

## GENERAL CHIROPRACTIC COUNCIL MEETING AGENDA

**27 June 2019 at 10.30**

**Meeting room K, GCC, Park House, 186 Kennington Park Road  
London SE11 4BT**

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

Item	Action	Presenter	Paper	Time
1. Welcome, apologies and declarations of interest		Chair	---	10.30
2. A. Council minutes of 26 March B. Matters arising	To approve	Chair	CO-2706-2A; CO-2706-2B	10.35
3. Chair's Report, April to June 2019	To note	Chair	CO-2706-3	10.40
4. Chief Executive & Registrar's Report	To note	CER	CO-2706-4	10.50
5. A. FTP Performance Report B. Business Plan 2019 Update	To note	Project Mgr.	CO-2706-5A; CO-2706-5B	11.00
6. GCC Strategy 2019-2023 update	To approve	CER	CO-2706-6	11.10
7. Finance Report	To note	FD	CO-2706-7	11.20
8. Fitness to Practise Review	To approve	Head of Fitness to Practise (FtP)	CO-2706-8	11.30
9. Re-appointment of the Chair of Chairs to Professional Conduct Committee (PCC)	To approve	Head of FtP	CO-2706-9	11.55
10. Registrations Update	To note	Reg. Mgr.	CO-2706-10	12.00
11. Reduced fee policy statement and consultation	To approve	Reg. Mgr.	CO-2706-11	12.10
12. Digital update	To note	Project Mgr.	CO-2706-12	12.20
13. Committee Chair updates <ul style="list-style-type: none"> <li>Audit and Risk Committee</li> <li>Education Committee</li> </ul>	To note	ARC Chair; Education Ctte. Chair	---; CO-2706-13	12.30
14. AOB		Chair	---	12.40

**Close of meeting: 12.45pm**

**Minutes of the General Chiropractic Council meeting on 26 March 2019 held at Park House, 186 Kennington Park Road, London SE11 4BT**

<b>Members present</b>	Mary Chapman (Chair of Council) Roger Dunshea Tom Greenway Steven Gould Gareth Lloyd Sharon Oliver	Ralph Pottie Liz Qua Julia Sayers Carl Stychin Gay Swait Phil Yalden
<b>Apologies</b>	Keith Richards	
<b>In attendance</b>	Nick Jones, Chief Executive and Registrar Jamie Button, Registrations Manager	Rui Domingues, Director of Finance Richard Kavanagh, Business and Project Manager

CO-1903-1	<p><b>Apologies and declarations of interest</b></p> <p>The Chair opened the meeting by welcoming both Council members and the observers to the first meeting of 2019.</p> <p>Apologies were received from Keith Richards.</p> <p>No declarations of interest were made.</p>
CO-1903-2	<p><b>Draft minutes of the meeting of 11 December 2018 and matters arising.</b></p> <p><u>Minutes</u> The minutes were agreed as an accurate record of the meeting.</p> <p><u>Matters arising</u> C-1812-4: Regarding the General Chiropractic Council (GCC) staff member responsible for whistleblowing to be included on the website, the Chief Executive and Registrar said this would be actioned within the next few days. The Chief Executive and Registrar would also ensure that prescribed person was accessible.</p> <p>C-1812/7: Regarding identifying baseline data on the range of chiropractors currently involved in work for the GCC and to consider if further action was necessary, the Chair noted that there was a lot of work to be done and recognised some of the resourcing issues and asked that a date be set for concluding this work.</p> <p>C-1812-5: The Finance Director had provided Fitness to Practise baseline costs per each meeting of the Investigating Committee and Professional Conduct</p>

	<p>Committee, as requested at the December 2018 meeting of the Council (at CO-1903-2Bi).</p> <p>In answer to a query about cumulative costs of the Committees, the Director of Finance said that extra costs may be incurred at the level of the Professional Conduct Committee..</p> <p>It was suggested that it would be worth benchmarking of costs against other regulators, particularly those with Human Rights Act obligations.</p> <p><b>Action:</b> the Finance Director to undertake benchmarking to inform the GCC review of its Fitness to Practise processes.</p>
CO-1903-3	<p><b>Chair's report</b></p> <p>The Chair presented her report, on activities since the December 2018 meeting of the Council. It covered the handover of executive leadership, governance matters and the Council effectiveness review, engagement with the profession and other stakeholders.</p> <p>A query was raised about the GCC sharing services with the Health and Care Professions Council (HCPC) - as landlord to the GCC. The Chair confirmed that this was unlikely at present as this is not a current focus of the HCPC. The Finance Director noted the GCC is discussing procurement arrangements with HCPC to see if the GCC could benefit from its 'framework' agreements.</p> <p>The Chair formally welcomed Nick Jones as Chief Executive and Registrar of the GCC.</p>
CO-1903-4	<p><b>GCC Governance Arrangements</b></p> <p>The Chair presented this paper setting out proposed changes, with effect from April 2019 addressing succession planning as regards to membership of Committees of the GCC. The changes proposed were:</p> <ul style="list-style-type: none"> <li>• That Ralph Pottie be appointed as a registrant member of the Education Committee, following the ending of Liz Qua's term of office;</li> <li>• In order for Council to fulfil its duties in respect of its responsibilities to all four nations, Ralph Pottie to take on representation of Northern Ireland, in addition to his current role as representative of Scotland;</li> <li>• That Council approve not recruiting to the vacancy in the Council and in doing so, leave one lay and one registrant position vacant, retaining a Council membership of 12.</li> </ul> <p>The Chair noted that the Privy Council had indicated that the GCC need not recruit to vacancies to the Council, in line with general developments in governance arrangements of other professional regulatory bodies consistent with reform proposals. The Council raised some concerns as to home country representation obligations within the Act.</p> <p><b>Action:</b> The Chair to seek advice from the Privy Council, concerning the requirement to recruit a Council Member who lives or works in Northern Ireland.</p> <p><b>The Council agreed:</b></p> <ul style="list-style-type: none"> <li>• The appointment of Ralph Pottie to the Education Committee, and this be reviewed once the outcome of the DHSC consultation on regulatory reform</li> </ul>

	<p>was known and, in any event, within 18 months;</p> <ul style="list-style-type: none"> <li>• To maintain Council membership at 12 members, and to keep this under regular review;</li> <li>• The appointment of Ralph Pottie as representative of Northern Ireland, in principle, pending advice from the Privy Council as to home country representation</li> </ul> <p>The Council also noted the appointment of Keith Richards to the Audit Committee.</p>
CO-1903-5	<p><b>Chief Executive and Registrar report</b></p> <p>The Chief Executive and Registrar introduced this report summarising key developments since the December 2018 meeting of Council, covering: the Professional Standards Authority (PSA) annual performance review and its pilot scheme in advance of introducing new Standards of Good Regulation (SGR) in 2020; <i>Duty of Candour</i> and other PSA business; developments in the Department of Health and Social Care including regulatory reform and information on clinical negligence requirements, following a consultation undertaken by it last year.</p> <p>The Chief Executive and Registrar thanked the Chair, Members and staff for the warm welcome and acknowledged the hard work by the interim Chief Executive and Registrar, Tricia McGregor, by way of handover. He noted that Council had agreed an ambitious business plan and he looked forward to working with staff and Council on the achievement of that plan.</p> <p>As well as becoming familiar with the work of the GCC, his other priorities had been to meet with stakeholders, and reported he had:</p> <ul style="list-style-type: none"> <li>• Visited the McTimoney College of Chiropractic in order to understand the services and issues from an Education provider's perspective</li> <li>• Attended conferences in March – the International Regulatory Chiropractic Society annual meeting and World Federation of Chiropractic/European Chiropractic Union Biennial Congress in Berlin, and the United Chiropractic Association Spring conference</li> <li>• Attended the PSA Academic and Research Conference, which offered an opportunity to deepen relationships with other professional regulatory partners. The Chief Executive and Registrar undertook to provide Members with more information on the presentations and reports.</li> </ul> <p>Action: A link to papers and presentations from the PSA conference to enable downloading of presentations to be shared with Council.</p> <p>The Chief Executive and Registrar highlighted in particular, the following:</p> <p><i>PSA annual performance review of the GCC</i></p> <p>It was noted that the PSA annual review of GCC performance had commenced with the timing of its report dependent on the progress and assessments made in the review. The Chief Executive and Registrar highlighted the good progress made on the action plan from the last review (appended to the report). The Chief Executive and Registrar also highlighted the lacuna identified by the PSA in relation to the maximum suspension period of two months that can be applied by the GCC Investigating Committee such that registrants could return to practise after the suspension period. This gap in the legislation underpinning the GCC's work had been drawn to the attention of the Department of Health and Social Care (DHSC) by letter and a reply is awaited.</p>

	<p>Action: Outcome of the exchange with DHSC to be reported at next meeting.</p> <p><i>Duty of Candour - the PSA publication "Telling patients the truth when something goes wrong"</i></p> <p>The Chief Executive and Registrar drew attention to the report, noting that the obligation on registrants to be candid is set out in <i>The Code</i> but said he looked forward to having discussions with stakeholders and registrants to consider ways in which the lessons could be embedded in practice.</p> <p>The Council discussed how the report findings might be disseminated. The Chief Executive and Registrar noted it could usefully be communicated through engagement with the profession at conferences and through the emerging and improving communication methods such as the GCC newsletter and social media.</p> <p><i>Regulatory reform</i></p> <p>The Chief Executive and Registrar noted that government had yet to respond to the consultation in 2017 regarding its proposals to reform the regulatory system but that officials were working hard on a range of operational aspects, notably governance and arrangements relating to fitness to practice.</p> <p>The Chair noted it was clear from the Chief Executive and Registrar's written and oral reports that he had worked hard to understand the number of challenges and issues affecting the GCC and the landscape in which it operates.</p> <p>A query was raised about the GCC's involvement in the PSA pilot on its new standards. The Chief Executive and Registrar noted it was important for the GCC to be involved, that it was not onerous and it would be balanced against other priorities.</p> <p>A query was raised about the PSA action plan at point 6.5 in regards to the information sharing arrangements with the Care Quality Commission (CQC). The Chief Executive and Registrar stated he had been in contact with the CQC and that he hoped to have that resolved soon and would provide feedback to Council as soon as the information was available. He also noted that the number of chiropractors registered with the CQC was low, alongside the risk.</p>
CO-1903-6	<p><b>Performance Report</b></p> <p><i>Business Performance report</i></p> <p>The Business and Project Manager introduced the report and highlighted that the GCC had not met its key performance indicator of determining cases within a median (the benchmark utilised by the PSA) of 28 weeks from receipt of complaint to determination by the IC, although it was hoped that this was a temporary aberration. He noted an increase in the number of complaints and that this might have financial implications if complaints continued to rise. The Business and Project Manager also noted that the volume of cases considered by the Professional Conduct Committee was more stable, with one case being closed and one referred.</p> <p>The Business and Project Manager noted that 'advertising cases' were progressing with 225 cases considered by the Investigating Committee to date, and none subject to referral to the PCC, and further, that a "lessons learned" document will be prepared following completion.</p>

	<p>In discussion it was suggested that potential improvements to the data presented to Council be considered - for example more information on serious cases as opposed to the general median and information on the length of time an interim suspension order took might be useful. The Business and Project Manager responded that much data is captured, and further consideration be given to the most useful way of presenting the data.</p> <p>Council noted that proposed revisions to fitness to practise processes are to be presented at the June 2019 meeting of the Council, and suggested that performance measurement and reporting be included as an element then.</p> <p><b>Action:</b> The Chief Executive and Registrar and Business and Project Manager to agree performance measures to be included in proposals on fitness to practise processes presented to the June 2019 meeting of Council .</p> <p>In discussing the costs of Investigating Committee cases, the Director of Finance noted these were partially a function of the structuring of some cases, with changes expected following the review.</p> <p><b>Action:</b> The lessons learned report on advertising cases to be presented to Council at its meeting in June 2019.</p> <p><i>Business Plan 2019 update</i></p> <p>The Business and Project Manager introduced the report providing Council with an update on progress with delivery of the GCC's 2019 Business Plan. The ambition of the plan was noted, with 27 separate business activities for 2019 covering the four strategic aims, contained within the GCC five-year strategy. The larger projects underway were noted - the new GCC website, a revised approach and database relating to CPD and registrations, and changes to fitness to practise processes.</p> <p>The Business and Project Manager noted that Members' engagement and input on areas of work within the business plan would be welcomed, for example, on the new website or other projects that were either of interest or where Council members had skills and experience.</p> <p>Council recognised the plan as an ambitious one and noted that the plan and associated timescales would be reviewed as the year progressed.</p> <p><i>Finance report</i></p> <p>The Director of Finance updated Council on activities underway supporting the GCC's 2019 financial strategy, and reported</p> <ul style="list-style-type: none"> <li>• The surplus position on 2019 expenditure to date, that it was positive but that it was early in the year and that the position could change.</li> <li>• Investment Portfolio performance – a negative net return for 2018 and noted the change to the portfolio parameters (covered elsewhere on the agenda).</li> <li>• The introduction of two system changes – <i>Moorepay</i>, the extant payroll system and the new HR system were now integrated, and Click Travel self-service online travel and accommodation booking system, was now live with positive early feedback.</li> </ul>
CO-1903-7	<b>Policies for approval</b>



	<p>The Director of Finance introduced this paper setting out changes to the Investment Policy and the Reserves Policy, as part of the GCC financial strategy approved in December 2018.</p> <p>The principal changes noted to the Investment policy were:</p> <ul style="list-style-type: none"> <li>• The primary objective: 'to cover budgeted income[to meet budgeted expenditure] from [investment] income and/or capital'</li> <li>• Long term objective return to be CPI + 3.0%</li> <li>• Attitude to risk revised to 'medium to high' from 'high'</li> <li>• Reduce UK equities by 5% and introduce 5% cash to asset allocations</li> <li>• Update the short-term benchmarks</li> </ul> <p>Change 'Absolute Return' to 'Alternatives' to include infrastructure and other assets</p> <p><b>Agreed:</b> Council approved the Investment policy.</p> <p>The principal changes noted to the Reserves policy were:</p> <ul style="list-style-type: none"> <li>• Risk based approach to set reserves levels</li> <li>• Rather than an absolute general reserve figure of £2.9m being used, a proxy of six months' expenditure will be used to set and monitor the level of general reserve</li> <li>• Excess reserves above the general reserve figure will be placed in a designated reserve and will be earmarked for particular use(s) by Council</li> </ul> <p><b>Agreed:</b> Council approved the Reserves policy.</p>
CO-1903-8	<p><b>Annual reports</b></p> <p><i>Annual Fitness to Practise report 2018</i></p> <p>The Business and Project Manager introduced this draft report drawing Council's attention to the following key points:</p> <ul style="list-style-type: none"> <li>• Fewer complaints were received in 2018 than 2017</li> <li>• The most common allegation made by patients related to inappropriate/excessive treatment or concerns about the treatment provided</li> <li>• Cases were closed more quickly in 2018 than in 2017</li> <li>• Fewer cases were referred to the PCC from the IC than in previous years</li> <li>• At the end of 2018 there was the lowest amount of open PCC cases in the last five years</li> <li>• Five chiropractors were found guilty of unacceptable professional conduct</li> </ul> <p>The Business and Project Manager noted it would be important to understand complaint types and source and nature of the complaint, to aid understanding and which, when disseminated, could assist with the reduction of complaints.</p> <p>Council asked that the word "deals" on page two of the report under the first section "Duties and objectives" be changed.</p> <p><b>Action:</b> 'Deal(s)' be replaced with a suitable alternative.</p> <p><b>Agreed:</b> Subject to this, Council approved the report of the annual review of Fitness to Practise for publication,</p> <p>The Chair thanked the Business and Project Manager for a thorough and</p>

comprehensive report.

*Annual report from the Professional Conduct Committee (PCC)*

The Chair welcomed David Clark, 'Chair of Chairs' of the PCC, to the meeting. Mr. Clark presented the report, providing background to his role as an important bridge between the GCC and the PCC, and information on cases heard by the PCC in 2018. He also reported on training of members of the Committee, the co-option process and issues and difficulties that arose in the course of the year.

Mr. Clark noted the PCC sought to increase its registrant pool, given the small number of such members (four, currently) and to broaden the diversity of membership. He also reported that a recruitment process was planned for 2019 ideally to be concluded by autumn 2019, depending on whether there would be a co-option process or full recruitment drive.

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

*Annual report on Registration*

The Registration Manager introduced the draft annual report on registration activity, and drew attention to the small increase in registrant numbers in 2018, currently 3,239 registrants - 19 more registrations than the previous year (a 0.6% increase).

The Registration Manager noted a reduction in the number of UK graduates applying for registration and a drop in the number of graduates taking the GCC Test of Competence. As regards the test, he noted the overall pass rate was 67%.

In response to a query about the numbers of registrants removed for 'non-compliance with CPD requirements' the Registrations Manager confirmed this related to those who had not submitted their CPD summary by the deadline and following an effort by the office to reach out to determine if they wished to remain registered..

The Registrations Manager also noted that while the number of chiropractic students would increase it would take several years to filter through to be reflected in registration numbers. It was also noted that UK exit from the European Union (EU) may have an impact on registrant numbers in the future if students from the EU could not remain and work in the UK.

A question was raised about whether there was any follow up of those removed from the register to ensure they were not referring to themselves as chiropractors. The Registrations Manager said the GCC did not currently investigate those matters and the Chief Executive and Registrar noted this was work that needed reviewing and that he would revert to Council on that question.

**Agreed:** Council approved the 2018 Annual report on Registration.

*Annual report on Equality, Diversity and Inclusion*

The Business and Project Manager presented the draft annual Equality, Diversity and Inclusion (EDI) report updating Council on activities in 2018 relating to the GCC's agreed objectives: Governance; Policies and Processes; Data; Employment; Communications and Engagement; and Access (accessibility of information for all).



	<p>Council discussed the relatively high number of registrants who did not disclose information to support monitoring of equality and diversity. The Business and Project Manager noted this would be considered as part of the current review of registration processes, and that greater engagement with the profession may have the effect of registrants wanting to provide more information to the GCC.</p> <p>The BPM also said it would be important to update the EDI strategy so that it was in alignment with the new GCC five-year strategy.</p> <p><b>Agreed:</b> Council approved publication of the report on Equality, Diversity and Inclusion</p>
CO-1903-9	<p><b>Updates from Committees</b></p> <p>The Chair of the Audit and Risk Committee (ARC) updated Council on the Committee's work, noting it met on 25 February 2019, with a main focus on reviewing the annual report and accounts. The Chair of ARC:</p> <ul style="list-style-type: none"> <li>Expressed gratitude to the GCC team for their hard work in completing the report and accounts swiftly and carefully.</li> <li>Noted the presence of representatives from GCC external auditors haysmacintyre and that, as expected, some minor fine tuning around the notes for the accounts were made but no major concerns were reported and that the audit had gone very smoothly.</li> </ul> <p>The Chair of the Audit and Risk Committee also noted that the Committee:</p> <ul style="list-style-type: none"> <li>Approved three policies: anti-bribery and corruption policy; the procurement policy; and financial regulations policy.</li> <li>Discussed the Strategic Risk Register, adding it had agreed that once the Register had been considered by the Executive, proposals relating to a programme of internal audit be made to the Committee.</li> <li>Discussed the insurance renewal report in order to be assured it was fit-for-purpose.</li> <li>Noted three breaches relating to data governance in 2018, none of which had been considered serious enough to be referred to the Information Commissioner's Office; and seven Freedom of Information requests had been received and administered.</li> </ul>
CO-1903-11	<p><b>Any other business</b></p> <p>The Chair noted the recently undertaken effectiveness review of the performance of the Council that had been completed and wanted to place on record her thanks to the stakeholders of the Council who had contributed thoughtfully to the review.</p> <p>The Chair, speaking on behalf of Council, conveyed her gratitude to Liz Qua at her final meeting of the Council before retiring, for the insights and contributions she had brought to Council over the eight years that she had served on both the Council and on other Committees. The Council had much appreciated Liz's commitment and collegiality during her period of office and offered their very best wishes for the future.</p>
	<b>Date of next meeting: 27 June 2019</b>



### Matters arising from March 2019 meeting

Item	Actions	Update
C-1812/7 <i>Dec 2018 meeting</i>	<b>Five year strategy 2019-2023</b>  <b>Action:</b> CER to identify any baseline data on the range of chiropractors currently involved in work for the GCC and consider further action if necessary.	To be concluded Dec 2019.
C-1812-10 <i>Dec 2018 meeting</i>	<b>Education Committee report</b>  <b>Action:</b> A proposal for final agreement should be brought to the March Council meeting by the Education Committee (regarding the definition of the term 'non practising').	Item scheduled for June 2019 meeting.
CO-1903-2	<b>Draft minutes of the meeting of 11 December 2018 and matters arising</b>  <b>Action:</b> the Finance Director to undertake cost benchmarking re. Professional Conduct Committee (against other regulators, particularly those with Human Rights Act obligations) to inform the GCC review of its Fitness to Practise processes.	2019 internal figures have been established from the management accounts. Update scheduled for FTP review, Sept 2019 meeting.
CO-1903-4	<b>GCC Governance Arrangements</b>  <b>Action:</b> The Chair to seek advice from the Privy Council, concerning the requirement to recruit a Council Member who lives or works in Northern Ireland.	Completed.
CO-1903-6	<b>Performance Report</b>  <b>Action:</b> The Chief Executive and Registrar and Business and Project Manager to agree performance measures to be included in proposals on fitness to practise processes presented to the June 2019 meeting of Council .  <b>Action:</b> The lessons learned report on advertising cases to be presented to Council at its meeting in June 2019.	Item scheduled for June 2019 meeting.  Item scheduled for June 2019 meeting.
CO-1903-8	<b>Annual reports</b>  <b>Action:</b> Typographical amendments made in <i>Annual Fitness to Practise report 2018</i> .	Completed.



**To:** General Chiropractic Council  
**From:** Mary Chapman  
**Subject:** Chair's Report, April to June 2019  
**Date:** 27 June 2019

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### 1. Main focus of the period

This season has seen some changes in our regulatory and legislative landscape and internal governance, as well as ongoing involvement with professional bodies and colleagues in regulation.

It has been my priority to work closely with the new Chief Executive and Registrar (CER) during his early months in post and together we have established clear objectives for the remainder of the year.

### 2. Regulatory change

As you are aware, the Department of Health and Social Care (DHSC) consulted in October 2017 on major reform to the professional regulation landscape: *promoting professionalism, reforming regulation*. The proposed model of professional regulation is designed to secure public trust; improve clinical practice; and adapt to developments in healthcare. Following several months of reporting to you that there has not been a response to that consultation, I am pleased to let you know that there are signs of action. Word has reached us from Officials in the DHSC that its report on next steps is imminent. The write around by the Minister of Health to other Ministers and to appropriate representatives in Scotland, Wales and Northern Ireland has concluded, and we now await publication. This is subject to usual clearance and communications timetabling, so when will this take place is somewhat unclear, but it is likely to be "soon".

### 3. Legislative change

The Chief Executive and Registrar in his report to the Council in March 2019 alerted us to a 'minor' amendment to legislation proposed by DHSC. The Department had been in consultation with the General Optical Council and the General Osteopathic Council as well as GCC to remove the limit to the number of members permitted on Fitness to Practise (FtP) committees after finding that other regulators encountered difficulty in their ability to hold hearings due to a relatively small maximum number of committee panel members. We were invited to feedback on the proposed changes, which we agreed would be beneficial for our ways of working. Amending the legislation will go some way to ease the 'bottleneck' of FtP cases, where delayed conclusions have resulted from restrictions on committee membership size.

The legislative changes are small for the GCC insofar as they merely establish a required minimum number of members and remove the stipulation of a maximum number. They are, however, a simple and sensible step for us to take towards efficiency in our committee

undertakings. The DHSC timetable, corresponding to the Parliamentary schedule, did not allow for Council to approve the draft order before submission. I recently affirmed, therefore, that the Executive could proceed on this. Should legislation be amended as proposed, the Executive will need to ensure that at all times the membership of all statutory committees is not fewer than 10 persons.

#### **4. Governance matters**

Following the receipt of Privy Council advice which I shared with Council in communications since our March meeting, the process will begin shortly for the recruitment to Council of an Independent Member for Northern Ireland. Once formally initiated, we expect the process to take some five to ten months, as advised in recent good practice guidelines set out by the Professional Standards Authority (PSA). The PSA has oversight of appointment processes for all the Regulators and is the advisor to the Privy Council which is the appointing authority. I will keep Council informed of progress.

In the interim period, I propose that Council should ask Ralph Pottie to hold a watching brief for Northern Ireland should any matters arise which require a four nation consideration.

Marie Li Mow Ching, the Independent External Member of the Audit and Risk Committee, has completed the maximum term of appointment. We are grateful for the work she done with us during this period for GCC. The recruitment for a new Independent Member is underway with every indication that we will appoint before the end of the month.

#### **5. Engagement with the profession**

On 24th May, the CER and I attended the annual reception and dinner of the Society for Promoting Chiropractic Education, hosted by Chief Executive Satjit Singh. The Society aims to increase the awareness of chiropractic as a career at school level and also to encourage universities to establish programmes of chiropractic study. Speakers, including Sir Terence English, past-President of The Royal College of Surgeons and of the British Medical Association, shared thoughts on ways in which chiropractic education could be advanced nationally and internationally. Satjit Singh has recently followed up to us with news that the University of Central Lancashire (UCLan) is developing a new chiropractic degree programme which should improve access to education in the northwest.

