### General Chiropractic Council

**Meeting agenda**

**20 September 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
<th>Paper</th>
<th>Time</th>
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<tbody>
<tr>
<td>1.</td>
<td>Welcome, apologies and declarations of interest</td>
<td>Chair</td>
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| 2.   | A. Council minutes of 27 June  
B. Matters arising | To approve | Chair | CC190920-2A; CC190920-2B | 10.35 |
| 3.   | Chair’s Report | To note | Chair | CC190920-3 | 10.40 |
| 4.   | Chief Executive & Registrar’s Report | To note | CER | CC190920-4 | 10.50 |
| 5.   | Performance Reports  
A. FTP Performance Update  
B. Business Plan 2019 Update | To note | Project Mngr. | CC190920-5 | 11.00 |
| 6.   | Finance Report – Management Accounts, August 2019 | To note | DoF | CC190920-6 | 11.15 |
| 7.   | Fitness to Practise developments, June-September 2019 | To approve | Head of FtP | CC190920-7 | 11.30 |
| 8.   | Reduced Fee Consultation Outcome and Recommendation | To approve | Reg. Mngr. | CC190920-8 | 11.45 |
| 10.  | Digital Update and website demonstration | To note | Project Mngr. | CC190920-10 | 12.15 |
| 11.  | Committee Chair updates  
A. Audit and Risk Committee (ARC)  
B. Education Committee | To note | ARC Chair; Education Ctte. Chair | CC190920-11B | 12.30 |
| 12.  | Any Other Business | Chair | -- | 12.40 |

**Close of meeting: 12.45pm**

*Lunch in Meeting Room D (Room 16)*
Minutes of the General Chiropractic Council meeting on 27 June 2019
held at Park House, 186 Kennington Park Road, London SE11 4BT

Members present
Mary Chapman (Chair of Council)  Ralph Pottie
Roger Dunshea  Keith Richards
Tom Greenway  Julia Sayers
Steven Gould  Carl Stychin
Gareth Lloyd  Gay Swait
Sharon Oliver (by telephone)  Phil Yalden

Apologies
None

In attendance
Nick Jones, Chief Executive and Registrar;
Penny Bance, Director of Education, Registration and Standards;
Jamie Button, Registrations Manager;
Rui Domingues, Director of Finance;
Isbel James, Governance Manager;
Richard Kavanagh, Business and Project Manager;
Nirupar Uddin, Acting Head of Fitness to Practise

1. Apologies and declarations of interest

The Chair commenced proceedings, welcoming all Council members and observers to the meeting. She noted that the Council was in full attendance with Sharon Oliver joining the meeting by telephone.

The Chair also advised that Ian Hutchinson, the first registrant of the General Chiropractic Council, would join the meeting as an observer later in the proceedings.

No declarations of interest were made. The Chair clarified that on item 11 of the agenda, if registrant members of Council were paying the reduced fee, then they should abstain from Council decision on that item.

2. Draft minutes of the Council meeting of 26 March 2019 and matters arising

A. Minutes (CO-2706-2A)
Council agreed that the minutes were an accurate record of the meeting.

B. Matters arising (CO-2706-2B)
The Chair confirmed that matters arising were either scheduled for discussion today or for upcoming meetings in 2019.
### Chair’s report, April to June 2019

The Chair presented her report of activities since the meeting of Council in March 2019 (CO-2706-3). She welcomed the Department of Health and Social Care’s (DHSC) indication that it is ready to respond to consultation on the future of regulation. She advised Council that she had approved the executive’s preparation towards changes to legislation led by DHSC that would lift the member restriction on Investigatory Committee (IC) and other statutory committees. The Chair also noted that the recruitment for an independent panel member to the Audit and Risk Committee (ARC) was underway.

On the topic of engagement with the profession, Council asked for an update on the recent meeting between the GCC and the Royal College of Chiropractors principals on 24 May 2019. Noting that it was a productive meeting, the Chair reported that the Royal College has been thinking strategically about education towards, and continuing professional development after, qualification, as well as about other issues, including research evidence. The Chair advised Council that the Royal College is keen to respond positively to indications in GCC’s strategy and business plan, and that Council could look forward to a strengthened relationship with the College.

Council noted the report with no other questions.

### Chief Executive and Registrar’s report

The Chief Executive and Registrar introduced his report noting the presence of the full Senior Management Team and new Governance Manager. The CER noted actions relating to the Professional Standards Agency (PSA), including GCC involvement in a pilot project on the development of new Standards for Good Regulation (SGR); and the review of the GCC by the PSA currently underway – on the basis of the extant standard.

Following a query the CER clarified that Standard 2 was selected for the pilot because it was perceived to be most helpful to the organisation – being developmental – and that the framework for the pilot was based on self-assessment of outcomes for specific activities. The CER also advised Council that most of the other health regulators were participating in the PSA pilot, some of the larger regulators taking on more than one standard to review, and that this participation would go some way to ensure the specific applicability of the new standards to GCC’s work. Council observed that the pilot presented a sensible way to articulate and demonstrate the regulator’s mandate and activities. The CER agreed with Council’s encouragement to explore integrating learning from the pilot into the GCC business plan.

On engagement with the profession, the CER noted that following feedback from a survey of registrants in May this year, there is a challenge for the whole “system” relating to perceived barriers as to entry in to the profession. He remarked that the challenge should be seen as a good one, for it meant there is growing demand for chiropractors.

The CER welcomed the news that the application for accreditation by Teesside University is proceeding, and that plans for a new chiropractic degree programme at the University of Central Lancashire (UCLAN) have been announced - both of which would yield new potential registrants to the profession in “the pipeline”. Elaborating on perceptions and challenges about the future of the profession, the CER advised Council that the UK experiences some attrition after institutional qualification due in part to foreign students returning overseas after registration. Although foreign
students are seen as a net positive for UK academic institutions, the loss is felt thereafter in the lower number of registrants entering the UK-based profession. On whether there are other barriers to entry to the profession in this shortage of potential registrants, the CER reiterated to Council the need for GCC to gather more evidence with its stakeholders. The CER emphasised that, as part of its mandate to develop the profession, the GCC would work with registrants, professional associations, the Royal College of Chiropractors and academic institutions to address the challenges of professional retention and development.

In response to Council’s request for further comment about the recent staff survey, the CER reported that respondents’ comments were largely positive and that GCC was considered a good employer for which staff considered themselves proud to work. The CER noted that the Remuneration and Human Resources Committee considered the results at its recent meeting and similarly noted the positive results. He emphasised that the development of the organisation’s “people strategy” would be informed by the survey results, especially regarding plans for professional development and training.

Council noted the report with no other questions.

5. FTP Performance Report

The Business and Project Manager presented the performance report (CO-2706-5A) to Council, primarily introducing the new FTP Dashboard as a tool to capture and clarify the steps and timings of Fitness to Practise processes. He emphasised that the dashboard was a work in progress, for the team was still assessing the correct level of detail to capture on timescales for the management of cases.

The Business and Project Manager also advised Council that methods for displaying high-level indicators in the dashboard were in development, for example, via “traffic light” and key performance indicator (KPI) systems. He noted Council’s advice about clarity in the assessment and rating of risk in the dashboard.

The Business and Project Manager informed Council that efforts were focused to present and communicate the information succinctly. Council was advised that the information in the dashboard would be presented in GCC’s annual report, and the team would also explore circulating the information more regularly – potentially via the GCC website and newsletter.

Council noted the report, commending the Business and Project Manager and encouraging him to progress suggestions for improvements to the dashboard.

**Action (CO-2706-5A):**

1. Business and Project Manager to adjust time period measurements in dashboard to reflect historic activity levels (in addition to only previous year levels).


The Business and Project Manager presented the update (CO-2706-5B), noting that projects 23 and 24 in the Business Plan would be covered later in greater depth at item 12 of the meeting agenda.

Council noted the report.

6. GCC Strategy 2019-2023 update

The Chair reminded Council that it had approved the strategy in 2018. This was an opportunity to review it after initial progress in the business plan and in the context of any significant changes in the environment.

The CER affirmed that a review of the strategy confirmed its relevance to the role and ambitions of the GCC, advising Council that their endorsement of this update (CO-2706-6) would assist in the development of the draft 2020 business plan to be presented at the September meeting for Council’s approval.

Council approved the fitness of purpose of the Strategy 2019-2023 and the presentation of the draft 2020 business plan to its meeting in September 2019.

7. Finance report

The Director of Finance introduced the report (CO-2706-7), outlining four points from the management accounts for the year to May 2019:

- a deficit of £15K, lower than expected;
- under-expenditure in the CER office;
- a lower number of hearings at ICC and PCC level, but a higher number of cases being dealt with by the FTP team, which accounts for over-expenditure in resourcing to deal with complaints received; and
- technology expenditure slower than budgeted.

The Director of Finance advised Council that last year’s budget assumptions regarding a forecast average of 5 days per hearing would be revised down to 3.5-3.8 days per hearing for 2020.

In other matters he noted that the increase in the GCC investment portfolio, which had rebounded from the negative position observed towards the end of 2018. In addition, the GCC had now moved to be deregistered from VAT, which would provide some administrative savings only in the finance team.

The Chair thanked the Director of Finance for his efforts, especially in forecasting, which have gone some way to reduce the risks caused by the unpredictable nature of FTP case volume, the most volatile or “unknown” aspect in budget management within the GCC.

Council noted the report.

Action (CO-2706-7):

1. DoF to produce fitness to practise costs per case, but now as part of the wider review of fitness to practise for the September Council meeting.

8. Fitness to Practise Review

The Acting Head of Fitness to Practise introduced the paper, dividing her presentation into two parts for Council’s consideration and approval: (1) the review of fitness to practise, and (2) lessons learned from the advertising cases.

For Part 1, Council commented on wording in the Public Interest section of the draft Guidance for the IC (Annexe 2a, p55-76). Council recommended reconsidering the use of specific examples and wording choice in the Guidance, and in its Annexe - Matters which are not usually capable of amounting to UPC (p75 of 154).

In reference to Part 1 regarding the review, Council agreed to all recommendations (page 38 of 154 of the papers).
For Part 2, the advertising cases, Council discussed proposals 1-8 for agreement.

Council was advised that the Investigating Committee (IC) was clear that the complaints warranted investigation by the GCC as regulator.

Comments focused on the clear dissemination to the profession of the lessons learned and of emerging research/evidence, and of the likelihood of a recurrence of bulk complaints being made to the GCC. On the latter, Council was advised that the GCC must investigate any complaints that are received, but will do more with regards to providing “upstream” advice to registrants about how and what they advertise on their websites.

Council commended the team for the considerable work on the proposals, which have the potential to provide a helpful framework for the profession and for the protection of the public if undertaken sensitively.

The proposal relating to the introduction of a ‘traffic light’ system was welcomed; equally a careful and deliberate approach in considering its operation would be necessary.

In reference to Part 2, Council agreed to all the proposals (pp44-45 of 154) to be undertaken by the team.

On proposals 3 and 4, to consider the introduction of a *traffic light system* of conditions and the establishment of a steering group respectively, Council agreed that the executive should undertake further analysis of their feasibility in relation to GCC’s partners, and provide a progress report to Council at its meeting in September.

On proposal 5, Council agreed that this was consequent to progress on proposals 3-4.

**Action (CO-2706-8 Part 1):**

1. Amendment to *Guidance* document further to Council’s recommendations.

### 9.

**Re-appointment of the Chair of Chairs to Professional Conduct Committee (PCC)**

The Acting Head of Fitness to Practise (HFTP) provided background to the recommendation.

