uk.org before the meeting if you have any questions.

Joe Omorodion

Director of Corporate Services

Annex 1a – Income and expenditure variance commentary

Variance analysis policy

1. The Audit and Risk Committee (ARC) established a **£10k variance analysis threshold** in January 2021. In November 2024, the Committee reaffirmed this threshold, and the format of the management accounts report as it remains effective for financial oversight without excessive detail.
2. We provide commentary on income or expenditure variances of £10k or more. Items below this threshold are considered immaterial for control and monitoring purposes.
3. In the Variance column of the report, this icon  shows that the variance amount is positive. That is, the actual income variance is more than the target level of income in the period and expenditure is under the expected level. This icon  is the reverse.
4. Applying the £10k variance analysis threshold, we provide the following comments on the income and expenditure variances in the period.

Commentary on YTD income variance of £10k or more

5. The detailed breakdown of the income variances is available in the “Report by Income & Cost Centre” section (**Annex 1b**).
6. For the period, actual income exceeded expectations by £1k. This falls below the variance threshold. Hence, no additional commentary is required.

Commentary on YTD expenditure variance of £10k or more

7. Details of the expenditure variance breakdown can be found in Annex 1b.

Total budget expenditure

8. Before exceptional costs, total budgeted expenditure for the period shows an overspend of £8k (a negative variance).

Significant overspend by cost centres

9. Within the total overspend, the following cost centres – outlined in the *Report by Income & Cost Centre* section – have exceeded their budget by £10k or more during the period.

- *CER's office cost centre – £37k overspend:*
This is due to the appointment of an Interim Director of Change to support the FTP team from February to June 2025. However, this is partly offset by a £12k underspend in FTP staff salaries during the same period.
 - *Exceptional cost – £70k*
This amount relates to backdated holiday pay; employer pension and national insurance contributions made to GCC partners during the period.
-

MONTH					YEAR-TO-DATE (YTD)					Full Year	Full Year
May					May 2025					FIXED	BUDGET
INCOME	Actual	Budget	Variance	Var %	Actual	Budget	Variance		Var %	FORECAST	2025
	£	£	£		£	£	£			£	£
Registrant fees	249,454	248,407	1,047	0	1,300,421	1,296,773	✓ 3,648		0%	3,139,300	3,060,665
Investments	10,000	10,000	0	0	50,000	50,000	✓ 0		0%	180,000	120,000
Test of Competence (ToC)	2,250	2,000	250	0	31,000	30,000	✓ 1,000		3%	78,250	70,000
Other Income	944	3,200	-2,256	-1	20,927	24,000	✗ -3,073		-13%	32,082	36,400
TOTAL INCOME	262,648	263,607	-959		1,402,348	1,400,773	✓ 1,575			3,429,632	3,287,065
EXPENDITURE											
Governance costs ¹	11,505	11,978	473	0	69,788	71,960	✓ 2,172		3%	157,315	158,182
Shared Central costs ²	103,635	83,704	-19,931	-0	484,878	444,281	✗ -40,597		-9%	1,123,702	1,036,378
Fitness to Practise (FtP) ³	100,325	106,930	6,605	0	467,667	489,636	✓ 21,969		4%	1,294,393	1,261,558
Development costs ⁴	33,678	35,951	2,273	0	211,268	219,455	✓ 8,187		4%	851,653	802,614
TOTAL EXPENDITURE (BEFORE EXCEPTIONAL ITEMS)	249,143	238,563	-10,580		1,233,601	1,225,332	✗ -8,269			3,427,063	3,258,732
HEADLINE SURPLUS / -DEFICIT (BEFORE EXCEPTIONAL ITEMS)	13,505	25,044	-11,539		✓ 168,747	✓ 175,441	✗ -6,694			✓ 2,569	28,333
EXCEPTIONAL COSTS (BACKPAY)	70,555	-	-70,555	-	70,555	-	-70,555			-109,920	-
HEADLINE SURPLUS / -DEFICIT (AFTER EXCEPTIONAL ITEMS)	-57,050	25,044	-82,094		98,192	175,441	-77,249			-107,351	28,333
GAINS/-LOSSES ON INVESTMENTS	-14,192				-14,192						
SURPLUS / -DEFICIT BEFORE TAXATION	-71,242				84,000	175,441				-107,351	28,333
UNDERLYING SURPLUS/-DEFICIT)	-52,050				103,192	180,441				-102,351	33,333
SURPLUS MARGIN					7%						1%

NOTES ON EXPENDITURE CATEGORIES

1. Council, ARC and RemCo

2. CER, Technology, HR, Finance and Property

3. Investigations, IC, PCC, ISH and Protection of Title

4. Policy, QA, Test of Competence (ToC), Communications and Education Committee

5. Fixed Forecast – as agreed by Council in June

6. Budget – as agreed by Council last December

7. Dynamic Budget / Forecast – tracks performance against the Budget or Forecast

General Chiropractic Council
May 2025 Management Accounts
Report by Income & Cost Centre

Annex 1b

MONTH							YEAR-TO-DATE (YTD)				FIXED	Full Year
INCOME / COST CENTRES							May 2025				FORECAST	BUDGET
May											2025	2025
	Dept		Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance		
			£	£	£		£	£	£	%	£	£
INCOME	72	Initial Regn Fees - Practising	4,500	2,528	1,972	78%	51,750	46,778	4,972	11%	163,500	161,528
	72	Initial Regn Fees - Non-practising	200	100	100	100%	300	500	-200	-40%	500	800
	72	Retention Fee- Practising	242,904	242,904	0	0%	1,214,521	1,214,520	1	0%	2,914,850	2,839,687
	72	Retention Fee- Non Practising	1,900	2,125	-225	-11%	9,900	10,625	-725	-7%	23,200	25,500
	72	Non- Practising to Practising	-800	0	-800	100%	4,800	5,600	-800	-14%	13,600	14,400
	72	Restorations	750	750	0	0%	19,150	18,750	400	2%	23,650	18,750
		Total Registrant Fees	249,454	248,407	1,047		1,300,421	1,296,773	3,648		3,139,300	3,060,665
	74	ToC Income	2,250	2,000	250	13%	31,000	30,000	1,000	3%	78,250	70,000
	33	Investments	10,000	10,000	0	0%	50,000	50,000	0	0%	180,000	120,000
	33	Other	944	3,200	-2,256	-70%	20,927	24,000	-3,073	-13%	32,082	36,400
		Total Investments & Other	13,194	15,200	-2,006	-13%	101,927	104,000	-2,073		290,332	226,400
		TOTAL INCOME	262,648	263,607	-959	-0	1,402,348	1,400,773	1,575	0%	3,429,632	3,287,065
GOVERNANCE	10	Council	11,155	11,978	823	7%	68,130	70,290	2,160	3%	153,927	152,032
	11	Audit & Risk Committee	350	0	-350	100%	1,308	1,320	12	1%	1,658	4,420
	12	Remuneration Committee	0	0	0	0%	350	350	0	0%	1,730	1,730
		Total Governance	11,505	11,978	473		69,788	71,960	2,172		157,315	158,182
CER OFFICE SHARED CENTRAL/OFFICE	30	CER's Office	36,556	17,276	-19,280	-112%	137,645	100,130	-37,515	-37%	248,387	209,815
	31	Technology	21,297	17,338	-3,959	-23%	112,241	106,740	-5,501	-5%	265,187	240,892
	32	Human Resources	4,248	4,097	-151	-4%	28,975	28,335	-640	-2%	90,895	77,770
	33	Corporate Services	29,441	33,994	4,553	13%	147,666	151,571	3,905	3%	368,376	375,905
	34	Property	12,093	10,999	-1,094	-10%	58,350	57,505	-845	-1%	150,857	131,996
		Total Shared Central Costs	103,635	83,704	-19,931		484,878	444,281	-40,596		1,123,702	1,036,378
FITNESS TO PRACTISE	50	FtP Team	30,400	35,381	4,981	14%	174,819	187,316	12,497	7%	427,470	435,481
	51	Investigating Committee	12,900	14,284	1,384	10%	68,517	69,420	903	1%	191,282	198,017
	52	Professional Conduct Committee	56,828	53,983	-2,845	-5%	207,793	210,630	2,837	1%	627,018	571,096
	53	Interim Suspension Hearing	0	1,982	1,982	-100%	11,560	13,910	2,350	17%	34,120	35,784
	54	Protection of Title	196	1,300	1,104	85%	4,978	8,360	3,382	40%	14,503	21,180
		Total FtP	100,325	106,930	6,605		467,667	489,636	21,969		1,294,393	1,261,558
DEVELOPMENT	70	Development Team	30,549	28,654	-1,895	-7%	136,478	134,222	-2,256	-2%	521,204	418,647
	72	Registration	811	1,433	622	43%	3,889	7,132	3,243	45%	54,945	59,000
	73	Quality Assurance	-2,975	0	2,975	100%	17,895	20,148	2,253	11%	84,270	94,247
	74	Test of Competence	3,585	3,300	-285	-9%	19,873	21,297	1,424	7%	66,836	66,987
	75	Policy and Development	1,499	1,454	-45	-3%	25,700	26,846	1,146	4%	113,674	150,948
	13	Education Committee	209	1,110	901	81%	7,433	9,810	2,377	24%	10,724	12,784
		Total Development	33,678	35,951	2,273		211,268	219,455	8,187		851,653	802,614
		TOTAL COSTS (BEFORE EXCEPTIONAL ITEMS)	249,143	238,563	-10,580		1,233,601	1,225,332	-8,268		3,427,063	3,258,732
		HEADLINE SURPLUS/- DEFICIT (BEFORE EXCEPTIONAL ITEMS)	13,505	25,044	-11,539	-46%	168,747	175,441	-6,694	-4%	3,427,063	28,333
		EXCEPTIONAL COSTS (BACKPAY)	70,555	-	-70,555		70,555	-	-70,555		-109,920	-
		SURPLUS/- DEFICIT (AFTER EXCEPTIONAL ITEMS)	-57,050	25,044	-82,094		98,192	175,441	-77,249		2,569	28,333
		GAINS/-LOSSES ON INVESTMENTS	-14,192				-14,192					
		SURPLUS/- DEFICIT BEFORE TAX	-71,242				84,000				2,569	28,333
		UNDERLYING SURPLUS/- DEFICIT)					89,000	180,441			7,569	33,333
		SURPLUS/- DEFICIT MARGIN					7%					1%

GCC Balance Sheet
As at 31 May 2025

Annex 2

	31 December 2024		31 May 2025		Movement	% Change
	£	£	£	£		
Fixed Assets						
Tangible Assets	111,881		103,296			
Investments	4,802,226		4,776,438			
		4,914,107		4,879,735	↓ -34,373	▼ -1%
Current Assets						
Debtors	57,913		75,909			
Bank	2,378,490		1,475,847			
Total Current Assets		2,436,403		1,551,756	↓ -884,647	▼ -36%
Current Liabilities						
HMRC and pensions	40,264		81,914			
Payments in advance	2,937,650		1,713,629			
Trade creditors	78,844		33,912			
Corporation tax payable	74,563		74,563			
Other creditors	425,164		652,167			
Total Current Liabilities		3,556,484		2,556,185	↓ -1,000,300	▼ -28%
Current Assets less Current Liabilities		-1,120,081		-1,004,428		
Total Assets less Current Liabilities:		3,794,026		3,875,306	↑ 81,280	▲ 2%
Long Term Liabilities		173,081		170,361	↓ -2,720	▼ -2%
Total Assets less Total Liabilities (Net Assets)		3,620,946		3,704,946		
Funds of The Council						
General Reserve	1,629,429		1,629,429			
Designated Reserve	1,347,322		1,347,322			
Restricted Reserve	22,573		22,573			
Revaluation Reserve	621,621		621,621			
Gains/(Losses) on Investments	0		-14,192			
Surplus/(Deficit) on Operating Activities	0		98,192			
Total Funds/Reserves		3,620,946		3,704,946	↑ 84,000	▲ 2%
			98,192			
		-		0.01		

**For noting**

Business Plan 2025 Update

Meeting paper for Council on 18 June 2025

Agenda Item: 05C

Purpose

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

This paper updates the Council on our performance against the 2025 Business Plan so that Council can scrutinise progress and that ensure strategic objectives are met while managing delivery risks and project budget constraints.