On Monday (24th June) the CER and I will host Rob Finch, Chief Executive, and Peter Dixon, President, of the Royal College of Chiropractors. We will explore further the unique contribution that each organisation can bring to the development of the profession.

#### **6. Other meetings**

Earlier last month (14th May) the CER and I attended a dinner meeting with the Chairs and Chief Executives of the eight other UK regulators, and Social Work England which has now begun its work. It was a useful and business-like meeting discussing how we work together in common cause. It was agreed that there was merit in establishing a few specific areas of work with commonality of interest – for example building an evidence base on the risk factors indicating registrants becoming subject to fitness to practise proceedings.

**Mary Chapman**  
**Chair, GCC**

**Agenda item:** CO-2706-4  
**Subject:** CER's Report  
**Presenter:** Nick Jones, Chief Executive and Registrar  
**Date:** 27 June 2019

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## **1. Summary**

This regular report summarises key developments in the period since the Council last met.

**2. Action required:** For information.

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## **3. The GCC team**

As the agenda for this meeting, and reports on progress with achieving our business plan objectives demonstrate this has been a busy period for the staff team. I have made some changes to the arrangements underpinning our work, for example in establishing a senior team and steps to further enhance communication with staff. Further, a staff survey has taken place with positive results on the whole and some good feedback on areas for improvement. The results have been fed back to staff and together we will discuss, as well as how we all work together in continuing to create a GCC we are all proud to be part of. My induction and education continues apace and am very impressed by the warmth, purposefulness and ambition of all our key stakeholders.

## **4. Chiropractors Act 1994**

Next month, it is 25 years since the Chiropractors Act received Royal Assent and also 20 years since the first registrant joined the Register of chiropractors. The June edition of the GCC newsletter included an article by the GCC's first registrant Ian Hutchinson marking this.

## **5. Professional Standards Authority (PSA)**

### ***5.1 Annual performance review***

As reported in March 2019 our annual performance review undertaken by the PSA is underway. We received initial questions for our targeted review on 9 May 2019 and we made our detailed submission on 24 May 2019, as requested. Subsequently we received follow-up questions seeking clarification in a few areas and helpfully met with PSA colleagues on 11 June 2019 to review these – following up in writing on 13 June 2019.

The review focused on several areas, including progress and lessons from the consideration of advertising cases; progress as regards our approach to ensuring the continuing professional development of Registrants; progress in considering 'S.32' referrals, in particular dealing with the backlog previously reported to Council; the timeliness of holding interim suspension hearings, as regards ensuring the public is appropriately protected; the handling of cases where we become aware that a registrant is the subject of a conviction relating to a criminal matter and any impact on the status of registration; our inability due to extant legislation to restrict a registrant's ability to practise until the end of the appeal process; and how the GCC fitness to practice team assess risks to the public in its consideration of matters to be considered by the Investigating Committee.

A comprehensive response was provided, and given the issues raised were relevant to our own concerns, most of these issues are covered in this report or elsewhere on the agenda. The PSA team has been very helpful and professional in its interactions with us. We expect publication of the performance review report is likely to be in September 2019.

### **5.2 Standards of Good of Regulation (SGR)**

The PSA is 'piloting' new standards for performance reviews in the future. The pilot is taking place during 2019, with the results not published, but used by the PSA and the regulator to inform the framework in future. The new standards will be used fully for reviews taking place in 2020 for the 2019/20 review period. We have signed up to review one new standard: Standard 2: *The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others* In particular the standard will review:

- Whether the regulator clearly articulates its purpose, and can demonstrate that all its activities are undertaken to support this
- .The regulator can demonstrate how the outcomes of its work in one area is, where appropriate, used to inform and improve outcomes in other activities it undertakes.

We see merit in undertaking our self-assessment alongside the development of the new GCC website to inform our requirements of it such that it is in line with the expectations of the PSA. The pilot is being undertaken over the summer months – with results fed back to the GCC in September 2019.

### **5.3 PSA publications relating to good regulatory practice**

On 11 June 2019 the PSA published two reports resulting from the Williams Review into gross negligence manslaughter in healthcare. The Williams Review was set up in the wake of the case of Dr Bawa-Garba and recommended the PSA look at and report on:

- the extent and reasons for different fitness to practise outcomes in similar cases;
- how the impact on public confidence is assessed in reaching fitness to practise decisions about individual healthcare professionals.



The reports covering both areas have been published and can be accessed from the PSA website: <https://www.professionalstandards.org.uk/> Our response to such publications will be to consider carefully; and raised for discussion with the Chairs of both the GCC Investigating Committee and Professional Conduct Committee.

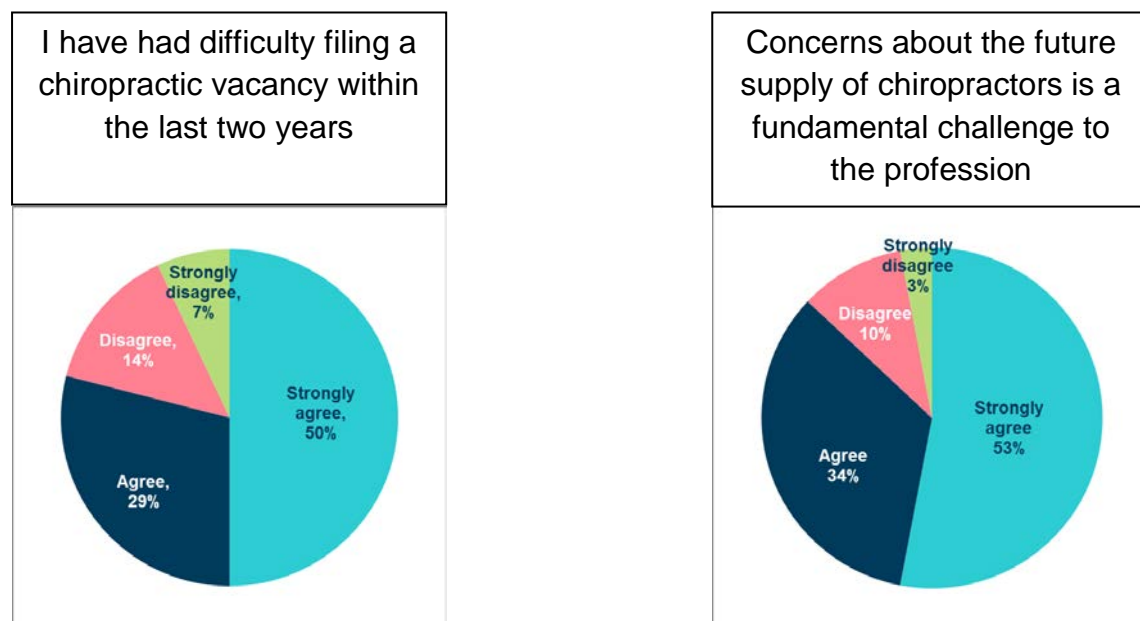
## 6. Engagement

Alongside plans to improve our website and portal for registrants to facilitate transactions with the GCC (covered elsewhere in the agenda) to enhance our engagement activity, we now produce a monthly newsletter – which has been well-received. It is circulated to all registrants and our stakeholders, and has a circulation of over 3,300.

It is intended to cover topical issues, as well as standard items such as lessons learned from recent fitness to practise hearings, providing good practice advice to registrants; details of recent hearings and so on.

In May 2019, in light of feedback to me about the number of registrants joining the register and the difficulty that some clinics face in recruiting chiropractors, following previous newsletters we posed two statements to test this further.

Nearly 220 responses were gratefully received, with the headlines shown below:



We invited further comments, and suggestions for how we might address concerns where respondents agreed with the statement. Analysis reveals the following, categorised around three broad headings:

- Matters the GCC has no control over – for example
  - 'Promote chiropractic as a niche rather than trying to join the mainstream'
  - 'Not exiting the EU'

- Matters where the GCC may have a role to facilitate or support the work of other stakeholders – for example
  - Integration into NHS and better relationships with other healthcare providers
  - Increase in the number of education providers
  - Issues around the current chiropractic programmes
  - Promotion of chiropractic
  - Promotion to schools to increase awareness of chiropractic as a profession
  - Research
  - Professional unity
- Matters within GCC control
  - Level of fees
  - Test of Competence/ registration of overseas applicants is a barrier

We will be taking these responses further in the context of our strategic aims of supporting the development of the profession.

## **7. Meetings and engagements**

- 2/3 April 2019 – attended the meeting of the GCC Education Committee
- 10 April 2019 - met with the President of the United Chiropractic Association, Paul McCrossin, at his clinic in North London
- 29 April 2019 - met with the CEO of the General Pharmaceutical Council for my induction
- 9 June 2019 – attended a presentation on the fit and proper persons test given by Tom Kark QC, at the PSA
- 13 May 2019 – with the Acting Head of fitness to practise, attended a PSA seminar in Edinburgh along with 70 other participants covering key current issues in health professional regulation and about the role of the Authority in respect of Section 29 appeals.
- 14 May 2019 – with the Chair, attended a dinner with the Chief Executives and Chairs of the other UK professional regulators
- 24 May – attended the annual reception held by the Society for Promoting Chiropractic Education
- 28 May 2019 – attended a meeting of the Chief Executive's Steering Group
- 10 June 2019 – Attended the oath ceremony at AECC in Bournemouth
- 11 June 2019 – met with Ian Beesley, Director General of the European Chiropractic Union
- 12 June 2019 – visited Welsh Institute of Chiropractic in Trefforest, Cardiff meeting senior team and a focus group of current students to discuss the GCC strategy for engaging students in its work
- 14 June 2019 – attended the meeting of the GCC Remuneration and HR Committee
- 17 June 2019 – met with Leonie Milliner, newly appointed Chief Executive and Registrar of the General Osteopathic Council.

**Agenda item:** CO-2706-5A  
**Subject:** FTP Performance Report  
**Presenter:** Richard Kavanagh, Business and Project Manager  
**Date:** 27 June 2019

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## **1. Summary**

The paper provides performance information on our fitness to practise (FtP) activity.

## **2. Action required:**

For decision, that the dashboard provides the right information to the right level enabling Council to scrutinise performance.

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## **3. Introduction**

In March 2019, Council asked that the performance information provided to Council be reviewed to ensure it is clear, focused and enabled members to exercise scrutiny.

A dashboard has been developed that aims to set out performance at Annex A.

Some of the information provided is, understandably, the same as has previously been reported. New information is provided, such as the 'risk rating' for each of the live cases currently being investigated. Information on interim suspension hearings - cases that are sufficiently severe/of a higher risk to the public than other complaints and warrant an interim suspension hearing at an early stage, is also included for the first time.

We have presented the data differently – intended to be clearer, notably grouping data by the stages of a complaint's progress – all within a 'dashboard.' We are still in the process of collating data in relation to open case timeliness and its relationship with closed case timeliness. While there is data about timeliness presented here, we want to collate more enhanced data that will give an even clearer picture of how quickly cases are being dealt with. We intend to present this to September council, once further work has taken place and been tested, and at the same time as the FtP review.

The dashboard is split into different reports:

- Open cases/closures (with corresponding charts that show specific trends for each complaint stage)
- Timeliness

We include average processing time as well as median time lengths (preferred by the Professional Standards Authority).

## **Summary**

The number of complaints received to the end of May 2019 is at the highest level we have received (for the same period) since 2014.

The FtP team (already supplemented with temporary staff – for reasons previously reported) has been further increased to cover the workload. As a consequence case progress has been slower than previously.

There are 63 current live cases. In the short term, we will extend temporary contracts to ensure continuity while the review of the FtP processes and staffing structure are finalised. In turn, this will address the efficiency and effectiveness of the progression of cases. We can assure Council that matters are now under control and, subject to not receiving an overly large number of complaints in the coming months; we hope to reduce the open caseload.

Conversely, only two cases at the Professional Conduct Committee stage are open. This is the lowest number of open cases in memory. Given the volume of open cases, taken together with the average referral rate from IC to PCC, this position will change in the next period(s).

## **4. Implications**

### **a. Strategic**

There are no strategic implications arising from this paper.

### **b. Legal and compliance**

There are no legal and compliance implications arising from this paper.

### **c. Risk assessment / analysis**

There are no risks associated arising from this paper.

### **d. Equality**

There are no equality implications arising from this paper.

### **e. Communications**

There are communications implications arising from this paper.

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## **5. Recommendations and next steps**

The Council is asked to approve the new FTP dashboard, subject to comments, and note the information provided.

## **6. Attachments**

Annexe A – FTP dashboard for the period 1 January 2019 – 1 June 2019.

## FTP Dashboard

### Open complaints/Closures

Complaint received	Investigation stage	IC meeting	PCC hearing																																
<p>Number of new complaints received in the period <b>33</b></p> <p>(See figure 1 for year to date vs 2018)</p>	<p>Number of current open S20 complaints <b>63</b> (See figure 3 for monthly trend)</p> <p>Risk rating of live complaints</p> <table><tr><th>Risk rating</th><th>Number</th></tr><tr><td>Severe (4)</td><td>1</td></tr><tr><td>High (3)</td><td>26</td></tr><tr><td>Moderate (2)</td><td>13</td></tr><tr><td>Low (1)</td><td>23</td></tr><tr><td>Total</td><td><b>63</b></td></tr></table> <p><b>Severe risk (4):</b> 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> <p><b>High risk (3):</b> 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</p> <p><b>Moderate risk (2):</b> Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed</p> <p><b>Low risk (1):</b> No injury has taking place and/or issues have been addressed</p>	Risk rating	Number	Severe (4)	1	High (3)	26	Moderate (2)	13	Low (1)	23	Total	<b>63</b>	<p>Number of complaints closed in period <b>13</b> (See figure 2 for monthly breakdown)</p> <p>Decisions of IC meetings in period</p> <table><tr><th>Decision</th><th>Number</th></tr><tr><td>No Case to Answer</td><td>12</td></tr><tr><td>Referred for hearing</td><td>1</td></tr></table>	Decision	Number	No Case to Answer	12	Referred for hearing	1	<p>Number of open complaints at PCC <b>2*</b> (See figure 4 for monthly trend)</p> <p>Number of PCC complaints heard during period <b>6</b></p> <p>Number of PCC hearings concluded in period <b>6</b></p> <p>Number of adjournments/case going part heard during period <b>2</b></p> <p>Outcomes of PCC hearings</p> <table><tr><th>Decision</th><th>Number</th></tr><tr><td>Struck off</td><td>0</td></tr><tr><td>Suspended</td><td>0</td></tr><tr><td>Conditions of Practice</td><td>1</td></tr><tr><td>Admonishment</td><td>1</td></tr><tr><td>No UPC</td><td>4</td></tr><tr><td>No Evidence Offered</td><td>0</td></tr></table>	Decision	Number	Struck off	0	Suspended	0	Conditions of Practice	1	Admonishment	1	No UPC	4	No Evidence Offered	0
Risk rating	Number																																		
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High (3)	26																																		
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Decision	Number																																		
Struck off	0																																		
Suspended	0																																		
Conditions of Practice	1																																		
Admonishment	1																																		
No UPC	4																																		
No Evidence Offered	0																																		

'The period' is defined as 1 January 2019 – 1 June 2019

\* One case closed on 4 June is included in this data

# FTP Dashboard

Figure 1. Number of complaints received (shown cumulatively)

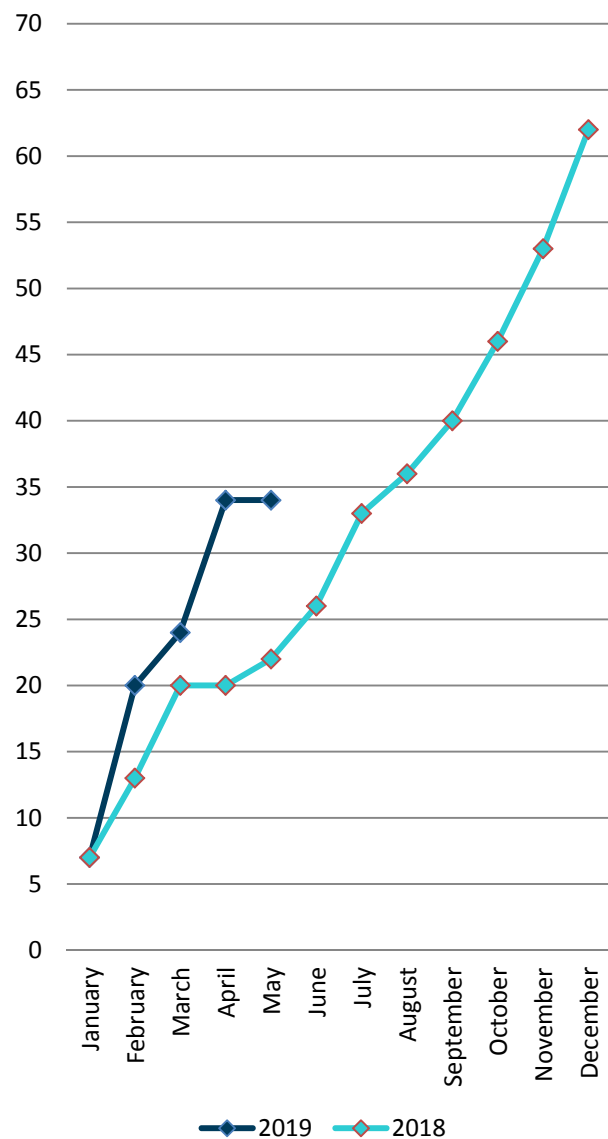


Figure 2. Number of complaints closed by IC per month

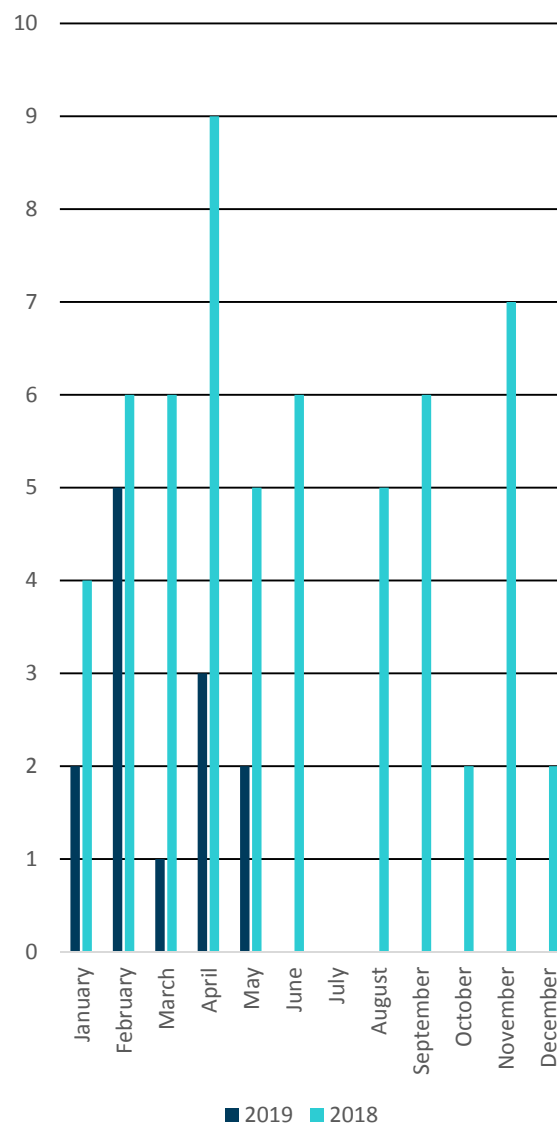
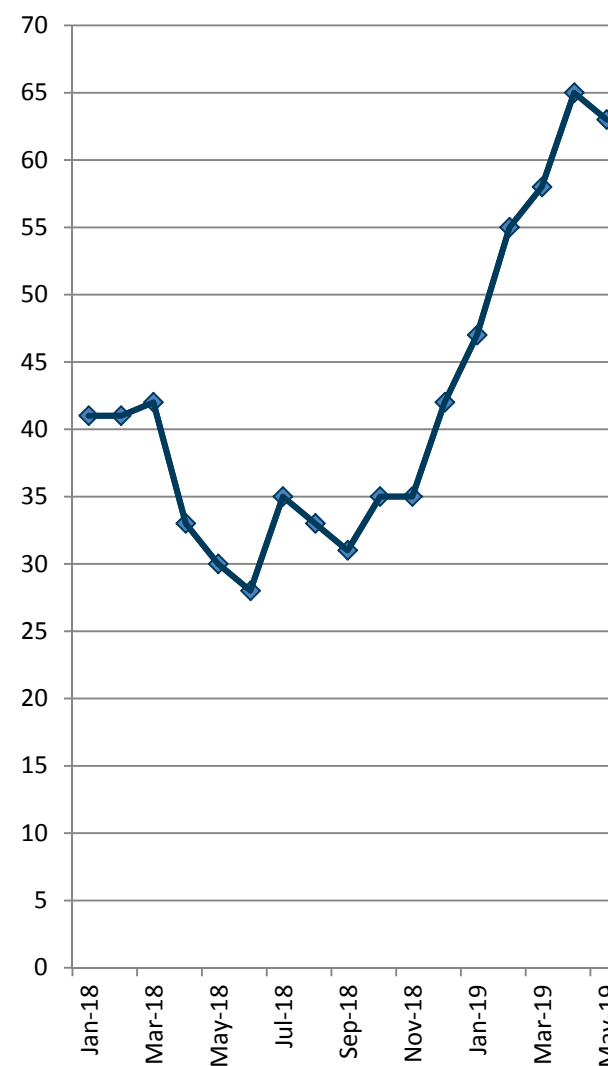


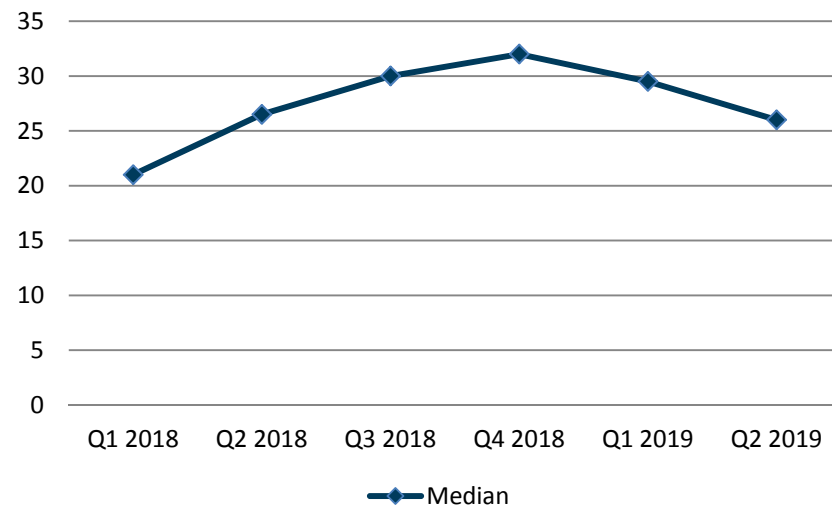
Figure 3. Number of open complaints being investigated at the month end (the balance of figure 1 and figure 2)





# FTP Dashboard

## Timeliness

Complaints being investigated	Complaints closed by IC																		
<p>Time spent on current open complaints  <b>Median = 20 weeks</b>  <b>Average = 25 weeks</b></p> <table border="1"> <thead> <tr> <th>Weeks open</th><th>Number</th></tr> </thead> <tbody> <tr> <td>0 – 13</td><td>15</td></tr> <tr> <td>13 – 26</td><td>27</td></tr> <tr> <td>26 – 39</td><td>12</td></tr> <tr> <td>39 – 52</td><td>4</td></tr> <tr> <td>52 – 103</td><td>5</td></tr> <tr> <td>104 – 151</td><td>0</td></tr> <tr> <td>152 +</td><td>0</td></tr> <tr> <td><b>Total</b></td><td><b>63</b></td></tr> </tbody> </table>	Weeks open	Number	0 – 13	15	13 – 26	27	26 – 39	12	39 – 52	4	52 – 103	5	104 – 151	0	152 +	0	<b>Total</b>	<b>63</b>	<p>From date that the complaint is received to closure by the IC for the period  <b>Median = 29 weeks</b>  <b>Average = 27 weeks</b></p> <p>Figure 5. Median timescale for closure of case for each quarter</p>  <p>Q1 2018 (Jan – Mar 2018)  Q2 2018 (Apr – Jun 2018)  Q3 2018 (Jul – Sep 2018)  Q4 2018 (Oct – Dec 2018)  Q1 2019 (Jan – Mar 2019)  Q2 2019 (Apr – June)</p>
Weeks open	Number																		
0 – 13	15																		
13 – 26	27																		
26 – 39	12																		
39 – 52	4																		
52 – 103	5																		
104 – 151	0																		
152 +	0																		
<b>Total</b>	<b>63</b>																		

'The period' is defined as 1 January 2019 – 1 June 2019

## FTP Dashboard

### Interim Suspension Hearings

Number of interim suspension hearings held in period

**6**

Outcomes of hearings held

Decision	Number
Not suspended	5
Suspended	1
<b>Total</b>	<b>6</b>

#### ISH timeliness

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

Average = **5 weeks**

Median = **5 weeks**

'The period' is defined as 1 January 2019 – 4 June 2019

# FTP Dashboard

## Section 32 complaints

Number of section 32 complaints received in the period

**9**

Decision	Number
Open	6
Closed	3
<b>Total</b>	<b>9</b>

Status of historic section 32 cases

Decision	Number
Open	58
Closed	57
<b>Total</b>	<b>115</b>

'The period' is defined as 1 January 2019 – 1 June 2019

**Agenda item:** CO-2706-5B  
**Subject:** Business Plan 2019 Update  
**Presenter:** Richard Kavanagh, Business and Project Manager  
**Date:** 27 June 2019

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## **1. Summary**

The paper provides an update on the 2019 Business Plan.