In response to a query, the HFTP advised Council of the informal process in place for reviewing the performance of the overall Chair – ie. the Chair reports to Council annually and is subject to feedback from PCC panelists. She agreed with Council that it should be clearly stated in appointment material for the overall Chair that performance appraisals will be conducted by way of an annual report and feedback from the Committees to the GCC.

Council agreed all points of the recommendation.

### 10.

**Registrations Update**

The Registrations Manager outlined work undertaken by the registrations team including the recently concluded consultation on arrangements for registrants’ Continuing Professional Development (CPD), the review of registration processes and the recent publication of a statement on the benefits of becoming a reflective
With regard to CPD, Council commented that in the context of sole practitioners, it is very important that reflective practice is undertaken on a collaborative basis where possible. One member reported that it had proven to be a valuable exercise when undertaken recently.

Regarding the CPD revised summary, Council also remarked that wording and tone were important.

Council noted the report.

11. Reduced fee policy statement and consultation

The Registrations Manager presented the paper, advising Council that the policy change was recommended in order to clarify current guidance for applicants paying the reduced fee of £100 by defining “non-practising” and ensuring its consistent application.

Council discussed the rationale for the policy change, and that the change was an administrative rather than a regulatory issue. It was noted that registrant educators at academic institutes may be affected but since they were seen as role models for students, they should be full fee-paying registrants unless subject to exceptional circumstances (e.g. parental leave).

Council noted the proposal and agreed to the consultation with results to be presented to the September Council meeting.

12. Digital update

The Business and Project Manager presented an update to Council of the three projects in progress, noting that on the CRM project, the business plan deadline would be revised.

Council expressed enthusiasm about the new website design and the progress of the work.

Council noted the report.

13. Committee Chair updates

• Audit and Risk Committee

The Chair of the Audit and Risk Committee gave an oral report to Council on a productive meeting of the Committee on 13 June 2019. He advised that a review of current contracts is to be undertaken in the coming months.

• Education Committee

The Chair of the Education Committee presented her report to Council, noting the upcoming meeting of Committee at AECC Bournemouth on 17 July 2019.

Council noted the reports.

14. Any other business

The Chair thanked the staff team for their work in producing an excellent set of
Council papers.

The CER acknowledged Council’s commendations and indicated that he would convey the positive remarks to all staff.

The Chair thanked Council members for their valuable contribution.

<table>
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<tr>
<th>Date of next meeting: 20 September 2019 (with a training day to be held on 19 September 2019)</th>
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## Matters arising from June 2019 meeting

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>C-1812/7</td>
<td><strong>Five year strategy 2019-2023</strong></td>
<td>All committees have been reviewed. Principal actions relate to Test of Competence assessors – with a recruitment drive underway.</td>
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<tr>
<td><strong>Dec 2018 meeting</strong></td>
<td><strong>Action</strong>: CER to identify any baseline data on the range of chiropractors currently involved in work for the GCC and consider further action if necessary.</td>
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<tr>
<td>CO-1903-2</td>
<td><strong>Draft minutes of the meeting of 11 December 2018 and matters arising</strong></td>
<td>Update scheduled for 2020 Budget paper, Dec 2019 meeting.</td>
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<tr>
<td><strong>Mar 2019 meeting</strong></td>
<td><strong>Action</strong>: DoF 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.</td>
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<tr>
<td>CO-2706-5A</td>
<td><strong>A. FTP Performance Report</strong></td>
<td>Completed; update scheduled for Sept 2019 meeting.</td>
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<td><strong>Action</strong>: BPM to adjust time period measurements in dashboard to reflect historic activity levels (in addition to only previous year levels).</td>
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<tr>
<td>CO-2706-7</td>
<td><strong>Finance Report</strong></td>
<td>Update scheduled for 2020 Budget paper, Dec 2019 meeting.</td>
</tr>
<tr>
<td><strong>Action</strong>: DoF to produce FTP costs per case, but now as part of the wider FTP review for the September Council meeting.</td>
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The period since the last meeting of Council has been somewhat quieter for those of us in governance roles, understandably so given the season. The same cannot be said for the staff team who have been pressing forward with the various workstreams critical to our business plan performance. The agenda for this meeting is evidence of the progress achieved. My mind has been turning to the implications of the upcoming regulatory change and considering with the CER how we can best prepare the GCC for the future.

Chief Executive and Registrar

I am very pleased to announce that, following an end of probationary period review, I have confirmed Nick Jones’ appointment as our Chief Executive and Registrar. I know from the comments I have received from Council Members that you will join me in congratulating Nick on an excellent start in the CER role.

Regulatory change

The Government consulted on proposals for reform of professional regulation from 31 October 2017 to 23 January 2018: Promoting professionalism; reforming regulation – setting out high level principles for reform. At the last meeting of Council I indicated the Government’s response was imminent – and indeed it was issued on 9 July 2019. It noted responses showed clear support for changes to the legislative structure that underpins the regulatory bodies. A briefing to Members was circulated on the day. My statement in response, reproduced below, was warmly appreciated by the Department of Health and Social Care (DHSC).

‘We welcome the Government’s much-awaited response to the consultation on the reform of regulation in healthcare. We have long been frustrated by the restrictions placed on us by dated and inflexible legislation. The changes anticipated mean that we will be able to act more quickly and responsively in protecting patients and the public. We look forward to working openly and transparently with Government, regulatory partners, patients, and registrants together with their professional bodies in doing so. We also note that any change to the number of regulatory bodies is subject to further consideration and consultation by Government. Our response to any proposals will be informed by patients and their best interests.’

Since then, further news as regards next steps has been slow to emerge. As set out in the response, the main areas of focus are to take forward changes to fitness to practise procedures and to revise the operational framework of the regulators. We are aware that
DHSC is progressing work on both these areas since publication of the response document. In particular legal instructions to implement changes will be shared with us all imminently, providing an opportunity for comment. In relation to fitness to practise we maintain the view we held during the consultation that virtually any change will be an improvement. I will update Members should issues arise of material importance.

**Governance matters**

We are now underway with the recruitment process for the Member for Northern Ireland. In April 2019 the Professional Standards Authority issued revised guidance as to the recommended best practice for appointments to Councils. A comprehensive set of requirements must be met and we have recently issued our ‘advance notice’ to the PSA and Privy Council – which is the necessary first step. In short, we have assembled a panel (including the involvement of an independent Member) – and I am grateful to colleagues for their involvement in this process; prepared a candidate pack and publicity schedule leading up to shortlisting and then interviews which are expected to take place in early December 2019.

I remind Members that we have agreed that, in the meantime, Ralph Pottie is maintaining a watching brief for Northern Ireland should any matters arise which require a four nation consideration.

Roger Dunshea and I were successful in appointing to the vacancy for an external Member of the Audit and Risk Committee that I alerted you to in the last meeting. We had a high quality shortlist. I am delighted that Shelagh Kirkland has accepted the position. Shelagh has a very impressive background. She is chartered accountant with over 20 years of experience, in the power and banking sector and is a lay Member, Audit Chair and Chair of the Remuneration Committee of NHS Lewisham Clinical Commissioning Group – and is also a trustee of a charity. Shelagh is having her induction session meeting with Roger and staff next month, prior to her first meeting on 12 November 2019.

Niru Uddin’s paper later in the agenda alerts us to proposed changes to Chairing arrangements for the Professional Conduct Committee – one of our statutory committees; and Sharon’s update asks us to consider extensions to the appointments of some current Members of Education Committee.

**Engagement with the profession**

On 24 June 2019 the CER and I met with Peter Dixon, President, and Rob Finch, Chief Executive, of the Royal College of Chiropractors (RCC). This was a positive meeting with a focus on the requirements of chiropractors emerging from UK educational programmes; the challenge faced by educational programmes – and how we can coordinate our collective resources effectively; the GCC system of CPD, under review; working towards a single vision for our statutory duty of the development’ of the profession.

On 12 September 2019 the CER and I attended the inaugural meeting of the UK Chiropractic Forum at the RCC. That said it is a new name and format for the meetings between the Chiropractic Associations and the Royal College of Chiropractors, with the GCC in attendance. It is a positive development, indicative of improving relationships over the last 12 months. Given the timing, I will provide feedback at the meeting.
Other meetings

In May 2019 the CER and I attended a dinner meeting with the Chairs and Chief Executives of the eight other UK regulators and Social Work England discussing how we work together in common cause. The next meeting of this forum, indicative of some momentum, is being held on 26 September 2019 at the NMC.

On 1 October 2019 I am meeting the Chair and Chief Executive of the PSA for our annual meeting.

Mary Chapman
Chair, GCC
Summary

This regular report summarises key developments in the period since the last Council last met, 27 June 2019.

Action required: For information.

1. The GCC team

As can be seen in the agenda for this meeting, and reports on progress with achieving our business and financial plan, the team has been busy. As Council knows it is a small team, of permanent and temporary colleagues, working hard to maintain performance and meet expectations. On the whole, we have done so – with some pinch points evident.

This period has also seen the completion of mid-year reviews (and reports) of the performance of all staff. I have either undertaken these reviews or have reviewed the reports of all staff directly managed by my reports. A particular focus has been identifying, with staff, their areas for development. I now have a good understanding of the combined strengths and development challenges of our team. As such, we are busy putting together a programme of mandatory and bespoke development opportunities – with delivery taking place over the autumn. This will build on the growth I have seen amongst colleagues over the last few months as we develop new ways of working: Our shared vision for the GCC as a place to work is:

   The GCC is a great place to work, and we do so together. It matters to us that we make a real difference in protecting the public and developing the profession. We are positive and work hard – we support, value, care and trust each other. We innovate, embrace diversity and our growth.

2. Update on our approach to Registrants’ Continuous Professional Development

At its July meeting the Education Committee considered the outcome of the consultation on a revised CPD summary form and in particular the feedback from the Professional Standards Authority (PSA) and the Royal College of Chiropractors (RCC). The Committee agreed that further work needed to be carried out with the College. A revised form with more structure and guidance with completed examples
has been produced, which Education Committee has reviewed and approved for circulation with professional associations and the CPA.

Our new approach features two tables that registrants will be required to complete on the form:

- **Table 1**, when complete, provides a record of the nature of the CPD activity undertaken, what prompted the registrant to undertake it and how much time they spent doing it. This table essentially comprises a plan of learning which needs to demonstrate completion of the required number of CPD hours.

- **Table 2** is structured with a series of four questions to assist registrants in reflecting on the most significant learning activity they undertook during the CPD year. We expect registrants to choose a learning experience that they feel had the most impact in terms of improving the care you provide for your patients (and/or developing the chiropractic profession).

We are planning for the form to be available in October via the new CRM system. Registrants will be required to complete it for the CPD year 2018-19 and have been asked to keep a record of their learning to that end. Further resources on reflective practice will be developed with the RCC.

These improvements to our recording of CPD result from an extensive process of consultation. The Education Committee considers the form strikes the right balance between requiring registrants to rigorously set out how they have improved and broadened their knowledge, expertise and competence, and being proportionate in the information we request so that they can demonstrate this most effectively. We are grateful to our respondents and partners who have contributed to formulating this new approach.