Recommendations

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

Background

1. Last year, Council met in June 2024 for their development day and began the initial discussions to develop the next corporate strategy. Members concluded that, given the ongoing large-scale activities and their positive impact, it would be acceptable to have a strategy 'gap' until spring 2025.
2. As such, the development of the 2025 Business Plan was envisaged to act as a strategic bridge – linking the achievements made over the last three years, to the future direction that will be outlined in the new strategy.

Business Plan Performance Summary

3. At the December 2025 meeting, Council initially agreed to the 2025 Business Plan, along with the three projects to be delivered this year. They were:
 - Developing the Corporate Strategy 2026 – 30
 - Implementing the Code of Professional Practice
 - Embedding the case management system (CMS) to Fitness to Practise (FtP) to provide resilience in the function

4. However, as reported in the March 2025 Business Plan update paper (CO250319-07), we would be considering the matters raised in the Coroner's report - [Regulation 28 report to prevent future deaths](#). As such, progress on this is included in this performance update report as an additional project and will continue to do so until the conclusion of this review.
5. This is the second performance report on the 2025 Business Plan to Council this year, covering the period to 31 May 2025.
6. There are five annexes to this report:
 - **Annex A** displays summary information on progress made in delivering the projects in the 2025 business plan.
 - Of the four projects (including the review of the coroner's requirements) in the 2025 business plan:
 - **Corporate Strategy 2026 – 30** has started and is progressing to plan. The draft strategy is for agreement later in the day.
 - **Implementing the Code of Professional Practice** is progressing as planned.
 - **Embedding the CMS to FtP** is almost complete with the focus now on ensuring that the benefit of adopting a CMS is realised.
 - **Regulation 28: Responding to the coroner's requirement** has started and is progressing to 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.
7. A summary of communications activity is at **Annex C**.
8. An update on the activities relating to equality, diversity and inclusion is at **Annex D**.

Mary Nguyen

Business and Projects Officer

Annex A: Business Plan 2025 Dashboard

This dashboard presents BP 2025 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.

No.	Project	Status and % Completion	RAG Rating GAW[1]	External Impact
1	Development of the GCC Corporate Strategy	In progress		High
	Key milestones: Q1, Q2, Q3 2025	50%		
2	Implement the new Code of Professional Practice	In progress		High
	Key milestones: Q1 and Q4 2025	35%		
3	Embedding the case management system for Fitness to Practise	In progress		Medium
	Key milestones: Q1, Q2 and Q4 2025	90%		
4	Regulation 28: Responding to the coroner's requirement	In progress		High
	Key milestones: Q1, Q2 and Q3 2025	40%		

Annex B – Business Plan 2025 Projects

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (May 2025)
1	Development of the GCC Corporate Strategy	<p>2025 Deliverables and Milestones</p> <ol style="list-style-type: none"> Outline and early Strategy, and consultation plan, presented to Council for approval Q4 2024 ✓ Public consultation on draft Strategy with key stakeholders including patients, public and registrants Q1 2025 Final version presented for approval. Q2 2025 Publish new Corporate Strategy Q3 2025 <p>Project Targets</p> <ol style="list-style-type: none"> Corporate Strategy is approved by Council Q2 2025 Corporate Strategy is published on the website Q3 2025 	<p>Status: In progress (a quarter behind)</p> <p>Project Update:</p> <p>The key internal GCC staff members were selected to support in developing the GCC Corporate Strategy.</p> <p>The proposed Corporate Strategy is included in Council's June 2025 private session as well as the draft consultation documents for approval.</p> <p>Against the initial deliverable timelines, the project is a quarter behind. However, Council was clear that it should be developed privileging clarity over speed.</p> <p>If approved by Council, the consultation will be launched in July for a duration of 8 weeks.</p> <p>The final version of the Corporate Strategy will then be presented to Council at the October 2025 meeting for approval.</p>
2	Implement the new Code of Professional Practice	<p>2025 Deliverables and Milestones</p> <ol style="list-style-type: none"> Design and publish the document Q1 2025 ✓ Implement across GCC Q4 2025 	<p>Status: In progress</p> <p>Project Update:</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (May 2025)
		<p>Project Targets</p> <ol style="list-style-type: none"> By the end of 2025, all GCC resources will be updated to reflect the new Code of Professional Practice including guidance, toolkits and Fitness to Practise processes 	<p>The new Code of Professional Practice was published on the GCC website and is available to all viewers.</p> <p>We have identified and mapped out resources (guidance, policies, toolkits etc) across registration, education and Fitness to Practise that will require updating and/or review by the end of the year.</p> <p>A high-level plan has been developed to manage the coordination of the implementation and allow us to prioritise.</p> <p>We have also begun conversations with the RCC and Professional Associations about how the GCC can support them to support their members with the implementation.</p> <p>The model document for updated guidance has been created and we anticipate it will meet both PDF accessibility requirements (WCAG 2.2) and the Open Regulation Document Standard (ORDS).</p> <p>The process of updating all the guidance is on target to be completed by the end of June. Five of the nine guidance documents are in the final stages of production for publication.</p> <p>We have identified that the maintaining sexual boundaries guidance (originally published in 2016)</p>

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (May 2025)
			<p>requires substantial updates to reflect the standards in the new Code.</p> <p>Work has been commissioned to review and update the TOC paperwork and guidance in light of the new Code.</p>
3	Embedding the case management system (CMS) for Fitness to Practise	2025 Deliverables and Milestones <ol style="list-style-type: none"> 1. Complete data take-on January 2025 ✓ 2. Go-live January 2025 ✓ 3. Custom reporting with wider data intelligence Q2 2025 ✓ 4. Update against the new Code of Professional Practice Q4 2025 	<p>Status: In progress</p> <p>Project Update:</p> <p>The CMS completed the data migration from 14 – 17 January 2025, uploading cases that were open as of 1 January 2025.</p> <p>The CMS went live on 29 January 2025, with some identified work processes being completed in the live environment. This was completed in May and is due for testing.</p> <p>A training session was provided to the Investigating Committee on 3 April 2025. Members raised feedback on areas which affect the fundamental aspects of the workflow. We met with the overall Chair of IC after to review and the workflow. The decisions that came out of the meeting has been relayed to Fortesium to rebuild. All areas of work that was agreed for development after go-live have been completed. Due to resource constraints by the FtP team to test these</p>
		Project Targets <p>In January 2025, a case management system is integrated into the Fitness to Practise process</p>	

No.	Project	Measures (KPIs, PSVs, milestones)	Progress Update (May 2025)
			<p>developments, they will be tested in June for sign-off.</p> <p>As of May 2025, all bugs and issues identified since going live has been resolved.</p> <p>The first version of data reporting at the concerns and investigation stage of cases have been deployed.</p>
4	<p>Regulation 28: Responding to the coroner's requirement</p>	<p>2025 Deliverables and Milestones</p> <ol style="list-style-type: none"> 1. Form an expert group Q1 2025 ✓ 2. First meeting to agree terms of reference and expected outputs; agree methodology; determine whether to commission further research or information gathering. April May 2025 ✓ 3. Commission further research if agreed Q2 2025 – N/A 4. Progress report to Council June 2025 ✓ 5. Second meeting to consider outcomes and outputs and agree recommendations to Council July 2025 6. Report to Council and approve next steps September 2025 	<p>Status: In progress</p> <p>Project Update:</p> <p>An expert group has been formed, comprising of a mix of leaders within the profession and outside to ensure that there is a broad perspective of the matter.</p> <p>Two members of Council are part of the expert group.</p> <p>The first meeting was held on 16 May 2025. The expert group considered the terms of reference and scope of the work. A further meeting with the expert group is expected over the summer and expected to bring recommendations to Council at the October 2025 meeting.</p>

Annex C – Communications Update

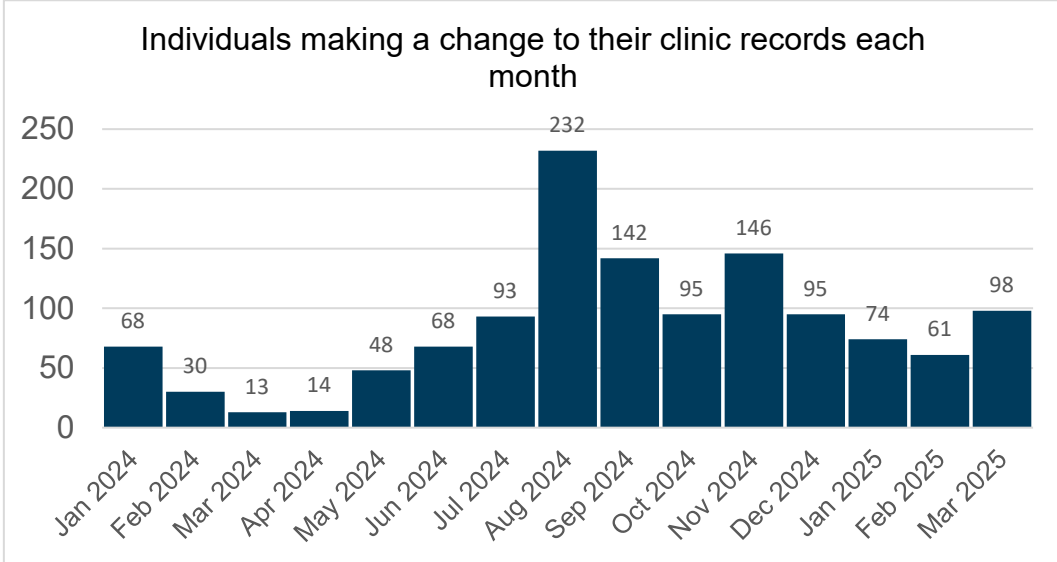
This is a summary of communications and campaigns activity between 1 March 2025 and 1 June 2025.

General Update

Since the last report, the GCC has recruited a new Communications and Engagement Officer, Shika Vowoter, who has joined from a previous role in the NHS.