**2. Action required:** For information

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## **3. Introduction and background**

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

- We promote standards  
*We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning*
- We develop the profession  
*We will facilitate collaborative strategic work to support the profession in its development*
- We investigate and act  
*We will take right touch action on complaints, the misuse of title or where registration standards are not met*
- We deliver value  
*We will be a great place to work, work together and deliver effective /efficient services*

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

- High priority/Large scale work
- Medium priority
- Low priority/Small scale or policy work

Some of the projects have been grouped together as they are related and can be considered one project in total e.g. Staff survey, HR approach, personal development.

Programme board meetings are held fortnightly with members of staff directly involved in delivering the projects. Updates on the programme are reported to the SMT on a weekly basis. A table setting out the current status of each project within the programme is at Annexe A.

As previously reported to Council, the business plan is an ambitious programme. We have in recent months made significant progress, particularly in relation to the large scale projects/high priority work. While a large proportion of projects are still in progress and some are yet to be completed, we are clearer on the workload as a whole and are confident that we will be able to deliver on many of the projects.

The projects that are at risk of not meeting deadlines previously set relate to the CRM update which is detailed in the digital update paper (CO-2706-12).

Two of the five projects termed medium priority are underway. Other projects in this section are planned for later in the year.

The majority of the work in the low priority section relates to ongoing work, which is actively completed throughout the year, or will be completed in the second part of the year.

#### **4. Implications**

##### **a. Strategic**

The business plan relates directly to the five year strategy - ensuring we complete tasks will keep us on track.

##### **b. Legal and compliance**

There are legal implications arising from this paper, particularly in relation to process reviews within the FtP and Registrations departments. Legal advice may be required to make sure any proposed process changes remain within our current legislative rules. There are risk implications arising from this paper. There may be projects that are unable to meet allocated timeframes due to external influences.

##### **c. Risk assessment / analysis**

<b>Identified risk</b>	<b>Risk likelihood *</b>	<b>Impact of risk<sup>†</sup></b>	<b>Strategy to manage risk</b>
Reputational – unable to complete work in timescales that we have	Possible	Minor	Being open and honest with stakeholders when communicating the status of work,

previously communicated to the profession			explaining the reasons for any delays.
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\* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)

† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)

#### **d. Equality**

There are equality implications arising from this paper. Projects which causes changes to the way we work and has an impact on individuals may require equality impact assessments.

#### **e. Communications**

There are communications implications arising from this paper. There are increased opportunities and requirements to engage with all of our stakeholders as part of the programme work.

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### **5. Recommendations and next steps**

The Council is asked to note the report.

### **6. Attachments**

Annexe 1 – Business plan status table, 18 June 2019



**High priority/Large scale work**

BP Ref	Bus Plan Activity	BP strategy	Timescale	Status	Department/ Person responsible	Interdependencies with other BP activities
6	Develop and implement a proportionate approach to CPD submissions and audit	WPS	September	On track. Update to Council 27/06	Registrations	<b>23</b>
15	Complete a full FtP review and implement changes to ensure we can be more 'right touch' within our current legal framework	WIAA	August	On track. Update to Council 27/06	FTP	
23	Upgrade our registrations database (CRM system) so that it is fit for purpose and provides a better user experience	WDV	July	Will not meet deadline set. Project progressing. Update to Council 27/06	RK	<b>24/6</b>
24	Revise our registration procedures so that the process is streamlined and effective	WDV	July	Processes are completed but implementation is dependent on 23.	Registrations	<b>23</b>
27	Launch a new website	WDV	September	On track. Update to Council 27/06	RK	<b>23</b>
22	Deliver the first year of our three year financial sustainability plan	WDV	December	On track Update to Council 27/06	Finance	
3	Provide support to current and emerging new providers throughout 2019	WPS	Ongoing	On track. Teesside submitted docs 07/06	Education	
19 - 21	Carry out a staff survey and work together to act on the results to embed our values and behaviours/ Complete a programme of work to refresh our HR approach including policies, pay and benefits and our staff handbook/ Establish and implement a new approach to personal development and review	WDV	December	On track	CE	

**Medium scale**

BP Ref	Bus Plan Activity	BP strategy	Timescale	Status	Department/ Person responsible	Interdependencies with other BP activities
9–12	Agree specific profession wide projects/ Complete specific profession wide projects/ Co-ordinate the collation of a baseline of current work and plans to further develop research and governance/ Agree a plan to further develop research and governance	WDTP	July / December / May / November	Future task	CE	
1	Complete qualitative research (in partnership with GOsC) into the role of patients in chiropractic education and agree an action plan	WPS	November	On track	Education	
5	Facilitate agreement on a plan of work to enable the profession/chiropractors to better support newly qualified chiropractors	WPS	December	Future task	Education/CE	
17	Review and publish our policies on judgements we make to decide if registration standards are met	WIAA	August	On track	Registrations	
28*	Refresh and publish disclosure policy and records retention policy	WDV	September	Future task	FTP/Finance/RK	

\* Additional BP activity added June 2019

WPS = We Promote Standards / WIAA = We investigate and Act / WDV = We deliver value / WDTP = We develop the profession

**Low priority/Small scale or policy work**

BP Ref	Bus Plan Activity	BP strategy	Timescale	Status	Department/ Person responsible	Interdependencies with other BP activities
2	Develop and agree a strategy for student engagement	WPS	November	On track To Education Committee in November	Education	
4	Refine our new quality assurance processes and procedures to ensure they are effective and efficient throughout 2019	WPS	Ongoing	On track	Education	
7	With GOsC disseminate findings of Boundaries research into 'How is touch communicated in the context of manual therapy?' and commission further research	WPS	October	On track	Education	
8	Run a publicity campaign on the benefits of seeing a registered chiropractor and encourage practices to display the 'I'm registered' logo	WPS	December	Future task	CE/Registrations/Comms	
13	Contribute to the collection and review of baseline data on workforce, education planning and diversity/inclusion	WDTP	December	Future task	Registrations/Education	
14	Produce and publish guidance and policy documents, as appropriate, that support chiropractors in best practice during 2019	WDTP	Ongoing	Future task e.g. Advertising 'lessons learned'	FTP/Education/Comms	
16	Publish a revised approach to protecting the title 'chiropractor' and report on action we take	WIAA	October	Future task, but no concerns. Concluding FTP review before starting	FTP	
18	Regularly publish shared learning and intelligence from the work we, and other regulators, do during 2019	WIAA	Ongoing	Future task	Cross-functional	
25	Agree and launch a range of communication/engagement initiatives including our new newsletter for registrants and stakeholders during 2019	WDV	Ongoing	On track	Comms/All	
26	Work with patient representatives to agree a patient involvement approach for the GCC's work	WDV	September	Future task	CE	

**Agenda item:** CO-2706-6  
**Subject:** GCC Strategy 2019-2023 update  
**Presenter:** Nick Jones, Chief Executive and Registrar  
**Date:** 27 June 2019

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## **1. Summary**

The paper provides an update on the GCC Strategy 2019-2023

**2. Action required:** For decision

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## **3. Background**

The GCC Strategy 2019-2023 was agreed by Council in December 2018. There are four strategic aims that form both the five year strategy and the business plan 2019. These are:

- We promote standards  
*We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning*
- We develop the profession  
*We will facilitate collaborative strategic work to support the profession in its development*
- We investigate and act  
*We will take right touch action on complaints, the misuse of title or where registration standards are not met*
- We deliver value  
*We will be a great place to work, work together and deliver effective /efficient services*

As covered in the previous item on the 2019 business plan update, we are making good progress on a range of work areas covering each of the aims of the strategy. The 2019 plan formulates our ambitions for the first year of the GCC Strategy.

We are now half way through the year; and we have taken the opportunity to review the strategy in the context of developments, or change, in our external landscape together with progress we have made in the year to date.

Broadly, we are confident that the direction and content of the strategy remain entirely relevant to our role and our, and our stakeholders,' ambitions.

As such, and in light of work progressing and yet to start in earnest, we will bring forward a draft of our business plan 2020 to the September 2019 meeting of the Council for comment. Subject to comments and subsequent experiences we will seek agreement to the business plan 2020 alongside an overall budget in support of that plan, to the December 2019 meeting of the Council.

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## **5. Recommendations and next steps**

The Council is asked to:

- Note this report, that the GCC Strategy 2019-23 remains fit for purpose, and agree that a draft 2012 business plan be brought forward to the September 2019 meeting of the Council

## **6. Attachments**

Annexe 1 – GCC Strategy 2019-2023

# GCC Strategy 2019 - 2023

WE PROMOTE STANDARDS	WE DEVELOP THE PROFESSION	WE INVESTIGATE AND ACT	WE DELIVER VALUE
We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning	We will facilitate collaborative strategic work to support the profession in its development	We will take right touch action on complaints, the misuse of title or where registration standards are not met	We will be a great place to work, work together and deliver effective /efficient services
Our assurance and support of education provision will reflect best practice in education and healthcare	Our contribution to creating a clearer shared professional identity will help enhance the profession's development of its identity and reputation	Our development of more 'right touch' fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe	Our culture, values and people development will make us an employer of choice
Our assurance and support of continuing professional development will facilitate best practice lifelong learning	Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care	Our focus and transparent work on protecting the title 'chiropractor' will provide clarity to the public and registrants	Our financial planning and use of resources will provide a secure future for the GCC
Our continued development of professional and registration standards will ensure those standards are relevant and meaningful	Our involvement in a profession-wide development strategy will support the profession to play its part in the wider/national health and well-being system	Our approach to decisions on registration standards will provide clarity to the public, students and registrants	Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience
Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients	Our communication of guidance and policy will support chiropractors and the profession to deliver great care	Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns	Our communication, engagement and collaboration will build confidence and trust

**Agenda item:** CO-2706-7  
**Subject:** Finance Report  
**Presenter:** Rui Domingues, Director of Finance  
**Date:** 27 June 2019

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## 1. Summary

This paper updates the Council on financial aspects of the GCC's activities.

**2. Action required:** To note.

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## 3. Financial update

### a. Surplus levels:

In December 2018, Council approved a total deficit budget for 2019 of £330k. For the 5 months to the end of May, the expectation was that the deficit would be £219k. Instead, to the end of May, the actual deficit is only £15k, £204k better than expected. Summary figures for May are shown below.

£'000s	Actual	Budget	Variance
Income	1,135	1,142	-7
Expenditure	1,150	1,361	211
Surplus / Deficit	-15	-219	204

There are several factors leading to this, some of which are timing issues and some will be permanent cost savings in 2019:

- Current underspends in the CER's office for legal fees and transformational costs.
- Underspends in the fitness to practise team due to a lower than expected number of hearings.
- Expected overspends in investigations for increased case volumes.
- Technology projects on a slower trajectory of delivery and therefore a lower spend than budgeted.

**b. Investment portfolio performance:**

During 2018, the investment portfolio (managed by Cazenove) had a negative net return for the year of 5.5%, which was in line with performance for the rest of the market. To the end of April, this has been reversed, with a cumulative positive performance of 8.1%. This will have no impact on income for 2019, as our investment policy is structured around receiving our budgeted income from the portfolio, with any excess reinvested.

**c. VAT registration:**

The UK tax requirements affecting the GCC are reviewed on a regular basis. We commissioned a review of the GCC's VAT liability, undertaken by Haysmacintyre in May 2019. The report from the review was presented at the meeting of the Audit & Risk Committee in June 2019. The key recommendation from the report (and which was accepted) was that as the GCC has submitted 'nil returns' for several years, and that there are no prospects our VAT position changing in the foreseeable future, the GCC *deregister* from the VAT regime. That process has now been completed, with the consequence a small saving of administration time in the GCC's finance team.

**4. Implications**

**a. Strategic**

Current performance would indicate that the GCC's financial strategy is on track.

**5. Recommendations and next steps**

The Council is asked to Note the contents of this report.

**6. Attachments**

None.



**Agenda item:** CO-2706-8  
**Subject:** Fitness to Practise Review  
**Presenter:** Niru Uddin, Acting Head of Fitness to Practise  
**Date:** 27 June 2019

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## 1. Summary

This paper is in two parts, firstly setting out proposals following the Fitness to Practise (FTP) Review and secondly, lessons learned on the advertising case load.

Part 1: FtP Review – the GCC is proposing introducing new guidance to be taken into account by the Investigating Committee (IC) of the GCC in deciding whether or not there is a case for a registrant to answer regarding unacceptable professional conduct.

Part 2: With advertising cases near conclusion, the GCC has produced, with the help of the IC panel members and chair, a *Lessons Learned* review of the advertising cases

## 2. Action required:

In relation to Part 1, the Council is asked to

- Approve the introduction of IC threshold Criteria and Guidance, further to consultation.

In relation to Part 2, the Council is asked to

- Comment on the report, and agree the proposed next steps following the lessons learned from our handling of advertising cases.

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## Part 1: FTP Review

## 3. Background:

Under section 1(4A) of the Chiropractors Act 1994 (“Act”) all of the GCC’s functions must be carried out in furtherance of the over-arching objective, namely: *“the protection of the public”*. That objective must, in turn, be pursued by reference to three subsidiary objectives set out in section 1(4B):

- “(a) to protect, promote and maintain the health, safety and well-being of the public;
- (b) to promote and maintain public confidence in the profession of chiropractic; and

- (c) *to promote and maintain proper professional standards and conduct for members of that profession.”*

With regards to promoting and maintaining proper professional standards, the GCC carries out this ‘upstream’ work in a variety of ways: publishing the Register, setting expectations of registrants relating to their continuing professional development, approving and checking the quality of the standard of education provided by institutions undertaking chiropractic education programmes, publishing the Code and guidance, and so on.

We recognise that most of the time registrants comply with the standards we set, however this paper focuses on what happens when a complaint is received and the subsequent process which we are legally bound to follow for the Investigating Committee “IC” to determine whether there is a case for the registrant to answer and if so, a referral and possible finding of unacceptable professional conduct (“UPC”) by the Professional Conduct committee (“PCC”).

Annexe 1 to this paper contains the statutory scheme in detail.

The GCC’s strategic plan and business plan commits us to undertake a review of our FtP process to ensure that we can be more right touch within our current legal framework.

Investigating allegations properly is a resource-intensive process. Clearly, resources should be used effectively to protect the public and should not be diverted towards investigating matters which do not raise cause for concern.

The aim of introducing the Threshold Criteria and Guidance for IC is to establish a clear consensus with all stakeholders, and particularly with patients and members of the public, about matters that should properly be the concern of the regulator.

#### **4. FTP Review – Our future approach**

This paper seeks to deliver a complaints process consistent with our statutory objectives under section 1(4A) and section 1(4B) to ensure the following:

- Proportionate approach: ensuring that the complaints process is as proportionate as possible in view of the statutory constraints.
- Right touch action on complaints: currently, the FtP process takes considerable time and demands significant resources (human and financial). The GCC is conscious that its limited resources should, in the public interest, not only be used economically but also targeted wisely.
- Clarity for all: GCC’s FtP process has evolved organically and piecemeal over the years. The introduction of Threshold Criteria and Guidance for the IC will provide clarity for GCC staff, GCC council, complainants (patients) and registrants as to the complaints process.

- Compassionate and Respectful: ensuring appropriate management of a complainant's expectations of the complaints process in line with the seriousness of the matter, and to treat registrants with dignity throughout the process.
- Staff Team: ensuring appropriate team structures are in place with staff that is robust, skilled, dedicated to the work of the GCC in order to implement the proposed FTP changes.

## 5. FTP Review – Changes proposed

We propose introducing *Threshold Criteria and Guidance for the Investigating Committee*, and at Annexe 2.

The documents make clear that all complaints, including advertising matters, are to be investigated in the same way. Any alleged breach of the code is to be considered by the IC to determine if there is case to answer regarding unacceptable professional conduct.

They are designed to assist all participants in the FtP process (decision-makers, IC, Registrants and Complainants) so they know where they stand - in particular the IC stage when it is deciding whether there is a case for the registrant to answer. It is permissible for the GCC to formulate and publish the documents. This is a policy change which is permitted under the current statutory scheme.

Before adoption by the Council (planned for approval at the September 2019 meeting of the Council) we are seeking approval to consult on them. Whilst there is no express statutory duty to consult on the Threshold Criteria and Guidance for the Investigating Committee, we are of the view that documents which are the product of input from a wide range of stakeholders tend to be more balanced in content, and to command enhanced status and support in practice.

At the same time, and with regard to advertising cases, we would like to also consult on amendments to the GCC Code at B3. Our intention here is to provide clarity that where we set out the expectation that registrants refer to using only honest, legal and verifiable information when publicising or advertising their work, and ensuring that the information complies with all relevant regulatory standards, that this refers to the definitions of honest, legal and verifiable - as defined by Advertising Standards Authority (ASA). This also provides clarity that regulatory standards refers to ASA and its current guidance such as the CAP code.

The draft consultation document and questions is at Annexe 3 and sets out what is included in the consultation and who we consult. We propose the consultation takes place between 1 July and 31 August 2019.

## **6. Recommendation**

The Council is asked to:

- Agree to the introduction of Threshold Criteria and Guidance for the Investigating Committee
- Comment on and approve the draft criteria, guidance and change to B3 of the Code
- Agree to the proposed consultation on the criteria, guidance and change to B3 of the Code
- Agree that the final draft of the criteria and guidance and change to B3 of the Code be brought forward to the September 2019 meeting of the Council, for agreement.

## **7. FTP Review - Attachments**

Annexe 1 – The Statutory Scheme

Annexe 2 – IC Threshold Criteria and IC Guidance

Annexe 3 – The consultation document and questions

## **Part 2: Advertising cases - Lessons Learned**

### **1. Background**

A large volume of concerns about website advertising were received by the GCC during 2016 (around 20 per month over several months, from a single source). The last batch of the 20 complaints per month was received by the GCC on 1 December 2016.

This section of the paper sets out the process we followed and considerations; and then discusses what we can learn from the experience, as well as proposals for communicating these lessons – and preventing recurrence where possible.

### **2. Determination process**

By March 2016, some analysis of the complaints had been undertaken in line with the 'Advertising claims policy' agreed by the Council at its meeting in March 2015 (see Annexe 4). In accordance with that policy, we assessed how the concerns raised about each Registrant's advertising should be dealt with.

Under the then extant advertising claims policy there were three possibilities:

1. Website claims which raise serious issues of unprofessional conduct, to be investigated immediately by the Regulation team, with a view to referring the matter to the GCC Investigating Committee (IC);

2. Website claims which the Regulation team decide **may** amount to UPC, but raises issues which are more properly the province of the ASA (as the specialist authority on these issues), accordingly should be first referred there for a determination as to whether the website claim is or may be misleading;
3. Website claims which the FtP Lawyer takes the view could not amount to an allegation of UPC.

In May 2017, a decision was made to apply the 2015 advertising claims policy so that cases would now be categorised and dealt with as follows:

1. Referral to the Advertising Standards Agency ('ASA') in the first instance, before the concern is then considered by the GCC's Investigating Committee (IC), or
2. Progression for consideration by the IC directly, or
3. Closure without further action (closure being possible only in very limited circumstances).

An additional member of FtP staff joined in September 2017 to deal with the advertising complaints. The process of deciding whether a complaint required investigation took several months (due to the complexity of the issues raised) and was still ongoing as at the end of December 2017. As a result, some registrants were not notified of the concerns raised about them at the point of receipt.

As part of the review process, cases were put into three categories, with category 1 being prioritised as they involved website claims which raised serious issues of unprofessional conduct which were investigated by the FtP team with a view to referring those matters to the IC first.

Given the number of cases and the stages of investigation necessary (including the gathering of witness statements, obtaining observations from registrants, complainant's comments, registrants final observations and so on) - all involving the single complainant, a detailed project plan was developed to ensure the workload was achievable to manage all 293 complaints.

The project plan had assumed that complaints would be considered by the IC in batches of 50 when sitting for week-long meetings. The plan estimated the GCC would need to list approximately 7 weeks of IC meetings.

In view of prioritising the website complaints which raised serious issues of unprofessional conduct (category 1 cases), the first 8 weeks of IC meetings consisted of cases identified as category 1 cases.

Following the first week's IC meeting it was clear the IC would only be able to consider approximately 25 complaints at each week-long meeting. Consequently, and promptly, we scheduled a further eight weeks of IC meetings.

Meetings of the IC were scheduled from October 2018 resulting in 290 complaints to date being considered by the IC with a no case to answer outcome. Three complaints remain to be considered. These relate to matters already considered by the IC and which had been adjourned for further information.

These cases have been provisionally listed for consideration by the IC in August 2019.

The consideration of the advertising caseload from one source is now near completion.

### **3. What have we learned?**

Last year we committed to provide feedback by way of lessons learned on conclusion of the advertising case load. We have gathered feedback from the IC and staff team to inform what worked well, how we might manage such complaints in the future – and what we convey to the profession. We discuss this below.

With regards to the 290 advertising cases where the IC found ‘no case to answer’, it is to be emphasised that the IC gave detailed individual consideration to each case. In many of the cases the IC found matters which may have been of concern at the time of the original complaints in 2016/2017 but which had subsequently been fully remedied in response to the complaint and point of consideration by the IC in 2018 and 2019.

Whether a chiropractor amended their website in response to concerns being raised was a relevant factor for the IC when forming a view as to whether there was a case to answer of UPC. This was on the basis that the IC did not consider that any properly directed panel of the PCC would be able to conclude that the threshold of UPC was met.

In its feedback, the IC noted the fact that so many of the complaints resulted in a decision of “no case to answer” should not be equated with the complaints not raising valid concerns. Indeed, in many of the cases the IC found matters which may have been of concern at the time of the original complaint (to a greater or lesser extent) but which had subsequently been fully remedied by the Registrant so it was unlikely to amount to unacceptable professional conduct.

The IC stated that in the context of a profession which is seeking to become more evidence-based in its approach, and a Code of Practice which requires registrants to adhere to ASA standards and guidance, it was entirely appropriate, although it required significant resource, for the GCC to investigate these concerns.

With regard to the complainant, the IC saw no evidence of vexation or malice in any individual complaint, nor reason to doubt that the complainant had genuine concerns that some of the claims made by chiropractors put the public at risk of harm. The IC indicated that whilst some of those concerns may not be well-founded based on the available scientific evidence (e.g. an apparent general concern that chiropractic carries significant general risks of harm), other more specific concerns related to particular claims or treatments may well have had merit had those matters in question not been remedied.

## Lessons for the GCC

The IC recommend the body of evidence that the expert produced for his report(s) to assist the IC could be put to good use going forward by Registrants and the ASA. This will be especially important for the areas which, although not on the ASA/CAP list of “approved” conditions”, are supported by sufficiently robust scientific evidence.

As such, claims can potentially be made for efficacy (particularly in some of the developing fields) including neurological treatment modalities, or whiplash-type injuries, some musculoskeletal pelvic complaints and facet joint syndrome where evidence to a randomised control trial (RCT) standard is as yet scarce.

Further the GCC may wish to consider how to communicate to the public (as well as registrants) which aspects of chiropractic care have a clear evidence base; aspects with an emerging evidence bases; and aspects where there is no objective evidence of efficacy – potentially through a ‘traffic-light’ system, or similar; and keeping this updated as new evidence emerges.

With regards to emerging evidence, the IC recommended that consideration be given to set up a steering group (possibly led by the Royal College of Chiropractors) to monitor scientific publications and maintain a profession-wide, up-to-date shared database of level one and other scientific evidence in support of various treatment modalities and conditions treated, which members of the profession would be able to draw on to support any queries about claims they make.

With regards to guidance, the IC recommended that guidance should be published by GCC in collaboration with the ASA/CAP on the following areas:

- The level/nature of scientific guidance which would be required to substantiate claims of effectiveness for advertising purposes particularly in new or developing areas where level 1 research may not yet be available.
- Clearer guidance on the use of patient testimonials and in particular, the words in the CAP Code which refer to “*Claims that are likely to be interpreted as factual and appear in a testimonial must not mislead or be likely to mislead the consumer*” and the difference between anything which would be understood by a reader to be making a factual claim, rather than simply a patient reporting their experience.
- Clearer guidance on the use of the courtesy title “Dr”. The IC referred to GCC guidance which says “*you must make it clear within the text of any information you put into the public domain that you are not a registered medical practitioner but that you are a “Doctor of Chiropractic”*” and stated that the ASA’s decisions on this matter appear to show that the ASA considered that the title should be followed by the words “Doctor of Chiropractic”.

- The IC have recommended further guidance to clarify the differences referred to above as well as guidance as to whether clarification should be used every time the title appears anywhere on the website, or on every page or heading where the title is used, or simply within the biographical information on the website.

The IC has suggested that the GCC engage with the complainant to provide feedback on the cases closed with “no case to answer” to ensure that they understand that this was not an indication that the complaints failed to raise valid concerns.

With regards to engaging with appropriate stakeholders, we are of the view that engagement with ASA/CAP will be necessary to implement a Memorandum of Agreement (MOU) whereby any advertising complaint where there is concurrent jurisdiction is first considered by the ASA/CAP within agreed timescales, following which the GCC will consider the complaints.

By way of further feedback from FtP staff, should a further batch of complaints be received from one source, there should be immediate implementation of a project plan with appropriate resources to be considered and approved by Council. This will ensure that cases are progressed as soon as possible and prevent delayed consideration of such cases by IC.

The GCC proposes to publish a lessons learned report for the profession, which is set out in paragraph 4 below.

#### **4. Lessons for the profession**

It is unlikely that the scrutiny of chiropractors’ websites by external bodies is going to lessen, so registrants need to be aware of how they can avoid finding themselves in this situation again.