### 3. Data protection investigation

On the 30 April 2019, the GCC received a “notification of intention to investigate” from the Information Commissioner’s Office (ICO) to say that a formal case was being opened in the GCC’s decision not to release information made under a Freedom of Information Act request, relating to the publication of fees paid to advisers in relation to fitness to practise matters. Our decision to not release the information was a carefully considered one. The notification is in advance of the ICO’s investigation, and provides recipients with the opportunity to consider again and be clear as to the grounds relied on. As the ‘qualified person’ I used that period to review the background, consider legal advice received and ensure I was satisfied as to our position. On 9 August, the ICO initiated its investigation and set out the information required from us, by 9 September 2019. Again, with the benefit of legal advice our detailed and comprehensive response was submitted within the deadline. We now await the ICO’s consideration of our submission, after which a decision notice will be published on its website. We are clear when this is expected to happen.
4. Professional Standards Authority (PSA) recent publication(s)

As part of its work to encourage regulatory organisations to improve the way they register and regulate health and care practitioners in the UK, the PSA commissions and publishes research and other evaluations from time to time.

Within the senior team we are introducing monthly meetings to consider the outputs of research such as this and other learning, such as minutes from Investigating Committee and Professional Conduct Committee meetings. The plan is that from time to time we will then discuss our summary of our conclusions with the Chairs of IC and PCC to contribute to their development and any training opportunities for Committee members.

Sexual misconduct: Earlier this month the PSA published the results a research report analysing the circumstances of incidents of sexual misconduct by health and social care professionals. The report was commissioned by the Authority from Professor Rosalind Searle, Chair in Human Resource Management and Organisational Psychology at the University of Glasgow. A literature review on the key theories and explanations for why this kind of misconduct occurs was followed by analysis of records held by the Authority in 232 fitness to practise cases involving registrants of the General Medical Council, the Nursing and Midwifery Council, and the Health and Care Professions Council.

Findings include:

- Perpetrators are predominantly male
- Male perpetrators are more likely to repeatedly target multiple individuals, whereas female perpetrators are more likely to have a single target with multiple incidents
- Patients are the predominant target group, with vulnerable individuals a significant subcategory
- Workplaces are the dominant location for incidents, with perpetrators frequently working in mental health settings
- Perceived disparities in regulatory sanctions can create ambiguity for perpetrators
- Perpetrators deny and diffuse responsibility for their actions, distorting consequences and blaming targets.

Professor Searle recommends:

- Training, supervision and awareness raising
- Clearer policies and guidelines, especially in known hotspots
- Further research into occurrence in mental health settings
- A clearer framework within which sanctions are applied across professions.

5. Meetings and engagements

- 19 June – met informally with test of competence assessors of two panels undertaking assessments
- 24 June - with the GCC Chair, met with Peter Dixon, President and Rob Finch, Chief Executive, of the Royal College of Chiropractors (RCC)
- 26 June met with the newly appointed Chief Operating Officer of the British Chiropractic Association
- 26 June, meeting with chiropractic employer
- 5 July, attended the Association of Regulatory and Disciplinary Lawyers annual dinner
- 16 July met with David Clark Chair of the GCC Professional Conduct Committee (PCC) to discuss arrangements for the appointment of lay chairs to the PCC
- 17 July attended meeting of the Education Committee held at AECC University College, Bournemouth
- 18 July – met with Satjit Singh, Society for Promoting Chiropractic Education
- 8 August – met with Richard Brown, World Federation of Chiropractic
- 13 August met with Suzanne Rastrick, Allied Health Professional lead, NHS England
- 15 August, met with Leonie Milliner, CER of the General Osteopathic Council
- 16 August with the senior team met with Amanda Little, Professional Standards Authority to discuss respective activities by way of relationship management catch-up
- 22 August – met with Natalie Beswetherick, Director of Practice and Development at the Chartered Society of Physiotherapists to discuss the development of the profession
- 23 August - meeting with chiropractic employer
- 12 September – with the GCC Chair attended the first meeting of the joint Chiropractic Committee at the RCC
- 17 September – visit to chiropractic clinic, Essex
- 17 September – meeting of the Chief Executive Steering Group
Sexual misconduct in health and social care: understanding types of abuse and perpetrators’ moral mindsets

Better understanding of where, when and why sexual misconduct occurs in health/care settings, can help regulators and service providers put in place measures to tackle it earlier.

This research follows on from previous work undertaken by Professor Ros Searle using our database of regulators’ final fitness to practise decisions. This study focuses on a distinct group of cases – those involving sexual misconduct.

GMC
HCPC
NMC

Cases from 3 regulators
275 cases

232 cases retained with sexual harassment/abuse proven

By profession

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<th>Doctors</th>
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<th>Nurses</th>
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Confirmed case data set of the 232 cases

Key stats/findings

1. Predominantly male perpetrators - 88%

2. Key differences in perpetrators: females - multiple incident but single target; males - repeated incidents at multiple targets

3. Patients predominant target group at 59%, as well as colleagues at 32%
Sexual misconduct & an imbalance of power

Vulnerability of targets
49% of all cases involve vulnerable patients, i.e., someone who is younger, infirm, or with mental health issues (and those working in mental health are overrepresented - 26% in all cases)

Location
Workplace dominant location
Over half (54%) of the cases occurred within a workplace, and it is the dominant location for each profession

Sanctions
Differences in sanctions
Doctors more likely to be suspended compared to other groups (62% of nurses struck off compared to 33% of doctors)

Moral mindset
Diffuse/deny responsibility
Denial as a key cognitive strategy (24%), followed by strategies to focus on the harm, with distortion of consequences found in 15% of cases, and blaming the target in 13%
Recommendations

**Training/awareness raising**
Greater awareness raising, supervision and training within the workplace as a means of deterring perpetrators, but also improving understanding amongst bystanders, which includes other staff members, service users and the public.

**Introduce/improve clear polices/guidelines**
Clearer policies/guidelines about relationships and their appropriateness between professionals and patients in the workplace.

**Identify hotspots**
Identify potential hot spots for such misconduct, and so to intervene before sexual abuse occurs eg toxic workplace environments with long working hours, under-staffing, little supervision, bullying and hierarchical culture.

**Further research**
Further research into mental health roles and workplaces to understand better whether these workplaces attracted more perpetrators, or whether they denude the moral compasses more quickly of those working within them.

**Parity of sanctions**
Perceived disparity of sanctions between the different professions can send an ambiguous message suggesting relative leniency for their actions; could encourage others to perceive that they will be treated less severely by their regulators.

**More and better data**
Lack of detail and inconsistencies in the way regulators collect, collate and categorise fitness to practise - need to ensure consistency about what is collected and how it is categorised which could enable regulators to use this data, identify trends and share their knowledge with other agencies optimally placed to intervene.

Read the full report (and our other research on sexual misconduct) on our website
www.professionalstandards.org.uk/sexual-misconduct
1. Summary
The paper provides the regular update on performance information on our fitness to practise (FtP) activity.


3. Introduction
At the June 2019 meeting of the Council further to the presentation of a revised draft dashboard showing performance summary, Council agreed it would be useful if in future, the dashboard presented a comparison between current performance compared to the past 5 years. The dashboard has been revised accordingly.

At the last meeting we highlighted the importance of the relationship between the median time of open cases and the median time of cases closed, to enable a better forecast of complaint and timeliness levels in coming months. Presenting this has proven elusive. That said, two new charts have been developed to show how many cases are open at the start of the month and the corresponding median and average weeks that those cases have been open for (figure 4). Figure 5 shows the overall median of cases closed for the year, as well as the cases closed for each month. The higher the blue line is on the chart, the older the cases closed in that month. Taken together these charts give an idea of the lengths of time that complaints are taking to be processed and closed.

Summary of last quarter
Council has previously been advised that the number of complaints received is historically high. This trend has continued - at the start of September more complaints have been received for this period than in the past five years. Based on the average number of cases received this year per month we predict that by year-end 79 complaints will have been received (see figure 1 of the dashboard). Last year we received 62 complaints and the five year average number of cases per year is 59.

The FtP team, made up of largely temporary staff, is now more established and is working efficiently - the result of which can be seen in the number of cases that the team have managed to refer to the Investigating Committee, and subsequently closed in July and August. In total 24 complaints were closed – accounting for 65%
of closures this year. Of those, four complaints were referred to the Professional Conduct Committee (PCC).

A natural consequence of cases being closed at IC is that there is an increase in cases referred to PCC. Overall there are now five cases to be heard by the PCC.

As previously reported, we aimed to reduce the caseload in the previous quarter. This has been completed (see figure 3) however new complaint levels remain high. There are currently 59 live complaints yet to progress to IC.

**Section 32 complaints**

We continue to work on the Section 32 complaints that we have received. Historically these cases have not been a top priority for us and some of these cases go back some years. We have found it difficult to account for all the complaints that are in the system on the basis that until they have been fully reviewed it is difficult to know whether it is one complaint or multiple complaints against individuals or clinics as well as, different staff members dealing with them at different times, the complexity of some of the cases. We have now reviewed our data on these complaints and now have a clear picture of extant matters.

In 2018 and 2019 we made some headway on clearing some of these cases by using an external firm to clear some of the backlog. However, the complaints were not closed as quickly as we first envisaged due to the cases being more difficult to deal with than we first thought. We have brought the remaining cases back in-house and tasked two members of staff this work to try to further clear the backlog. We are aiming to clear the backlog cases in the next few months.

In the period, we handled 141 complaints. Of these complaints 68 have been closed and 73 remain open. These relate to 46 separate individuals/clinics.

The average time for current complaints, received since 1 January 2019, have been open for is 16 weeks.

---

**4. Recommendations and next steps**

To note.

**5. Attachments**

## Open complaints/Closures

<table>
<thead>
<tr>
<th>Complaint received</th>
<th>Investigation stage</th>
<th>IC meeting</th>
<th>PCC hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new complaints received in the period 54 (See figure 1 for year to date vs 2018)</td>
<td>Number of current open S20 complaints 59 (See figure 3 for monthly trend)</td>
<td>Number of complaints closed in period 37 (See figure 2 for monthly breakdown)</td>
<td>Number of open complaints at PCC 5*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of PCC complaints heard during period 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of PCC hearings concluded in period 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Number of adjournments/case going part heard during period 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Outcomes of PCC hearings</td>
</tr>
</tbody>
</table>

### Risk rating of live complaints

<table>
<thead>
<tr>
<th>Risk rating</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe (4)</td>
<td>1</td>
</tr>
<tr>
<td>High (3)</td>
<td>24</td>
</tr>
<tr>
<td>Moderate (2)</td>
<td>12</td>
</tr>
<tr>
<td>Low (1)</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
</tr>
</tbody>
</table>

#### Decision

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Case to Answer</td>
<td>32</td>
</tr>
<tr>
<td>Referred for hearing</td>
<td>5</td>
</tr>
</tbody>
</table>

#### Severe risk (4): 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.

#### High risk (3): 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

#### Moderate risk (2): Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed

#### Low risk (1): No injury has taking place and/or issues have been addressed

---

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

* 1 case closed week of 2 September 2019

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**FTP Dashboard**

**Agenda item: CO190920-5A Meeting: Council, 20 September 2019**
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)
### Timeliness

#### Complaints being investigated

Time spent on current open complaints
- **Median = 25 weeks**
- **Average = 26 weeks**

<table>
<thead>
<tr>
<th>Weeks open</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 13</td>
<td>17</td>
</tr>
<tr>
<td>13 – 26</td>
<td>14</td>
</tr>
<tr>
<td>26 – 39</td>
<td>20</td>
</tr>
<tr>
<td>39 – 52</td>
<td>5</td>
</tr>
<tr>
<td>52 – 103</td>
<td>2</td>
</tr>
<tr>
<td>104 – 151</td>
<td>1</td>
</tr>
<tr>
<td>152 +</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59</strong></td>
</tr>
</tbody>
</table>

#### Complaints closed by IC

From date that the complaint is received to closure by the IC for the period
- **Median = 34 weeks**
- **Average = 35 weeks**

Figure 5. Median timescale for closure of case for each quarter

'The period' is defined as 1 January 2019 – 1 September 2019
Interim Suspension Hearings

Number of interim suspension hearings held in period
8

Outcomes of hearings held

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not suspended</td>
<td>5</td>
</tr>
<tr>
<td>Suspended</td>
<td>3*</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
</tr>
</tbody>
</table>

ISH timeliness

Time taken from GCC receiving information that could warrant the need for an ISH to hearing date
Average = 4 weeks
Median = 3.5 weeks

'The period' is defined as 1 January 2019 – 1 September 2019
*Relates to 2 chiropractors (1 registrant suspended by IC and PCC)
Section 32 complaints

<table>
<thead>
<tr>
<th>Section 32 complaints</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Section 32 cases</td>
<td>141</td>
</tr>
<tr>
<td>Closed cases</td>
<td>68</td>
</tr>
<tr>
<td>Open cases</td>
<td>73</td>
</tr>
</tbody>
</table>

Open Section 32 complaints

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases reviewed</td>
<td>60</td>
</tr>
<tr>
<td>Cases not yet reviewed</td>
<td>13</td>
</tr>
<tr>
<td>Cases closed in last quarter</td>
<td>14</td>
</tr>
</tbody>
</table>
1. Summary
The paper provides an update on our performance against the 2019 Business Plan.