Campaign Impact in March, April and May 2025

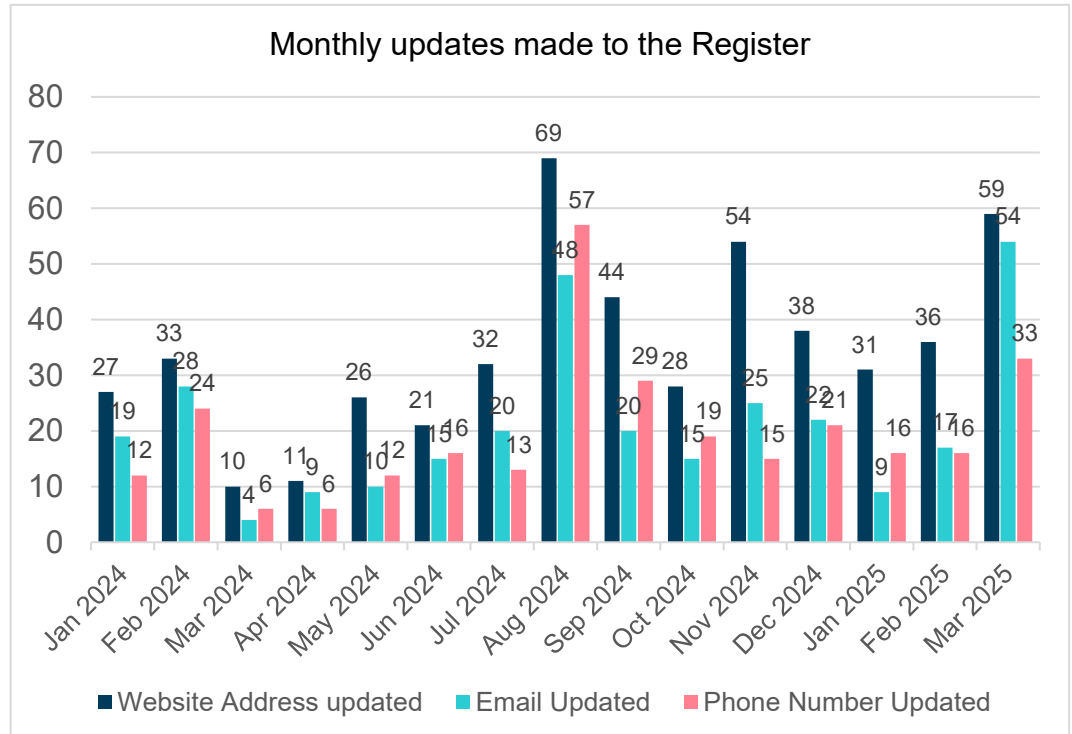
“Spring Clean your Register Record” mini campaign (March 2025 onwards)

Output	<p>In response to concerns that some contact data was inaccurate in the register, the March newsletter asked registrants to check and update their register record.</p> <p>This message was also shared on social media.</p>																																
Engagement	<p>We cannot directly measure how many registrants visited their register entry using the personalised link in the newsletter, but we can estimate (based on an uplift in the relevant website metric), that around 200 individual registrants checked their record in the 7 days after the newsletter was published.</p> <p>The “how to” video accompanying the newsletter article was only viewed 34 times – suggesting that registrants were aware of how to update their record, but needed to be prompted to check it.</p>																																
Target Action	<p>In total 98 registrants made a (self-service) change to their clinic listings in March 2025, compared to only 13 in March 2024.</p> <div><p>Individuals making a change to their clinic records each month</p><table><thead><tr><th>Month</th><th>Number of Changes</th></tr></thead><tbody><tr><td>Jan 2024</td><td>68</td></tr><tr><td>Feb 2024</td><td>30</td></tr><tr><td>Mar 2024</td><td>13</td></tr><tr><td>Apr 2024</td><td>14</td></tr><tr><td>May 2024</td><td>48</td></tr><tr><td>Jun 2024</td><td>68</td></tr><tr><td>Jul 2024</td><td>93</td></tr><tr><td>Aug 2024</td><td>232</td></tr><tr><td>Sep 2024</td><td>142</td></tr><tr><td>Oct 2024</td><td>95</td></tr><tr><td>Nov 2024</td><td>146</td></tr><tr><td>Dec 2024</td><td>95</td></tr><tr><td>Jan 2025</td><td>74</td></tr><tr><td>Feb 2025</td><td>61</td></tr><tr><td>Mar 2025</td><td>98</td></tr></tbody></table></div>	Month	Number of Changes	Jan 2024	68	Feb 2024	30	Mar 2024	13	Apr 2024	14	May 2024	48	Jun 2024	68	Jul 2024	93	Aug 2024	232	Sep 2024	142	Oct 2024	95	Nov 2024	146	Dec 2024	95	Jan 2025	74	Feb 2025	61	Mar 2025	98
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Dec 2024	95																																
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Mar 2025	98																																

Outcome

Annually, most changes to the register are made in August and November (coinciding with the registration, CPD and retention periods).

This campaign had a measurable impact on contact information (which is not mandatory for registrants to include in their entry):



By improving the contact data in the register, we have also seen an increase in its usefulness:

In the 11 months to February 2025, 7.8% of searches of the register were followed by a click to the website, email address or phone number of a registrant.

In the 3 months (March to May) since the campaign ran, 27.4% of searches of the register were followed by a click to the website, email address or phone number of a registrant.

Emotional Support Service for Registrants Involved in Fitness to Practise Cases – April 2025 onwards

The GCC has recently launched an emotional support service for registrants involved in Fitness to Practise cases. This complements the existing arrangements for patients. We have launched a communications campaign to promote both schemes.

Output	<p>Details of the service were shared with all the professional associations, as well as legal defence representatives (during a quarterly defence meeting) during April.</p> <p>The May newsletter included a link to a news story launching the service.</p> <p>The email templates in the new Case Management System have been updated to include details of the support available to both registrants and patients. This information will appear consistently in the email signature so that it is easily available at the point of contact.</p>
Engagement	<p>We are avoiding detailed measurement of the engagement with the campaign as this could undermine the integrity and anonymity of the service.</p> <p>We have collected one metric - the news item on the website has been read 55 times since the launch.</p>
Target Action	<p>While we do not yet have details from the independent service providers of how many people have contacted the service, two individuals have approached the GCC directly (one identified they were a patient, the other a chiropractor) looking for further details of how to access the services.</p> <p>This suggests that the message is reaching the people who may require the service.</p>
Outcome	

We plan to update the website pages relating to the FTP process, considering both registrants and patients, and this update will further highlight and outline the support available.

Chiropractic treatment as entertainment – the Tik Tok effect (April 2025)

The GCC sought the views of registrants as to whether videos of chiropractic adjustments were harmful to patient expectations of care.

Output	<p>The April newsletter included a link to a blog asking chiropractors for their views on “chiropractic entertainment” of the type seen on TikTok and Youtube, and whether this was harmful to patient expectations of care.</p> <p>This blog was also linked to on social media.</p>
Engagement	<p>The link in the newsletter was clicked on 410 times by 329 individuals, and the blog was viewed 470 times in the month.</p> <p>This is above traffic for a blog entry, and it was unusual that the link in the newsletter to the blog received more clicks than the link to an FTP news story about a chiropractor being suspended (173 clicks).</p>
Target Action	<p>In total we received 10 responses during April.</p> <p>We met with one recent graduate who had set up her own clinic and wanted to discuss the topic in more detail.</p> <p>Almost all responses were positive that we were considering this and all agreed it was a problem they experienced regularly (though not daily).</p> <p>The topic was also mentioned in response to the monthly Pulse survey.</p>
Outcome	<p>We will be writing a policy paper outlining the concerns and risks that were highlighted, and then (alongside partners) considering what role the GCC could play in reducing the impact of those risks.</p>

Annex D – Equality, Diversity and Inclusion (EDI) Update

Following the completion of the 2022-2024 15-point EDI action plan, and the publication of the last Annual EDI report, the GCC has been reflecting on how to build on the knowledge and learning accrued during the implementation of the Action Plan into the new Corporate Strategy to 2030.

A component for this was a request from the PSA (responded to on 10 April) for more information regarding the work we have done on EDI for an upcoming good practice report. The PSA requested further details on our work on EDI in Education, the Clinical Placement strategy, and Equality, Diversity and Inclusion as a focused reflection topic as part of CPD.

Attitudes within the profession to EDI.

As part of the evidence for the PSA, we further explored our understanding of the attitudes and understanding of EDI across the profession by comparing the findings of the 2023 registrant survey with the findings of the thematic report into the 2023/24 CPD focused reflection on EDI.

The 2023 survey identified there was a small, but vocal, minority who view a focus on EDI as being ideologically driven (around 12% of respondents). This group is not against inclusion per se; rather, their reservations seem to stem from a sense of frustration that equality is not considered intrinsic and universally practised within the chiropractic profession.

A much larger group (around 46% in the survey) comment on looking to “provide the same care for all”. This group is driven by positive intentions but highlighted an underlying gap in registrants understanding of the importance of tailored care in achieving truly equitable health outcomes, and how a uniform approach to care provision may inadvertently perpetuate health inequalities.

Our expectation was that the CPD focused reflection topic, and the accompanying year of activity by the GCC and professional associations to support registrants in completing the reflection, would act as a catalyst to develop a more nuanced understanding of the value of EDI and tailored care in achieving equitable health outcomes.

Unfortunately (while not directly comparable) the thematic analysis of CPD responses suggests that 46% of respondents (that is the same proportion of the survey responses) continue to hold the attitude of “treating everyone the same”. The timeframes and populations for the two pieces of work were similar, so it is understandable that the findings support each other in terms of measuring attitudes in the profession, but it is disappointing that the focus did not measurably “shift the needle”.

Reflection on the previous EDI action plan

One reflection on the previous EDI action plan is that it was drafted to be output (as opposed to outcome) focused. This was what was required at the time to build knowledge and tackle the most egregious impacts of our work.

The proposed GCC strategy to 2030 aspires to a proactive model of inclusion that takes the needs of individuals (particularly those with protected characteristics) as a starting point, and then proposes changes based on those insights; rather than (the current reactive model) of proposing changes and then considering how to mitigate the negative impacts of those changes.

Key to this change in approach will be a transition in the role of the GCC EDI working group. The group is currently made up of volunteers from the chiropractic profession who kindly share their wealth of experience and knowledge with us.

While the current model has served us well, our reflection on how we use the group includes:

- It is unethical for the working group members not to be paid for their time and experience.
- We have not made the best use of the group early enough in our policy development to influence the strategic direction we take with a piece of work.
- Equally, the biggest impact will come from meaningful, practical steps suggested by the group based on their own personal experiences.
- We do not have sole responsibility for championing EDI across the profession. We want to set an example in our own approach, but we also recognise other groups (for instance Professional Associations) are better placed to influence the development of the profession – and we need to engage with and support those groups.
- The group does not represent the first-hand experiences of patients and current chiropractic students. We have a plan to recruit “EDI champions” to support us with this, but recruitment to these roles has been delayed.
- The group itself will have also views on the direction and role of the group.

Next steps

During the Corporate Strategy consultation, we will share these reflections with the EDI working group with a view to obtaining their insights in the proposed strategy and how we can develop and make better use of the group.



For approval

Strategic Risk Register at June 2025

Meeting paper for Council on 18 June 2025

Agenda Item: 06

Purpose

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

This report presents the six principal risks in the strategic risk register (SRR) which the Council last reviewed and approved in December 2024. The register is presented to Council at its meetings twice a year in June and December.

Recommendations

That the Council approves the Strategic Risk Register as of June 2025 and acknowledges the annual risk statement (paragraph 7), as recommended by the Audit and Risk Committee in May 2025. The Chair of the Audit and Risk Committee will present the statement to members for approval under agenda item 8A.

Overview

1. The report is divided into three sections: an update on the SRR since the last meeting, the annual risk assessment statement and background information.
2. A summary of the six key risks in the SRR is presented in **Annex 1**, with the detailed register in **Annex 2**.
3. Of the six risks, five are rated as 'minor' (**green**) and one (organisational capacity) is rated as 'moderate' (**amber**).
4. Since the last meeting, the Audit and Risk Committee (ARC) and Risk Management Group (RMG) have continued to strengthen risk controls to mitigate potential failures and their impact on operations.