We see considerable merit in promoting learning for registrants to take into account when publishing information on a website or on social media.

It was observed there was a misconception on the part of the registrant about the difference between:

- i. scientific evidence or clinical/anecdotal experience which might be capable of supporting clinical interventions in the context of evidence-based practice, where pros and cons can be discussed with the patient in order to obtain informed consent;
- ii. level one/randomised controlled trials (RCT) based /peer-reviewed scientific evidence sufficient to support claims of effectiveness for the purposes of advertising chiropractic services.

Of course, we must recognise that the evidence base in any form of healthcare intervention is not always without contention and, as such, there is a balance to be struck in ensuring that we do not stand in the way of innovation but at the



same time ensuring there are appropriate safeguards for patients made vulnerable by their circumstances.

In particular we will wish to emphasise the following points:

- Awareness of a low-level study or research paper in a particular field will not mean that this is sufficient to warrant claims being made on the website, and claims which cannot be substantiated by adequate scientific evidence may lead to ASA or GCC action even if it might be acceptable to refer to lower-level research in discussion with a patient;
- Check the full content of any website content. If you are a registered chiropractor at a clinic linked to a particular website (whether as owner, associate or employee) you are likely to be considered responsible for claims of effectiveness made on that website in respect of chiropractic / other services offered at that clinic and will need to ensure that there is robust scientific evidence base for any claims made;
- Check content which is published by external third party web providers, particularly if these are companies based overseas where the regulatory requirements for advertising claims may be different. In particular, such external third parties often publish standard pages about the theoretical model of chiropractic which may not comply with guidance issued by the GCC/ASA;
- Check content which is published by other professionals (whether or not they are chiropractors) working at the clinic;
- Check content which is published on social media, including links/retweets/posts to or from external third party websites, which may be regarded as being endorsed by a chiropractor posting a link;
- Check content which is published on “FAQs” or “blog” pages. A high number of the complaints raised related to content which appeared on FAQs/blogs, which appeared to get overlooked when websites were updated;
- Check content which is published in order to give information about the theory or philosophy of chiropractic. It is important to bear in mind the GCC guidance that the theoretical model of subluxations remains a valid historic theory, but that there should not be any suggestion that subluxations are a cause of disease;
- Check contents of patient testimonials as they may be regarded as making indirect claims of effectiveness in relation to conditions where a direct claim could not be made. A disclaimer may not be sufficient to address this;
- Check material about specialist chiropractic techniques (e.g. neurological programmes/therapies for learning disorders) – while there may be evidence

to support these specialist techniques, that does not mean that it will necessarily be acceptable to make claims which say or imply that all chiropractic techniques by any chiropractor will be effective;

- Check deleted material – sometimes material which is simply “hidden” from public view may be accessible by using specific search terms and if in doubt, seek expert IT help;
- Re-familiarise yourself with ASA and GCC guidance, including GCC guidance about social media and re-posts/re-tweets;
- Be prepared to seek, and follow, advice from the ASA/CAP Copy Advice Team in respect of website content.

## 5. Part 2: Recommendations and next steps

The Council is asked to discuss and agree the following:

- a. The publication of GCC’s report on how we have dealt with advertising and key learning points, including those for the profession (the basis of which is covered herein)
- b. Furthermore:
  - i. Liaise with expert as to making his generic report available to a public audience, in a summary report;
  - ii. To approve our consideration of introducing a *traffic light system* or suchlike, in an accessible format of conditions which chiropractors can claim to treat;
  - iii. To approve the consideration of the establishing of a GCC funded steering group to monitor scientific publications and maintain a profession-wide, up-to-date shared database of level one and other scientific evidence in support of various treatment modalities and conditions treated;
  - iv. Our development of amended GCC/ASA/CAP guidance on the level/nature of scientific guidance required to substantiate claims of effectiveness;
  - v. Our development of amended GCC/ASA/CAP guidance on the use of patient testimonials;
  - vi. Our development of amended GCC/ASA/CAP guidance on the use of the courtesy title “Dr”;
  - vii. To endorse engagement by the GCC with the complainant to provide feedback on the cases closed with “no case to answer” to convey this

was not an indication that the complaints failed to raise valid concerns;

- viii. To endorse engagement with the ASA/CAP as to research findings from expert with a view to updating their list of conditions for which chiropractors can claim to treat; and to agree a Memorandum of Understanding as to how complaints will be dealt with and appropriate timeframes;
- ix. To consult on amendments to GCC code B3 between 1 July and 31 August 2019 in order to provide clarity that when referring to using only honest, legal and verifiable information when publicising yourself as a chiropractor / advertising your work and ensuring that the information complies with all relevant regulatory standards, this refers to the definitions of honest, legal and verifiable as defined by ASA and regulatory standards refers to ASA and current guidance such as the CAP code (see paper on FTP review).
- x. To agree, that on completion of the current caseload in relation to consideration of advertising complaints, that the policy document approved in March 2015 (at Annexe 4) be superseded by operational arrangements in place.

## **6. Lessons Learned - Attachments**

## **Annexe 1**

### **The Statutory Scheme**

#### **The Chiropractors Act 1994**

1. The Chiropractors Act 1994 (“Act”) establishes the GCC and puts in place the architecture for development of the chiropractic profession and for registration and regulation of chiropractors<sup>1</sup>. All of its functions must be carried out in furtherance of the over-arching objective, namely: “the protection of the public” (section 1(4A)). That objective must, in turn, be pursued by reference to three subsidiary objectives set out in section 1(4B):

- “(a) to protect, promote and maintain the health, safety and well-being of the public;
- (b) to promote and maintain public confidence in the profession of chiropractic; and
- (c) to promote and maintain proper professional standards and conduct for members of that profession.”

Sections 1(5)-(7) then establish four “statutory committees”, with the functions conferred on them by or under the Act, namely: the Education Committee, the IC, the Professional Conduct Committee (“PCC”) and the Health Committee (“HC”). Specifically, professional conduct and FtP is governed by sections 19-28.

2. Section 19 requires the GCC to prepare, publish, keep under review and (as appropriate) vary a Code of Practice laying down standards of conduct and practice expected of registrants and giving advice on the practice of chiropractic, as it has. Alleged failure to comply with the Code must be taken into account in any FtP proceedings but shall not be taken, of itself, to constitute unacceptable professional conduct (“UPC”)<sup>2</sup>.
3. Section 20 deals with professional conduct and FtP, as follows (so far as material):

“(1) This section applies where any allegation is made against a registered chiropractor to the effect that -

- (a) he has been guilty of conduct which falls short of the standard required of a registered chiropractor;
- (b) he has been guilty of professional incompetence;
- (c) he has been convicted (at any time) in the United Kingdom of a criminal offence; or
- (d) his ability to practise as a chiropractor is seriously impaired because of his physical or mental condition.

(2) In this Act conduct which falls short of the standard required of a registered chiropractor is referred to as ‘unacceptable professional conduct’.

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<sup>1</sup> Section 1(2).

<sup>2</sup> As defined in section 20(2)

(3) Where an allegation is made to the General Council, or to any of its committees (other than the Investigating Committee), it shall be the duty of the Council or committee to refer the allegation to the Investigating Committee.

(4) The General Council may make rules requiring any allegation which is made or referred to the Investigating Committee to be referred for preliminary consideration to a person appointed by the Council in accordance with the rules.

(5) Any rules made under subsection (4) –  
(a) may allow for the appointment of persons who are members of the General Council; but  
(b) may not allow for the appointment of the Registrar.

(6) Any person to whom an allegation is referred by the Investigating Committee in accordance with rules made under subsection (4) shall –  
(a) consider the allegation with a view to establishing whether, in his opinion, power is given in this Act to deal with it if it proves to be well founded; and  
(b) if he considers that such power is given, give the Investigating Committee a report of the result of his consideration.

(7) Where there are rules in force under subsection (4), the Investigating Committee shall investigate any allegation with respect to which it is given a report by a person appointed under the rules.

(8) Where there are no such rules in force, the Investigating Committee shall investigate any allegation which is made or referred to it.

(9) Where the Investigating Committee is required to investigate any allegation, it shall –

- (a) notify the registered chiropractor concerned of the allegation and invite him to give it his observations before the end of the period of 28 days beginning with the day on which notice of the allegation is sent to him;
- (b) take such steps as are reasonably practicable to obtain as much information as possible about the case; and
- (c) consider, in the light of the information which it has been able to obtain and any observations duly made to it by the registered chiropractor concerned, whether in its opinion there is a case to answer.

(10) The General Council shall by rules make provision as to the procedure to be followed by the Investigating Committee in any investigation carried out by it under this section.

(11) ...

(12) Where the Investigating Committee concludes that there is a case to answer, it shall –

- (a) notify both the chiropractor concerned and the person making the allegation of its conclusion; and
- (b) refer the allegation, as formulated by the Investigating Committee –
  - (i) to the Health Committee, in the case of an allegation of a kind mentioned in subsection (1)(d); or
  - (ii) to the Professional Conduct Committee, in the case of an allegation of any other kind.

(13) Where the Investigating Committee concludes that there is no case to answer, it shall notify both the chiropractor concerned and the person making the allegation.

(14) In this section ‘allegation’ means an allegation of a kind mentioned in subsection (1).”

4. Section 22 deals with the next (post-investigation) stage, namely: consideration of complaints by the PCC. Its task is to decide whether it is satisfied that the complaint is “well founded” and, if so, to impose the appropriate sanction. Section 23 makes parallel provision for the HC, and section 26 requires the GCC to make rules regulating the procedure to be followed by both.
5. Schedule 1 to the Act is headed “The General Council and Committees”. Specifically, paragraph 15 sets out the former’s powers. Paragraph 15(1) adopts the typical formulation for conferring general subsidiary powers, as follows:

“Subject to any provision made by or under this Act, the General Council shall have power to do anything which is calculated to facilitate the discharge of its functions or which is incidental or conducive to the discharge of its functions.”

Ten more particular powers are then listed in paragraph 15(2). For example, the power “to establish such sub-committees of any of its committees as it may determine” (paragraph 15(2)(g)), “to regulate the procedure of any of its committees or their sub-committees” (paragraph 15(2)(h)) and “to delegate to any of its committees any functions of the General Council other than any power to make rules” (paragraph 15(2)(j)). Paragraph 15(5) also empowers the General Council to “regulate its own procedure”.

6. Paragraphs 20-21 then confer additional rule-making powers. Paragraph 20 provides as follows:

“The General Council may by rules make provision with respect to any sub-committee of a statutory committee including, in particular, provision as to the functions and powers to be conferred on the sub-committee, its composition and its relationship with the statutory committee.”

Paragraph 21(1) deals with procedural rules, as follows:

“The General Council may make rules regulating the procedure of the statutory committees and their sub-committees (if any) including, in particular, provision as to rules of evidence to be observed in proceedings before any such committee or sub-committee.”

Otherwise, committees and sub-committees are free to “regulate their own procedure”: section 21(2).

7. Finally, paragraph 30 entitles the General Council to make rules regarding the IC’s constitution (including its size, membership, chairing arrangements and quorum).

#### The General Chiropractic Council (Investigating Committee) Rules 2000

8. The investigative procedure rules contemplated by section 20(10) are the General Chiropractic Council (Investigating Committee) Rules 2000 (“IC Rules”).
9. Rules 3-4 set out how the IC is to obtain complaint information, both from the complainant and from “any other person appearing to it to have information relevant to the question whether there is a case to answer”. Any such information must take the form of a “statement of evidence by statutory declaration or affidavit”. Where a complaint falls within section 20(1)(a) or (b), the IC must “invite” the complainant to make such a “statement of evidence”. For other complaints, it may issue such an invitation. Any such “statement of evidence” must then be sent to the registrant for observations in reply (within not less than 14 days).
10. Rule 5(1) precludes the IC from deciding whether there is a “case to answer” until the reply period has expired, unless the registrant has indicated that no observations will be provided. Rule 5(2) explains that nothing in rule 4 prejudices the IC’s power to “make such further investigations as it considers are reasonably practicable for the purposes of fulfilling its functions under section 20(9)(b) of the Act” (that is, to “take such steps as are reasonably practicable to obtain as much information as possible about the case”).

#### The General Chiropractic Council (Professional Conduct) Rules 2000

11. The General Chiropractic Council (Professional Conduct) Rules 2000 (“PC Rules”) lay down the procedural rules to be followed by the PCC. For present purposes, it is necessary to note only that the PC Rules emphasise that the PCC’s key task is to decide whether the complaint is “well founded”<sup>3</sup>.

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<sup>3</sup> Rules 6(7)-(8), 6(10), 18(1)(a) & 20(2).

## **Annexe 2**

- a. Draft Investigating Committee Decision-Making Guidance (May 2019)
- b. Draft Threshold Criteria for Unacceptable Professional Conduct

## **Annexe 3**

GCC Consultation document: On Fitness to Practice Proposals (1 July – 31 August 2019)

## **Annexe 4**

Advertising claims policy agreed by Council in 2015 - Complaints to the GCC about advertisements by registrants (31 March 2015)



## **Annex 1**

### **Statutory Scheme**

#### **The Chiropractors Act 1994**

1. The Chiropractors Act 1994 (“Act”) establishes the GCC and puts in place the architecture for development of the chiropractic profession and for registration and regulation of chiropractors<sup>1</sup>. All of its functions must be carried out in furtherance of the over-arching objective, namely: “the protection of the public” (section 1(4A)). That objective must, in turn, be pursued by reference to three subsidiary objectives set out in section 1(4B):

- “(a) to protect, promote and maintain the health, safety and well-being of the public;
- (b) to promote and maintain public confidence in the profession of chiropractic; and
- (c) to promote and maintain proper professional standards and conduct for members of that profession.”

Sections 1(5)-(7) then establish four “statutory committees”, with the functions conferred on them by or under the Act, namely: the Education Committee, the IC, the Professional Conduct Committee (“PCC”) and the Health Committee (“HC”). Specifically, professional conduct and FtP is governed by sections 19-28.

2. Section 19 requires the GCC to prepare, publish, keep under review and (as appropriate) vary a Code of Practice laying down standards of conduct and practice expected of registrants and giving advice on the practice of chiropractic, as it has. Alleged failure to comply with the Code must be taken into account in any FtP proceedings but shall not be taken, of itself, to constitute unacceptable professional conduct (“UPC”)<sup>2</sup>.
3. Section 20 deals with professional conduct and FtP, as follows (so far as material):

“(1) This section applies where any allegation is made against a registered chiropractor to the effect that -

- (a) he has been guilty of conduct which falls short of the standard required of a registered chiropractor;
- (b) he has been guilty of professional incompetence;
- (c) he has been convicted (at any time) in the United Kingdom of a criminal offence; or
- (d) his ability to practise as a chiropractor is seriously impaired because of his physical or mental condition.

(2) In this Act conduct which falls short of the standard required of a registered chiropractor is referred to as ‘unacceptable professional conduct’.

(3) Where an allegation is made to the General Council, or to any of its committees (other than the Investigating Committee), it shall be the duty of the Council or committee to refer the allegation to the Investigating Committee.

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<sup>1</sup> Section 1(2).

<sup>2</sup> As defined in section 20(2)

(4) The General Council may make rules requiring any allegation which is made or referred to the Investigating Committee to be referred for preliminary consideration to a person appointed by the Council in accordance with the rules.

(5) Any rules made under subsection (4) –  
 (a) may allow for the appointment of persons who are members of the General Council; but  
 (b) may not allow for the appointment of the Registrar.

(6) Any person to whom an allegation is referred by the Investigating Committee in accordance with rules made under subsection (4) shall –  
 (a) consider the allegation with a view to establishing whether, in his opinion, power is given in this Act to deal with it if it proves to be well founded; and  
 (b) if he considers that such power is given, give the Investigating Committee a report of the result of his consideration.

(7) Where there are rules in force under subsection (4), the Investigating Committee shall investigate any allegation with respect to which it is given a report by a person appointed under the rules.

(8) Where there are no such rules in force, the Investigating Committee shall investigate any allegation which is made or referred to it.

(9) Where the Investigating Committee is required to investigate any allegation, it shall –

- (a) notify the registered chiropractor concerned of the allegation and invite him to give it his observations before the end of the period of 28 days beginning with the day on which notice of the allegation is sent to him;
- (b) take such steps as are reasonably practicable to obtain as much information as possible about the case; and
- (c) consider, in the light of the information which it has been able to obtain and any observations duly made to it by the registered chiropractor concerned, whether in its opinion there is a case to answer.

(10) The General Council shall by rules make provision as to the procedure to be followed by the Investigating Committee in any investigation carried out by it under this section.

(11) ...

(12) Where the Investigating Committee concludes that there is a case to answer, it shall –

- (a) notify both the chiropractor concerned and the person making the allegation of its conclusion; and
- (b) refer the allegation, as formulated by the Investigating Committee –
  - (i) to the Health Committee, in the case of an allegation of a kind mentioned in subsection (1)(d); or

(ii) to the Professional Conduct Committee, in the case of an allegation of any other kind.

(13) Where the Investigating Committee concludes that there is no case to answer, it shall notify both the chiropractor concerned and the person making the allegation.

(14) In this section ‘allegation’ means an allegation of a kind mentioned in subsection (1).”

4. Section 22 deals with the next (post-investigation) stage, namely: consideration of complaints by the PCC. Its task is to decide whether it is satisfied that the complaint is “well founded” and, if so, to impose the appropriate sanction. Section 23 makes parallel provision for the HC, and section 26 requires the GCC to make rules regulating the procedure to be followed by both.
5. Schedule 1 to the Act is headed “The General Council and Committees”. Specifically, paragraph 15 sets out the former’s powers. Paragraph 15(1) adopts the typical formulation for conferring general subsidiary powers, as follows:

“Subject to any provision made by or under this Act, the General Council shall have power to do anything which is calculated to facilitate the discharge of its functions or which is incidental or conducive to the discharge of its functions.”

Ten more particular powers are then listed in paragraph 15(2). For example, the power “to establish such sub-committees of any of its committees as it may determine” (paragraph 15(2)(g)), “to regulate the procedure of any of its committees or their sub-committees” (paragraph 15(2)(h)) and “to delegate to any of its committees any functions of the General Council other than any power to make rules” (paragraph 15(2)(j)). Paragraph 15(5) also empowers the General Council to “regulate its own procedure”.

6. Paragraphs 20-21 then confer additional rule-making powers. Paragraph 20 provides as follows:

“The General Council may by rules make provision with respect to any sub-committee of a statutory committee including, in particular, provision as to the functions and powers to be conferred on the sub-committee, its composition and its relationship with the statutory committee.”

Paragraph 21(1) deals with procedural rules, as follows:

“The General Council may make rules regulating the procedure of the statutory committees and their sub-committees (if any) including, in particular, provision as to rules of evidence to be observed in proceedings before any such committee or sub-committee.”

Otherwise, committees and sub-committees are free to “regulate their own procedure”: section 21(2).

7. Finally, paragraph 30 entitles the General Council to make rules regarding the IC's constitution (including its size, membership, chairing arrangements and quorum).

#### The General Chiropractic Council (Investigating Committee) Rules 2000

8. The investigative procedure rules contemplated by section 20(10) are the General Chiropractic Council (Investigating Committee) Rules 2000 ("IC Rules").
9. Rules 3-4 set out how the IC is to obtain complaint information, both from the complainant and from "any other person appearing to it to have information relevant to the question whether there is a case to answer". Any such information must take the form of a "statement of evidence by statutory declaration or affidavit". Where a complaint falls within section 20(1)(a) or (b), the IC must "invite" the complainant to make such a "statement of evidence". For other complaints, it may issue such an invitation. Any such "statement of evidence" must then be sent to the registrant for observations in reply (within not less than 14 days).
10. Rule 5(1) precludes the IC from deciding whether there is a "case to answer" until the reply period has expired, unless the registrant has indicated that no observations will be provided. Rule 5(2) explains that nothing in rule 4 prejudices the IC's power to "make such further investigations as it considers are reasonably practicable for the purposes of fulfilling its functions under section 20(9)(b) of the Act" (that is, to "take such steps as are reasonably practicable to obtain as much information as possible about the case").

#### The General Chiropractic Council (Professional Conduct) Rules 2000

11. The General Chiropractic Council (Professional Conduct) Rules 2000 ("PC Rules") lay down the procedural rules to be followed by the PCC. For present purposes, it is necessary to note only that the PC Rules emphasise that the PCC's key task is to decide whether the complaint is "well founded"<sup>3</sup>.

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<sup>3</sup> Rules 6(7)-(8), 6(10), 18(1)(a) & 20(2).



# Investigating Committee Decision-Making Guidance

May 2019

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# Investigating Committee Decision-Making Guidance

## Introduction

This Guidance document sets out the statutory duties and regulatory function of the Investigating Committee (IC) in accordance with the Chiropractors Act 1994 (the Act) and the GCC's (Investigating Committee) Rules Order of Council 2000 (the IC Rules).

The IC's role is performed in private. The guidance has been designed to ensure that the IC decision making is more fully understood by all parties involved in a fitness to practise investigation, which in turn will enhance the transparency of our procedures.

The GCC is the statutory regulator of the chiropractic profession in the UK. Its functions are set out in the Act.

The Health and Social Care (Safety and Quality) Act 2015 introduced the same over-arching objective for all of the statutory regulators of health and care professionals in the UK. That overarching objective is the protection of the public. The 2015 Act states that the pursuit of protection of the public involves the pursuit of the following:

- a) to protect, promote and maintain the health, safety and well-being of the public;
- b) to promote and maintain public confidence in the profession of chiropractic;
- c) to promote and maintain proper professional standards and conduct for members of the chiropractic profession.

This Guidance has been produced to facilitate both the quality and consistency of the IC decision-making when determining whether there is a case for the Chiropractor (Registrant) to answer. In achieving these objectives, the Guidance has been designed to provide a framework for decision-making by the IC but does not impact upon the Committee reaching decisions independently.

## Equality and Diversity Statement

The GCC is listed in the Equality Act 2010 as a public authority and so must have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty applies to the GCC in relation to the exercise of its public functions<sup>1</sup>.

<sup>1</sup> The GCC's published equality scheme can be found on the website – see <https://www.gccuk.org/about-us/equality-and-diversity/>

## Investigating Committee Constitution

1. The constitution of the IC is governed by the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2009.
2. The quorum<sup>2</sup> for an IC meeting is three members, including at least:
  - one registrant;
  - one lay person (those who are not and never have been chiropractors);
  - one lay member appointed by the GCC to act as an IC panel chair (that person may also fulfil the requirement for the panel to include a lay person).
3. A Legal Assessor attends the IC meeting to advise the IC panel on matters of law. The Legal Assessor plays no role in the IC's decision making.

## Overview of the function of the Investigating Committee

4. Section 20(9)(c) of the Act establishes the function of the IC. The IC is to investigate any allegation referred to it and to consider whether in the light of the information which it has been able to obtain and any observations made to it by the registered chiropractor concerned, whether in its opinion, there is a case to answer<sup>3</sup>.
5. The IC is not a fact finding committee and must only decide whether, in its opinion, there is a case to answer based on an assessment of the evidence and information placed before it.
6. The IC meets in private and its discussions are confidential. The registrant and complainant do not attend the IC meeting nor are they represented at the meeting.
7. Following the consideration of a case the IC can issue one of the outcomes below:
  - adjourn consideration of the allegation, either for further enquiries to be undertaken, or for another reason;
  - decide that there is a case to answer before the Practice Committee (Professional Conduct Committee (PCC) or Health Committee (HC) and, if so, which one;
  - decide that there is no case to answer and close the case.

<sup>2</sup> See Rule 5(4) of the 2009 Rules as amended

<sup>3</sup> Chiropractors Act 1994 (the Act), section 20(9)(c)



## **Conflict of Interest and Bias**

8. The concept of natural justice applies to IC meetings, and the Committee must therefore be mindful of ensuring fairness in its decision making at all times.
9. Proceedings may be considered unfair where there is either actual bias, or a real potential for bias or where there is the appearance or perception of bias. The test for whether bias is present relies on an evaluation of whether the fair minded and informed observer, having considered the facts, would conclude that there was a real possibility that the Committee was biased.
10. Examples of potential conflicts include:
  - close personal or professional relationship with any of the parties connected with the case, where this relationship may affect the member's ability to consider the allegation fairly and impartially;
  - financial or personal interest in the outcome of a matter;
  - previous acrimonious personal dealings with one of the parties or the representatives in the matter;
  - is active (for example, by making statements, writing articles or being a representative) in an organisation which has declared a particular stance on an issue under consideration by the Committee.
11. IC members are provided in advance of IC meetings with a list of registrants and complainants in order to be able to decide if they are conflicted.
12. Where an IC member has previously considered other allegations against the registrant (or is otherwise aware of previous fitness to practise history in respect of the registrant), this does not, in itself, create a conflict of interest. Nor does the fact that that IC member has been part of an IC panel considering an application for an interim suspension order in respect of the allegation. However, conflicts of interests may, on occasion, arise in these situations, depending on the individual circumstances of the case.

## **Registrants observations**

13. The registrant will be given an opportunity to comment on the material to be considered by the IC. Prior to considering a matter, the IC will ensure that the registrant has had such an opportunity to comment in accordance with the IC Rules.
14. The IC must consider any evidence provided by the registrant before determining whether there is a case to answer. If the registrant has not provided evidence by the deadline but the information is received – the day before, or on the morning of the meeting before the IC considers the case – it is at the discretion of the IC whether to include this information or not. Either way, this should be specifically referenced in the IC's written decision.
15. For reasons of fairness the IC should not consider any evidence which has not been disclosed to the registrant prior to the IC meeting.