2. Action required: For information

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, for example the staff survey, HR approach, personal development.

Programme board meetings are held every two/three weeks 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.

4. Summary

Of the 27 business plan activities, 3 have been completed. 4 are considered ‘ongoing’ activities and will not be ‘completed’ as such; work continues on all of these tasks.

The majority of the business plan activities are on track and will conclude in the last quarter of the year. 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.

Timescales have changed for four of the large scale projects. These relate to the new CPD process, the new CRM system, the new website and the review of FTP processes. The timescales set by the Council in agreeing the Plan in December 2018 have not all been met, however these projects are approaching completion in the next or last quarter of the year. It is not envisaged that risks will be realised by delay, if completed within the revised timescale.

Seven business plan activities have been consolidated into one large scale piece of work under the heading ‘Developing the profession.’ This is important work for us to move forward, and was the subject of a comprehensive review by the Council at its development day on 19 September 2019. As such, timescales for these are fluid and the business plan will be revised to take into account much clearer expected outcomes.

5. Implications

a. Strategic
The business plan relates directly to the five year strategy.

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

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Risk likelihood*</th>
<th>Impact of risk†</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational – unable to complete work in timescales that we have previously communicated to the profession</td>
<td>Likely, as noted in body of report</td>
<td>Minor</td>
<td>Being open and transparent with stakeholders when communicating the status of work, explaining the reasons for any delays. Ensuring we present and communicate well a new ‘developing the profession’ plan for 2020</td>
</tr>
</tbody>
</table>

* 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.

6. Recommendation
The Council is asked to note the report.

7. Attachments
Annexe 1 – Business plan status table, September 2019
## High priority/Large scale work

<table>
<thead>
<tr>
<th>BP Ref</th>
<th>Bus Plan Activity</th>
<th>BP strategy</th>
<th>Timescale</th>
<th>Status</th>
<th>Department responsible</th>
<th>Interdependencies with other BP activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Develop and implement a proportionate approach to CPD submissions and audit</td>
<td>WPS</td>
<td>September/October</td>
<td>Development: Complete Implementation: Go-Live date: 28/10/19</td>
<td>Registrations</td>
<td>23</td>
</tr>
<tr>
<td>15</td>
<td>Complete a full FTP review and implement changes to ensure we can be more ‘right touch’ within our current legal framework</td>
<td>WIAA</td>
<td>August/October</td>
<td>On track. Update to Council 20/09</td>
<td>FTP</td>
<td></td>
</tr>
<tr>
<td>23-24</td>
<td>Upgrade our registrations database so that it is fit for purpose and provides a better user experience / Revise our registration procedures so that the process is streamlined and effective</td>
<td>WDV</td>
<td>July/November</td>
<td>On track Prospective Go-live date: 28/10/19</td>
<td>Projects</td>
<td>24/6</td>
</tr>
<tr>
<td>27</td>
<td>Launch a new website</td>
<td>WDV</td>
<td>September/November</td>
<td>On track Prospective Go-live date: 28/10/19</td>
<td>Projects</td>
<td>23</td>
</tr>
<tr>
<td>22</td>
<td>Deliver the first year of our three year financial sustainability plan</td>
<td>WDV</td>
<td>December</td>
<td>On track Update to Council 20/09</td>
<td>Finance</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Provide support to current and emerging new providers throughout 2019</td>
<td>WPS</td>
<td>Ongoing</td>
<td>Ongoing (Teesside, LSBU, UCLAN, AECC, SCC)</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>19-21</td>
<td>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</td>
<td>WDV</td>
<td>December</td>
<td>Survey: complete Staff working group 1: complete Staff working group 2: complete Mid-year reviews: complete Training and development plan to follow</td>
<td>CE</td>
<td></td>
</tr>
</tbody>
</table>

WPS = We Promote Standards / WIAA = We Investigate and Act / WDV = We Deliver Value / WDTP = We Develop the Profession
<table>
<thead>
<tr>
<th>BP Ref</th>
<th>Bus Plan Activity</th>
<th>BP strategy</th>
<th>Timescale</th>
<th>Status</th>
<th>Department/ Person responsible</th>
<th>Interdependencies with other BP activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Run a publicity campaign on the benefits of seeing a registered chiropractor and encourage practices to display the ‘I’m registered’ logo</td>
<td>WPS</td>
<td>December</td>
<td>On track Will be incorporated into website launch. Comms team briefed.</td>
<td>Education</td>
<td>23</td>
</tr>
<tr>
<td>9 &amp; 10</td>
<td>Agree specific profession wide projects/ Complete specific profession wide projects</td>
<td>WDTP/WPS</td>
<td>July/December</td>
<td><em>All business plan activities consolidated into overarching ‘Developing the profession’ plan with various work strands.</em></td>
<td>Dir. Reg/Ed.</td>
<td></td>
</tr>
<tr>
<td>11 &amp; 12</td>
<td>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</td>
<td></td>
<td>May</td>
<td><em>Timescales now superseded</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Contribute to the collection and review of baseline data on workforce, education planning and diversity/inclusion</td>
<td>WDTP/WPS</td>
<td>November</td>
<td>For discussion by Council on 19/09/2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 &amp; 26</td>
<td>Facilitate agreement on a plan of work to enable the profession/chiropractors to better support newly qualified chiropractors / Work with patient representatives to agree a patient involvement approach for the GCC’s work</td>
<td></td>
<td>December/September</td>
<td>Objectives will be covered in 2020 Business plan.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## Small scale pieces/policy work

<table>
<thead>
<tr>
<th>BP Ref</th>
<th>Bus Plan Activity</th>
<th>BP strategy</th>
<th>Timescale</th>
<th>Status</th>
<th>Department/Person responsible</th>
<th>Interdependencies with other BP activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete qualitative research (in partnership with GOsC) into the role of patients in chiropractic education and agree an action plan</td>
<td>WPS</td>
<td>November</td>
<td>On track Survey closed. GOsC analysis to take place</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Develop and agree a strategy for student engagement</td>
<td>WPS</td>
<td>November</td>
<td>On track To be presented at November EC</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>With GOsC disseminate findings of Boundaries research into ‘How is touch communicated in the context of manual therapy?’ and commission further research, if necessary.</td>
<td>WPS</td>
<td>October</td>
<td>Completed</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Refine our new quality assurance processes and procedures to ensure they are effective and efficient throughout 2019</td>
<td>WPS</td>
<td>Ongoing</td>
<td>Ongoing reviews (annual monitoring, quality assurance handbook etc.)</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Produce and publish guidance and policy documents, as appropriate, that support chiropractors in best practice during 2019</td>
<td>WDTP</td>
<td>Ongoing</td>
<td>Completed: Reflective practice, Health and good character, ‘Lessons for the profession’ in newsletter</td>
<td>As required</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Publish a revised approach to protecting the title ‘chiropractor’ and report on action we take / Add performance reporting for S32s.</td>
<td>WIAA</td>
<td>October</td>
<td>Delayed. Waiting for FTP review to be completed before commencing</td>
<td>FTP</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Regularly publish shared learning and intelligence from the work we, and other regulators, do during 2019</td>
<td>WIAA</td>
<td>Ongoing</td>
<td>When appropriate</td>
<td>Cross-functional</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Agree and launch a range of communication/engagement initiatives including our new newsletter for registrants and stakeholders during 2019</td>
<td>WDV</td>
<td>Ongoing</td>
<td>Completed</td>
<td>Comms/All</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Review and publish our policies on judgements we make to decide if registration standards are met</td>
<td>WIAA</td>
<td>August</td>
<td>Completed</td>
<td>Registrations</td>
<td></td>
</tr>
</tbody>
</table>

WPS = We Promote Standards / WIAA = We Investigate and Act / WDV = We Deliver Value / WDTP = We Develop the Profession
Summary
This paper updates the Council on financial aspects of the GCC’s activities.

Action required: To note.

1. Key points regarding figures to August 2019
In December 2018, Council approved a total deficit budget for 2019 of £330k. For the eight months to the end of August 2019, the expectation was that the deficit would be £244k. Instead, to the end of August, there is a small operating surplus of £17k. Summary figures for end-August are shown below.

- Underspends in the CER area
- Lower volume of hearings
- Higher current FTP case volumes
- Technology delivery a little slower than planned
- A refund of statutory sick and maternity pay allowances is offset by unbudgeted business rate liability

<table>
<thead>
<tr>
<th>£'000s</th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>1,849</td>
<td>1,827</td>
<td>22</td>
</tr>
<tr>
<td>Expenditure</td>
<td>1,832</td>
<td>2,071</td>
<td>239</td>
</tr>
<tr>
<td>Surplus / Deficit</td>
<td>17</td>
<td>-244</td>
<td>262</td>
</tr>
</tbody>
</table>

2. Recommendation
The Council is asked to note this report.

3. Attachments
Management Accounts: August 2019
1. **Summary**

This paper is in three parts, summarising principal developments within the fitness to practice (FTP) function since the last Council meeting on 27 June 2019.

Part A: Update on advertising cases and review of lessons learned;

Part B: FTP consultation responses to Investigating Committee (IC) Decision-Making Guidance and Threshold Criteria; and

Part C: FTP recent governance and audit update:
  i. Appointments of lay panel chairs to Professional Conduct Committee (PCC) and Health Committee (HC);
  ii. FTP committee rule change into law; and

2. **Recommendation**

- In relation to Part A, the Council is asked to note the update for information.

- In relation to Part B, the Council is asked to consider responses to the consultation and approve the final version of IC Guidance incorporating the Threshold Criteria, and to approve the proposed change to B3 of the Code.

- In relation to Part C, i. the Council is asked to agree to the appointment of lay chairs to the GCC PCC and HC. With regards to ii and iii, Council is asked to note for information.