5. We currently assess the risk of failing to identify significant emerging risks as **minor** (green).

Update on the SRR since November 2024

- **Strategic risk number 3 (future of the profession):**
 - In March 2025, the Risk Management Group (RMG) reviewed the risk and decided to retain it in the register, though it was downgraded.
 - Later in March 2025, the Committee also examined the same issue, agreeing with the RMG to keep the risk while adjusting its status from moderate (amber) to minor (green).
 - In May 2025, the Government informed healthcare regulatory bodies of its commitment to reforming the regulation of healthcare professionals across the UK. It plans to complete the legislative reform work within the current Parliamentary term (by May 2029) with the focus of this work on the GMC, HCPC and NMC.
 - The RMG reassessed this risk on 14 May 2025 and agreed to maintain the risk rating at **minor**.
- **Financial Performance:**
 - Achieved the set financial performance targets for the period up to May-25.
 - The 2025 forecast income and expenditure accounts will be presented to Council on 18 June 2025.
 - An indicative financial outlook paper for 2025-30, serving as a preliminary financial strategy document for the 2026-30 period, will be presented to members later today.
- **Cybersecurity and pen-testing:**
 - Cyber Essentials (CE) and Cyber Essentials Plus (CE+) certifications remain valid until August and October 2025.
 - The GCC conducts penetration tests every two years and whenever new equipment is integrated into its IT infrastructure.
 - A penetration test (pen-test) was conducted on the new case management system (CMS) for the Fitness to Practise (FTP) team to identify vulnerabilities. The system successfully passed the test.
 - A pen-test of the GCC website was carried out on 2 May 2025, with no high-risk vulnerabilities identified.
 - The GCC Registrant portal system (ASI Europe) undergoes regular testing by the software vendors. The most recent test, conducted in November 2024, confirmed that all previously identified medium and low vulnerabilities have been resolved.

- **Organisational Capacity:**
 - Adequate resources have been allocated to address high staff turnover within the FTP team since Nov-24.
 - As a result, the risk rating for Strategic Risk 4 (Organisational Capacity) was downgraded from severe (red) to moderate (amber).

Annual risk assessment statement

6. The Council should receive annual assurances from the Audit and Risk Committee, confirming that the GCC risk management policy and practices are effectively managed and achieving their intended mitigation outcomes.
7. The Audit and Risk Committee reviewed its work on risk management during 2024 and Q1 2025 at its May 2025 meeting. Following lengthy discussion, the Committee agreed to confirm the following annual risk statement to Council at its June 2025 meeting:

“At its meeting on 21 May 2025, the Committee agreed to confirm to the June 2025 Council meeting that the ARC members reviewed the GCC’s risk management strategy and practices, internal controls and assurance map during the 2024 financial year and Q1 of 2025. 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.”

8. The above recommendation is contained in Item 8A which will be presented to Council by the Chair of the Audit and Risk Committee at this meeting.

Background

9. This part of the report covers the GCC’s risk agenda, risk appetite, Council and ARC responsibility and RMG’s responsibility and recommendations.

GCC’s risk agenda

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

GCC’s risk appetite

11. Risk appetite refers to the level of risk the Council is willing to accept in pursuit of its strategic objectives, including the potential impact and likelihood of risks occurring.

12. The Council noted the following risk appetite ratings for the six risks in the Strategic Risk Register (SRR) at its December 2024 meeting. The ARC last reviewed and noted the same at its May 2025 meeting.

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

13. As shown in the table, the Council and ARC have noted that three of the six strategic risks have “low” appetite rating, while the remaining three are rated “medium”.

Council and ARC responsibility

14. The Council is responsible for establishing policies and procedures to manage the risks faced by the GCC. It oversees the internal control framework and determines the principal risks the GCC is willing to take to achieve long-term sustainable success.
15. The ARC has delegated responsibility from Council to conduct regular risk assessments and review the GCC’s risk management systems, including information on ‘close calls’ and ‘near misses’.
16. These assessments help the Council determine whether the existing risk management systems are adequate to address known and emerging risks.
17. The ARC reports its risk assessment findings to Council every June, confirming whether Committee members are satisfied with the GCC’s risk management policies and practices.

Risk Management Group (RMG) responsibility

18. The RMG serves as the first and second lines of assurance in managing strategic and operational risks. The third, fourth, and fifth lines of assurance are the ARC, Council, and independent external parties, such as external auditors and the Professional Standards Authority (PSA).
19. The Group consists of the Executive and three co-opted risk champions drawn from front line staff since Jun-22.
20. The Group meets monthly to review the SRR and operational risk register (ORR), adopting a shared ownership approach to risk management.
21. These meetings also provide an opportunity to ask insightful questions about potential ‘black swan’ events – unexpected, high-impact, and difficult-to-predict risks – and identify necessary mitigation or response strategies.

Recommendations

22. The Council is asked to:

Approve the Strategic Risk Register as of June 2025 and acknowledge the annual risk statement (paragraph 7), as recommended by the Audit and Risk Committee in May 2025. The Chair of the Audit and Risk Committee will present this statement to members for approval under agenda item 8A.

Nick Jones

Chief Executive and Registrar

Annex 1 – Summary of the GCC SRR at June 2025

No	Risk event / category	Risk rating Nov-24	Risk rating Jun-25	Comment
1	Failure to protect the public GCC fails to meet core objective of public protection in FtP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	9	9	Unchanged since last meeting. The risk mitigation controls are up-to-date.
2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	9	9	Unchanged since last meeting. The risk mitigation controls are up-to-date.
3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	16	9	Reduced at the last ARC meeting from moderate to minor. Prior, Council approved (by correspondence) the downgrade of this risk from severe (red) to moderate (amber) in Aug-23.
4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	16	16	Unchanged since Nov-24 when it was reduced from severe to amber, following adequate mitigation response to the staffing issues in the FtP team at the time.
5	Cyber security The GCC is subject to a denial of service due to cyber-attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	9	9	Unchanged since last meeting. The risk mitigation controls are up-to-date.
6	Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	9	9	Unchanged since last meeting. The risk mitigation controls are up-to-date.

A	B	C	D	E	F	J	K	L	M	N	O	R	S	T	U
1	GCC - STRATEGIC RISK REGISTER (SRR) JUNE 2025														
2	ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Controls in Operation	Gaps in Controls	Mitigation Response	Response Completion Date	Residual Score			Council and/or Committee Assurance	Further Actions (i.e. progress to-date on the achievement of the agreed mitigation response targets/milestones [Column M])	Risk Appetite
3										Value: Last Period	Trend	Value: Last Period			
4										St-LstH		St-LstH			
5	SR1	Failure to protect the public GCC fails to meet core objective of public protection in FIP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	Mar-22	Reputational risk	D, DEV D, FTP	Regular reporting of performance through monthly executive and quarterly Council scrutiny. Formal contractual relationship with legal advisers – handling all PCC matters and general advice available on request. Close scrutiny of the performance by Education Committee on education programme and registration activities, including CPD. Committee draws on advice of appointed external experts and partners. The PSA review our performance and also scrutinise every PCC decision. They have yet to criticise any of our decisions and we receive positive performance reviews.	Partial business continuity arrangements in some key functions, notably data management and registration. Ensure staff are valued, trained and retained and that all teams have sufficient staff to deliver their work.	A new customer management system (CMS) was been implemented in 2025. It will enhance the controls and visibility the GCC has over the investigation process. This system will also be used by the IC and PCC members. Ensure staff are valued, trained and retained and that all teams have sufficient staff to deliver their work.	The CMS is scheduled to be fully rolled out and everyone trained in Q3.	9	=	9	COUNCIL / ARC	1) GCC's Performance Review for 2023/24 GCC met 17 out of 18 standards set by the PSA for regulators. Failed standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process. 2) New Education Standards effective from 1 March 2023. All programmes were aligned with the ES from September 2024. 3) Code Review - Final Code of Professional Practice and associated documents approved by Council in December 2024 and published. Will be implemented from 1 Jan 2026.	Low
6															
7															
8															
9															
10	SR2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	Mar-22	Financial / Liquidity	DCS	Produce a new 3-year financial strategy (FS) for 2023-25 and 2026-2030 for Council approval. Produce budget and forecast income statements for Council approval. Produce management accounts for the Executive, Audit and Risk Committee and Council, and take corrective actions as they arise. Reserves policy Financial emergency Protection of GCC funds invested/deposited with financial institutions - regular reviews.	Stress-test the key variables in the 3-year financial plan and alert Council to potential risks and mitigation strategies. Stress-test the key variables in the budget and forecast statements and alert Council to potential risks and mitigation strategies. Achieve the reserves policy of holding six months annual operating costs. In a financial emergency, Council to decide how much of the investment portfolio and general reserve is to be drawn down each year. A business case is to be made by the Executive. 1) Monitor the retail banking sector for any potential contagion effects resulting from recent bank failures, such as those involving SVB and Credit Suisse, in the USA and Switzerland. 2) Stay vigilant regarding news developments, and take prompt action if the GCC's banking partner confirms its exit from the UK market.	To ensure financial sustainability, achieve a minimum of 1.5% surplus margin each year. Prepare a 'balanced' budget for the next financial year effective 1 January, and have Council's sign-off by December of the prior year. 1) Circulate monthly management accounts report to Executive. 2) Circulate quarterly management accounts to ARC and Council for review and action. Achieve the reserves policy of holding six months annual operating costs. When required 1) Mar-2023 2) Jan-2025 3) Ongoing monitoring	2023-25 FS was approved by Council in Jun-22. The 2026-30 FS will be considered by Council in Sep-25. 1) Draft Budget: December Council meeting 2) Forecast Income Statement: June Council meeting 1) Budget Holders: Within 5 working days of the end of calendar month 2) ARC and Council: Within 5 working days of end of quarter February each year When required	9	=	9	COUNCIL / ARC	Financial Strategy 2023-25 & 2026-2030 The current 3-year financial strategy 2023-25, including the 7 recommendations, was approved by Council in Jun-22. A new financial strategy for 2026-30 will be presented to Council in Sep-25. Budget and Forecast Income Statements 2025 1) Council approved the 2025 Draft Budget in Dec-24. Budgeted surplus for the year is £28k (1% surplus margin). The target surplus margin in the Financial Strategy 2023-25 is £49k (1.5% surplus margin). 2) The Forecast 2025 income statement will be presented to Council for its consideration and approval in Jun-25. Designated and Free Reserves 1) Mar-24: Council confirmed its previous decision in principle to drawdown on the designated reserve when required. 2) Sep-24 and Dec-24: Council reviewed an options paper on the level and use of the designated and free reserves, and how to increase the level of returns on the GCC investment portfolio. Council agreed to: (a) Maintain the GCC's free reserve policy at a level which covers six months of its operations, should there be unexpected drop in its income. Achieved as of 31 Dec-24. (b) Review the potential use of the designated reserve regularly. Mar-25: Council considered options for maximising the returns on the investment portfolio. Banking Crisis & Banking Partner Exiting the UK Market The Executive closely monitors developments in the retail banking sector, and will take prompt action to safeguard the GCC's funds as necessary. The ARC and Council Chairs will be promptly updated on such developments.	Low
11															
12															
13															
14															
15															
16															
17	SR3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	Mar-22	Business risk	CER	Regular and sustained involvement in reform developments notably the S.60 Order and review of regulators, including meeting with Director General. Surveillance of the professional and regulatory landscape – monitoring of social media; regular meetings with stakeholders (as SR1) and CERs group. Routine reporting of developments to Council.	The Executive capacity is limited. As soon as we get additional requirements as a result of reform (i.e. s60 becomes real), we will need to act swiftly to provide the needed additional capacity. 1) Develop a communication and engagement plan with stakeholders (i.e. registrants, professional bodies and GCC staff). 2) Present a business case to Council to release some funds from reserves to meet capacity needs - when required.	If the regulatory reform proposals by the DHSC are judged to be fully implementable: 1) Develop a communication and engagement plan with stakeholders (i.e. registrants, professional bodies and GCC staff). 2) Present a business case to Council to release some funds from reserves to meet capacity needs - when required.		16	↓	9	COUNCIL	Aug-23: risk downgrade On the recommendation of the GCC Risk Management Group (RMG) in Jul-23, Council discussed and approved (by correspondence) the downgrade of this risk from red to amber in Aug-23. Mar-25: risk rating reduced from amber to Minor (green) following ARC and Risk Group discussions, which concluded a low likelihood (at present) of transferring GCC functions to a single super-regulator. Mar-25: ARC also agreed the risk is retained in the SRR but risk rating is reduced from moderate to minor. May-25: DHSC informed healthcare regulatory bodies of its plan to complete the legislative reform work (GMC, HCPC and NMC) within the current Parliamentary term (by May 2029) - with the rating unchanged.	Medium
18															
19															
20															
21															
22															



For noting and approval

Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 18 June 2025

Agenda Item: 07a

Purpose

This paper provides the Council with a report from the Chair of the Audit and Risk Committee on the Committee's work since the last Council meeting in March 2025.