## Investigating Committee Decisions

16. The function of the IC panel is to investigate any allegation made or referred to it and determine whether there is **a case to answer**.
17. The IC essentially has a filtering role, to ensure that only those allegations that are capable of being found proved ("well-founded") by a Practice Committee (i.e. where there is a "case to answer") are referred forwards for a hearing.

### Deciding "case to answer" on the facts

18. The IC must first consider whether there is a case to answer in relation to each alleged fact or area of concern. The question for the IC at this stage is: Is there evidence which, taken at its highest, could lead a Practice Committee (PCC/HC) to find the matter proved on the balance of probabilities?
19. The IC should keep in mind, when applying the case to answer test to the alleged facts, that if the allegation is referred to a Practice Committee, the burden of proving the allegation (on the balance of probabilities) will fall on the GCC. In order to discharge the burden of proof to the balance of probabilities standard, the GCC will need to satisfy the Practice Committee that it is more likely than not that the alleged facts occurred.
20. The IC panels should not seek to resolve substantial conflicts of evidence because IC panels do not hear live witness evidence and therefore have no opportunity to ask questions or to assess witnesses' credibility. The IC has no power to make substantive findings on the alleged facts, and should not use language in its decision or reasoning which suggests it has sought to do so.
21. If the IC answers "no" to the question at paragraph 18, there is no case to answer. In circumstances where no case to answer is found in relation to all of the alleged facts, the IC cannot refer the allegation to a Practice Committee. See paragraphs 63-70.
22. If the IC finds that there is a case to answer on any of the alleged facts, it must then consider whether or not there is a case to answer in relation to the allegation as a whole (i.e. the allegation of Unacceptable Professional Conduct (UPC), Professional Incompetence (PI), conviction, or impairment due to ill health).

### Deciding "case to answer" on UPC, PI or current health impairment

23. The question for the IC at this stage is: Is there evidence which, taken at its highest, could lead a Practice Committee to make a finding of UPC, PI or impairment by reason of physical and/or mental condition?
24. There is no legal standard of proof for such issues – they will be matters for the Practice Committee's professional judgment, if the allegation is referred.

25. In considering whether or not there is a case to answer in respect of UPC or PI, the IC will be assisted by considering the GCC's Standards of Performance, Conduct and Ethics (the Code) that was in force at the time of the matters alleged, but will recognise that a failure to comply with the Code does not of itself give rise to UPC or PI and that not every breach of the Code will amount to UPC or PI.

### *Unacceptable Professional Conduct (UPC)*

26. UPC is conduct which falls short of the standard of a registered Chiropractor. The standards of conduct and practice expected of a registered Chiropractor are contained in the Code. The Code contains the standards that chiropractors must meet if they wish to join and remain on our register, and call themselves a chiropractor in the UK and it will be used as a guide when determining UPC.
27. When exercising their judgement as to whether the facts found proved amount to UPC, the IC should have regard<sup>4</sup> to whether, to an ordinary, intelligent citizen such facts, if proved, would convey an implication of moral blameworthiness and a degree of opprobrium.
28. Case law has established the following principles regarding the concept of UPC:
- a. A breach of the Code shall not be taken of itself to constitute UPC. A breach of the Code is a starting point and is relevant, but it is not determinative of UPC and does not create a presumption of UPC. A breach of the Code may be significant without making it UPC.
  - b. Not every minor error or isolated lapse will result in a case to answer.
  - c. In determining UPC the critical term is 'conduct'. 'Conduct' is behaviour or the manner of conducting oneself.
  - d. UPC is not a lower threshold than 'misconduct' in other health professions. To reach the threshold of UPC, the unacceptable conduct must be serious.
  - e. A single negligent act or omission is less likely to cross the threshold of UPC than multiple acts or omissions. Nevertheless, and depending on the circumstances, a single negligent act or omission, if particularly grave, could be characterised as UPC.
29. To reach the threshold for a finding of UPC to be made: the registrant's shortcoming must be serious so as to justify the implication of moral blameworthiness and degree of opprobrium publicly conveyed by such a finding. Mere negligence does not usually amount to UPC unless what is established is "incompetence or negligence of a high degree".

<sup>4</sup> Judicial guidance of Irwin J in *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin)

### *Professional Incompetence (PI)*

30. PI indicates a standard of professional performance which is unacceptably low. A single incident of negligent treatment would be unlikely to constitute PI unless it was very serious.
31. Except in exceptional circumstances, PI should be based on consideration of a fair sample of the registrant's work.
32. A number of factors should be taken into consideration when determining whether the facts would amount to professional incompetence, including:
  - the length of the period of the alleged PI;
  - the number of patients concerned;
  - a number of failings/shortcomings which may not be serious individually, but together might give rise to a pattern of incompetence;
  - the seriousness of the alleged clinical failings.
33. The registrant's lack of competence must be serious. It should be assessed against the GCC's Code but breach of these standards does not, in itself, raise a presumption that a finding of PI will be made.

### *Health*

34. A registrant's ability to practise as a Chiropractor may be seriously impaired if they are suffering from a physical or mental health condition.
35. The GCC may become aware of a registrant whose fitness to practise may be seriously impaired by ill-health through a variety of sources, including:
  - The registrant themselves may report an ill-health problem affecting their fitness to practise, either during the retention process or at another time.
  - Another chiropractor or other healthcare professional (or an employer or a patient) may report concerns that a registrant's ill-health is seriously impacting on their fitness to practise.
  - The Registrations or FTP teams may receive information regarding a registrant's ill-health problem affecting their fitness to practise or that a registrant has been convicted (or received some other criminal sanction) for an offence involving misuse of alcohol or drugs, either during the registration / retention process or during a fitness to practise investigation.
36. All matters that could amount to an allegation of serious impairment of fitness to practise due to ill-health will be referred to the IC, to determine whether or not there is a "case to answer".

37. The IC has power<sup>5</sup> to invite a registrant to attend a medical assessment. Medical assessments are undertaken by independent practitioners instructed by the GCC on behalf of the IC to provide a written report indicating their opinion on whether the registrant's fitness to practise is seriously impaired by reason of their physical or mental condition. The cost of a medical assessment is paid for by the GCC.
38. The IC will act proportionately in reaching its decision about the extent of the information it needs in order to reach its "case to answer" decision. The IC may in some circumstances consider that it has sufficient information in order to decide whether or not there is a "case to answer" without a medical assessment being undertaken.
39. In deciding whether or not a medical assessment is required, the IC will have regard to a number of other factors, including:
- Whether the nature of the health concern appears unlikely to seriously impair the registrant's fitness to practise;
  - Whether the nature (including the severity) of the health concern appears to pose a clear risk to patients or is likely to do so in the future;
  - The existence and number of any related concerns;
  - The length of time that has passed since any relevant conduct/behaviour occurred (including conduct or competence matters which seem likely to be related to the health concern);
  - Whether or not there is any allegation of alcohol or drug-related concerns in the workplace;
  - The presence of any other factors that might indicate an underlying health concern that might seriously impair fitness to practise;
  - Any evidence of non-compliance with medical advice or employer support in relation to the health concern;
  - The presence of significant relevant independent evidence that may mean a medical assessment is not required e.g. up to date medical evidence about the nature and extent of the registrant's health condition and whether or not it seriously impairs their fitness to practise, evidence that the registrant has insight into their health concern, evidence that the concern is being managed effectively (e.g. evidence to that effect from an employer/occupational health) and that the registrant is compliant with any treatment and, if relevant, has restricted their practice appropriately;

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<sup>5</sup> Rule 4(3) of the IC rules

- Whether the registrant is currently seriously ill or undergoing inpatient treatment (in which event requiring a medical assessment might be inappropriate/premature);
- Any linked involvement with criminal or dishonest activity (e.g. driving under the influence of alcohol or drugs). There is a presumption that any sanction imposed for a criminal offence related to misuse of alcohol or drugs will mean that a medical assessment is necessary. That presumption can be rebutted in circumstances where the registrant has provided an up to date certificate from the Disclosure and Barring Service which shows that they have not received a criminal sanction for another offence involving alcohol or drugs in the preceding 10 years and where the level of alcohol involved in the current offence (as recorded in police/court documents) was no greater than 20% above the legal limit at the time.

40. When the IC decides to invite the registrant to attend a medical assessment, it may decide also to inform the registrant that they can nominate a medical practitioner to examine them and report to the IC (at the registrant's expense), either in place of, or in addition to, the medical assessment<sup>6</sup>.
41. If a registrant refuses consent to or is uncooperative with arrangements for a medical assessment, the Investigating Committee may take that into account in deciding whether or not there is a "case to answer". Any failure to attend for examination by a medical assessor without good reason may lead to the Investigating Committee deciding that there is a "case to answer".<sup>7</sup>
42. The registrant is provided with the opportunity to submit observations on the medical assessment report, before the IC decides whether or not there is a "case to answer".

### Deciding "case to answer" on material relevance in conviction cases

#### *Conviction cases*

43. When an Chiropractor is convicted of a criminal offence in the United Kingdom, the IC is required to consider whether the criminal offence has material relevance to the Chiropractor's fitness to practise chiropractic under Section 20 (1)(c) of the Act.
44. The IC should bear in mind the Code which requires registrants to maintain public trust and confidence in the profession. The IC may conclude that there is no case to answer if it considers that the criminal offence in question has no material relevance to the fitness of the registrant concerned to practise chiropractic.
45. While each case is considered on its own merits, there are certain categories of cases that would engage the public interest and it is expected will be referred to a hearing before the PCC:

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<sup>6</sup> Rule 4(3)(b) of the IC Rules

<sup>7</sup> Rules 4(4) of the IC Rules

- murder, manslaughter or offences against the person
- sexual offences
- offences involving children or vulnerable adults
- fraud/dishonesty
- criminal damage, theft, burglary etc.

46. A caution for a criminal offence or a criminal conviction received outside the UK should be considered as capable of amounting to an UPC matter if it would be regarded as equivalent to an offence within the UK.
47. The IC should consider the nature and circumstances of the criminal offence, in deciding whether or not it has material relevance, and should refer to the Code and any guidance in force at the time the criminal offence occurred.
48. IC panels will be aware that at a PCC hearing, production of a certificate of conviction ("a certificate purporting to be under the hand of a competent officer of a court in the United Kingdom that a person has been convicted of a criminal offence" or an extract conviction of a court in Scotland) must be treated as conclusive evidence of the offence committed. The only evidence which a registrant can present to dispute the conviction in those circumstances is evidence to prove that they are not the person referred to in the certificate or extract.

#### **Matters which are highly likely to be found to constitute a "case to answer"**

49. The IC should bear in mind that the following are viewed by the GCC as being particularly serious matters. 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:
- 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;
  - 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 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.

50. This list is not exhaustive and is not intended to be inflexible. Each allegation must be considered on its own merits, and there may be circumstances associated with allegations falling within these categories which mean that, nonetheless, it is appropriate for an IC panel to decide that there is no case to answer.

## **Matters to Consider**

51. Whether there is a case to answer is a matter for the IC's judgement.
52. Each case will turn on its own facts – even if it bears similarities to other cases. The IC must exercise its judgement in each individual case.
53. It is not the IC's role to determine whether those facts are proved or to determine that they amount to the relevant allegation – that is the remit of the PCC or the HC.
54. The IC should consider each element of the concerns raised, to see whether there is evidence to support the facts alleged and whether those facts would amount to the statutory ground.
55. In applying the criteria annexed to this guidance containing factors that may assist the IC, the IC should bear in mind that matters that are not usually capable of amounting to UPC, should generally not be referred to the PCC.
56. In the unusual event the IC remains unsure about whether it is satisfied that the evidence taken at its highest, could lead a Practice Committee to make a finding of UPC, PI or impairment by reason of physical and/or mental condition, it should favour referral to the Practice Committee.

## **Public Interest**

57. The IC should take into account the public interest when determining whether to refer an allegation to a hearing. The IC should consider whether the public interest requires that matters are fully and properly investigated and resolved at a hearing.
58. As part of the final stage assessment, the IC should also consider whether it is not in the public interest for the case to proceed further because of a special or sufficient reason. For example, because of the continuing ill health of the registrant; or the registrant appears to have full insight into the alleged conduct and undertaken remediation; or the allegations refer to matters that occurred many years ago.



59. The IC will look at how much risk of harm to patients was caused by the Chiropractor in the past. They will also ask how serious the possible harm was, and whether there would be similar risks if the incidents or issues happened again.
60. The IC will consider whether there's a realistic possibility of the issues or incidents happening again. Important questions to ask in this case include:
- will it be easy for the Chiropractor to remedy the concerns that led to the concerns?
  - how much insight have they shown?
  - what steps have they taken to remedy the failings?
  - what is the risk of the failings happening again?

## **Evidence**

61. In deciding whether or not there is a case to answer the IC should have regard to all the information and evidence before it. The IC should not second guess whether a Practice Committee would exercise its discretion to admit evidence which might not ordinarily be admissible, or what weight it would give to such evidence; these are properly matters for the Practice Committee.
62. The IC should not try to resolve significant conflicts of evidence. However, in assessing the weight of the evidence, the IC may take into account that there is other information/additional evidence that supports one version of a dispute over another. A conflict of evidence does not necessarily mean that the allegation should be referred to the PCC. The IC should bear in mind that where there is a plain conflict between the two accounts, either one of which may be correct, and on one account there is evidence taken at its highest, that could lead a Practice Committee to make a finding of UPC, PI or impairment by reason of physical and/or mental condition the conflict should be resolved by the PCC or HC. However, evidence that is fanciful, irrational, implausible or self-contradictory, as to render it unworthy of belief, may be rejected by the IC.

## **No case to answer - Closure of an allegation**

63. An allegation should be closed when the IC considers that there is no case to answer on:
- the facts alleged; and/or
  - the allegation as a whole; or
  - in the case of a conviction, if the IC concludes that the criminal offence in question has no material relevance to the registrant's fitness to practise chiropractic.
64. If the IC decides that there is no case to answer, it closes the allegation and no further action is taken.

## No case to answer - advice

65. There is no explicit power contained within the Act or the Rules which provides that the IC can issue advice to a registrant. However, in *Spencer v General Osteopathic Council*<sup>8</sup>, Mr Justice Irwin considered there was 'nothing to prevent the PCC from giving advice' to a registrant where allegations have been made out, and which constitute a breach of the Osteopathic Practice Standards (OPS), but where neither professional incompetence nor unacceptable professional conduct is made out. Correspondingly, the IC may offer advice to a registrant in connection with his or her future conduct, performance or practice, where it is appropriate.
  66. Any advice given should be relevant to the allegations that are being considered by the IC. The IC may also wish to consider the extent to which admissions have been made by the registrant when deciding whether advice is appropriate. The advice should be designed to ensure future compliance with the Code and should clearly identify where the registrant needs to reflect on his or her future conduct or performance.
  67. The IC should carefully consider whether specific advice can adequately deal with the issue. Advice may be appropriate where the evidence taken at its highest, could not lead a Practice Committee (PCC/HC) to find the matter proved or where there are no aggravating factors or there is some evidence the registrant's conduct has fallen below the standards expected of a chiropractor but not so far below so that it could lead a Practice Committee to make a finding of unacceptable professional conduct.
  68. If the IC decides advice is appropriate and proportionate, it should clearly set out what that advice should be. It should form part of the IC reasons for its decision, and be included in the outcome letter sent to the registrant.
- Note: Any advice issued does not affect a registrant's registration status and will not be recorded on the Register of Chiropractors as it is not a formal sanction, nor would any restrictions be placed on the chiropractor's registration. However, the fact that advice was issued will become part of the registrant's fitness to practise history.
69. The IC should be mindful of the impact closing a case can have on the Complainant and should ensure that there is sufficient reasoning to justify their decision-making.
  70. The IC should proceed with caution in closing a case where their decision may be perceived as inconsistent with that of another public body in relation to the same or substantially the same facts (unless the IC is satisfied that the matter has been dealt with by that other body).

<sup>8</sup> *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin)

## **Matters which are not usually capable of amounting to UPC**

71. The matters set out in the annex are not usually capable of amounting to UPC and should not generally be referred to the PCC.

## **Standard of Conduct and Practice**

72. When deciding whether any alleged fact or set of facts may amount to an allegation, the IC should have regard to the standards set out in the Code. These standards will apply to events that took place on or after 30 June 2016<sup>9</sup>.

## **Adjournments for further evidence / investigation of additional concerns**

73. The IC should adjourn a case when it has insufficient evidence on which to reach a decision. It may also be appropriate for the IC to adjourn consideration of a case when additional concerns are apparent but there is inadequate information to suggest that these concerns have been properly investigated to enable the IC to determine whether there is a case to answer.
74. The IC should set out clearly in its reasons what additional information is required.
75. In these circumstances the IC must adjourn consideration of the allegation, pending further evidence / the investigation of the additional concerns it has identified.
76. Once a matter has been referred for a hearing by the IC, there is no mechanism under the GCC legislation (as there is with some regulators) for a case to be referred back to the IC for a review of its decision.

## **Amendments**

77. Where the IC panel is provided with a draft allegation by the GCC, those particulars of allegation are drafted at an early stage in the investigative process. The IC should ensure that the particulars of concern are a fair and proper representation of the case. If the IC varies or amends an allegation in a materially adverse way, the registrant concerned should be given a further opportunity to make observations on the revised allegation before a final 'case to answer' decision is made.

## **Indemnity**

78. Chiropractors are required by law to have appropriate professional indemnity insurance (PII) in place. Section 37 of the Act states that a failure to comply with the appropriate indemnity arrangements may be treated as UPC.

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<sup>9</sup> For events that occurred before this day, the IC should have regard to the Code of Practice and Standard of Proficiency (June 2010) and (Dec 2005)

79. Chiropractors must have appropriate arrangements in place for patients to seek compensation if they suffer harm. The IC should consider whether a registrant had appropriate indemnity insurance during the period alleged and should not be persuaded merely by the fact that a registrant may have ceased working or has since obtained retrospective indemnity cover for the alleged period.

## **Referral to a Practice Committee**

80. If the IC decides in accordance with s20 of the Chiropractors Act that there is a case to answer on the allegation under consideration, it should identify to which Practice Committee the allegation should be referred. The IC shall:
- refer an allegation of UPC, PI or conviction to the PCC; and
  - refer an allegation of serious impairment of ability to practise due to an adverse physical and/or mental health condition to the HC.

## **GCC Executive Recommendations**

81. The Executive (the GCC Executive means staff who are employed by the GCC) may make recommendations to assist the IC with the consideration of a case. The recommendations may offer a suggestion on how to dispose of a particular case or offer amendments to the allegations. Where the Executive makes any recommendations, they are shared with the registrant in advance of the IC meeting to consider the case. This information is provided as guidance only and is not intended to fetter the independence of the IC. In all cases the IC must exercise its own independent judgement, with appropriate advice from the legal assessor where appropriate, in deciding whether there is a case to answer.

## **Providing Written Reasons**

82. The legislative framework within which the IC operates requires the IC to notify both the registrant and the Complainant of its decision as to whether or not there is a case to answer<sup>10</sup>. Clear and adequate reasons should be given for every decision an IC makes and reasons should be clear and intelligible but do not need to be lengthy or identify each individual piece of information taken into account.
83. The IC should aim to provide reasons that are adequate and sufficient to allow readers to understand in broad terms why a particular decision has been reached. The reasons must be appropriate in the circumstances of the case and leave the reader with a clear understanding of:
- the decision made;
  - why the decision was made; and
  - how the decision was reached.

<sup>10</sup> section 20(12)(a) and section 20(13) Chiropractors Act 1994

84. The reasons should include the following:

- the evidence/information the IC took into consideration;
- the decision made;
- which areas of concern have been referred and which have not;
- why the decision was made;
- how the decision was reached (including the case to answer test);
- why any advice or material (including any expert evidence) was accepted or rejected, if this happened;
- any advice the IC received from the legal assessor;
- why the IC chose not to follow any guidance and/or the advice of the legal assessor;
- if the IC panel has departed from any presumption within this guidance, explain why.

### **Interim suspension powers of the IC**

85. The Act and the Rules provide that, where the IC is investigating an allegation against a registered chiropractor, it may order the Registrar to suspend the chiropractor's registration if it is satisfied that it is necessary to do so in order to protect members of the public whilst those allegations are investigated.

86. The IC will be asked to consider an interim suspension order (ISO) when an allegation has been made about the Chiropractor and which raises immediate concerns about the protection of the public. Such allegations may include one or more of the following (which is a non-exhaustive list):

- A criminal investigation, charge or conviction for serious offences;
- Sexual or violent misconduct or indecency;
- Misuse of the patient / healthcare professional relationship by the chiropractor
- Serious departures from the Code;
- Dishonesty or fraudulent behaviour especially where it is linked to the chiropractor's practice or dealings with patients;
- Failure to have adequate professional indemnity insurance;
- Risk of patient harm due to the chiropractors' health, including alcohol or drug abuse.

87. The IC panel may only make an ISO if it satisfied that it is necessary to suspend the chiropractor's registration in order to protect members of the public. The IC has no legal power to order an ISO on any other basis, such as the wider public interest<sup>11</sup>.

<sup>11</sup> Note that this is a narrower test than that which may apply for other healthcare regulators, who may impose an order if it is in the public interest, or the interests of the registrant, to do so.

88. In addition:

- the ISO must specify the period of suspension, which must not exceed two months;
- The IC panel may not make more than one ISO in respect of the same allegation;
- The IC may not make an ISO in respect of any allegation that it has already referred to a Practice Committee;
- the registrant concerned shall be given an opportunity to appear before it to argue their case against the making of the proposed ISO;
- the registrant has the right to be legally represented at any hearing;
- the IC should ensure that its decision is recorded in writing.

### **The test to be applied**

89. There is only **one** statutory ground whereby the IC may impose an ISO and that is where it is satisfied that it is necessary to do so in order to protect members of the public. The test is one of necessity. What this means is that the IC must be satisfied that there is a real continuing risk (actual or potential) to patients, colleagues or other members of the public if an ISO is not made. This requires the IC to look to the future, albeit in light of what is alleged to have occurred in the past. What is crucial in any assessment undertaken by the IC is the nature of the wrongdoing alleged against the chiropractor. Assessing the risk involves a consideration of the following:

- The nature and seriousness of the allegation(s) made about the chiropractor;
- The likelihood of the alleged conduct being repeated if an ISO was not imposed;
- The severity of harm likely to result should the alleged conduct be repeated;
- The weight of the information or evidence.

90. The IC should take into account any concessions made by the registrant about the truth of the allegation. The IC must permit both parties to make their submissions on the need for an interim order. For that purpose it must consider the nature of the evidence on which the allegation is based. The registrant may also give evidence to establish that the information before the IC is manifestly unfounded or exaggerated.

91. However, if an allegation is denied, it is not the function of the IC in interim order hearings to determine the veracity of the allegation or make a finding of fact against the registrant. The IC can expect that the allegation has been made or confirmed in writing, albeit that it might not be reduced to a formal witness statement.

92. The IC will need to consider the source of the complaint. If there is evidence that the allegation is unfounded the IC must take that evidence into account.
93. An ISO is capable of giving rise to serious consequences for the future professional career of a chiropractor, as well as creating immediate consequences of hardship. The IC may receive and assess any evidence on the effect of an interim order on the registrant and he / she is entitled to give evidence on this. This must be taken into account by the IC in conducting a balancing exercise as to whether the imposition of the ISO is proportionate to the risk it has identified. For example, would the consequences of an ISO for the registrant be disproportionate to the risk the IC is seeking to prevent.
94. The IC panel may take advice from a Legal Assessor at ISO hearings. The Legal Assessor plays no role in the IC's decision making.
95. At a hearing of an application for an ISO either a GCC Committee Secretary or Usher is present to provide support, and to liaise with the parties and witnesses and to facilitate the smooth running of the hearing. They do not retire with the IC and play no part in the decision-making process.
96. The IC panel must provide reasons, in the form of a written determination, when it considers an ISO application. The reasons should include:
- a summary of the main submissions made by the parties or their representatives;
  - any relevant codes;
  - the risk posed by the registrant to public protection;
  - why the ISO is proportionate to the risk identified by the IC after balancing this with the interests of the registrant;
  - reason(s) for any period of time the IC recommends the ISO should be imposed for.

## Useful reading

The following documents may provide useful further information:

- Chiropractors Act 1994
- General Chiropractic Council (Investigating Committee) Rules Order of Council 2000
- Code of Practice and Standards of Proficiency
- Guidance on Advertising
- Guidance on Candour
- Guidance on Confidentiality
- Guidance on Consent
- Guidance on Maintaining Sexual Boundaries
- Guidance on the use of Social Media
- Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals (Council for Healthcare Regulatory Excellence, January 2008)
- Guidance on Sanctions
- IR(ME)R Explanation Guide and Procedures
- GCC Governance Manual
- Threshold Criteria



## **Annex - Matters which are not usually capable of amounting to UPC**

The following are not usually capable of amounting to UPC and should not generally be referred to the PCC:

- Complaints about note-taking and record-keeping which do not suggest incompetence or negligence of a high degree.
- Complaints that do not fall within the statutory grounds of Section 20 of the Act.
- Vexatious complaints, where the Complainant:
  - repeatedly fails to identify the precise issue that he or she wishes to complain about
  - frequently changes the substance of the complaint or continually seeks to raise new issues
  - appears to have brought the complaint solely for the purpose of causing annoyance or disruption to the registrant.
- Complaints that are anonymous and cannot be otherwise verified.
- Complaints in which the Complainant refuses to participate and/or provide evidence in which the allegation cannot be verified or proved.
- Complaints that relate to disputes between registrants and patients about fees or costs of treatment. Provided there is no allegation of dishonesty or intent to mislead.
- Complaints that:
  - seek to reopen matters which have been the subject of an employment tribunal or civil proceedings
  - seek to pre-empt or influence the outcome of other regulatory or civil proceedings
  - are within the concurrent jurisdiction of the GCC and another regulator and should be made to that regulator initially
  - complaints that amount to a difference of professional opinion. Provided the opinion is accepted as proper and reasonable by a responsible body of Chiropractor who are skilled in that particular area of practice or the opinion is reasonably held and capable of withstanding logical analysis.
- Complaints that relate to employment disputes.
- Complaints about contractual disputes, including arrangements for lease of premises and facilities.
- Complaints relating to business disputes, providing there is no allegation of a breach of patient confidentiality or data protection issues, including:
  - passing off/similar sounding web domain names or trading names
  - patient poaching
  - matters arising from the break-up of a principal/associate relationship.
- Complaints about a registrant's personal life (including divorce proceedings) unless the complaint relates to abusive behaviour, violence or behaviour that brings the profession into disrepute.