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### A. Advertising update

**Background & update**

In June Council was advised of our work on the last batch of website advertising complaints received from a single source. Of the 293 complaints, we reported that 290 complaints to date had been considered by the IC with a no case to answer outcome.

Three complaints remained to be considered which were due to be considered by the IC in August.
We are pleased to confirm that the remaining three complaints were considered by the IC, and determined with an outcome of no case to answer. As such, our consideration of the advertising caseload from the one source is now complete.

Lessons Learned

For the Council meeting in June 2019 we compiled feedback on the advertising cases by way of lessons learned and Council agreed to several recommendations. The recommendations and updates on progress are set out below:

i. Publication of GCC’s lessons learned report; although a formal report is yet to be published by the GCC, the Council paper from June setting out the lessons learned was circulated to the GCC’s Registrants and stakeholders via the newsletter in July. This is due to be actioned in the next few weeks.

ii. Liaising with the Expert with a view to making the report publically available; following discussions with the Expert, he has confirmed that the evidence obtained as part of his report can be used. GCC will now consider how that evidence can be made publically available without reference to the report.

iii. Consideration of traffic light system of conditions which chiropractors can claim to treat; this is due to be considered in the coming months.

iv. Consideration of establishing 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; this is due to be considered at a meeting of the (first) Joint Chiropractic Committee (of our stakeholders) on 12 September 2019.

v. GCC/ASA/CAP guidance on three areas, namely:
   - level/nature of scientific guidance required to substantiate claims of effectiveness;
   - use of patient testimonials;
   - use of the courtesy title “Dr”;
This is to be added to the policy work to be considered in 2020.

vi. Engagement with the following:
   - Complainant to provide feedback on complaints closed;
   - ASA/CAP to update list of conditions and agree MOU.
This will now be taken forward on the basis that the advertising cases have now concluded

vii. Consultation on amendments to GCC code B3; agreed by Council in June, part of FTP consultation is dealt with in part B below.

viii. On completion of current advertising caseload, the March 2015 policy paper be superseded by operational arrangements in place; agreed by Council in 2019.
B. FTP consultation update

Background

At its meeting in June 2019 Council decided to introduce IC Decision-Making Guidance and Threshold Criteria (the guidance documents).

In introducing these guidance documents, the intention was to ensure a process for dealing with complaints as proportionate as possible in view of the constraints placed upon us by statute. In addition an aim was to drive transparency and clarity for all involved, including staff of the GCC, Investigating Committee decisions makers, complainants (patients) and registrants as to the complaints process.

Council agreed to consult on the draft guidance documents, and to a proposal to amend Code of Practice at B3. Consultation was undertaken from 1 July - 31 August 2019.

Summary of consultation responses

During the consultation period we received 83 general responses and 27 detailed responses.

The high-level survey results (see Annexe 1) are set out below under each section of the consultation.

1. The introduction of guidance to inform the decision-making of the GCC Investigating Committee;

   - Over 70% of respondents agreed that the IC Decision–Making Guidance was clear.
   - With regards to document achieving its purpose in helping the IC decide which outcome is proportionate and appropriate, almost 90% agreed.
   - Over 70% of respondents agreed the document provided clear and helpful guidance to the IC in respect of the following areas:
     - issuing advice;
     - executive recommendations;
     - providing reasons; and
     - case to answer test.

2. The introduction of guidance on Threshold Criteria on unacceptable professional conduct (UPC).

   - Over 85% of respondents agreed that the GCC should produce this guidance and agreed that it would make decision-making more open and transparent;
   - Over 85% also agreed with the criteria as drafted.
3. **Amendment to the GCC Code B3**

   - Over 80% of respondents agreed with why the amendment to the Code was being sought.

**Detailed consultation responses**

Behind the quantitative feedback it is also important to consider the, often nuanced, qualitative responses. We received several detailed and thoughtful responses to the three areas we sought views from our stakeholders (notably from the Professional Standards Authority, the professional associations, Investigating Committee members and experts commissioned to provide independent advice to the IC in the past).

These have been grouped below:

- **Accessibility of the document**

  Some concerns were raised as to accessibility of the guidance to a lay reader; for example, the use of ‘moral opprobrium’ when the IC is applying its judgement as to whether the facts found proved amount to unacceptable professional conduct. Where possible, we have made the language more accessible for a lay audience but have been restricted in other areas due to the guidance reflecting terminology used in the Chiropractors Act or in case law. We recognise the difficulties this may cause to a lay reader and as such, undertake to ensure that – as an alternative - our website and leaflets aimed at a lay audience is summarised in clear and plain English - with a reference to the guidance to cover all bases. We have also sought to simplify description of the process by introducing a flow chart (which we can also introduce to the GCC website. It is evident that there is a good deal of nervousness amongst our legal community about the risk of changing the meaning of well-established but obtuse legal terms. We probably have to accept that the main audience will be the IC, turning to it in its deliberations, and those representing registrants under scrutiny. What is proposed here is a balance.

- **Public interest:**

  Some comments were made as to the relevance of public interest at the IC decision-making stage. This was on the basis that the public interest is a factor typically considered not during but after the IC stage. Although the public interest commonly features *more prominently* before the PCC and the HC than before the IC, our view (which has subsequently been endorsed by leading counsel) is that the overarching objective should guide *all* GCC activities and decisions (including IC decisions).

Further, clarity has also been requested as to the public interest and how this links to the GCC’s overarching objective. In order to make this clear, amendments by way of explicit cross reference to the public interest have been made to the section dealing with the GCC’s overarching objective (see Annexe 3).
- **Treatment of advertising complaints:**

  We sought to formalise in the Threshold Criteria the process where there is concurrent jurisdiction for advertising complaints. This means that advertising complaints would 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) and Category 3 (Closure without further action - only in very limited circumstances, such as where a complaint is made against an individual who is not under the jurisdiction of GCC). A positive response was received regarding the categorisation of advertising complaints as outlined in the Threshold Criteria.

  We were however challenged as to whether this reasonable approach was applied by us in considering the recent high volume of complaints on advertising. The approach as outlined in the Threshold Criteria, that is to categorise the complaints, formalises our current approach to advertising complaints and was applied in the batch of complaints recently concluded.

- **Code B3 – ‘verifiable’:**

  Again, concerns were raised that removal of the word ‘verifiable’ from the current Code B3 and reinforcing the ASA in the proposed Code would mean a higher standard for evidence than the current ‘verifiable’ standard. The GCC’s Advertising Guidance issued on 08/01/2018 (see Annexe 2) clarifies that under the current Code B3, when advertising services, Registrants must, in order to meet standard B3, comply with the CAP Code and any other guidance issued by the ASA/CAP about chiropractic.

  The 2018 Guidance also states that for the information contained in Registrants advertising to be ‘verifiable’ in accordance with B3, they must be able to prove its accuracy on the basis of evidence in their possession at the time the advertising is issued. The Guidance goes on to say that any information provided about the efficacy of treatments/services must be supported by evidence of the standard required by the CAP Code. As such, the suggested amendment to the Code B3 simply confirms the current position that advertising must comply with ASA and the CAP code.

- **Threshold Criteria:**

  Some concerns were raised as to which stage the criteria document is relevant; the reasonableness and evidence base for the criteria; the impact of the criteria in hampering the IC’s judgement on whether there is a case to answer; and the potential for dissuading complainants from making complaints – that is if it is shown on the example list there may be little point in raising a complaint – and which would be a regrettable consequence.

  We would observe the Threshold Criteria is not intended as a standalone document and forms part of the consideration made by the IC at the decision-making stage. So in taking on board these concerns, the Threshold Criteria is now specifically referenced and annexed - that is incorporated to the IC Decision-Making Guidance.
With regards to the reasonableness and evidence base of the criteria, the consultation responses indicated the criteria are generally at a reasonable level, and we have made some minor amendments to reflect this. The criteria are reflective of the list of matters already on the GCC’s website (https://www.gcc-uk.org/concerns/make-a-complaint/) which as a general principle do not amount to complaints of unprofessional conduct or professional incompetence.

With regards to whether the IC may be hampered by having regard to a list we are clear that it must not be. The document contains factors that the IC should bear in mind when considering whether there is a case to answer. The document provides examples of matters that the GCC say are not usually capable of amounting to UPC, and therefore should generally not be referred to the PCC. The criteria is not intended as a complete list of all matters which are beyond the scope of fitness to practice processes but are simply examples to guide the IC. Our view (which has subsequently been endorsed by leading counsel) is that the Threshold Criteria usefully stresses that it is not exhaustive and merely seeks to illustrate general not immutable features of the IC’s approach. Additionally, the 15 criteria (a-o) are not phrased in restrictive language, they outline categories of complaint which are both numerous and broad. As such, in our view, the potential risk of dissuading complainants from making complaints is outweighed by the utility of the guidance.

- **Vexatious complaints:**

Concerns have been expressed as to the impact of frivolous complaints made by organisations that are perceived to be attacking the profession through complaints about registrants. The Threshold Criteria include consideration of whether a complaint is vexatious as a factor for the IC to take into account in determining whether there is a case to answer. There is no power for the GCC under current statutory scheme to ‘screen out’ vexatious or frivolous complaints prior to consideration by IC.

It was put forward that where a vexatious complaint is made, the registrant or the GCC could pursue the complainant on a ‘dishonest basis.’ In our view it would be wholly inappropriate for the GCC to incorporate. It is not where the GCC should be, we would assert, and in any event would fall foul of the PSA Standards of Good Regulation in that it may dissuade complainants from raising legitimate concerns with the regulator for fear of facing proceedings for dishonesty.

It was also submitted that the GCC should consider amending the category of vexatious to include complaints which are made with the intention of causing inconvenience, harassment or expense to the regulator. Again, we disagree. Council decided at its meeting in June 2019 that insofar as the impact on us as regulator the responsibility falls in our ‘upstream work’ with the profession (those aspects set out in section A. above), which ought to have an impact on the number of complaints made about registrants and consequently dealt with by the GCC. As the regulatory body the convenience on us or otherwise should not be a factor we take into account greatly.
• **Case Examiners**

  Some suggestions were made that the IC process should evolve to one where case examiners consider cases instead of the IC. We probably agree, however the statutory scheme prevents us from taking this forward.

  In light of the consultation responses, we have reverted and taken additional legal advice and made changes to incorporate the responses where this has been deemed appropriate.

  You will see at Annexe 3 the amendments we have proposed with regards to the IC Guidance, and which now incorporates the Threshold Criteria.

  The is no suggested change to Code B3 as a result of the consultation and therefore Annexe 4 sets out the current code and changes to be made subject to approval by Council.

**Attachments**

- Annexe 1 – High level consultation survey results
- Annexe 2 – Guidance on Advertising to the Public (issued January 2018)
- Annexe 3 – Investigating Committee Decision-Making Guidance incorporating the Threshold Criteria (proposed final version displaying amendments)
- Annexe 4 – Suggested change to Code B3

**Recommendations**

The Council is asked to:

- **Approve** the final version of IC Guidance incorporating the Threshold Criteria, (see Annexe 3) – and for it to be published in October 2019;

- **Approve** the change to B3 of the Code, (see Annexe 4).
C. i. Appointments of lay panel chairs to Professional Conduct Committee (PCC) and Health Committee (HC).

Background & Update

At its meeting in December 2018 Council approved the use of lay chairs for hearings and meetings and no longer appoint legally qualified chairs to the Committee. It was agreed that the transitional arrangements would 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.