Recommendations

Council is asked to **consider and approve**:

- I. The following annual risk assessment statement from the Audit and Risk Committee:

"At its meeting on 21 May 2025, the Committee agreed to confirm to the June 2025 Council meeting that the ARC members reviewed the GCC's risk management strategy and practices, internal controls and assurance map during the 2024 financial year and Q1 of 2025. 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."

- II. The amended Terms of Reference of the Audit and Risk Committee.
- III. The extension of Shelagh Kirkland's term, as an independent member of the Audit and Risk Committee, from 12 July 2025 to 11 July 2027.
- IV. **Note** the rest of the report.

Meeting of the ARC since March 2025

1. The ARC met once virtually on 21 May 2025, since the last Council meeting in March 2025.

CER Report

2. The CER reported progress on the coroner's report, highlighting a productive expert group meeting that addressed the importance of medical reports for treatment and the risks of cervical manipulation.
3. The Committee noted that the expert group will reconvene before summer's end, with the Executive developing guidance based on its findings and a final report to be submitted to Council.
4. The CER also reported on partner arrangements, noting that the Remuneration and HR Committee had agreed to settle backdated holiday and pension-related payments.
5. The Committee noted updates on the PSA's draft performance review for 2024-25.

The Committee noted the report.

Management Accounts for the Period to April 2025

6. The Committee received and noted the management accounts report for the period to April 2025. The report showed a headline surplus (before exceptional costs) of £155k, compared to the budgeted surplus for the period of £150k. This represents an over-achievement of the budgeted surplus target by £5k.
7. The Committee noted that the budget had been revised since the circulation of papers for the meeting, with the latest forecast indicating a headline operating £3k surplus. However, after factoring in the £110k backdated payment to the GCC partners, the year-end forecast deficit is expected to be £107k.
8. The Committee further noted that the balance sheet remained strong with net assets at £3.6m, including £1.7m in bank deposits. The value of GCC's investments declined by £169k between December 2024 and April 2025, reflecting ongoing market uncertainties.

The Committee noted the report.

Effectiveness of External Auditors' Process 2024

9. The Committee reviewed the effectiveness of the 2024 external audit process.
10. The Committee noted that the assessment was based on the Executive team's experience, as reflected in responses to the audit effectiveness questionnaire.

The Committee approved the assessment and confirmed the 2024 external audit process was effective.

Strategic Risk Register at April 2025

11. The Committee received the Strategic Risk Register, noting minimal changes since the last review. Key points highlighted included ongoing cybersecurity concerns, stable financial performance with upcoming reports to support the 2026 - 2030 Financial Strategy, and a de-escalation of the risk relating to the future of the profession to minor (green).
12. Of the six strategic risks, five are now rated as minor and one (organisational capacity) remains at amber.
13. Members discussed recent cybersecurity incidents elsewhere and proposed scenario-based testing and clearer communication protocols for the GCC.
14. The Committee also reviewed and agreed the following Annual Risk Statement, for confirmation to the Council in June 2025.

“At its meeting on 21 May 2025, the Committee agreed to confirm to the June 2025 Council meeting that the ARC members reviewed the GCC’s risk management strategy and practices, internal controls and assurance map during the 2024 financial year and Q1 of 2025. 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.”

The Committee approved the updated Strategic Risk Register and the Annual Risk Statement for submission to Council in June 2025.

Assurance Map Update as of May 2025

15. The Committee reviewed and noted that the desired assurance levels had been met and was content with the current state of the assurance mechanisms.
16. Members noted that having five lines of assurance on the assurance map was unusual and suggested that the fifth line, which covered external sources of assurance, should be more nuanced and highlighted that, in some areas such as

CPD, there may be limited or unclear external assurance and recommended reviewing how these were rated.

17. The Committee approved the updated assurance map.
18. The Committee also reviewed the criteria for the establishment of an internal audit function and confirmed its previous position agreed at the March 2025 development meeting that an internal audit function was not currently required, but may be considered in response to specific issues if they arose.

The Committee agreed the updated assurance map.

Managing the Risks Assigned to Fitness to Practise Team and Impact on ARC Work

19. The Committee received an update from the Interim Director of Change on the Fitness to Practise (FtP) team and the implementation of the Case Management System (CMS), noting improved system stability and early signs of increased efficiency.
20. The Committee discussed cultural shifts within the team, the potential use of AI, and the importance of staff retention.
21. The Committee noted that a benefits-realisation exercise on CMS would be included in future Council reports.
22. The Committee acknowledged the growing volume of complaints and the need to ensure capacity to manage future demand.

The Committee noted the report.

Independent Audit Report of Investigation Cases to Nov (draft) – 2024

23. The Interim Director of Change presented two reports from the independent audit of investigation cases – one final and one draft, with minor factual errors noted.
24. Members welcomed the assurance provided by the audits and identified consent as a recurring theme, stressing the importance of informed consent not being treated as low-risk.
25. The discussion reaffirmed that the GCC was committed to ongoing education and reinforcement of best practices in consent, recognising its central role in patient care and regulatory scrutiny

The Committee noted the report.

Managing the Risks Assigned to Corporate Services Team and Impact on ARC Work

26. The Director of Corporate Services presented a report on risks managed by the Corporate Services Team (CST), highlighting key areas: cybersecurity, workload and capacity, and partner contracts.
27. The Committee noted that cybersecurity remained a top concern, with risk management being a collective effort involving the risk management group and the Audit and Risk Committee.
28. The Committee recognised the CST's consistently strong performance and acknowledged the heavy workload carried by the small team. Concerned about potential burnout, the Committee recommended measures such as reviewing reporting frequency and staffing levels.
29. The CER confirmed that an organisational efficiency review was underway to support long-term resilience.
30. The Committee acknowledged the Director of Corporate Services' positive report on managing partner contract risks, confirming that the team had successfully mitigated potential legal, reputational, and financial threats.

The Committee noted the report.

Review of Partners' Service Contracts – Update

31. The Committee noted that the Remuneration and HR Committee met in April 2025 and agreed to settle backdated holiday and pension-related payments of £110k.
32. The Committee commended the Corporate Services team for the smooth transition of contracts from the old to the new, effective 01 April 2025.

The Committee noted the report.

Information Governance Update

33. The Committee **noted** the Information Governance Update.

Schedule of Policies Overseen by ARC

34. The Committee reviewed the schedule of policies overseen by ARC.
35. The Committee agreed that outstanding policies should be prioritised by importance or review date and circulated for email approval before the November 2025 meeting.

The Committee noted the report.

Updated Policies Overseen by ARC Since May 2024

36. The Committee noted the updated GCC Expense policy, which was updated by the Executive and approved by the Remuneration and HR Committee.

Review of ARC Terms of Reference

37. The Committee reviewed the updated ARC Terms of Reference (ToR) and agreed they accurately reflected previous discussions and approved the ToR for submission to Council in June 2025.

Recommendation: The Audit and Risk Committee recommends to Council for approval:

- **The amended Terms of Reference of the Audit and Risk Committee (Annex 1, paragraphs 9.2 and 9.3).**
- **The extension of Shelagh Kirkland's term, as independent member, from 12 July 2025 to 11 July 2027.**

ARC Workplan 2025

The Committee **noted** the ARC Workplan for 2025.

Fergus Devitt

Chair of the Audit and Risk Committee



ANNEX – CO250618-07a

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Audit & Risk Committee's Terms of Reference

Duties

The Audit & Risk Committee (ARC) is a non-statutory advisory committee of the General Chiropractic Council, working within the policy and priorities agreed by the Council. The Committee does have some delegated powers, and these are highlighted at point 8.

The Committee is required to carry out the following duties for Council.

1 External Audit

The Committee shall oversee the relationship with the external auditor including, but not limited to:

- 1.1 Considering and making recommendations to the Council in relation to the appointment, re-appointment and removal of the GCC's external auditors. The Committee shall oversee the selection process for new external auditors and, if an auditor resigns, the Committee shall investigate the issues leading to this.
- 1.2 Approval of the external auditor's remuneration, whether fees for audit or non-audit services, and ensuring that the level of fees is appropriate to enable an adequate audit to be conducted.
- 1.3 Approval and sign-off of the external auditor's engagement letter and the scope of the audit.
- 1.4 Assessing annually the external auditor's independence and objectivity taking into account relevant professional and regulatory requirements and the relationship with the auditor as a whole, including the provision of any non-audit services.
- 1.5 Satisfying itself that there are no relationships (such as family, employment, investment, financial or business) between the external auditor and the GCC.
- 1.6 Assessing annually the external auditor's qualifications, expertise and resources and the effectiveness of the audit process which shall include a report from the external auditor on their own internal quality procedures.
- 1.7 Undertaking an annual review of the effectiveness of external audit.

- 1.8 Monitoring the external auditor's compliance with relevant ethical and professional guidance on the rotation of audit partners and other related requirements.
- 1.9 Meeting at least once a year with the external auditor, including once at the planning stage before the audit and once after the audit at the reporting stage. The Committee shall meet the external auditor at least once a year, without management being present, to discuss their remit and any issues arising from the audit.
- 1.10 Reviewing and approving the annual audit plan and ensuring that it is consistent with the scope of the audit engagement.
- 1.11 Reviewing the findings of the audit with the external auditor. This shall include but not be limited to:
 - a discussion of any major issues which arose during the audit,
 - any accounting and audit judgments, and
 - levels of errors identified during the audit.
- 1.12 Reviewing any representation letter(s) requested by the external auditor before recommending this for signing by Council.
- 1.13 Review the management letter of the external auditor, any material queries raised by the auditor to management of the GCC in respect of the accounting records, financial accounts or systems of control and the response of management of the Company.
- 1.14 Ensure that the management provide a timely response to the issues raised in the management letter of the external auditor.
- 1.15 Recommend to Council the Annual Accounts and an action plan to deal with any issues raised in the management letter after considering GCC management representations, if applicable.

2. Internal Audit

The Committee shall:

- 2.1 Monitor and review the need for an internal audit function for the GCC while retaining the flexibility to engage external organisations to undertake benchmarking exercises as required.
- 2.2 Review promptly all reports to the Audit & Risk Committee on the GCC from any internal auditors.
- 2.3 Where an internal audit function exists, to ensure co-ordination between the internal and external auditors.
- 2.4 Review and monitor management's responsiveness to the findings and recommendations of any internal audit report.