- Complaints that have no public protection implications but are made simply on the basis that the Complainant is aware that the other party to a dispute is a registrant (eg boundary disputes between neighbours).
- The following motoring offences, provided that drugs or alcohol are not involved and there are no potential health issues:
  - parking and penalty charge notice contraventions
  - fixed penalty (and conditional offer fixed penalty) motoring offences.
- Penalty fares imposed under a public transport penalty fare scheme.
- Complaints which relate to matters that occurred more than five years previously, unless there is a good reason why they should be referred for a hearing.



## Threshold Criteria for Unacceptable Professional Conduct

To be approved by Council

### Purpose of this document

1. The purpose of this document is to provide guidance to complainants and registrants and to the Investigating Committee (IC) of the General Chiropractic Council (GCC), about the sorts of matters that will be considered under the GCC's fitness to practise procedures.
2. In line with its overarching objective,<sup>1</sup> the fitness to practise procedures of the GCC are designed to protect the public. They are not intended to serve as a general complaints resolution process, nor are they designed to resolve civil disputes between registrants and patients.
3. Investigating allegations properly is a resource-intensive process. The public interest requires that such resources should be used effectively to protect the public and should not be diverted towards investigating matters that do not raise cause for concern.
4. The GCC considers that this approach is a proportionate response to the volume of complaints it receives, and is consistent with the principle of 'right touch regulation' promoted by the Professional Standards Authority.
5. The GCC has, in consultation with its stakeholders including public and patient representatives, [To be arranged] produced these 'threshold criteria'.
6. These criteria will guide the IC when determining whether or not to close an allegation referred it and will guide the IC when determining whether or not there is a 'case to answer'.<sup>2</sup>

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<sup>1</sup> The overriding objective of the General Chiropractic Council in exercising its functions is the protection of the public (Section 1 4(A) of the Chiropractors Act 1994).

<sup>2</sup> Section 20 (9) (c) of the Chiropractors Act 1994.

## The threshold criteria

7. The *Chiropractors Act 1994* provides that 'Unacceptable Professional Conduct' is 'conduct which falls short of the standard required of a registered chiropractor'.<sup>3</sup>
8. It also provides that a failure to comply with any provision of the Code of Practice should be taken into account but shall not, of itself, constitute Unacceptable Professional Conduct.<sup>4</sup>
9. The threshold for whether or not a complaint or allegation is capable of amounting to Unacceptable Professional Conduct was set out by the High Court in the case of *Spencer v the General Osteopathic Council*.<sup>5</sup>

Is the allegation worthy of the moral opprobrium and the publicity which flow from a finding of unacceptable professional conduct?

10. Applying this threshold, matters that are not usually capable of amounting to Unacceptable Professional Conduct, and that should therefore not generally be referred to the Professional Conduct Committee, include:

a. Complaints about note-taking and record-keeping alone	In the absence of: <ol style="list-style-type: none"> <li>i. 'incompetence or negligence of a high degree'; or</li> <li>ii. evidence of a failure to comply with relevant information governance legislation such as the <i>Data Protection Act 1998</i> (and any subsequent or amending legislation)</li> </ol>
b. Complaints that do not fall within the statutory grounds of section 20 of the <i>Chiropractors Act 1994</i>	

<sup>3</sup> Section 20 1(a) and (2).

<sup>4</sup> Section 19 (4)

<sup>5</sup> [2013] 1 WLR 1307, [2012] EWHC 3147 (Admin), at paragraphs 25 and 28 of the judgment

<p>c. Vexatious complaints, including where the complainant:</p> <ul style="list-style-type: none"> <li>i. repeatedly fails to identify the precise issues that he or she wishes to complain about;</li> <li>ii. frequently changes the substance of the complaint or continually seeks to raise new issues; or</li> <li>iii. appears to have brought the complaint solely for the purpose of causing annoyance or disruption to the registrant</li> </ul>	
<p>d. Complaints that have been made anonymously <b>and</b> cannot be otherwise verified</p>	
<p>e. Complaints in which the complainant refuses to participate and provide evidence <b>and</b> in which the allegation cannot otherwise be verified or proved</p>	
<p>f. Complaints that relate to disputes between registrants and patients about fees or the costs of treatment</p>	<p>Provided that there is no allegation of dishonesty or intent to deceive or mislead</p>
<p>g. Complaints that:</p> <ul style="list-style-type: none"> <li>i. seek to reopen matters which have already been the subject of an employment tribunal process or civil proceedings;</li> <li>ii. seek to pre-empt or influence the outcome of other regulatory or civil proceedings; or</li> <li>iii. Are within the concurrent jurisdiction of the GCC and another Regulator*</li> </ul>	

<p>h. Complaints that amount to a difference of professional opinion</p>	<p>Provided that the opinion is:</p> <ul style="list-style-type: none"> <li>i. accepted as proper and responsible by a responsible body of chiropractors who are skilled in that particular area of practice and acting responsibly; and</li> <li>ii. reasonably held and capable of withstanding logical analysis</li> </ul>
<p>i. Complaints that relate to employment disputes</p>	
<p>j. Complaints that relate to contractual disputes, including arrangements for lease of premises and facilities</p>	
<p>k. Complaints that relate to business disputes, including:</p> <ul style="list-style-type: none"> <li>i. passing off/similar sounding web domain names or trading names;</li> <li>ii. 'patient poaching'; and</li> <li>iii. matters arising from the break-up of a principal/associate relationship</li> </ul>	<p>Provided that there is no allegation of a breach of patient confidentiality or data protection issues</p>
<p>l. Complaints about a registrant's personal life (including matters arising out of divorce proceedings)</p>	<p>Unless the complaint relates to abusive behaviour or violence, or behaviour that brings the profession into disrepute</p>
<p>m. Complaints that have no public protection implications but are made simply on the basis that the complainant is aware that the other party to a dispute is a registrant (e.g. boundary disputes between neighbours)</p>	

<p>n. The following motoring offences:</p> <ul style="list-style-type: none"> <li>i. parking and penalty charge notice contraventions; and</li> <li>ii. fixed penalty (and conditional offer fixed penalty) motoring offences</li> </ul>	<p>Provided that drugs or alcohol are not involved and there are no potential health issues in relation to the registrant</p>
<p>o. Penalty fares imposed under a public transport penalty fare scheme</p>	

11. When applying the Threshold Criteria the IC must ensure that:

- a. All complaints are considered separately
- b. All evidence and observations are taken into account
- c. IC decisions are supported by full and proper reasons

**\* Cases where there is concurrent jurisdiction:**

In cases where there is concurrent jurisdiction, such as advertising matters, it makes legal and practical sense for the Advertising Standards Agency ('ASA') which is the more specialist body with regards to advertising, to conduct its own investigation pursuant to its concurrent jurisdiction. It will then be for the GCC to perform its role taking full account of any decision reached by the ASA.

As a result, complaints about advertising should generally be divided into three categories:

Category 1

- Progression for consideration by the IC directly.

Category 2

- Referral to the ASA in the first instance, before the complaint is then considered by the GCC's IC

Category 3

- Closure without further action (*closure being possible only in very limited circumstances, such as where a complaint is made against an individual who is not under the jurisdiction of GCC*).



**General  
Chiropractic  
Council**

# **GCC Consultation: On Fitness to Practice Proposals**

**1 July - 31 August 2019**



## About the General Chiropractic Council

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

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

The title of 'chiropractor' is protected by law and it is a criminal offence for anyone to describe themselves as a chiropractor without being registered with the GCC. We check that all chiropractors are properly qualified and are fit to practise before being allowed access to the profession.

## The consultation

The GCC is making some changes to the way we investigate complaints that we receive about the conduct of registrants. We call this activity – fitness to practice.

We want to be more transparent about the threshold we apply in considering such complaints, and the aspects that the GCC Investigating Committee take into account when considering whether there is a 'case to answer.' We are also considering making a minor change to standards expected by chiropractors, following our experience of handling a large volume of complaints about claims made on the websites of some chiropractors.

We are seeking your views on three aspects relating to our work in the area of Fitness to Practice:

1. The introduction of guidance to inform the decision-making of the GCC *Investigating Committee*;
2. The introduction of *guidance on threshold criteria on unacceptable professional conduct (UPC)*.
3. An amendment to the GCC Standards of Conduct, Performance and Ethics for chiropractors ("The Code")

## About the GCC Investigating Committee

The Investigating Committee (IC) is a panel of at least three people who meet in private and consider a set of cases, prepared and referred to them by the GCC fitness to practise team. It decides whether a complaint ought to be referred to a public hearing before the GCC Professional Conduct or Health Committee (the PCC and HC).

The IC decides whether there is a 'case to answer' where an allegation is brought against a chiropractor on one or more of the statutory grounds.

The statutory grounds encompass unacceptable professional conduct (UPC), professional incompetence, conviction or serious impairment by reason of the chiropractor's physical or mental health.

The IC does not hear oral evidence and makes decisions independently of the GCC. When a case is considered by the IC, it will make its own independent decision.

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**Consultation Part 1:** The introduction of guidance for the Investigating Committee's decision-making

## Why are we introducing this guidance?

The legislation that sets out the GCC's duties sets out that the IC's role and function is performed in private. We want the decisions that the IC take to be clear and transparent. It is essential that the IC is supported by guidance setting out the decision-making framework and the outcomes it can decide on.

- The IC has a range of specific guidance documents it can use when considering how to decide on the outcome of a case. We are publishing this guidance and invite views. The draft guidance sets out the relevant information that the IC needs to reach its decision. It provides information on: The role and function of the IC
- the process on how the IC makes its decisions
- how the IC issues advice to registrants further to its conclusions
- how the IC provides reasons about its decision
- how it considers a threshold (see below)
- how it makes recommendations

The purpose of the guidance is to enhance transparency and the consistency of decisions made by the Investigating Committee. It is also intended to ensure a decision is proportionate, as well as improving public confidence in the process.

**Consultation Part 2: Introduction of guidance to the Investigating Committee on criteria for determining the threshold of unacceptable professional conduct.**

## Why are we introducing this guidance?

This new guidance is for the Investigating Committee to take into account in deciding whether complaints about a registrant's conduct should be investigated or referred to a formal hearing.

A recent High Court case established a threshold for deciding whether a complaint amounts to unprofessional conduct. In the view of the Court, such conduct must carry an implication of "moral blameworthiness" and the test is whether the allegations are "worthy of the moral opprobrium and the publicity" which flow from such a finding<sup>1</sup>.

By "moral opprobrium", we understand the Court to mean that to be found guilty of unprofessional conduct, the actions of that registrant should provoke very strong public disapproval.

In April 2014, the Law Commissions of England and Wales, Scotland and Northern Ireland published their final report *Regulation of Health Care Professionals: Regulation of Social Care Professionals in England*<sup>2</sup>.

The Commissions expressed some concern about the appropriateness of regulators imposing moral judgments in what are essentially private matters under the guise of maintaining confidence in the profession.

The Commissions strongly urged the regulators – and their fitness to practise panels – to consider carefully any regulatory interventions which do not arise from the need to protect the public.

<sup>1</sup> Spencer v General Chiropractic Council [2012] 1WLR 1307, [2012] EWHC 3147 (Admin)

<sup>2</sup> (CM 8839, SG/2014/26, Law Com No 345/Scot Law Com No 237/ NILC 18(2014). Available at [http://lawcommission.justice.gov.uk/areas/Healthcare\\_professions.htm](http://lawcommission.justice.gov.uk/areas/Healthcare_professions.htm)

The Commissions also expressed the view that the pursuit of minor matters with excessive zeal would be contrary to the public interest.

Investigating allegations properly takes time and other resources. Clearly, resources should be used effectively to protect the public and should not be diverted towards investigating matters which do not raise cause for concern. This 'right touch' approach is one adopted by many other healthcare regulators.

The aim of the threshold criteria is not to reduce the GCC's costs. Rather, by publishing threshold criteria, the GCC seeks to establish a clear agreement with all stakeholders *and particularly with patients, the public and Registrants* about what matters should properly be the concern of GCC.

Complaints received by the GCC range, for example, from commercial disputes between Chiropractors, and to serious sexual abuse and dishonesty.

The aim of this consultation is to achieve agreement on matters that may merit strong public disapproval - the test referred to established by the High Court.

The draft guidance details several criteria. Complaints which fall within these criteria will not generally be considered to have met the threshold for unprofessional conduct. The expectation is that cases not meeting the threshold should not be referred to the Professional Conduct Committee.

In producing these criteria we took into account guidance published by other healthcare regulators; the recommendations made by the Law Commissions; and cases that the Investigating Committee has in the past decided should not be referred to the Professional Conduct Committee.

The draft guidance should be considered by the Investigating Committee in deciding whether or not there is a case to answer. Where a complaint did not meet the threshold it would be closed.

To promote public confidence, all cases closed by the Investigating Committee are subject to a periodic audit by the Professional Standards Authority and external audit commissioned by the GCC.

We are publishing this guidance and invite your views.

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**Consultation Part 3: An amendment to the GCC Standards of Conduct, Performance and Ethics for chiropractors ("The Code")**

## Why we are seeking to amend the Code

The Code sets standards to ensure competent and safe practice of chiropractic. The current version of the Code came into force in June 2016.

Section B3 of the Code states that registrants:

*"Use only honest, legal and verifiable information when publicising yourself as a chiropractor, advertising your work and/or your practice including on your website. The information must comply with all relevant regulatory standards."*

The Advertising Standards Authority (ASA) is the Regulatory organisation of the advertising industry in the UK. The ASA enforces the Advertising Codes which are written by the Committee of Advertising Practice (CAP). Although the GCC and ASA have concurrent jurisdiction of Chiropractors, the ASA is not referred to in Code B3.

The IC considered 290 advertising cases in 2018 and 2019 and has provided

feedback by way of lessons learned. As part of the learning for the GCC, we consider that an amendment to the Code of Practice is required so that there is clarity as to the requirements to adhere to ASA standards and guidance

We propose being more specific about referencing the ASA to make it clearer for Registrants.

The purpose of amending the Code is to provide greater clarity for Registrants by referencing ASA and relevant guidance.

The proposed minor amendment to the Code is set out below:

*Your advertising is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to the current guidance, such as the CAP Code.*

## AFTER THE CONSULTATION

As part of this consultation we will also:



## Consultation Questions:

1. Name of individual or organisation (optional)

2. Are you happy for the GCC to publish your response to this consultation?

Yes

☐

I would prefer my response to be published in a non-attributable form

☐

## Consultation questions Part 1: The introduction of guidance to inform the decision-making of the GCC Investigating Committee

The questions are set out below:

3. Do you think the *Guidance* is clear?

Yes

☐

No

☐

If no, please set out your reasons and any suggestions for improvement.

4. Do you think the *Guidance* will help the Investigating Committee (IC) decide which outcome is proportionate and appropriate?

Yes

☐

No

☐

If no, please set out your reasons and any suggestions for improvement.

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5. Do you think the *Guidance* gives clear and helpful guidance to the IC in relation to:

Issuing advice

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Executive recommendations

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Providing reasons

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

The Case to Answer test

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If you have answered no to any of the above then please set out your reasons and any suggestions for improvement.

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## Consultation questions Part 2: Introduction of guidance on Threshold Criteria on unacceptable professional conduct.

The questions are set out below:

6. Do you agree that the General Chiropractic Council (GCC) should produce guidance on the Threshold Criteria for establishing unacceptable professional conduct?

Yes ☐

No ☐

If not, please explain why you do not think that the GCC should produce this guidance.

7. Do you agree that the use of the draft *Threshold Criteria* by the Investigating Committee will make decision-making more open and transparent?

Yes ☐

No ☐

If not, please explain why you do not agree.

8. Do you agree with the criteria set out in the draft *Threshold Criteria* guidance?

Yes ☐

No ☐

If not, please explain what criteria you disagree with, and the reasons for this.



9. Please provide us with any other comments on the draft *Threshold Criteria* that you would like us to consider.

### **Consultation questions Part 3: An amendment to the GCC Standards of Conduct, Performance and Ethics for chiropractors (“The Code.”)**

The questions are set out below:

10. Do you understand why the GCC is proposing to amend the Code and is it clear?  
Please provide comments

## HOW TO RESPOND

Responses are invited by **insert date** online **[here]**. Alternatively, we are happy to receive responses by email or post. Our contact details are listed below:

[investigation@gcc-uk.org](mailto:investigation@gcc-uk.org) or

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

**Thank you for responding to the consultation**



**To: GCC Council**

**From: David Howell, Chief Executive**

**Subject: Complaints to the GCC about advertisements by registrants**

**Date: 31 March 2015**

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### **Purpose**

1. During January 2015, the GCC received complaints about the content of 43 chiropractors' websites.
2. In view of the need for an immediate decision on how these matters should be handled, I discussed in detail our proposed approach which is explained below with the Chair of Council, which she endorsed. In accordance with GCC Standing Orders, this matter is now reported to you.

### **Background**

3. As a separate item on the agenda, Council has an opportunity to discuss the changes we have needed to introduce to our FtP processes as a result of the High Court's decision in the Spencer case, which explains legally what can amount to an allegation of unfitness to practise. A letter on this subject was circulated to Council members.
4. Allegations against a chiropractor of making inappropriate claims on a website or otherwise, of course, like any other complaint of unprofessional conduct, fall to be determined by the general principles explained in the Spencer case.
5. However, there is one specific issue relating to complaints about advertising which, although not unique, affects their handling. Improper advertising is one of a number of allegations which can sometimes be made against chiropractors where other agencies or organisations may also be empowered to examine the same allegations or some aspects of them.

### **Concurrent jurisdiction**

6. Where more than one authority has the power, and sometimes even the duty, to examine the same facts, aspects of "concurrent jurisdiction" can sometimes arise. In respect of allegations against chiropractors arising from a website advertisement, both the Advertising Standards Authority (ASA) and the GCC, generally speaking, have the power to examine the facts of the case.
7. Another example of another agency with an interest in the same facts is when an allegation is made to us against a registrant, which could also amount to a criminal offence as well as unprofessional conduct. Both the police and the GCC have the power to investigate the same facts.

8. Where more than one organisation has potentially jurisdiction to investigate and/or determine the same issue, it is both sensible and lawful for one organisation to decide to allow the other to investigate and deal with the case in the first instance. This is especially true when one organisation has a particular expertise or speciality in the subject matter of the potential investigation.
9. A recent example of this practise in the public domain was the use of the Attorney General's policy in the so-called "Danny Boy" case which was finally determined by a Public Inquiry reporting to Parliament just before Christmas. Both the civil and military systems of justice had jurisdiction to decide whether or not any British person should be prosecuted for ten alleged murders and allegations of torture in Iraq. In view of their particular understanding of military operations, the Attorney General's policy was that the military authorities should decide whether or not to prosecute rather than the DPP. Their decision not to prosecute was effectively endorsed by a subsequent public enquiry which reported in December 2015.
10. The GCC effectively follows a similar practise in cases where the police have an interest in a potential allegation against a chiropractor. There is one exception to the GCC policy to await the results of the police investigation before considering whether any further action is required. This is where it is necessary to protect the public. In that situation the GCC will impose an immediate suspension order on the registrant.
11. In the past, however, the GCC has not adopted the same practise when dealing with advertising cases and instead of referring the matter in the first instance to the ASA, has dealt with these allegations by immediately referring them for formal FtP investigations.

#### **Other regulators' approach**

12. No other healthcare regulator routinely refers advertising complaints for automatic FtP investigation. One regulator has, in fact, a policy to refer all advertising matters to the ASA. We do not believe, however, that, as a responsible regulator, we can have a policy of always referring matters to the ASA. Each case must be separately considered.

#### **A new position – consequence of Spencer**

13. It is recommended that advertising cases should generally be divided into three categories:
  - 13.1. An allegation may be such that no further action is required or any involvement by the GCC (for example, where claims are made against someone who is not under our jurisdiction or the advertisement cannot reasonably be questioned). The complainant will be notified accordingly;
  - 13.2. The website allegations raise such serious issues of professional conduct (as defined by the Spencer case) that they need to be investigated immediately by the GCC (in criminal cases, the GCC will on occasion take action before the end of a police investigation to protect the public).
  - 13.3. All other advertising complaints will usually be referred to the ASA as the specialist agency. Once the ASA has concluded its determination, the case will be examined to see what, if any, further action needs to be taken by the GCC.

#### **Recommendations**

14. Council is invited to endorse these changes to our previous position.

**Agenda item:** CO-2706-9  
**Subject:** Re-appointment of the Chair of Chairs to Professional Conduct Committee (PCC)  
**Presenter:** Niru Uddin, Acting Head of FtP  
**Date:** 27 June 2019

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## **1. Summary**

Following a recommendation to Council in March 2018, David Clark (Panel Chair to Professional Conduct Committee) was appointed by the Council of the GCC as the overall Chair of the Professional Conduct Committee and the Health Committee. Mr Clark's term as Panel Chair (and as a result, overall Chair) will end on 31 August 2019.

## **2. Action required:**

The Council is asked to agree to the reappointment of David Clark as a lay chair and overall Chair of the Professional Conduct Committee and the Health Committee.

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## **3. Introduction and background**

On 1 September 2015, David Clark was appointed as a legally qualified chair of the Professional Conduct Committee for a term of 4 years.

The statutory framework under Rules 8(2) and 10(2) of the Constitution of the Statutory Committees Rules (see annex 1) provides for there to be one overall Chair of the Professional Conduct and Health Committees, appointed from amongst the panel chairs.

Following a recommendation to Council in March 2018, David Clark was appointed by the Council of the GCC as the overall Chair of the Professional Conduct Committee and the Health Committee.

At the meeting of the Council in December 2018, a decision was made to reconsider our reliance on legally qualified chairs. The Council approved the recommendation to use lay chairs for hearings and meetings and no longer appoint legally qualified chairs to the Committee – albeit not prevent legally qualified people serving as committee members or Chairs. It was agreed that the transitional arrangements allow for legally qualified chairs to continue to sit and be remunerated as per their appointment terms until the end of their contracts, in August 2019.

David Clark's term as a legally qualified chair ends on 31 August 2019.

#### **4. Implications**

There are no matters that need to be brought to your attention regarding David Clark's performance in considering re-appointment. The powers of Council to re-appoint are contained in "The GCC (Constitution of the Statutory Committees) Rules 2009.

##### **a. Strategic**

The overall Chair of the Professional Conduct Committee and Chair of the Health Committee performs an important function in providing an appropriate balance between accountability to the GCC Council for the effective operation of panels, while maintaining the independence of their decision-making. The Chair is required to report annually to the GCC Council on the work of the two Committees and a key part of the role is to work with all of PCC members, the legal assessors, and the executive team to ensure the fairness and efficiency of the hearing process.

The Chair will also be working on the performance review system for members of the committee, as well as ensuring that members are provided with relevant feedback from external sources such as case-law and Professional Standards Authority reports. As such, this is a crucial role which David Clark has been undertaking and we recommend that he continues to do following his reappointment as a lay chair.

##### **b. Legal or Risk implications**

This early reappointment of David Clark as a lay chair will ensure the GCC has sufficient cover for any PCC hearings over August – September 2019 prior to the next Council meeting in September 2019.

The subsequent reappointment of David Clark as Chair of Chairs will allow him to lead the reappointment process for extant lay members of the PCC to be appointed as Chairs as legally qualified chairs retire, and ensuring there are adequate arrangements in place for the chairing of subsequent Professional Conduct Committee hearings.

If Council is content we seek your agreement to the re-appointment of lay members of the Professional Conduct Committee as chair prior to the Council meeting in September 2019. This provides for flexibility in the event that Mr Clarke is unable to act as chair of a panel in September 2019. Council's approval will be needed which we will need to obtain by correspondence.

##### **c. Equality Implications**

There are no equality implications arising from this paper.

#### **d. Communication Implications**

There are no communications implications arising from this paper.

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#### **5. Recommendations and next steps**

The Council is asked to discuss and agree the re-appointment of David Clark as a lay chair of the Professional Conduct Committee and re-designate him as the overall Chair of the Professional Conduct and Health Committees, for four years.

The powers of Council to re-appoint are contained in the GCC (Constitution of the Statutory Committees) Rules 2009.

The Council is also asked to agree that the reappointments of lay panel Chairs takes place prior to the next meeting of the Council in September 2019.

#### **6. Attachments**

- Annexe 1 – The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009.
- Annexe 2 – The General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2009.