In June 2019, the Council approved the appointment of David Clark as a lay chair of the PCC and re-designated him as the overall chair of the Professional Conduct Committee (PCC) and Health Committee (HC). The Council also decided that the appointments of necessary additional lay panel chairs takes place prior to the meeting of the Council in September 2019; with Council’s approval to those appointments to be obtained by correspondence.

As the GCC would no longer be using legally qualified chairs from 1 September 2019, a recruitment exercise led by David Clark was undertaken to appoint additional lay chairs from the designated lay members of the Committee. Six applications were received and considered by a selection panel on 29 August 2019 comprising of David Clark (Chair of Chairs for the PCC and HC), an external independent member, Elizabeth Davis and Nick Jones (Chief Executive and Registrar of GCC).

Following careful consideration by the selection panel, four lay chairs were successful in their applications for the PCC and HC lay chair role. The individuals have been advised that their appointment is subject to confirmation by the Council at its meeting on 20 September 2019.

Purpose

The purpose of this paper is to seek Council approval for the appointment of four members to the PCC and HC as lay panel chairs. The individual's names are Rama Krishnan, Helen Potts, Gail Mortimer and Philip Geering. Their biographies are attached as Annexe 5. All four members have met the competencies to be appointed as a chair and have substantial and relevant experience as panellists and chairs at other regulators.

Implications

There are no areas of concern or matters raised in respect of the performance of any of these individuals that need to be brought to your attention in considering appointment as a lay chair.

The powers of Council to appoint persons to chair proceedings of the committee are contained in Rule 8-10 of the GCC (Constitution of the Statutory Committees) Rules 2009 (see Annexe 6).
Legal or Risk implications

As the GCC ceased using legally qualified chairs from 1 September 2019, the appointment of additional lay chairs alongside David Clark will ensure the GCC has adequate arrangements in place for the chairing of subsequent PCC or HC hearings.

The appointments as lay chairs would enable the GCC to minimise the risk of not being able to deal with matters in a timely manner and thereby ensuring the public are protected.

Financial implications

The Remuneration and HR Committee has approved the daily rate of £350 for lay chairs which is a reduction in the daily rate of £500 per day for legally qualified chairs.

Recommendations and next steps

The Council is asked to discuss and agree the appointment of the four individuals as a lay chair of the PCC and HC. The appointment as lay chair will not impact on the current length of term for those members. The current terms for Helen Potts, Gail Mortimer and Philip Geering will end on 31/05/2021 with Rama Krishnan's term ending on 13/01/2022.

Attachments

Annexe 5 - Biographies of lay chairs
C. ii. FTP committee rule change into law

Background & Update

Some changes in legislation have occurred over the past few months regarding our FTP committees. The Department of Health and Social Care (DHSC) contacted the GCC in April 2019 to advise that it would be able to start the process to make the amendments to our rules to remove the limit to the number of panel members for a FTP committee. This amendment related to the GCC (Constitution of the Statutory Committees) Rules Order of Council 2009 (see Annexe 6).

Informal approval was obtained from the Chair of Council on 14/06/19 and the matter was subsequently noted by Council at its meeting in June. In order to finalise the rule change process, Roger Dunshea, (in the full knowledge and absence of the Chair of Council) signed the draft order on behalf of the Council. We are pleased to advise Council that after successful work by the team in cooperation with DHSC, the rules change effecting the composition of the IC, PCC and HC came into force on 1 September (see Annexe 7).

As we had advised Council in June, these legislative amendments remove the upper limits of their panel sizes of not more than 30 members, replacing them instead with a minimum 10-member requirement. In doing so, the changes will contribute to greater efficiency in the proceedings of our statutory committees should in the future, membership size restrictions delay progressing matters.

Attachments


Recommendations and next steps

The Council is asked to note for information only.


Background & Update:

This year, as in 2018, two independent audits of our FTP processes have been undertaken – in February and August 2019. The auditor follows criteria set out by the PSA’s Good Standards of Regulation for FTP that is all IC decisions closed with ‘no case to answer’ are audited.
First report, 21-23 February 2019

The first report from February is of an audit of our processes relating to complaints received between July 2017 and September 2018. In that report, the auditor referred to the August 2018 audit, and noted that any issues previously observed with the thoroughness of investigations were limited (i.e. there was no indication of a systemic problem) and that with ‘conviction cases’, all issues had been addressed in the cases reviewed in the February 2019 audit.

The report concluded that there should be close monitoring of case progression going forward to ensure the risk of delay are minimised. On examining written decisions of the IC and those of the Chairs, the report noted that there has been continued improvement in standard. The auditor did not identify any concerns in cases reviewed in February 2019 suggesting that the public is not protected by the GCC’s investigation processes or by the decision of the IC and its Chairs. This is of great importance to us.

Second report, 14-16 August 2019

The latest report from August 2019 is an audit of our processes related to complaints received from July 2018 to April 2019. The auditor noted that whilst case progression was not a concern in this group of cases, it was recommended that close monitoring of this aspect should be maintained to ensure delay does not become an issue.

The report also recommended particularly that continued close monitoring of case progression in the initial stages of the investigation take place so that any public protection risk assessment decisions are dealt with as expeditiously as possible. It was also suggested that where a complainant ceases to engage with the investigation process, there should be further follow up to clearly establish the reasons. This may facilitate their further engagement.

In auditing the written decisions of the IC, this report noted continued improvements in this standard identified in the February 2019 audit has been maintained. Significantly, the auditor did not identify any concerns in cases reviewed in August 2019 suggesting that the public is not protected by the GCC’s investigation processes or by the decision of the IC and its Chairs.

The recommendations from both audits have fed into the internal adjustments we are making to our working practices that were presented to Council in June and which are to be implemented from October 2019.

Recommendations and next steps

The Council is asked to note for information only.
FTP: Annexes

- **Annexe 1** – High level consultation survey results
- **Annexe 2** – Guidance on Advertising to the Public (issued January 2018)
- **Annexe 3** – Investigating Committee Decision-Making Guidance incorporating the Threshold Criteria (proposed final version displaying amendments)
- **Annexe 4** – Suggested change to Code B3
- **Annexe 5** – Biographies of lay chairs
- **Annexe 6** – General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009.
- **Annexe 7** – General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules 2019.
Q1 Name of individual or organisation (optional)

Answered: 40   Skipped: 43
Q2 Are you happy for the GCC to publish your response to this consultation?

Answered: 79  Skipped: 4

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TOTAL 79
Q3 Do you think the Guidance is clear?

Answered: 33   Skipped: 50

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Q4 Do you think the Guidance will help the Investigating Committee (IC) decide which outcome is proportionate and appropriate?

Answered: 34  Skipped: 49

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Q5 Do you think the Guidance gives clear and helpful guidance to the IC in relation to:

Answered: 34  Skipped: 49

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Total Respondents: 34
Q6 Do you agree that the General Chiropractic Council (GCC) should produce guidance on the Threshold Criteria for establishing unacceptable professional conduct?

Answered: 32  Skipped: 51

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Q7 Do you agree that the use of the draft Threshold Criteria by the Investigating Committee will make decision-making more open and transparent?

Answered: 31  Skipped: 52

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Q8 Do you agree with the criteria set out in the draft Threshold Criteria guidance?

Answered: 31  Skipped: 52

**ANSWER CHOICES** | **RESPONSES**
--- | ---
Yes | 87.10% 27
No | 6.45% 2
If not, please explain what criteria you disagree with, and the reasons for this. | 6.45% 2
TOTAL | 31
Q9 Please provide us with any other comments on the draft Threshold Criteria that you would like us to consider.

Answered: 9    Skipped: 74
Q10 Do you understand why the GCC is proposing to amend the Code and is it clear?

Answered: 31  Skipped: 52

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Guidance on Advertising to the Public

This guidance must be read in conjunction with The Code (2016) prepared by the General Chiropractic Council (GCC), which sets out standards for conduct, performance and ethics for chiropractors to ensure the competent and safe practice of chiropractic.

To note: The GCC will review this guidance as necessary and update it as appropriate, and reapply the principles of the Code to any critical changes or new situations that may emerge. This guidance should also be read alongside the following documents issued by the Committee of Advertising Practice (CAP) and enforced by the Advertising Standards Authority (ASA):

- Health: Chiropractic advice online (updated 3 November 2017) – see [https://www.asa.org.uk/advice-online/health-chiropractic.html](https://www.asa.org.uk/advice-online/health-chiropractic.html)

This guidance is not intended to provide you with advice about steps you can take to ensure your advertising complies with the ASA/CAP requirements. It is only intended to assist you in applying the broad principles of the GCC's Code of Practice with regard to advertising, drawing your attention to key factors so that you can take them into account and ensure you act at all times in the interests of your patients and public protection.

The ASA is the UK advertising regulator and may take independent action against chiropractic websites that break the advertising rules. Information about the ASA/CAP’s processes is set out on their website – see [https://www.asa.org.uk/about-asa-and-cap.html](https://www.asa.org.uk/about-asa-and-cap.html).

If you are a member of a chiropractic professional body, they may be able to assist you.

CAP also provides the facility to check specific wording of non-broadcast advertising with their Copy Advice Team – see [https://www.asa.org.uk/advice-and-resources/bespoke-copy-advice.html](https://www.asa.org.uk/advice-and-resources/bespoke-copy-advice.html)

Please note that the GCC has issued separate guidance about obtaining informed consent from patients. This document therefore does not include any advice or guidance in relation to information to be provided to patients during the assessment, diagnosis or treatment process, as it is targeted solely at advertising to the public.
What standards do the GCC set in relation to advertising?

The standard set by the GCC within The Code is:

**B3:**
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.

Another relevant standard is:

**B2:**
Ensure you, and any chiropractor who works with you on a contractual basis, are properly qualified, registered and insured.

What are the “relevant regulatory standards” referred to in B3?

The ASA is the independent regulator for advertising in the UK. Its sister organisation, the CAP is responsible for the CAP Code – which requires anyone advertising services/products to ensure they are in possession of evidence that supports any claims they make in advertising.

The ASA investigates complaints about advertising, taking account of the consumer protection regulations. If an advertisement is found by the ASA to be misleading or unfair to consumers, and the advertiser fails to comply with the ASA ruling, the ASA may, ultimately, refer them to Trading Standards for legal action to be taken under the relevant consumer protection regulations.

When advertising your services, you must comply with the CAP Code and any other guidance issued by the ASA/CAP about chiropractic, in order to meet standard B3 of the GCC Code.

---

1 This applies to advertising claims that are capable of objective substantiation.
What counts as “advertising”?

Advertising can be any information or claim(s) that you present or make public about your practice. This includes (but is not limited to) information and/or claims that are:

- printed and included on: notices/signage;
- published on a website (including marketing or social media websites);
- sent via email;
- broadcast on TV/radio/similar;
- included within media reports or articles that you contribute to (or which are attributed to you).

Any form of endorsement of others’ comments (e.g. “liking” Facebook posts, or “re-tweeting”) may be regarded as including those comments within your own marketing/advertising activities.

You are personally accountable for information about your services, whether or not you wrote that information yourself. If you have concerns about information your employer/a colleague publishes about your services, you should raise those concerns with them, in writing if necessary.

The CAP Code’s scope is more specific (for example it excludes content that is not either paid for/directly connected with the supply to chiropractic services, or which is sent to existing patients) and is set out on the ASA website at:

https://www.asa.org.uk/type/non_broadcast/code_folder/scope-of-the-code.html

What does the GCC mean by “verifiable”?  