3 Whistleblowing

- 3.1 The Committee shall review the arrangements for employees to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.
- 3.2 The Committee's Chair will be responsible as required for receiving and investigating all concerns raised under the whistleblowing procedure.

- 3.3 In investigating concerns raised, the Committee's Chair will follow the procedures as described in the GCC's published Whistleblowing Policy.

4 Internal Controls and Risk Management Systems

The Committee shall:

- 4.1 Oversee the principal risks faced by the GCC, the extent of the principal risks it is willing to take to achieve its strategic objectives, and how the risks are being mitigated.
- 4.2 Keep under review the effectiveness of internal controls for ensuring compliance with the regulatory environment within which the GCC operates.
- 4.3 Review and approve the statements to be included in the Annual Report concerning governance, internal controls and risk management.
- 4.4 Review the GCC's Strategic Risk Register, Assurance Map and report to Council any significant changes to the Risk Register.
- 4.5 Ensure that the findings from external and internal audits inform the development of the GCC's Strategic Plan.
- 4.6 Keep under review and advise Council about the effectiveness of the assurance systems in place within the organisation for the identification and management of risks.
- 4.7 The Committee will present the Strategic Risk Register to Council at least twice (i.e. June and December) a year.
- 4.8 At every meeting of Council, the Committee will report to Council every risk scoring over 15 on the risk register.
- 4.9 Oversee procurement of contracts in line with expenditure delegations to assure Council that contracts were awarded following relevant policies and due process.

5 Financial Reporting

The Committee shall:

- 5.1 Monitor the integrity of the financial statements of the GCC, reviewing significant financial reporting issues and judgments which they contain.
- 5.2 Review the appropriateness, consistency of and any changes to accounting policies.
- 5.3 Review the methods used to account for significant or unusual transactions where different approaches are possible.
- 5.4 Review whether the GCC has followed appropriate accounting standards and made appropriate estimates and judgments, taking into account the views of the external auditor.
- 5.5 Review the clarity of disclosure in the financial reports and the context in which statements are made.
- 5.6 Review all material information presented with the financial statements and the Annual report, if applicable.

6 Reporting Responsibilities

- 6.1 The Committee Chairman shall report formally to the Council on the Committee's proceedings after each meeting on all matters within its duties and responsibilities, including financial reporting.
- 6.2 The Committee shall make whatever recommendations to the Council it deems appropriate on any area within its remit where action or improvement is needed.
- 6.3 An annual report of the Committee's activities is to be presented to Council each March". The Committee is to produce and include a governance statement in the audited annual report and accounts.

7 Other Matters

- 7.1 Ensure that its members take individual responsibility for identifying training appropriate to their needs and raising these requirements with the Chair of Council.
- 7.2 Be provided with an induction programme for new Committee members.
- 7.3 Consider issues in relation to succession planning for members of the Committee.
- 7.4 Give due consideration to laws and regulations.
- 7.5 At least once every two years, review its own performance, constitution and terms of reference to ensure it is operating effectively and report the results of this review to the Council for approval.
- 7.6 Oversee any investigation of activities which are within the Committee's terms of reference.
- 7.7 Work and liaise as necessary with all other committees of Council ensuring interaction between committees and with the Council is reviewed regularly, taking account of the impact of risk management and internal controls being delegated to different committees.

8 Authority

- 8.1 The Committee has delegated authority for:
 - agreeing the planned activity of external audit.
 - proposals for tendering for External Audit services or for purchase of non-audit services from contractors who provide audit services.
 - reviewing the GCC's Strategic Risk Register, Assurance Map and reporting to Council any significant changes to the Risk Register.
 - the approval of the auditor's remuneration whether the fees are for audit or non-audit services.

9 Membership

- 9.1 The Chair and members of the Audit & Risk Committee including the independent member shall be appointed by the Chair of the GCC and such appointments will be reported by the Chair to Council.

- 9.2 Appointments to the Committee shall be for a period of ~~four~~three years from the date of appointment, or for the length of term remaining for any particular Council member appointed if less than ~~four~~three years.
- 9.3 Members are eligible for re-appointment and there is ~~a~~ no maximum term of ~~eight years~~ membership.
- 9.4 The Committee's membership shall be three members of Council including the Committee's chairman and one independent member who is a qualified accountant drawn from the Council or as a co-opted member.
- 9.5 The Chairman of the Council shall not be a member of the Committee.
- 9.6 The external auditors shall be invited to attend meetings of the Committee at least once a year. The Committee may request other staff or professional to attend the meeting, if required, to aid in discharging the duties of the Committee.

10 Audit & Risk Committee Quorum and Meetings

- 10.1 The Director of Corporate Services or their nominee shall act as the Secretary of the Committee.
- 10.2 The quorum necessary for the transaction of business shall be 3 members, one of whom must be the independent member.
- 10.3 If the Committee's Chair is unable to attend a meeting, the members present will select a Chair for that meeting.
- 10.4 In the absence of the external independent member, the Committee would co-opt an external member to cover any such absence.

11 Frequency of Meetings

- 11.1 The Committee shall meet at least three times a year at appropriate times in the reporting and audit cycle, and otherwise as required. Meetings will be planned in advance for each reporting year.

12 Notice of Meetings – exceptional and regular

- 12.1 Exceptional meetings of the Committee shall be convened by the Secretary of the Committee at the request of any of its members or at the request of external or internal auditors if they consider it necessary.
- 12.2 Unless otherwise agreed, notice of each regular meeting of the Committee confirming the venue, time and date together with an agenda of items to be discussed shall be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees as appropriate, at the same time.

13 Minutes of Meetings

- 13.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Committee, including recording the names of those present and in attendance.
- 13.2 The Secretary shall record any conflicts of interest divulged at the meeting.
- 13.3 Minutes of Committee meetings shall be circulated promptly to all members of the Committee and, once agreed, to all members of the Council.

14 Dissolution

- 14.1 Dissolution or changes to the terms of reference of the Audit & Risk Committee shall be at the discretion of the General Chiropractic Council.

Version Control					
Version No.	Key Changes	Agreed By/date	Issue Date	Approved by Council	Date of Next Review
1.00	Redrafted the TOR for the Audit Committee. Changes include changing the name of the Audit Committee (AC) to Audit and Risk Committee (ARC), and enhanced risk management responsibilities for the Committee.	The Audit and Risk Committee (ARC) agreed to recommend the TOR for the Committee to Council.	31/05/18	Jun-18	
2.00	Key changes made: insertion of a new Section 4.1 and change from every meeting to at least once a year in Section 4.7	Presented for a 3-year review by the ARC	09/11/21		
3.00	Updated sections: <ul style="list-style-type: none"> • 1.9, • 4.4, • 4.7, • 4.9, • 6.3, • 7.5, • 7.7, • 8.1, • 9.4 and • 9.6 	Reviewed and agreed by the ARC	23/05/23	May 2024	
4.00	Annual review of the ARC TOR – changes to sections 2.2.1 and 9.4	November 2024	07/11/24	Nov-25	
5.00	ARC TOR – changes to sections 9.2 and 9.3	May 2025	21/05/25	Jun-25	Nov-26



For noting and approval
(as applicable)

Report from the Chair of the Education Committee

Meeting paper for Council on 18 June 2025

Agenda Item: 07b

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Education Committee, following its meeting on 1 April 2025. Council is also asked to consider the recommendations from the Committee regarding the recognition of satellite programmes from the Health Sciences University (HSU).

Issues arising from Education providers and programmes

1. The Committee noted that approval from Privy Council for the new programme at Coventry University had been received in January and there would be a review of the 'Policy and Procedure for Handling Complaints about Approved Chiropractic Programmes' this year to align with the new Education Standards and ensure it remained comprehensive and up to date.

Annual Monitoring

2. The Committee discussed the outcome of the 2023-24 education provider annual monitoring activity and agreed the feedback to be given to each provider.
3. The two Committee members who met with each provider and students reported the key topics arising from the monitoring meetings.

The key themes identified were:

- the challenge of recruiting students and targeted marketing and engagement strategies to attract prospective students. Contributing factors included the impact of EU exit, increased living expenses and competition from new providers or programmes.
- the challenges of recruitment and retention of staff, given the limited pool of chiropractors with education experience nationwide.
- the financial pressure faced by the higher education sector and the expense of maintaining high-quality facilities such as chiropractic clinics.

- Technological advancements, particularly in digital education and artificial intelligence presenting both opportunities and challenges for chiropractic education. The thematic review for 2024-25 will focus on these challenges.
4. For the third year running feedback from students was overwhelmingly positive with students sharing examples of good practice with Committee members and identifying aspects of their programme they particularly enjoyed and engagement with, including placement opportunities, clinic experiences and summer schools.
 5. The annual monitoring review would be published in June 2025.

Continuing Professional Development

6. The Committee was updated on the outcome and recommendations of the audit of CPD submissions by registrants carried out by the Royal College of Chiropractors, on behalf of the GCC.
7. The Committee also noted the thematic EDI report.
8. The Committee discussed and agreed that the focus for all registrants for the forthcoming year would be Principle B of the new Code of Professional Practice on the wider culture of safety and good clinical and practice governance.

Test of Competence update

9. The Committee received the annual Test of Competence report and the annual report from the External Examiner and noted that there had been a similar number of candidates to the previous year.
10. Sally Gosling, External Examiner, gave her annual report and overview of the annual review meeting held in September 2024.

HSU London satellite programme recognition

11. The Committee discussed the education visitor panel report and recommendations with the Approval Panel Chair and agreed to recommend to Council that the satellite MChiro programme at HSU London be approved with one condition. Background information, the approval report and a recommendation to Council is annexed to this paper.

Scotland College of Chiropractic Stage 3 submission

12. The Committee discussed the Stage 3 analysis report and agreed the panel's recommendation that the programme application could not be progressed to Stage 4.

13. The Committee endorsed the recommendation to request a further stage 3 resubmission, with clearly framed feedback highlighting the overarching issues to be addressed.

South Essex Colleges Group Stage 3 submission

14. The Committee discussed the Stage 3 analysis report and agreed the panel's recommendation that the programme application be progressed to Stage 4. A visit would be arranged for the Education Visitors to address the areas of focus outlined in the report.

Committee membership

15. Following the decision of one lay Committee member to decline reappointment in January, the panel revisited candidates from the late 2024 lay recruitment round. Rachel Picton, who was interviewed during that round, has now been appointed
16. One registrant member, Phil Dewhurst, has completed two terms on the Committee. A recruitment round resulted in six applications, of which three were shortlisted for interview. The interview panel was Catherine Kelly (Chair of the Education Committee); Keith Walker, (Council member of Education Committee) and Paul Grant (independent member). Interviews were conducted remotely via MS Teams. Amanda Jones-Harris was appointed.
17. Council is asked to agree to the appointment of two new members of Education Committee. Their biographies are appended to this paper.
18. The next meeting of Committee is on 10 July 2025.

Catherine Kelly

Chair of the Education Committee

Education Committee Biographies

Rachel Picton

Rachel trained as a diagnostic radiographer at Addenbrooke's Hospital in Cambridge, qualifying in 1989. She enjoyed a clinical career both in this country in NHS and private hospitals and in setting up a radiology department in Northern Cameroon, West Africa for 3 years, training local nursing students with a contextualised curriculum that Rachel wrote in both French and the local tribal language, Fulfulde.

From 2000-2003, she was the Superintendent of the Oxfordshire Breast Screening Programme before moving to London in strategic workforce development roles and setting up her own health consultancy company.