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S T A T U T O R Y   I N S T R U M E N T S

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**2009 No. 26**

**HEALTH CARE AND ASSOCIATED PROFESSIONS**

**CHIROPRACTORS**

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

<i>Made</i> -       -       -       -	<i>9th January 2009</i>
<i>Laid before Parliament</i>	<i>15th January 2009</i>
<i>Coming into force</i> -   -	<i>9th February 2009</i>

The General Chiropractic Council has made the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009, which are set out in the Schedule to this Order, in exercise of the powers conferred by section 35(2) of, and paragraphs 16(2), 17(4), 25, 30, 34 and 38 of Schedule 1 to, the Chiropractors Act 1994(a).

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

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

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

*Judith Simpson*  
Clerk of the Privy Council

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



## SCHEDULE

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

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

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

## PART 1

### Introductory

#### Citation, commencement and interpretation

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

(2) In these Rules—

“the Act” means the Chiropractors Act 1994;

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

- (a) once the period for bringing an appeal has expired without an appeal being brought; or
- (b) if an appeal is brought in accordance with those rights, once those rights have been exhausted;

“lay person” means a person who—

- (a) is not and never has been a registered chiropractor; and
- (b) does not hold qualifications which would entitle them to apply for registration under the Act;

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

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

“spent conviction” means—

- (a) in relation to a conviction in a court in Great Britain, a conviction that is a spent conviction for the purposes of the Rehabilitation of Offenders Act 1974(a); or
- (b) in relation to a conviction by a court in Northern Ireland, a conviction that is a spent conviction for the purposes of the Rehabilitation of Offenders (Northern Ireland) Order 1978(b).

## PART 2

### Provisions specific to each statutory committee

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

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

- (a) 5 members who are members of the General Council, appointed by it;
- (b) 5 members who are not members of the General Council but who are appointed by it; and
- (c) any members the Education Committee co-opts, if they are approved by the General Council in accordance with rule 11 and subject to a maximum number of 5 co-opted members.

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

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

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(a) 1974 c.53.

(b) S.I. 1978/1908 (N.I. 27).

### **Appointment of the ordinary members of the Education Committee who are members of the General Council**

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

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

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

(3) Members may not nominate themselves.

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

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

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

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

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

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

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

### **Chair and deputy chair of the Education Committee**

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

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

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

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

- (a) if that person ceases to be a member of the Education Committee;
- (b) if that person resigns as its chair, which that person may do at any time by a notice in writing to the General Council;
- (c) if that person's membership of the General Council is suspended by the Privy Council or provisionally suspended by the General Council; or

- (d) if the General Council votes (and that person may not participate in the vote) to terminate that person's appointment as chair.

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

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

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

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

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

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

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

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

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

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

#### **Chair and deputy chair of the Investigating Committee**

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

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

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

- (a) if that person ceases to be a member of the Investigating Committee;
- (b) if that person resigns as its chair, which that person may do at any time by a notice in writing to the General Council;

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

(d) if the General Council votes to terminate that person's appointment as chair.

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

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

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

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

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

(d) if the General Council votes to terminate that person's appointment as deputy chair.

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

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

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

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

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

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

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

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

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

(a) a registered chiropractor;

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

(c) the person chairing the meeting (who may also be the one necessary lay person, mentioned in sub-paragraph (b)), who must be a person appointed in accordance with rule 8(1).

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

### **Chairing of the Professional Conduct Committee**

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

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

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

- (a) the inviter must invite another panel chair to those proceedings; and
- (b) that panel chair shall chair the proceedings in place of the chair of the Committee.

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

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

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

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

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

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

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

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

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

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

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

- (a) a registered chiropractor;
- (b) a lay person (who may or may not be the person chairing the meeting);
- (c) the person chairing the meeting (who may also be the one necessary lay person, mentioned in sub-paragraph (b)), who must be a person appointed in accordance with rule 10(1).

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

### **Chairing of the Health Committee**

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

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

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

- (a) the inviter must invite another panel chair to those proceedings; and
- (b) that panel chair shall chair the proceedings in place of the chair of the Committee.

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

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

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

## **PART 3**

### **Common provisions**

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

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

- (a) a curriculum vitae of the proposed member; and
- (b) an explanation of the reasons for the request for the proposed member’s co-option.

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

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

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

#### **Disqualification from appointment to any statutory committee**

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

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

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

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(a) 1990 c.40; section 7 was repealed by the Charities and Trustee Investment (Scotland) Act 2005 (asp 10), Schedule 4, paragraph 7(b).  
 (b) 2005 asp 10.  
 (c) 1986 c.46.  
 (d) S.I. 1989/2404 (N.I. 18).  
 (e) S.I. 2002/3150 (N.I. 4); relevant amendments were made by S.I. 2005/1454 (N.I. 9).  
 (f) Section 429(2) was amended by the Enterprise Act 2002 (c.40), Schedule 23, paragraph 15.  
 (g) 2006 c.47.  
 (h) S.I. 2007/1351 (N. I. 11).  
 (i) 2007 asp 14.



- (iii) a decision that had the effect of only allowing the person to practise that profession subject to conditions;
- (h) has at any time been subject to any investigation or proceedings concerning his conduct, professional competence or health by the General Council, where the final outcome was that—
  - (i) the person's registration in the register was suspended,
  - (ii) the person was removed from the register (for a reason connected to the person's conduct, professional competence or health), or
  - (iii) the person's registration in the register was made subject to an order imposing conditions with which the person must comply; or
- (i) has at any time been subject to any investigation or proceedings relating to an allegation that the person's entry in the register was fraudulently procured—
  - (i) in the course of which the person's registration was suspended and that suspension has not been terminated, or
  - (ii) the final outcome of which was the removal of the person's entry in the register;
- (j) is subject to any investigation or proceedings concerning—
  - (i) the person's conduct, professional competence or health by the General Council, or
  - (ii) the person's fitness to practise by any licensing body,
 and the General Council is satisfied that the person's membership of the statutory committee would be liable to undermine public confidence in the regulation of registered chiropractors; or
- (k) has at any time been convicted of an offence elsewhere than in the United Kingdom and the Council is satisfied that the person's membership of the committee would be liable to undermine public confidence in the regulation of registered chiropractors.

#### **Removal of statutory committee members from office**

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

- (a) the member resigns, which a member may do at any time by a notice in writing to the General Council;
- (b) in the case of—
  - (i) a member appointed in part because they were a registered chiropractor, that member's registration lapses,
  - (ii) a member appointed in part because they were a lay person, that member ceases to be a lay person;
- (c) the member becomes a person of the type mentioned in rule 12(c) or (d);
- (d) the member becomes a person of the type mentioned in rule 12(a), (b) or (e) to (g), whether or not they thereafter cease to be such a person or a sanction mentioned in those provisions is lifted;
- (e) in the case of a registered chiropractor, the member becomes subject to any investigation or proceedings concerning his conduct, professional competence or health by the General Council, where the final outcome is that—
  - (i) the member's registration in the register is suspended by virtue of a suspension order,
  - (ii) the member is removed from the register, or
  - (iii) the member's registration in the register is made subject to a conditions of practice order;
- (f) in the case of a registered chiropractor, the member becomes subject to any investigation or proceedings relating to an allegation that the member's entry in the register was

fraudulently procured or incorrectly made, the final outcome of which is the removal of the member's entry in the register;

- (g) the General Council is satisfied that the member's level of attendance at meetings of the committee falls below a minimum level of attendance acceptable to the General Council, having regard to—
  - (i) any recommended minimum levels of attendance that the General Council has set in their standing orders, and
  - (ii) whether or not there were reasonable causes for the member's absences;
- (h) the General Council is satisfied that the member has failed, without reasonable cause, to undertake satisfactorily the requirements with regard to education, training and appraisal for members that apply to that member and which the General Council has included in their standing orders;
- (i) the General Council is satisfied that the member has disclosed or caused to be disclosed, without reasonable cause, confidential information relating to or in connection with proceedings of the committee;
- (j) the General Council is satisfied that the member is no longer able to perform their duties as a member of the statutory committee because of adverse physical or mental health;
- (k) the General Council is satisfied that the member's continued membership of the statutory committee would be liable to undermine public confidence in the regulation of registered chiropractors.

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

### **Suspension of statutory committee members from office**

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

- (a) if the General Council has reasonable grounds for suspecting that the member has become a person to whom rule 13(1)(b)(ii) to (d) applies, for the purposes of determining whether or not the member has become such a person;
- (b) while the General Council is considering whether or not it is satisfied as to the matters set out in rule 13(1)(g) to (k);
- (c) if the member is subject to any investigation or proceedings concerning—
  - (i) the member's conduct, professional competence or health by the General Council, or
  - (ii) the member's fitness to practise by any licensing body,
 and the General Council is satisfied that it would not be appropriate for the member to continue to participate in the work of the statutory committee while the investigation is or proceedings are ongoing;
- (d) if the member is subject to any investigation or proceedings concerning whether the member's entry in the register was fraudulently procured or incorrectly made and the General Council is satisfied that it would not be appropriate for the member to continue to participate in the work of the statutory committee while the investigation or proceedings concerning the member's entry in the register is or are ongoing;
- (e) if the member is subject to any investigation or proceedings in the United Kingdom relating to a criminal offence, or in any other part of the world relating to an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence, and—
  - (i) either—
    - (aa) the investigation or proceedings relate to an offence involving dishonesty or deception, or

- (bb) the final outcome of the investigation or proceedings may be that the person is sentenced to a term of imprisonment or detention, and
  - (ii) the General Council is satisfied that it would not be appropriate for the member to continue to participate in the work of the statutory committee while the investigation or proceedings is or are ongoing.
- (2) The notice in writing under paragraph (1) shall set out the reasons for the suspension and the duration of the period of suspension, which shall (in the first instance) not be for more than 6 months.
- (3) The General Council—
- (a) may at any time review a suspension of a member of a statutory committee by it; and
  - (b) shall review any suspension of a member by it after 3 months from the start of the period of suspension, if requested to do so by the suspended member.
- (4) Following a review, the General Council may—
- (a) terminate the suspension;
  - (b) if that review is within 3 months of the end of a period of suspension, extend the suspension for a further period of up to 6 months from the date on which the suspension would otherwise come to an end.
- (5) The General Council shall notify the suspended member in writing of the outcome of any review and that notice shall include the reasons for any decision taken.

#### **Effect of vacancies etc. on the validity of proceedings**

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

## **PART 4**

### **Part heard cases on 8th February 2009**

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

- 16.—**(1) Subject to paragraph (2), where the Registrar exercises the Registrar's powers of direction under rule 7(8) and 8(5)—
- (a) the composition of the Professional Conduct Committee for the proceedings or the stage of proceedings in question shall be the composition of the Committee on 8th February 2009;
  - (b) the quorum of the Professional Conduct Committee shall be 4, of whom at least 3 shall be persons who were members of the General Council on 8th February 2009; and

- (c) the chairing arrangements for the Committee shall be those set out in paragraph 36 of Schedule 1 to the Chiropractors Act 1994, as in force on 8th February 2009, except that references to the General Council shall be construed as references to the General Council as on 8th February 2009.

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

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

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

- (a) the composition of the Health Committee for the proceedings or the stage of proceedings in question shall be the composition of the Committee on 8th February 2009;
- (b) the quorum of the Health Committee shall be 5 (none of whom need be registered medical practitioners) of whom at least 3 shall be persons who were members of the General Council on 8th February 2009; and
- (c) the chairing arrangements for the Committee shall be those set out in paragraph 40 of Schedule 1 to the Chiropractors Act 1994, as in force on 8th February 2009, except that references to the General Council shall be construed as references to the General Council as on 8th February 2009.

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

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



*Linda Stone*  
Member

*Michael Kondracki*  
Member

## EXPLANATORY NOTE

*(This note is not part of the Order)*

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

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

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

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

Part 4 deals with cases before the Health and Professional Conduct Committees that are ongoing on the day the Rules come into force. Provision is made so that these cases can be taken forward by these committees as constituted on the day before the Rules come into force, where the Registrar of the GCC so directs, rather than by these committees as newly constituted on 9th February 2009.

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STATUTORY INSTRUMENTS

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**2009 No. 26**

**HEALTH CARE AND ASSOCIATED PROFESSIONS**

**CHIROPRACTORS**

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

£5.00



## HEALTH CARE AND ASSOCIATED PROFESSIONS

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

12th October 2009

2nd November 2009

This Order may be cited as the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2009 and shall come into force on 2nd November 2009.

*Judith Simpson*  
Clerk of the Privy Council

(a) 1994 c.17: section 35(2), and paragraph 16(2) were amended by, and paragraph 30 was substituted by, SI 2008/1774.  
Paragraph 30A was inserted by SI 2009/1182



## SCHEDULE

### THE GENERAL CHIROPRACTIC COUNCIL (CONSTITUTION OF THE STATUTORY COMMITTEES) (AMENDMENT) RULES 2009

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

#### **Citation and commencement**

1. These Rules may be cited as the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules 2009 and shall come into force on 2nd November 2009.

#### **Amendments of the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009**

2. The General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009(a) are amended as follows:

3. In rule 5 (the Investigating Committee: composition, terms of office of ordinary members and quorum)—

(1) for paragraph (1) substitute the following paragraphs—

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

(1A) Members of the Investigating Committee may attend only the proceedings of the Committee that they are invited to attend by the Registrar, or by a person duly authorised on the Registrar’s behalf to invite them.

(1B) If the members of the Investigating Committee who are attending particular proceedings propose to co-opt a member for the purposes of consideration of those proceedings, approval for the co-option must be sought in accordance with rule 11.”;

(2) after paragraph (3) insert the following paragraph—

“(3A) The panel of ordinary members and any co-opted members attending particular proceedings of the Investigating Committee may perform any functions of the Committee that are relevant to those proceedings.”; and

(3) for paragraph (4) substitute the following paragraph—

“(4) The quorum for the Investigating Committee (that is, for panels of members as mentioned in paragraph (3A)) shall be 3, of which at least one must be—

- (a) a registered chiropractor;
- (b) a lay person (who may or may not be the person chairing the meeting);
- (c) the person chairing the meeting (who may also be the one necessary lay person, mentioned in sub-paragraph (b)), who must be a person appointed in accordance with rule 6(1).”.

4. For rule 6 (Chair and deputy chair of the Investigating Committee) substitute the following rule—

---

(a) Schedule to S.I. 2009/26

**“Chairing of the Investigating Committee**

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

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

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

- (a) the inviter must invite another panel chair to those proceedings; and
- (b) that panel chair shall chair the proceedings in place of the chair of the Committee.

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

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

Given under the official seal of the General Chiropractic Council this 15th day of September 2009



*David Plank*  
Member

*Roger Creedon*  
Member

## EXPLANATORY NOTE

*(This note is not part of the Order)*

The Rules approved by this Order amend the General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009.

Rules 3 amends the composition of the Investigating Committee of the General Chiropractic Council (“the GCC”) to provide for a membership of not more than 30 persons, including registered chiropractors and lay persons, whose names will be on a list maintained by the GCC. Panels of members drawn from the membership list will be invited to attend particular proceedings and the quorum for the committee will be reduced from 5 to 3 members.

Rule 4 amends the chairing arrangement for the Investigating Committee to provide for each panel to be chaired by a panel chair, appointed by the GCC – and one of the panel chairs will be designated by the GCC as the overall chair of the committee.

By these Rules, the provisions for the composition, quorum and the chairing of the Investigating Committee will become the same as those currently for the Professional Conduct Committee and the Health Committee of the GCC.

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**Agenda item:** CO-2706-10  
**Subject:** Registrations Update  
**Presenter:** Jamie Button, Registrations Manager  
**Date:** 27 June 2019

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## **1. Summary**

The purpose of this paper is to bring Council up to date with registration matters since the previous meeting of Council.

**2. Action required:** For information.

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## **3. Background**

This paper provides an update on developments within the registrations team including a review of registration processes, CPD consultation and also publication of a joint statement on reflective practice in collaboration with other healthcare regulators.

### **Continuing Professional Development consultation**

The GCC ran a consultation from 1 May to 12 June 2019 on a proposed change to the CPD summary that registrants complete annually, in which they set out the professional development they have completed during the year. While we are not able to vary the scheme itself, which would require legislative change, it is within our remit to alter the details returned to us by registrants in their annual summary.

Our proposal is to remove some components of the learning cycle that do not aid in assuring us that chiropractors have undertaken learning, and replace them with a reflective summary of their whole learning experience for that year. It will remain a requirement to list the learning activities undertaken as required by the GCC (Continuing Professional Development) Rules 2004 to at least meet the minimum requirement of 30 hours in total, 15 of which must include learning with others.

Although we have not yet fully completed an analysis of the results, preliminary findings suggest that registrants are broadly in favour of the proposal. In total 330 responses have been received including 317 from chiropractors, representing 10% of the profession.

What we have noted from the results is some confusion around the wording of the information requested, which we will seek to clarify before going live with any changes.

The next step will be for the Education Committee to review a report of the consultation responses and make a decision as to whether to accept the proposal. If they do so we will liaise further with the developers of our Customer Relationship Management system (CRM) to ensure that the online system for registrants that will need to be developed includes suitable functionality. It is anticipated that the revised summary will be available for registrants to complete their 2018/ 19 returns later in the year, but with the proviso that as we are at very early stages of the CRM's development, the timeframe depends upon a full developer assessment of the requirements. We therefore do not plan to audit any CPD returns this year, but will review returns later in 2019 to ensure that the IT functionality works correctly and that registrants understand the requirements, with a view to undertaking any remedial action, such as amending guidance.

If the Education Committee does not accept the proposal, the system currently in place will remain for the 2018/ 19 CPD year.

### **Registration process review**

The registrations team has undertaken an extensive review of registration processes to ensure they are as efficient as possible and fit for purpose. This has been achieved by investigating the approach of other regulators, taking into consideration the constraints of GCC legislation and also current best practice. The review has been completed and the outcomes are being fed into the development of the CRM. It is envisaged that online self-service will increase allowing applicants and registrants to take control of their own data and thereby freeing up staff time. Given the phased approach to implementation of the CRM it is anticipated that moving part of the initial registration application process online will be in the first quarter of 2020.

### **Statement on the benefits of being a reflective practitioner**

On 18 June 2019, and in collaboration with the General Medical Council and other healthcare regulators, the GCC published a joint statement of support on the benefits of being a reflective practitioner. The purpose of the document is in part to encourage registrants to make time for reflection to aid development, improve wellbeing and deepen professional commitment.

The statement is a useful addition to the GCC's own publications and review of the CPD scheme to encourage a more reflective approach. We hope that registrants will find the document a helpful aid to their practice.

## **4. Implications**

### **a. Strategic**

Both the consultation on the revised CPD summary and the registration process reviews form part of the GCC's strategy and are in the 2019 business plan. While both projects are currently within the original timeframe there is potential to drift while we await implementation of the necessary IT development.

### **b. Legal and compliance.**

There are no legal or compliance implications resulting from this paper.

### **c. Risk assessment / analysis**

<b>Identified risk</b>	<b>Risk likelihood*</b>	<b>Impact of risk†</b>	<b>Strategy to manage risk</b>
A delay in implementing the revised CPD summary caused by IT	3	3	There are several options available depending on the length of delay, including requesting summaries at a date later than usual, asking for the summary in a different format or in the format currently available.
A delay in going live with online registration applications	3	2	The timeframe for implementation is flexible. We currently have a paper based application process

			that we can continue to use.
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\* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)

† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)

#### **d. Equality**

There is no evidence of equality implications from the CPD consultation. We anticipate that any issues would be raised as part of the consultation and will be considered and addressed then.

With regard to the registration process review we understand that there may be applicants and registrants with difficulty completing applications online, due for example to visual impairment. In these circumstances we will discuss options with applicants and registrants to allow us to make suitable adjustments so that they can complete the requirements in a different format.

#### **e. Communications**

##### **CPD Consultation**

Once a decision has been made by the Education Committee on the revised CPD summary the result will be published and shared with the profession. If the proposal is accepted guidance will be published later in the year to aid completion of the summary.

##### **Registration process review**

The GCC will engage with prospective applicants via the UK colleges to test any new online application system to ensure it meets our requirements of being intuitive, clear and easily accessible. Before the new system goes live the office will conduct a review of documentation to ensure they incorporate any changes to the process.

##### **Publication of the joint statement on the benefits of becoming a reflective practitioner**

Registrants received details of the joint statement by email on 18 June 2019, including a link to the document which is available to view on the GCC's website.

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## **5. Recommendations and next steps**

Council are asked to note the contents of the paper.

Further updates on the CPD consultation and implementation of the registration process review will be included within the business plan update on the 20 September 2019.

**Agenda item:** CO-2706-11  
**Subject:** Reduced fee policy statement and consultation  
**Presenter:** Jamie Button, Registrations Manager  
**Date:** 27 June 2019

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## **1. Summary**

The purpose of this paper is to consider a proposal on the circumstances when applicants may pay a reduced registration fee.

**2. Action required:** For decision.

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## **3. Background**

Applicants for registration may choose to pay a reduced fee, providing they do not intend to 'engage in the practice of chiropractic' for the full registration year as stated in the GCC (Registration) Rules 1999.

No definition is given within the Rules as to what the expression 'engage in the practice of chiropractic' means, and which is interpreted broadly. We are aware that a small number of registrants use the education and skills they learnt while training as chiropractors but pay the reduced fee. We do not believe this is necessarily deliberate, but is in part due to a lack of clarity around what this means. This is considered in the attached document that we intend consulting on.

We propose consulting on the following policy statement to clarify the circumstances when the reduced fee will be accepted.

### **Proposed policy statement**

The following proposed policy statement is derived from our review of the Chiropractors Act and statements published by other healthcare regulators.

*"For the purpose of determining the registration fee we do not consider engaging in the practice of chiropractic to be solely restricted to the provision of direct hands-on clinical care.*

*Those involved in clinical contact with patients, directly or indirectly, or working in any capacity that seeks to develop the chiropractic profession, are considered as engaging in the practice of chiropractic and an application to pay the reduced fee is unlikely to be successful.*

*By direct clinical contact we include those practising under a title other than chiropractor, but who use the skills learnt as part of a chiropractic programme.*

*Indirect clinical contact includes acting in an advisory capacity, or using chiropractic skills in a way that influences the care of chiropractic patients.*

*Chiropractors working in research, academia or in such a way as to influence the direction of the profession as a whole, and who therefore develop the chiropractic profession, are also considered as practising as chiropractors.”*

## **4. Implications**

### **a. Strategic**

Given the small numbers that may be impacted by the proposed policy statement above, any financial implications are likely to be minor. The purpose of the proposal is not related to financial implications for the GCC but primarily to ensure consistency, transparency and clarity. It is likely that a few registrants, mainly academic staff, are likely to be caught within the proposal, and the financial consequences for them mean paying the full fee for registration.

Given we are consulting with the profession before a final decision is made on the policy statement, any additional implications arising from the results of the consultation survey can be addressed then.

### **b. Legal and compliance**

Potentially an applicant, disgruntled at having to pay the full fee, may make an application for judicial review. Legal advice has been received indicating a reasonable prospect of the GCC defending such an action, although should this happen there would be cost implications.

### **c. Risk assessment / analysis**

<b>Identified risk</b>	<b>Risk likelihood*</b>	<b>Impact of risk†</b>	<b>Strategy to manage risk</b>
Application for judicial review is made by an applicant	2	2	The GCC has legal advice indicating a reasonable prospect of defending the case. In these circumstances the claimant would be expected to pay our fees.
Increased workload as registrants previously paying the reduced fee opt for removal and subsequently apply for restoration to the register	2	1	Any additional applications are unlikely to be received at the same time and should therefore be manageable.

\* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)

† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)



#### **d. Equality**

There is no evidence of equality implications from this paper. We anticipate that any issues would be raised as part of the consultation and will be considered and addressed at that point.

#### **e. Communications**

##### **Consultation timeframe**

Given that any changes will impact on registrants, we intend consulting with the profession to understand where issues may lay. Details of the proposed communication timetable are given below:

<b>Action</b>	<b>Deadline</b>
Paper to council to consider the draft policy statement	27 June 2019
Publish consultation document and survey to gain feedback	1 July to 12 August
Article to be included in July Newsletter with link to consultation document	1 July
Report on the results to Council to consider and subsequently published online	20 September
If Council decide to adopt the policy statement, the effective date will coincide with retention period for 2020 applications	Mid October

In addition, the office will also:

- email reminders to the profession as and when appropriate to ensure maximum participation; and
- engage with the professional associations.

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### **5. Recommendations and next steps**

Council is asked to accept the proposal to run the consultation. If the proposal is accepted a report will be produced from the results of the consultation and presented to the September 2019 meeting of the Council for discussion and agreement of way forward.

### **6. Attachments**

- Annex 1 - Consultation: Ensuring a consistent approach to the reduced fee for those not practising: 1 July 2019 to 12 August 2019



**General  
Chiropractic  
Council**

## **Consultation: Ensuring a consistent approach to the reduced fee for those registered as non practising**

**1 July 2019 to 12 August 2019**

## ABOUT THE GENERAL CHIROPRACTIC COUNCIL

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

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

The title of 'chiropractor' is protected by law and it is a criminal offence for anyone to describe themselves as a chiropractor without being registered with the GCC. We check that all chiropractors are properly qualified and are fit to practise before being allowed access to the profession.

As of 1 June 2019 there were 3,296 chiropractors registered with the GCC

## THE REDUCED (NON-PRACTISING) FEE

Section 32(1) of The Chiropractors Act, 1994, establishes that anyone describing themselves as a chiropractor must be registered with the GCC.