B3 within the GCC Code requires all advertising or promotion of chiropractors or their services to be “honest, legal and verifiable”.

“Honest” and “legal” are terms that are generally understood, and do not require further definition here.

For the information contained in your advertising to be “verifiable” in accordance with B3, you must be able to prove its accuracy on the basis of evidence in your possession at the time the advertising is issued. This means you must be able to provide evidence supporting anything you say about yourself, the work you do, and the results of the treatments or services that you offer.

Any information provided about the efficacy of treatments/services must be supported by evidence of the standard required by the CAP Code. Further details about this are provided below.

What do the ASA/CAP Code require, and is that different to the GCC’s requirements?  

The CAP Code sets a number of detailed rules that apply to advertising. This guidance note does not attempt to summarise or refer to them in any detail. The CAP Code can be found at:  

The first rule within the CAP Code is that marketing communications should be legal, decent, honest and truthful\(^2\).

Another important rule within the CAP Code is that marketing communications must not “materially mislead” the consumer or be likely to do so (including by leaving out or hiding important information, or including ambiguous or unclear statements\(^3\)). The principle behind this is that consumers (i.e. patients or potential patients) should not be misled by the advertising into making a decision they would not otherwise have made (for example, decisions about their care/treatment).

The CAP Code requires the advertiser to hold “documentary evidence” that backs up (or “substantiates”) any claim being made which a consumer might regard as being an “objective claim”\(^4\). For example, if a chiropractor includes on their website a testimonial from a patient that their chiropractic treatment has relieved their hayfever, that would be in breach of the CAP Code unless the chiropractor was in possession of documentary evidence proving that chiropractic can relieve hayfever\(^5\).

The ASA’s approach when applying the CAP Code is that any advertising must not:

- Offer absolute guarantees of cure;
- Claim that chiropractic treatment is free of risk or safer than other healthcare treatments (e.g. because it is ‘natural’);
- Present anecdotal evidence as being proven or scientific;
- Discourage an individual from seeking medical treatment from a general medical practitioner if appropriate;\(^6\)
- Claim that chiropractic care or treatment can treat any condition unless that claim is substantiated in compliance with the CAP Code.

The CAP Code contains detailed requirements about the quality of the evidence required to substantiate any claim which varies according to the type of claim being made. Some further information about this is set out below.

As B3 within the GCC Code requires compliance with all relevant regulatory standards, any breach of the CAP Code or other ASA/CAP requirements could amount to a breach of the GCC’s Code. You should make sure that you are familiar with the CAP Code, and satisfy yourself that your advertising complies in particular with the Rules contained in sections 1, 3 and 12. (see https://www.asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code.html).

**The CAP Code and guidance about “substantiation”**

Chiropractors who follow the guidance issued by the CAP about the conditions chiropractic can advertised as a treatment for (see further details below) should be less likely to be the

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\(^2\) Rule 1.1  
\(^3\) Rules 31 and 3.3  
\(^4\) Rule 3.7  
\(^5\) A complaint about this type of claim was upheld by the ASA in 2015 – see https://www.asa.org.uk/rulings/chiropractic-life-a15-293323.html  
\(^6\) Rule 12.2
subject of an investigation by the ASA. However, all advertising must comply with the CAP Code.

Rule 12.1 of the CAP Code indicates that that all “objective claims” must be backed up (or “substantiated”) by evidence, if relevant, consisting of trials conducted on people. Whether or not the advertiser is able to “substantiate” their claim will be decided based on the available scientific knowledge.

A separate CAP guidance document that relates to substantiation of health, beauty and slimming claims (https://www.asa.org.uk/resource/health-beauty-and-slimming-claims-substantiation.html) explains the different quality of evidence that will be required in order to back up any “objective” claims in these areas. A distinction is drawn between objective claims that are uncontroversial and objective claims about “new” or “breakthrough” areas of treatment.

The document sets out that in order to back up any new “objective claims” (e.g. any claims to be able to treat conditions where there is no published guidelines or authoritative reports to back those claims up) detailed and technical requirements about evidence must be followed. For example, the guidance sets out that:

- “…sound data, relevant to the claim made, should be collated to form a body of evidence”, which may include “conducting a systematic review of all available scientific evidence and evaluating it for its relevance”

- “a body of evidence” can include evidence from various categories, including single or double-blind clinical trials and observational human studies. For the complete list of categories of evidence see https://www.asa.org.uk/resource/health-beauty-and-slimming-claims-substantiation.html

- The “body of evidence” should normally include at least one adequately controlled experimental human study but an adequately controlled observational study may be adequate in some circumstances (only if the ASA/CAP experts accept that the data is “sound” and an experimental study would be futile/impractical).

- Specific requirements must be met in terms of the methodology, size, duration and nature of the study group used. Confounding factors/variables must be taken into account and the results must be statistically significant.

- An objective review of the data will be required if the study has not been published in a reputable peer-reviewed journal.

It also explains which types of evidence are likely to be considered unacceptable in order to substantiate such claims.

Advertising treatment of conditions CAP accepts chiropractic can treat

CAP has issued guidance about the conditions chiropractors may claim to treat (“Health: Chiropractic advice online” (published 3 November 2017) and, alongside the ASA guidance published on 3 November 2017 (“Chiropractic: ASA review and guidance for marketing

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7 Rule 12.1
claims”) CAP has issued online advice about the conditions it is accepted chiropractors can claim to treat. The conditions listed are:

- Ankle sprain (short term management)
- Cramp
- Elbow pain and tennis elbow (lateral epicondylitis) arising from associated musculoskeletal conditions of the back and neck, but not isolated occurrences
- Headache arising from the neck (cervicogenic)
- Inability to relax
- Joint pains
  - Joint pains including hip and knee pain from osteoarthritis as an adjunct to core osteoarthritis treatments and exercise
- General, acute & chronic backache, back pain (not arising from injury or accident)
- Generalised aches and pains
- Lumbago
- Mechanical neck pain (as opposed to neck pain following injury i.e. whiplash)
- Migraine prevention
- Minor sports injuries and tensions
- Muscle spasms
- Plantar fasciitis (short term management)
- Rotator cuff injuries, disease or disorders
- Sciatica
- Shoulder complaints (dysfunction, disorders and pain)
- Soft tissue disorders of the shoulder

Please note that the issue of this CAP advice about specific conditions does not mean that any advertising about treating those conditions would always be treated as acceptable by the ASA/CAP. Advertising about treatment of these conditions still has to comply with the CAP Code.

**Advertising treatment of other conditions**

Advertising treatment of any condition must comply with the CAP Code’s provisions about the evidence required to back up (“substantiate”) any claim made (Rule 12.1).

Particular care will need to be taken when advertising treatment of a condition that falls outside the categories which the CAP guidance recognises as capable of being treated by chiropractors.

The CAP Code’s requirements are technical and detailed. If you are intending to include claims about treating a condition other than those conditions the CAP guidance recognises chiropractors can claim to treat, it is recommended that you review the CAP Code and guidance documents in detail, and potentially seek further advice from the CAP Copy Advice team, before proceeding.
Referring to your professional status or qualifications in advertising

If you are suspended or removed from the GCC register it is a criminal offence to say or imply that you are a chiropractor. In those circumstances you should ensure that any information in the public domain (including any material published by your employer) that refers to your being a chiropractor is immediately withdrawn until your suspension is listed/your restoration to the register.

If you have not paid the practising fee for that registration year, any description of you (or the services you offer) must not refer to your being a chiropractor or imply that you can provide chiropractic care. If you move from paying the practising fee to paying the non-practising fee, you must make sure that any information in the public domain that refers to your being a chiropractor is promptly withdrawn.

If you use the courtesy title “doctor” 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”. Failure to do so could lead to an allegation of misconduct. The ASA will take action in relation to advertisements implying that chiropractors are medical practitioners.

A separate advice note setting out the ASA’s views about the use of the title “doctor” by chiropractors is available from: https://www.asa.org.uk/advice-online/use-of-the-term-dr-chiropractors.html

What action can the GCC take about a breach of B3?

Any allegation about a breach of B3 in the GCC’s Code of Standards with in accordance with the process agreed by the GCC’s Council in March 2015 (see http://www.gcc-uk.org/UserFiles/Docs/Council%20Meetings/2015/March%202015%20Council%20papers%20open.pdf pages 23-24). This means that some allegations will be referred to the Investigating Committee, and others may first be referred to the ASA for it to consider taking action.
History of revisions to the Guidance on Advertising:

This document was revised in December 2017 to reflect the guidance on the use of chiropractic in relation to babies and children issued by the ASA/Committee on Advertising Practice on 9 November 2017. It was first published on 8 January 2018.

Previous editions:

Advertising Guidance for Chiropractors, March 2010
Investigating Committee
Decision-Making Guidance

September 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 overarching 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.

Please see paragraphs 59-63 regarding the public interest. 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\(^1\).

\(^1\) 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\(^2\) 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\(^3\).

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.

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\(^2\) See Rule 5(4) of the 2009 Rules as amended

\(^3\) 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 66-73.

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 to whether to an ordinary, intelligent member of the public and / or other fellow chiropractors would consider the conduct to be morally blameworthy or deplorable 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 strong public concern opprobrium publicly.

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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".

**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\textsuperscript{5} 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.

\textsuperscript{5} Rule 4(3) of the IC rules
with any treatment and, if relevant, has restricted their practice appropriately;

- 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 will indicate the type of assessment and the type of assessor required, for example a general practitioner, specialist or other healthcare professional so that it is most helpful to the registrant and IC.

41. 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 assessment6.

42. If, after the IC has adjourned to issue the invitation for the medical assessment, a registrant refuses consent to or is uncooperative with arrangements for a medical assessment, the IC may take that into account when they consider the matter following the adjournment 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 IC deciding that there is a “case to answer”.7

43. 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**

44. 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

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6 Rule 4(3)(b) of the IC Rules
7 Rules 4(4) of the IC Rules
relevance to the Chiropractor’s fitness to practise chiropractic under Section 20 (1)(c) of the Act.

45. 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.

46. 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:
   - murder, manslaughter or offences against the person
   - sexual offences
   - offences involving children or vulnerable adults
   - fraud/dishonesty
   - criminal damage, theft, burglary etc.

47. 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.

48. 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.

49. 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”**

50. The IC should bear in mind that the following factors may be present in matters which are highly likely to constitute “a case to answer”:
   - conduct that would pose a risk to patients if repeated;
   - conduct which is likely to undermine public confidence in the profession, even if unconnected to a chiropractor’s professional practice;
   - conduct which, if left unmarked, would undermine professional standards.
51. The following are matters which 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.

52. 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**

53. Whether there is a case to answer is a matter for the IC’s judgement.

54. 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.

55. 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.

56. 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.
57. In applying the Threshold Criteria annexed to this guidance (see Annexe 1) 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. The Threshold Criteria is intended to serve as a guide for the IC and is not exhaustive. Each allegation must be considered by the IC on its own merits as to whether there is a case to answer.

58. 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

59. The GCC’s overarching objective is to protect the public. The public interest consideration is an important part of the decision-making framework. In reaching a decision on outcome, the IC should give appropriate weight to the wider public interest.

60. Public interest considerations include:
- protecting the public
- maintaining public confidence in the profession
- maintaining proper standards of behaviour

61. Consideration of the public interest is part and parcel of the overall question for the IC (whether there is a case to answer) and therefore relevant when looking at paragraph 16 onwards of this guidance.