Since 2017 she has worked in Higher Education in Deputy Dean and Dean roles, firstly at London South Bank University in the School of Allied and Community Health, overseeing the development of their Integrated Masters in Chiropractic course and opening their public facing clinic at the Croydon Campus. In September 2024, Rachel moved to BPP University as the Dean of Healthcare and Nursing, providing a national provision of nursing and healthcare leadership courses. Rachel completed her Professional Doctorate in 2023, looking at the role social media plays in the professional learning journey of undergraduate healthcare students in Generation Z. She was conferred the title of Professor of Academic Leadership in January 2025

Amanda Jones-Harris

Amanda is an Associate Professor at Health Sciences University (HSU) (formally AECC University College) and has been teaching at HE level for 23 years. She qualified as a chiropractor in 1993 from AECC and spent 10 years in private practice whilst also completing a post graduate MSc (Clinical Chiropractic) before returning to her alma mater to teach full-time in 2003.

Amanda completed a Professional Doctorate in 2008 with her research dissertation being on the Primary Healthcare Role of Chiropractors in the UK. Amanda has 10 years of experience as a Course Leader for chiropractic courses and is now the Education and Quality Assurance Lead for HSU AECC School of Chiropractic. These roles have been completed in parallel with continuing to teach chiropractic students, which she still loves to do.

She is also an experienced External Examiner for other HE Healthcare degrees and is looking forward to bringing all of her experience to her role in the GCC Education Committee.

Agenda item 07b - Annex

Health Sciences University (HSU) - Satellite Programme Approval

Purpose

The purpose of this paper is for Council to:

- receive the report of the Approval Panel following its analysis and virtual meeting with HSU and;
- agree the recommendation from the Education Committee that the proposed chiropractic degree programme at HSU London be recognised with one condition as set out in the Approval Panel's report.

Background

1. After discussions with the GCC during early 2025, HSU submitted documentation in February 2025 for consideration through the GCC satellite recognition process. [Recognition of satellite programmes.pdf \(gcc-uk.org\)](#) This included the Stage 2 Outline Business Case template and the Stage 3 mapping document, focusing primarily on Section 2 of the Education Standards.
2. The proposed London campus programme aims to expand chiropractic training access by offering a full-time MChiro programme starting in September 2025.
3. The GCC appointed an Approval Panel consisting of a lay Chair (Rabia Ahmed) and a registrant member (Mark Webster), who supported HSU with the implementation of the new Education Standards and carried out the previous satellite programme recognition.
4. Following a desk top analysis, a virtual meeting with senior leaders and programme staff took place on 17 March 2025 with areas to be covered agreed in advance.

Approval meeting

5. The Approval Panel with the GCC Director of Development and Education & Standards Officer met with the Senior Management Team (SMT), Programme Delivery Team and Clinic Team. The Approval Panel considered evidence in support of the programme and how the provider proposed meeting the Education Standards.
6. The Panel did not meet with library or support staff, as meetings were held in October 2024. Students were also consulted then and at the annual monitoring meeting with HSU held recently.

7. The Panel was assured that the campus facilities, seen at that time—including teaching and clinical spaces, student support resources, and administrative offices met expectations and that the provider demonstrated sufficient evidence that Education Standards were met with one condition.

Education Committee considerations

8. The Approval Panel Chair summarised the findings from the desk top analysis and meeting in March 2025. The Panel Chair informed the Committee that the Panel was assured that the provider had demonstrated sufficient evidence that all the Education Standards were met, and the Panel recommended that the proposed chiropractic programme be recognised with one condition.
9. The Committee considered the report and information provided by the Panel Chair and agreed the Approval Panel recommendations that that the proposed satellite chiropractic degree programme at HSU London be recognised with one condition as set out in the Approval Panel's report.
10. Privy Council approval is not required for this proposed satellite chiropractic degree programme.

Action

The Council is asked to:

- consider the approval report and **agree** the recommendation made by the Education Committee that the satellite chiropractic degree programme at HSU London be recognised, subject to the condition set out in the Approval Panel's report.

Education Visitors' Report

Recognition of a Satellite Programme

This form is to be completed by the panel secretary following an approval visit to an institution.

Name of institution	Health Sciences University (HSU) - London
Programme name	MChiro
Start date of programme	September 2025
Date of meeting	17 March 2025

Panel Chair	Rabia Ahmed
Panel Members	Mark Webster
Observers	Penny Bance
Panel Secretary	Elizabeth Austin

Introduction

After discussions with the GCC during early 2025, HSU submitted documentation in February 2025 for consideration through the GCC satellite recognition process.

[Recognition of satellite programmes.pdf \(gcc-uk.org\)](https://gcc-uk.org/recognition-of-satellite-programmes.pdf)

HSU completed the Stage 2 Outline Business Case template and the Stage 3 mapping document, focusing primarily on Section 2 of the Education Standards. The Approval Panel consisted of Rabia Ahmed and Mark Webster, who supported HSU with the implementation of the new Education Standards and carried out the previous satellite programme recognition.

Following a desk top analysis, a meeting was arranged for 17 March 2025 to meet with Senior leaders and programme staff.

Staff members, groups, facilities and resources seen

	Yes	No	N/A
Representative(s) from validating institution			✓
Senior management responsible for programme resources.	✓		
Programme Leader	✓		
Faculty staff	✓		
Students			✓
Patients			✓
Clinic facilities			✓
Learning Resources (e.g. IT, library facilities)			✓

How areas of concern were addressed

During the pre-meeting on 14 March, the Panel highlighted areas of interest that had been identified in the submission analysis that would be explored in further detail at the meetings with senior staff and programme team.

Panel meeting with Senior Management Team (SMT) and Clinic Team

The Panel met with six members of the SMT and clinic team.

The Panel asked the SMT to provide an overview of the recent changes in the senior management structure at HSU. The acting Head of School (HoS) explained that the Deputy Vice Chancellor responsible for academic provision, who was also the previous acting HoS for the AECC School of Chiropractic, left before Christmas. This role has not yet been permanently replaced. The University plans to advertise a permanent replacement for the HoS in the coming weeks, aiming to have long-term leadership in place by summer.

Despite these changes, there are no expected structural alterations to the chiropractic academic units. The school will continue to operate across both Bournemouth and London campuses, with leadership working collaboratively to ensure smooth operations.

Regarding staffing and leadership requirements across the campuses, the HoS explained that senior leadership members will need to travel between Bournemouth and London. This requirement for travel among senior staff is recognised as a potential challenge, but measures are being taken to manage working hours and timetables effectively. Digital platforms like Microsoft Teams will be used to facilitate remote meetings and teaching.

In the first year of the London provision, some Bournemouth-based staff will travel to London to deliver specialist teaching, ensuring consistency. However, the long-term plan is to establish a dedicated team in London. Recruitment for London-based staff, including a course leader, is expected to begin around Easter, ensuring that staff members are in place for the start of the academic year. The university aims to build a mix of permanent staff and associate lecturers to support the course as it grows.

While the curriculum will remain the same between Bournemouth and London, the delivery method may be adapted to suit the location. The clinic provision in London will also differ slightly, integrating a different mix of healthcare professionals compared to Bournemouth.

The Panel asked Senior managers to explain the strategic vision for the programme. The HoS explained that London is seen as a strategic opportunity for the university, particularly in the field of Allied Health and Musculoskeletal (MSK) services. The university is engaging with NHS Trusts and private healthcare providers to assess workforce needs and explore potential partnerships. There is also a growing focus on developing apprenticeship programmes and enhancing clinical services within the London campus.

From a market research perspective, a gap was identified in central London following the relocation of LSBU's chiropractic program to Croydon. The absence of a chiropractic course in central London presents an opportunity to attract students from

the local area as well as international applicants. London's accessibility and global reputation make it a desirable location for students, particularly from overseas, who may prefer studying in a major city over traveling further to Bournemouth.

The university anticipates that establishing the MChiro course in London will strengthen its reputation and attract a diverse student body, ensuring the long-term success of the programme.

The Panel were provided with an overview of the Allied Healthcare courses and provisions being introduced to the London campus. Alongside osteopathy, courses include radiography and diagnostic imaging, with medical ultrasound already set up. There are also plans for advanced clinical practice, psychological services and potentially physiotherapy. The decision-making process is influenced by discussions with stakeholders like Great Ormond Street Hospital, which has shown interest in pediatric diagnostic imaging, and Guy's and St Thomas' Hospital. There is also interest in CPD short courses and postgraduate certificates, with an overall focus on supporting the workforce challenges in London.

Regarding student numbers, the Panel noted that the projected minimum for a viable student experience is 10. The first few years are expected to run at a loss due to necessary staffing and resource investments. While the HoS acknowledged that the university executive team may not want a cap on student numbers, launching a new course with large numbers poses challenges. A gradual increase over the first few years is preferable to ensure flexibility and quality. Additionally, setting up and running a new clinic in London will require careful management. The expectation is not to start with very high numbers, as that would put excessive strain on resources and staff.

Regarding recruitment impacts on Bournemouth, the HoS stated that some applicants have applied to both Bournemouth and London, but the university hopes to grow overall applicant numbers rather than simply shift them between campuses. The AECC brand is expected to help in the London market, and international recruitment is also being considered. The first two years of data will be critical in assessing whether London enrolment affects Bournemouth numbers.

Addressing capital expenditure, the HoS confirmed that London is receiving significant investment. Simulation facilities will be replicated in London, although some resources, like the prosecution lab in Bournemouth, will not be duplicated. However, London will feature a virtual reality suite for anatomy teaching. Additional investments will be made in chiropractic clinics and student learning resources as student numbers increase.

Specialist equipment will be shared with osteopathy students where appropriate, particularly for anatomy-related provision, but chiropractic-specific resources will be maintained separately. It was emphasised that chiropractic remains the university's flagship provision and the largest income generator, making it essential to maintain quality standards.

The team confirmed that with growing student numbers, student services and non-teaching staff provisions will be expanded. There has already been investment in areas like library services, student welfare, and support services, ensuring that London students receive the same level of support as those in Bournemouth. Additional

investment in student finance, learning technology, and other services will continue as the campus develops.

Regarding delivery of the programme, it was confirmed that the course structure would be condensed. It was acknowledged that there has been a trend towards fewer but more intensive teaching days in response to student preferences, particularly those who commute longer distances and would prefer to have fewer days on-site.

The team explained that the current planning aims to replicate the existing course delivery as closely as possible, condensing the timetable from five days to approximately three. Most of the teaching will remain in-person, although some online elements, such as sessions delivered via Microsoft Teams, will continue as appropriate. The emphasis remains on ensuring that students gain the most value from their time on campus.

The team estimated that there would be approximately 12 contact hours per week and the total contact hours would remain the same across both the Bournemouth and London sites.

Regarding attendance, the team confirmed that an 80% attendance rate is recommended—based on research linking higher attendance to better academic outcomes. The university prefers a supportive approach, monitoring attendance to identify students who may require additional support. The only exceptions are for visa compliance and cases where students' engagement with the course is reviewed due to poor performance.

Regarding the clinical provision for chiropractic students, the Panel enquired about the scaling-up of clinical facilities to accommodate increasing student numbers. The clinic lead assured the Panel that there is sufficient space within the clinic to support growth. Planning is ongoing to ensure that chiropractic students will receive a high-quality clinical experience, including integrating multidisciplinary team (MDT) activities and interprofessional learning. When the Mchiro students enter clinic, pre reg students would have already started to build up patient footfall to make transition easier with larger numbers

Regarding preclinical observation opportunities, the team explained that this will be a two-week compulsory external placement, similar to the one used for pre-registration students. Observations are strictly non-participatory due to insurance reasons, and students are encouraged to observe multidisciplinary practices. Quality assurance is maintained by ensuring that all supervisors are registered healthcare professionals and by verifying placements in advance.