The Act itself makes no reference to a reduced fee for those non-practising, which is found only in schedule 2 of the GCC (Registration) Rules 1999, as amended, ('the Rules'). In relation to applicants for initial registration the Rules state that the prescribed fee shall be:

*£100 in respect of an applicant who satisfies the Registrar that, by virtue of sickness or other reason, he does not intend to engage in the practice of chiropractic within the United Kingdom during the period ending 31st December in the year in which he will next be required*

*to be sent documents under Rule 8(2), or (b) in any other case, £750.*

## BACKGROUND

The GCC has known for some time that a relatively high percentage of registrants pay the reduced fee and while we ask their reasons for doing so each time we do not check. The GCC relies on notification from other registrants and the public where those paying the reduced fee are practising in the UK.

The number of registrants paying the reduced fee (of £100) fluctuates with a peak in 2015 of 321 (representing 10% of the register population). In 2019 this was 238, or 7.2% of the current register population. Currently 2.9% of the Register of Osteopaths (which operate an analogous system) pay reduced fees.

We expect the majority of applicants paying the reduced fee pose no risk to patients in the UK. However, there is a potential risk to patients where someone considered 'non-practising' is undertaking activities comparable to those offered by a chiropractor, or employed based on their chiropractic education, while paying the full practising fee. The GCC is obliged to investigate complaints made about any registered chiropractor and therefore it is appropriate that only those not considered a risk should pay the reduced fee.

Whilst previous guidance set out our view as to when it is appropriate to pay the reduced fee, the lack of detail caused some confusion.

Any decision the GCC takes as to whether a registrant may pay the reduced fee relies on the term 'engage in the practice of chiropractic', as stated in the Rules. The Rules do not define what that means. Our intention is not to limit the scope of practice for chiropractors by attempting to

define it, but it is appropriate that we set out when it will allow applicants to pay the reduced fee. This is because there is a need to ensure applicants and registrants do not use the title inappropriately and thereby mislead members of the public.

We emphasise that those not intending to use the title of chiropractor do not need to remain registered and it is inappropriate to do so in the long term. Those not registered may apply to be restored to the register at any time.

## THE CONSULTATION

The purpose of this consultation is to seek feedback on our approach to the reduced non-practising fee. We are particularly interested to ensure:

1. It offers a risk based approach; and
2. It does not unduly prejudice any group.

## PROPOSED POLICY STATEMENT

The GCC proposes to publish the following statement setting out when it will accept applications for the reduced fee to ensure consistency, transparency and fairness.

*For the purpose of determining the registration fee we do not consider engaging in the practice of chiropractic to be solely restricted to the provision of direct hands-on clinical care.*

*Those involved in clinical contact with patients, directly or indirectly, or working in any capacity that seeks to develop the chiropractic profession, are considered as engaging in the practice of chiropractic and an application to pay the reduced fee is unlikely to be successful.*

*By direct clinical contact we include those practising under a title other than chiropractor, but who use the skills learnt as part of a chiropractic programme.*

*Indirect clinical contact includes acting in an advisory capacity, or using chiropractic skills in a way that influences the care of chiropractic patients.*

*Chiropractors working in research, academia or in such a way as to influence the direction of the profession as a whole, and therefore develop the chiropractic profession, are also considered as practising as chiropractors.*

## POTENTIAL IMPACT

Setting out when payment of the reduced fee will be accepted should not impact on the majority of registrants currently paying it. For example, those on maternity leave, paternity leave, unwell or overseas will not be expected to pay the full registration fee.

What the proposed statement will do is to introduce a risk-based approach so we can decide where it is appropriate for applicants to pay the reduced fee.

Most of the 238 registrants who paid the reduced fee for their 2019 registration are either overseas or engaged in occupations that do not involve chiropractic. The balance, fewer than 20, are working as academics, or may be using their chiropractic skills in some form but not using the title of chiropractor. There are a further 20 where we do not have sufficient information to determine the activities they are engaged in. However, we have seen no evidence that they are actively using their chiropractic skills or title.

### Academics

For registrants declaring they work in academic institutions we consider that paying the reduced fee is inappropriate as

they are developing the profession and may also be indirectly involved in clinical care by advising students. Moreover we are of the view that students expect those who teach them to give weight to the importance of professional registration.

### **Other reasons given for paying the reduced fee**

The reasons given for applying for the reduced fee are varied, but the largest proportion relates to those no longer residing in the UK (just over half)). Our policy is that registrants not practising in the UK do not need to remain registered as they do not represent a risk to patients or the public in the UK. Other reasons given by applicants that we do not consider to be of risk are:

- Maternity leave
- Child care
- Full time carer
- Full time studying
- Long term health issue

## **CHECKING TO ENSURE COMPLIANCE**

As part of the proposal, and to make sure only those meeting the requirements of the policy statement pay the reduced fee, some applicants may be asked to provide evidence or more information about the work they undertake.

A short guidance document will be published should the policy statement be adopted to explain when we will ask for further evidence or information.

## CONSULTATION PLAN

As part of this consultation we will:



## CONSULTATION QUESTIONS

1. Do you consider the proposed policy statement setting out when the GCC will accept the reduced non-practising fee to be proportionate?
  - a. Yes
  - b. No
  - c. I don't know
  - If no, please tell us why
2. Do you believe the terms set out in the proposed new policy statement are clear?
  - a. Yes
  - b. No
  - c. I don't know
  - If no, please tell us why
3. Do you think that that it is appropriate to ask registrants to provide further information or evidence in some circumstances to establish whether or not they are using their chiropractic education and skills?
  - a. Yes
  - b. No
  - c. I don't know
  - If no. please tell us why
4. Please tell us of any impact (whether positive or negative) you foresee in relation to the proposed changes, including in relation to Equality and Diversity.
5. Please provide any further comments you have on our proposed approach to the reduced fee.

**Thank you for responding to the consultation**

## HOW TO RESPOND

Responses are invited by 12 August 2019 online [here]. Alternatively we are happy to receive responses by email or post. Our contact details are listed below:

[registrations@gcc-uk.org](mailto:registrations@gcc-uk.org); or

Reduced Fee Consultation Response  
General Chiropractic Council  
186 Kennington Park Road  
London  
SE11 4BT



**Agenda item:** CO-2706-12  
**Subject:** Digital update  
**Presenter:** Richard Kavanagh, Business and Project Manager  
**Date:** 27 June 2019

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### **1. Summary**

The paper provides an update on the digital projects underway at the GCC.

### **2. Action required:**

For information

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### **3. Introduction/background & report body**

There are three projects currently in progress that relate to our digital transformation. These are:

- A. a new GCC website
- B. a new Customer Relationship Management (CRM) system;
- C. and an IT upgrade of the GCC core business system

#### **A. GCC Website**

Work on the new GCC website is progressing well.

#### ***Development to date***

Early meetings took place between the GCC staff, our retained communications consultant, Barley Communications, Cardinia (retained IT consultant) and Optima (website developers). The focus here was challenges and decisions ahead of us, focussing on the 'big' questions which remain part of our consideration. We put together a 'one pager' (Annexee A) which sets out our thinking and approach to the website and which reflects those early meetings. Technical functionality was also considered at this stage (Annexee B).

#### ***Sitemap***

Our starting point was to produce a new sitemap. This is a list of webpages that make up the site and where they sit in relation to each other. We considered what sections of the website worked well currently and the pages that were less helpful or redundant. We used Google Analytics data drawn from the current GCC website to inform us of the most visited and most important pages. There were areas of the current website that can be removed or consolidated within other areas. We also

researched other healthcare regulators' websites to see how they categorised parts of their websites, given common themes across the regulatory sector.

### ***Find a Chiropractor***

Overwhelmingly, people visit the GCC website to search for a chiropractor. Throughout the process we have maintained that an excellent, user friendly and very obvious search bar was one of, if not, the most important features of the new website.

### **Site structure**

We expect the site can be framed around the following 'top level' navigation categories:

- About Us
- Chiropractic standards
- Education and registration
- Concerns about a chiropractor
- I am a chiropractor

Page titles, names and sections can be changed but these top levels will be fixed once we start building the site. Getting this right is a crucial part of the development. Any sub-pages within these main sections will be totally flexible, so adding/deleting pages will not cause an issue, but these headings cannot change – so it must focus our minds.

Below is a table that sets out our thinking for the content that goes into each of these top levels.

About us	A catch all area for the public, other professional bodies, education institutions and chiropractors where we say who we are, what we do and why it matters. Also in this section will be corporate publications and council meeting information etc.
Chiropractic standards	Rather than simply 'Standards' we prefer 'Chiropractic Standards' to emphasise that these are the standards that are expected of chiropractors. This section stresses why it matters that chiropractors comply with the standards that we place on them. This section includes The Code and Guidance.
Education and registration	Much of this area deals with what happens before becoming a chiropractor, for example, where to study, how to register etc.
Concerns about a chiropractor	This is where the public is able to make a complaint about a chiropractor. Also covered in this section is information about hearings such as upcoming cases and decisions.
I am a chiropractor	The 'hub' for information for current registrants. As we wanted to make the website a place that has an emphasis

	on ease of navigation, this helped inform the ‘I am a chiropractor’ link. If you are a chiropractor arriving at the homepage you may struggle to find what you are looking for. We wanted to create a ‘hub’ where the information that a registrant may require is in one place. With that in mind, much of the rest of the website is aimed/designed for the public.
--	---

## ***Wireframes***

After developing the sitemap, the developers created wireframes. Wireframes are commonly used to show how the content would be laid out on the relevant page of the website. Wireframes are not created for every page of the website. These are provided to show a good range of pages with the type of content that will be needed. The webpages will be built up by us in a fluid way with different types of content once the website starts to be built.

## ***Visuals***

Two sets of website visuals have now been developed (Annexe C).

The photos on these visuals are stock images used only for the purpose of showing these mock ups. The photos that will be used on the actual site are to be taken by a professional photographer over the coming months.

## ***Consultation***

We have brought the project to a place where we wanted the input of others before we move any further forward. We have engaged council members, registrants, staff and other stakeholders seeking feedback. The designs were also presented at a meeting of the other healthcare regulators, opened to critiquing. All of the feedback received to date has been very helpful and, for the most part, consistent.

## ***Key themes arising from feedback***

### **One pager:**

The ‘one pager’ has been well received. It has been considered “entirely sensible” and “well summarised”. There has been some feedback that we should add more into the vision about the GCC’s duty as a regulator and safeguarding the public.

- **Visuals:** Version 1 is the preferred version

Version 1 has been repeatedly described as “clean”, “clear”, “fresh” and “modern”. The fonts and colour scheme have been well received. The layout and navigation has been considered simple and easy to use.

- Version 2, while less liked, is not without some good features that could be incorporated into the general design of Version 1.

Other feedback was received that related to work required later in the project, for example content. All of these comments were very helpful.

### **Next steps**

The next step of the process will be to refine a final design with the web developers. Once this has taken place the website can begin to be built. User testing will follow as will uploading of content to the site. All of which will take place over the coming months.

A key interdependency with the system will be the integration between the website and the Customer Relationship Management system.

### **B. Customer Relationship Management (CRM) system**

When we planned the programme of work in 2018, and following advice from Cardinia, our IT consultant, it was expected that an upgrade to our 'registrations system' could be done quickly and by our current provider of the system. As we began work on this project, it became clear that the timescale that had been imposed upon ourselves in the business plan was not realistic and that the process would not be a simple upgrade.

We took the decision in April 2019, after considerable correspondence with our current provider, that we would not upgrade our CRM system to their alternate product as planned. Subsequently, a full procurement exercise took place to identify a new supplier to provide us with a system that meets our requirements. That process was positive with a strong field of suppliers responding to our statement of requirements. Four providers were invited to attend a meeting and make a presentation.

The selection process has now been completed and contracts are being finalised with the successful provider prior to beginning implementation. We are aiming for the implementation phase and launch to be concluded by autumn 2019.

### **C. Internal IT update**

We are in the process of upgrading our internal IT system. This will mean that our physical server that is in the office can be removed, freeing up office space, and we will become 'cloud based'. The IT system will also be upgraded to newer versions of Microsoft Windows and Office. Some staff are testing the new IT platform. It is envisaged that the work around this upgrade can be concluded in the next few weeks. Business as usual has not been affected as part of the upgrade work taking place.

## **4. Implications**

### **a. Strategic: Implications of the delay to the CRM upgrade**

- Delay to revision of registrations processes so that the process is streamlined and effective business plan activity

The registrations department uses the CRM system as part of its day-to-day operations. Amended 'to be' processes for the department have been developed and any revisions to the registrations process will be taken into account when configuring and implementing the new CRM system. Therefore, the two projects are reliant on the other.

- Possible disruption to the 2019 CPD process

If the new CRM system is not in place before the 2019 CPD process begins, a decision will be made as to how to proceed taking into account the timeframe available. Options available include requiring that CPD summaries are completed at a date later than usual, completion of a paper summary or completion of the summary in its current format, using the current CRM system.

- Possible delay to website go-live date

Information that is held within the CRM system will have an impact on two key areas of the new GCC website. Delays in the CRM system being implemented may hold up the website going live for the following two reasons:

1. Find a Chiropractor function

When the website searches for a chiropractor (the register) it obtains that information from the CRM system.

2. Chiropractors login/portal

The password protected area of the website where registrants log in to amend their data (address, phone number etc.) and submit their CPD is a public facing section of the CRM system. While we could link our new GCC website to our current CRM system, it is undesirable as this would not have the seamless feel that the new website/CRM system integration would have.

## **b. Legal and compliance**

There are legal and compliance implications arising from this paper. Considerations will need to be made on areas of the website, once in development, that we must comply with e.g. accessibility standards, data protection regulations.

## **c. Risk assessment / analysis**

<b>Identified risk</b>	<b>Risk likelihood*</b>	<b>Impact of risk†</b>	<b>Strategy to manage risk</b>
A delay in implementing the revised CPD summary	3	3	There are several options available depending on the length of delay, including requesting summaries at a date later than usual, asking for the summary in a different format or in the format currently available.
Reputational – not completing website project in the timeframes we set ourselves	3	2	Being open and honest with stakeholders when communicating the status of work

\* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)

† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)

#### **d. Equality**

There are equality implications arising from this paper. Development of a new website and CRM system may require equality impact assessments.

#### **e. Communications**

There are communications implications arising from this paper. There are increased opportunities and requirements to engage with all of our stakeholders as part of both the website and CRM projects.

### **5. Recommendations and next steps**

Council is asked to note the information

### **6. Attachments**

Annexe A – Website ‘one pager’

Annexe B – Website technical considerations

Annexe C – Website Visuals V1 and V2

## A new website for the GCC, the public and chiropractors

### Background

This paper outlines the purpose, vision and approach to developing a new website for the General Chiropractic Council (GCC). This work stream is in line with our 2019 Business Plan and will help us meet the GCC's five-year strategic objectives, helping the GCC:

- promote standards
- develop the profession
- investigate and act
- develop the profession.

These goals will underpin all potential web development activity.

### Our Vision

*To build a website that enhances and rejuvenates perceptions about chiropractic among the public and stakeholders, improves the way registrants can update their information and generates efficiencies for the GCC team.*

### Purpose

The new website will be underpinned by the overarching strategic objectives. To help meet these, there are specific goals that we will set to deliver meaningful results. This work will:

- enhance the user experience for all our stakeholders, particularly the public and the chiropractic profession
- ensure that the chiropractic profession views the GCC website as an invaluable source of communication - contributing to improved standards of chiropractic care
- enhance the profession's development of its identity and reputation – among the public, patients, students and prospective students
- ensure the public can find accurate, reliable and relevant information about chiropractic
- provide tools to help the public find local chiropractors quickly and easily
- strengthen positive perceptions about the GCC's role, particularly how we safeguard the public through our work
- improve the efficiency of the user pathway for registrants in their transactions with the GCC, including how they register, re-register and submit their CPD entries.
- generate efficiencies for GCC staff via improved content management processes and data capture tools
- improve the compliance and security of the GCC website
- make the website more visually engaging and user-friendly, including better sign-posting and more compelling content.

**Website technical considerations**

- Seamless integration between the chiropractor's portal and the website.  
They need to look and feel the same but also have clear signposting to each of them
- Simple to use, easy navigation (see audience areas below)
- Robust security/immune from attack
- Easy CMS for staff to use that can be continually updated
- Meets accessibility standards
- Meets GDPR standards – cookies etc.
- “Responsive” (mobile, tablets)
- Consistency of (high quality) content and a clear understanding of what the GCC does
- High quality images
- SEO (high ranking)
- Fast load time
- Smart design
- Custom forms
- No ‘footprint’/links for certain files, and thus no Google retention – e.g. hearings determinations
- Avoids huge blocks of text
- Ability to analyse visitors (analytics)
- Good site search engine
- Portal for stakeholders
- Ability to embed videos
- Updates from social media



# Version 1



General Chiropractic Council

Chiropractic Standards

Education & Registration

Concerns About a Chiropractor

I am a Chiropractor



The independent body ensuring high standards of

# Chiropractic Care in the UK

+ Find out More

## Find a Chiropractor

The modern audience likes to read text that is concise. A sentence should contain no unnecessary words.

Search by Surname

Search by Postcode

Search by Registration Number

Search by Town/City/County

Search by Country

Search

## Why See a Chiropractor?

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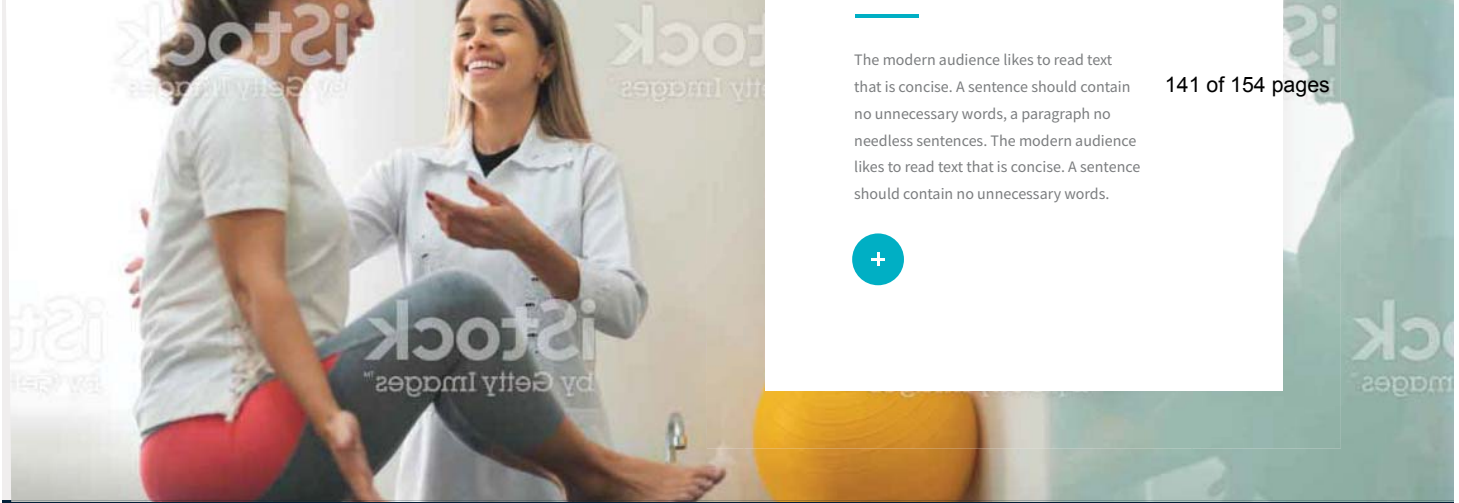
+ Find out More

## Become a Chiropractor

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+ Find out More

I am a Chiropractor



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## Latest News



Category 18.04.19

### News Title Here

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Category 18.04.19

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Information for Education Institutes

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Make a Complaint  
The Investigation Process  
Hearings

#### I am a Chiropractor

Chiropractor Login  
My Registration  
Guidance  
Marketing & Advertising  
Apply to be a Chiropractor

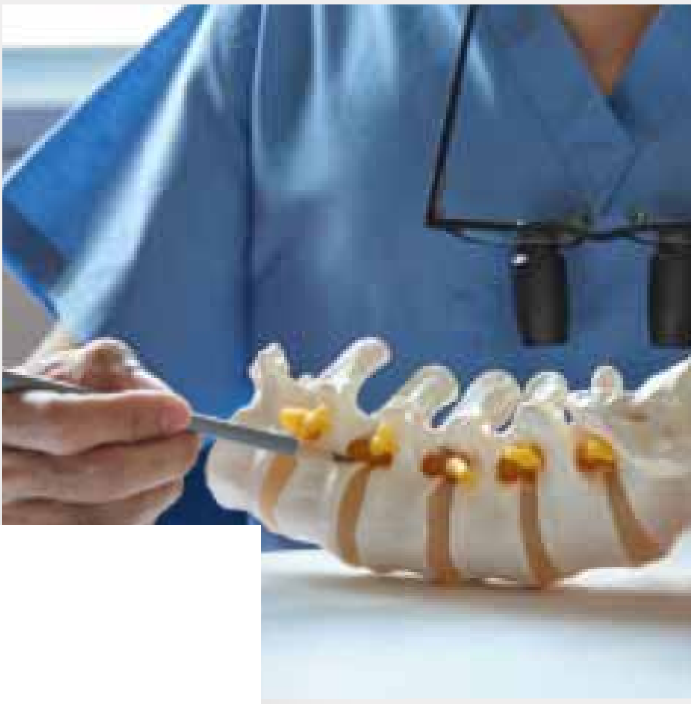
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# What We Do

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144 of 154 pages



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## Our Purpose & Strategic Aims

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# Our Purpose & Strategic Aims

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# Version 2





# The independant regulator of Chiropractors in the UK

Ensuring the safety and quality of the chiropractic profession

[Learn more](#)

Find a Chiropractor

## Are you looking for a chiropractor in your local area?

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam

Search by Chiropractor Surname

Search by Postcode

Search by Chiropractor Registration Number

Search

[Search by Other Terms](#)



### Looking for a Local Chiropractor?

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy



### You want to become a Chiropractor?

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy



### You already are a Chiropractor?

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy



How can a Chiropractor help you?

## Why you should consider going to see a chiropractor.

Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren, no sea takimata sanctus est Lorem ipsum dolor sit amet. Lorem ipsum dolor sit amet, consetetur

[Learn more](#)

Becoming a Chiropractor

## Do you dream of becoming a Chiropractor?

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The Chiropractic Code

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## What is the role of the General Chiropractic Council?

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Concerns & Complaints about a Chiropractor

## Speak to us today if you feel your chiropractor has done something wrong

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#### Investigate complaints

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#### Recognise qualifications

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**Agenda item:** CO-2706-13  
**Subject:** Education Committee Report  
**Presenter:** Sharon Oliver, Chair, Education Committee  
**Date:** 27 June 2019

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## **1. Summary**

Update from the Chair of the Education Committee following meeting on 2/3 April 2019.

## **2. Action required:** For information

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### **Issues arising from education providers**

The Committee discussed two issues arising from education providers relating to CPD activities. One related to student CPD events that include demonstration of techniques/manipulations not taught as part of the education curriculum. Students would not be covered by the institution's insurance arrangements and also had been made fully aware that the practice of non course techniques was not permissible and could have serious implications in the event of injury. The GCC has written to education providers about this and asked for all students to be made aware of this issue.

Secondly the issue of a course purporting to train chiropractors in two days was discussed and, whilst the GCC's powers are limited in these cases given the trainers are not UK registered chiropractors, the GCC has written to such providers in the past outlining our regulatory role and makes clear to individuals that we have robust procedures that education providers must meet in order to obtain and maintain approved status.

### **Overseas programme approval**

The GCC had had an approach from Madrid College of Chiropractic with regard to the feasibility of the GCC approving its chiropractic qualification. The Committee welcomed the approach but concluded that for the present the request would not be progressed due to delivery of the current business plan and the fact that the programme was not affiliated to a UK institution and we would not be able to quality assure to a fully comprehensive level with the assistance of the usual UK processes.

### **CPD – proposal for changing the GCC approach**

The GCC has been consulting on proposed changes to CPD and the Education Committee will discuss the responses at its next meeting and next steps.

### **Test of Competence**

The ToC External Examiner report was considered alongside suggestions for the GCC formal response. As mentioned at the Council training day in March, there are

some gender issues with panels that we are monitoring closely along with the consistency of preparation so that positive aspects of applications are focused on alongside those requiring further scrutiny through the panel's questioning. The refined process will be discussed again in November at the annual review meeting.

### **Joint research with the General Osteopathic Council**

Work has begun on a thematic review into the role of patients in chiropractic and osteopathic education and members of the Education Committee have reviewed a questionnaire that has since been sent out to several teaching staff and clinic staff at education providers.

Work has also begun on a project with the Centre for the Advancement of Interprofessional Education looking at good practice with learning from and working with other healthcare professionals. An article will appear in our next newsletter.

### **Teesside University**

The Committee had an update about the programme under development by Teesside University and will discuss the submission at its next meeting and the analysis and recommendations from the Education Visitor panel. An approval visit has been scheduled for early October. Following discussion of the visit report in November it is expected that Council will consider the report at its December meeting.

### **Annual Monitoring**

The annual discussion with education providers had been productive from both a quality assurance and strategic planning perspective. In future we will focus more on the collective strategic discussion and carry out as much quality assurance prior to the meeting from the annual returns and mail exchanges. The annual monitoring will be strengthened by more contact with education providers on an ongoing basis as part of the increased student engagement work that is planned.

### **Student Engagement**

Education Institutions have welcomed the GCC's plans to have more direct contact and communication with the chiropractic student community and plans are underway to discuss opportunities with each education provider. The CER and members of the Education and Registrations team have visited several providers recently and had the opportunity to meet with staff and students.

The next meeting of the Education Committee will be held on 17<sup>th</sup> July at the AECC University College.