The Panel asked about the similarities and differences between the clinical provision for chiropractic and osteopathy students. The clinic lead confirmed that while the two professions share many similarities, there are also distinct differences in their approaches. The team are currently reviewing existing policies and clinic processes in London and Bournemouth to develop an equitable experience for students.

Meeting with the Course Delivery Team

The Panel met with six members of the course delivery team.

The Panel asked the team to expand on the similarities and differences between the MChiro provision in London and Bournemouth. The team provided examples focusing on teaching delivery, timetabling, staffing, simulation technology, and student experience. The London programme is designed to closely mirror the Bournemouth course in terms of content, contact hours, and practical teaching. However, due to the logistical considerations of students travelling within London, the timetable will be structured over fewer days per week, allowing for more concentrated teaching blocks. This approach aims to enhance student engagement and flexibility, particularly for those with external commitments such as work or caring responsibilities.

The team shared that the number of faculty members based in London will initially be lower than in Bournemouth, given that the chiropractic faculty at Bournemouth is already well established. However, existing staff will travel to London to deliver teaching, and new staff will be recruited to provide on-site support. The intention is to maintain a high level of student-staff interaction, ensuring that London-based students receive similar access to academic support as their Bournemouth counterparts. While the total number of contact hours will remain consistent across both locations, the structure of delivery will be adapted to suit the needs of the London student cohort.

The Panel was keen to learn about the provision of simulation-based learning. The team stated that while simulation is an important aspect of the programme, the use of high-tech mannequins is not as central as in some other healthcare disciplines. Plans are in place to establish equivalent simulation resources at the London campus, and a dedicated team is assessing space and resource allocation. If necessary, students will be transported to Bournemouth for simulation training until the London facilities are fully operational. The university has already trialled this approach successfully with osteopathy students, who travelled to Bournemouth for practical training days.

The Panel was also informed that the Bournemouth campus has a pro-section facility and an Anatomage table, whilst the London campus has a VR anatomy suite and the option for pro-section at Kings College (Guys Campus). Both sites are therefore able to offer anatomy learning with an equivalent learning experience.

Regarding radiography simulation, there are no current plans to establish a full radiography suite at the London campus. Instead, students requiring this training will travel to Bournemouth for intensive practical sessions. To facilitate this, the university will organise transport and structure the sessions to minimise disruption to the student experience.

Regarding the module specifications supplied in the documentation, it was noted by the Panel that nine new module specifications were included, and the question was raised as to whether any minor amendments had been made since their last submission. The team responded that amendments were primarily related to assessment types and the sequencing of learning content. Specifically, changes were made to ensure students were exposed to orthopaedics and neurology at both Level 5 and Level 6, rather than covering these topics in a single block. Additionally, internal course monitoring highlighted an excessive number of pass/fail assessments in the lower levels of study. To address this, a continuous assessment format was introduced for practical units at Levels 4 and 5, allowing students multiple opportunities to demonstrate and progress.

their skills without a single fail point significantly impacting their progression. The Panel noted that a full curriculum review and revalidation are scheduled for September 2026, meaning the September 2025 London intake will be the last cohort under the current programme.

Regarding clinical learning experiences, the Panel queried if multi-disciplinary team (MDT) meetings and grand rounds would be conducted online. It was clarified that most MDT meetings and grand rounds are already delivered via an online platform for Bournemouth students unless they are presenting their own case in person. The same model is expected to apply to London students. The university also plans to expand NHS services at the London campus to increase clinical learning opportunities, though this will take time to reach the same level as Bournemouth. For the time being, London students will continue to participate in Bournemouth's clinical settings to ensure they gain sufficient breadth and depth of experience.

The team highlighted the importance of maintaining a sense of community and parity between the London and Bournemouth cohorts. Given that the two programmes are intended to be identical aside from location, efforts are being made to ensure neither group feels they are on a "better" or "worse" version of the course. Plans are already in place for joint events involving both campuses, and faculty members will teach across both sites to reinforce a sense of cohesion. Additionally, online MDT meetings and shared virtual learning platforms will contribute to fostering a unified learning experience.

To further integrate students across campuses, the university is exploring the possibility of six-week student exchanges between London and Bournemouth. The feasibility of this was discussed, including clinic capacity, continuity of patient care, and accommodation logistics. It was noted that Bournemouth is better equipped to absorb London students due to existing infrastructure and accommodation contracts. While movement from London to Bournemouth is relatively straightforward, placing Bournemouth students in London clinics presents more challenges and will require further planning. The university intends to gauge student interest before finalising the structure of the exchange programme.

An alternative approach being considered is a direct exchange model, where equal numbers of students from each campus switch places for six weeks. This would help maintain balance in clinic capacity and student support services. In terms of patient continuity, it was explained that students currently undertake eight-week placements in paediatrics or sports chiropractic, during which their patients may be seen by other students. A similar arrangement could be implemented for campus exchanges, ensuring that patient choice remains paramount.

Account of verbal summary given to the institution

During the final meeting with the Senior Management Team, the Panel Chair stated that its indicative recommendation to the Education Committee is to:

- recommend approval of the London campus MChiro programme with one condition.

It was agreed that the approval report would be shared with HSU for fact checking, for return to the GCC by 24 March 2025. The report will be presented to the Education Committee at its April meeting. If it is agreed that the programme meets all the Education Standards, the Committee will recommend to the Council of the GCC that the programme should be approved.

The Council of the GCC considers and decides whether to accept the recommendation of the Education Committee.

The Panel Chair concluded that subject to approval, the Panel looks forward to returning to the campus once the chiropractic clinic has been established.

Recommendation to Education Committee

- | | |
|--|---|
| 1. Approve <u>without</u> conditions | |
| 2. Approve <u>with</u> conditions | ✓ |
| 3. No approval (insufficient evidence due to serious deficiencies) | |

Conditions for the institution with reasons and timeframes in which they are to be met.

- Develop the London clinic ahead of clinical training

Recommendations for the institution

- To review staffing and expand as need or demand require.
- Develop resources to run and deliver the programme (including simulation technology) as the programme requires.

Commendations to the institution

The panel would like to commend:

- Considerations for parity of the student experience at both campuses, as well as the academic provision.
- Wider stakeholder engagement at the London campus

Signed
Rabia Ahmed
 Panel Chair

Date: 19/03/25

**For noting**

Report from the Chair of the Remuneration and HR Committee

Meeting paper for Council on 18 June 2025

Agenda Item: 07C

Purpose

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

Recommendations

The Council is requested to approve the recommendation from the Remuneration and HR Committee to extend Andrea Sillars' term as an independent member from 27 June 2025 to 26 June 2028 and to note the report.

Committee Meetings

1. The Committee met once, on 10 April 2025, since the last Council meeting.

CER Operational Report

2. The CER updated the Committee on:
 - Staffing matters
 - Proposed aligning Council remuneration reviews with executive pay and healthcare regulators benchmarks
 - Spot salary vs pay progression
 - Employee engagement survey
3. The CER reported low sickness levels and stable staff turnover in the reporting period. Recruitment efforts, including for a Communications lead, had been successful, with high-quality applications received.

4. The Committee **noted** the report.

Review of Partners' Service Contracts - Update

5. The Committee considered six options regarding partner entitlements. Following discussion, it agreed to proceed with Option 1, approving full backdated holiday and pension payments of £109,921 for all eligible GCC's partners.
6. The Committee considered and **approved** full backdated holiday and pension payments of £109,921 for all partners.

Business Case: Registration function

7. The CER highlighted the need to strengthen the registration function, noting current inefficiencies that increase staff workload and the need for greater operational effectiveness.
8. The Committee considered the proposal to appoint a Registration Manager and additional administrative support to improve accountability and operations, noting that initial costs would be met within the current financial year, with a full financial assessment to follow at the June Council meeting.
9. Members welcomed the clear rationale, business case and benchmarking evidence provided.
10. The Committee noted and **approved** the business case for staff in the registration function, subject to funding availability.

Succession Plan

11. The Committee noted positive progress in recruiting two new Council members (one lay, one registrant, including a candidate from Scotland), with appointments pending PSA and Privy Council approval. Subject to approval, both will attend the June 2025 Council meeting as observers before formally joining in August 2025.
12. Members discussed regional representation, with a proposal to bring together members from Wales, Northern Ireland, and Scotland to enhance engagement in the devolved nations.
13. The CER reported a proposed rule change to extend the term of the Audit and Risk Committee's independent member from six to eight years, to be presented to Council in June 2025.
14. The Committee agreed to recommend extending Andrea Sillars' term as independent member from 27 June 2025 to 26 June 2028.

Recommendation: The Remuneration and HR Committee recommends to Council for approval the extension of Andrea Sillars' term, as independent member, from 27 June 2025 to 26 June 2028.

15. The Committee noted ongoing succession planning and appointments.

Remuneration and HR Committee Work Programme

16. The Committee reviewed and noted the work programme.

Next Meeting

17. The next meeting will take place on 18 July 2024 (via Teams).

Recommendation

The Council is requested to approve the recommendation from the Remuneration and HR Committee to extend Andrea Sillars' term as an independent member from 27 June 2025 to 26 June 2028 and to note the report.

Keith Richards

Chair of the Remuneration and HR Committee

Council – Work Programme

For agreement

Meeting paper for Council on 18 June 2025

Agenda Item: 08

Purpose

This table outlines the key activities that will be coming to Council meetings for the remainder of 2025 and meetings of 2026 and the meeting dates for 2026. This enables Council to have sight of annual standing items as well as strategic items which will require Council's approval, discussion or noting.

Recommendation

That Council is asked to agree the work programme and 2026 Council meeting dates.

Council Work Programme – 2025/2026

Strategic Items for discussion or approval

Item	June 2025	September 2025	December 2025	March 2026	June 2026
Business Plan		To discuss – first draft BP for 2026	To approve – final draft		
Periodic Management Accounts	To note	To note	To note	To note	To note
Financial Forecast	To approve				To approve
Draft Budget 2025 and 2026			To approve		
Strategic Risk Register	To approve		To approve		To approve
Regulatory Reform	To note - update (if any)	To note - update (if any)	To note - update (if any)	To note - update (if any)	To note - update (if any)

Performance Reporting and Review

Item	June 2025	September 2025	December 2025	March 2026	June 2026
Business Plan Update Report	To note	To note	To note	To note	To note
Fitness to Practise Performance Update	To note	To note	To note	To note	To note
Professional Standards Authority Review		To note - report on the outcome review	To note – finalised report		
Committee Chair Update Report – Education	To note	To note	To note		To note
Committee Chair Update Report – Audit and Risk	To note		To note	To note	To note
Committee Chair Update Report – Remuneration and HR	To note	To note	To note		To note
Operational Update (private session)	To note	To note	To note	To note	To note

Annual Reporting

Item	June 2025	September 2025	December 2025	March 2026	June 2026
GCC Annual Report and Accounts 2024				To approve	
Annual Report – IC				To note	
Annual Report – PCC				To note	
Annual Report – EC			To note		
Annual Report – Registration Annual Report – Audit and Risk				To note	

[Draft] Council Meeting Dates 2026

Meeting	Date	Format
Development Day	Tuesday 17 March	In-person
First Meeting	Wednesday 18 March	In-person
Second Meeting	Wednesday 17 June	Teams
Third Meeting	Wednesday 30 September	In-person
Fourth Meeting	Wednesday 2 December	Teams