62. When deciding whether it is in the public interest to refer to the PCC, the IC may take into account the following:
- the seriousness, or potential seriousness, of the matter,
- whether referral is the proportionate response,
- the circumstances and setting in which the issue happened,
- the risk of harm to patients caused by the Registrant in the past, how serious the possible harm was, and whether there would be similar risks if the incidents or issues happened again,
- The particular circumstances of the registrant, for example a significant health issue.

These factors are not exhaustive and not all factors will be applicable in every case.

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.
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.

63. Please see paragraphs 85 - 87 with regards to ensuring that the written reasons include any public interest considerations.

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.

The IC will consider whether there’s a realistic possibility of the issues or incidents happening again. Important questions to ask in this case may include:

- will it be easy for the Chiropractor to remedy the concerns that led to the complaint?
- 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

64. In deciding whether or not there is a case to answer the IC should have regard to all the information and evidence before it. If the IC feels that further information is required, please see paragraphs 76 -79 as to adjourning for further information. 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.

65. 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

66. 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.

67. 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**

68. 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\(^8\), 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.

69. 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.

70. 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.

71. 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 registrant’s registration. However, the fact that advice was issued will become part of the registrant’s fitness to practise history.

72. 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

\(^8\) Spencer v General Osteopathic Council [2012] EWHC 3147 (Admin)
decision-making.

73. 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).

Matters which are not usually capable of amounting to UPC

74. The matters set out in Annexe 1 are not usually capable of amounting to UPC and should not generally be referred to the PCC.

Standard of Conduct and Practice

75. 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.\(^9\)

Adjournments for further evidence / investigation of additional concerns

76. 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.

77. The IC should set out clearly in its reasons what additional information is required.

78. In these circumstances the IC must adjourn consideration of the allegation, pending further evidence / the investigation of the additional concerns it has identified.

79. 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

80. 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.

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\(^9\) 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)
Indemnity

81. 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.

82. 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

83. 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

84. 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 deal with 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

85. 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\(^\text{10}\). 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.

86. 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:

\(^{10}\) section 20(12)(a) and section 20(13) Chiropractors Act 1994
• the decision made;
• why the decision was made; and
• how the decision was reached.

87. 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, including consideration of the public interest;
• 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

88. 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.

89. 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.

90. 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 interest11.

11 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.
91. 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**

92. 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.

93. 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.

94. 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.
95. 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.

96. 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.

97. 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.

98. 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.

99. 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
- The Code
- 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
- GCC Governance Manual
- Threshold Criteria
Investigating Committee – decision-making flowchart

(Please note this is intended as an illustrative summary of the narrative guidance not as a modification of it)

Could the complainant’s evidence disclose:
1. unacceptable professional conduct*
2. professional incompetence
3. a criminal conviction, materially relevant to fitness to practise
4. serious impairment to practise due to a physical or mental condition?

**YES**

Is the complainant's evidence materially flawed (fanciful, irrational, implausible or self-contradictory)?

**YES**

Dismiss

**NO**

In the light of the chiropractor’s information and observations, does the evidence still disclose:
1. unacceptable professional conduct
2. professional incompetence
3. a criminal conviction relevant to fitness to practise
4. serious impairment to practise due to a physical or mental condition?

**YES**

Dismiss

**NO**

Is there evidence which, taken at its highest, could lead a Practice Committee to find the alleged facts proved?

**YES**

**NO**

Is there evidence which, taken at its highest, could lead a Practice Committee to find that those alleged facts, if established, would amount to the relevant allegation*?

**YES**

**NO**

Are there reasons why it would not be in the public interest for the case to proceed further?

**YES**

Close case

**NO**

There is a case for the chiropractor to answer

**REFER TO PCC/HC**

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* The Investigating Committee should apply the Threshold Criteria for unacceptable professional conduct
Annexe 1 - **Threshold Criteria for Unacceptable Professional Conduct**  Matters which are not usually capable of amounting to UPC

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\(^\text{12}\), 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. In reaching a decision on outcome, the IC should give appropriate weight to the wider public interest. Public interest considerations include:
   - protecting the public
   - maintaining public confidence in the profession
   - maintaining proper standards of behaviour

5. 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.

6. The GCC has, in consultation with its stakeholders including public and patient representatives, produced these ‘threshold criteria’. 

7. These criteria *will guide* the IC when determining whether or not to close an allegation referred to and will guide the IC when determining whether or not there is a ‘case to answer’.\(^\text{13}\)

**The Threshold Criteria**

8. The *Chiropractors Act 1994* provides that ‘Unacceptable Professional Conduct’ is ‘conduct which falls short of the standard required of a registered chiropractor’.\(^\text{14}\)

9. 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*.\(^\text{15}\)

10. When exercising their judgement as to whether the facts found proved amount to Unacceptable Professional Conduct, the IC should have regard\(^\text{16}\) to whether, an ordinary, intelligent member of

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\(^\text{12}\) 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).

\(^\text{13}\) Section 20 (9) (c) of the Chiropractors Act 1994.

\(^\text{14}\) Section 20 1(a) and (2).

\(^\text{15}\) Section 19 (4)

the public and/or other fellow chiropractors would consider the conduct to be morally blameworthy or deplorable.

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:

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

11. **Applying this threshold.** In having regard to the High Court case of Spencer v the General Osteopathic Council, 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:

<table>
<thead>
<tr>
<th>a. Complaints about note-taking and record-keeping alone</th>
<th>In the absence of:</th>
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<tbody>
<tr>
<td>i. ‘incompetence or negligence of a high degree’;</td>
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<td>ii. evidence of a failure to comply with relevant information governance legislation such as the Data Protection Act 1998 (and any subsequent or amending legislation); or</td>
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<td>iii. dishonesty or intent to deceive or mislead</td>
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| b. Complaints that do not fall within the statutory grounds of section 20 of the Chiropractors Act 1994 | |

<table>
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<th>c.</th>
<th>Vexatious complaints, including where the complainant:</th>
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<tbody>
<tr>
<td>i.</td>
<td>repeatedly fails to identify the precise issues that he or she wishes to complain about;</td>
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<tr>
<td>ii.</td>
<td>frequently changes the substance of the complaint or continually seeks to raise new issues; or</td>
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<tr>
<td>iii.</td>
<td>appears to have brought the complaint solely for the purpose of causing annoyance or disruption to the registrant</td>
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<tr>
<td>d.</td>
<td>Complaints that have been made anonymously and cannot be otherwise verified</td>
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<tr>
<td>e.</td>
<td>Complaints in which the complainant refuses to participate and provide evidence and in which the allegation cannot otherwise be verified or proved</td>
</tr>
<tr>
<td>f.</td>
<td>Complaints that relate to disputes between registrants and patients about fees or the costs of treatment Provided that there is no allegation of dishonesty or intent to deceive or mislead</td>
</tr>
<tr>
<td>g.</td>
<td>Complaints that:</td>
</tr>
<tr>
<td>i.</td>
<td>seek to reopen matters which have already been the subject of an employment tribunal process or civil proceedings and which do not raise fitness to practise issues;</td>
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<tr>
<td>ii.</td>
<td>seek to pre-empt or influence the outcome of other regulatory or civil proceedings; or</td>
</tr>
<tr>
<td>iii.</td>
<td>Are within the concurrent jurisdiction of the GCC and another Regulator*</td>
</tr>
<tr>
<td>h. Complaints that amount to a difference of professional opinion</td>
<td>Provided that the opinion is:</td>
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<tr>
<td>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</td>
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<tr>
<td>ii. reasonably held and capable of withstand logical analysis</td>
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<tr>
<td>i. Complaints that relate to employment disputes</td>
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<tr>
<td>j. Complaints that relate to contractual disputes, including arrangements for lease of premises and facilities</td>
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<tr>
<td>k. Complaints that relate to business disputes, including:</td>
<td></td>
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<tr>
<td>i. passing off/similar sounding web domain names or trading names;</td>
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<tr>
<td>ii. ‘patient poaching’; and</td>
<td></td>
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<tr>
<td>iii. matters arising from the break-up of a principal/associate relationship</td>
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<tr>
<td>l. Complaints about a registrant’s personal life (including matters arising out of divorce proceedings)</td>
<td>Unless the complaint relates to abusive behaviour or violence, or engages public confidence in behaviour that brings the profession into disrepute</td>
</tr>
<tr>
<td>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)</td>
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</tr>
</tbody>
</table>
n. The following motoring offences:
   i. parking and penalty charge notice contraventions; and
   ii. fixed penalty (and conditional offer fixed penalty) motoring offences

Provided that drugs or alcohol are not involved and there are no potential health issues in relation to the registrant

o. Penalty fares imposed under a public transport penalty fare scheme

12. The criteria noted above is intended to serve as a guide for the IC and is not exhaustive. Each allegation must be considered by the IC on its own merits as to whether there is a case to answer.

13. 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).*
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 and which do not raise fitness to practise issues
  - 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 (e.g., 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.
Annexe 4: Suggested change to Code B3

- The current version of the Code B3 requires 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 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.”
Annexe 5: Biographies of lay chairs

Philip Geering

Philip has been a member of the PCC and HC since 2013. He is an experienced chair in regulatory proceedings at other healthcare regulators, including the Health and Care Professions Council, the General Osteopathic Council and the General Pharmaceutical Council. He also sits as a lay panellist at the Medical Practitioners Tribunal Service and is a member of the Parole Board.

Gail Mortimer

Gail has been a member of the PCC and HC since 2013. She is an experienced chair in regulatory proceedings, and was the Chair of the General Teaching Council for England. She chairs at the Nursing and Midwifery Council and the Medical Practitioners Tribunal Service.

Helen Potts

Helen has also been a member of the PCC and HC since 2013. She used to sit as a committee chair until the appointment of legally qualified chairs in 2015. She chairs at the Nursing and Midwifery Council and at Social Care Wales, and previously at the General Dental Council. She is also a member of the Parole Board.

Lakshmi Ramakrishnan (known as Rama Krishnan)

Rama was co-opted as a member of the PCC and HC in January 2019 for a period of three years. She has not yet sat on a GCC case but she has been a lay committee member at the General Osteopathic Council and acted as a chair of their PCC on a 10-day hearing. She sits as a chair at the Health and Care Professions Council and as a lay member at the Nursing and Midwifery Council.
The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009

Made - - - -  9th January 2009
Laid before Parliament 15th January 2009
Coming into force - -  9th February 2009

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

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

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

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

Judith Simpson
Clerk of the Privy Council

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

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

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PART 3
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PART 4
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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.

(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).
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)(c) 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, or

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

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

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

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

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

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

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

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

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

**L.S.**

*Linda Stone*

Member

*Michael Kondracki*

Member
EXPLANATORY NOTE
(This note is not part of the Order)

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

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

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

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

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

HEALTH CARE AND ASSOCIATED PROFESSIONS

CHIROPRACTORS

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

£5.00
HEALTH CARE AND ASSOCIATED PROFESSIONS

CHIROPRACTORS

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

Made - - - - 6th August 2019

Coming into force - - 1st September 2019

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

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

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

Citation and commencement

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

Privy Council approval

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

Ceri King
Deputy Clerk of the Privy Council

(a) 1994 c.17. Paragraphs 30, 34 and 38 of Schedule 1 were substituted by S.I. 2008/1774.
SCHEDULE

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

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

Citation and commencement

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

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

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

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

Roger Dunshea

Deputy Chair of the General Chiropractic Council

EXPLANATORY NOTE

(This note is not part of the Order)

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

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

(a) As set out in the Schedule to S.I. 2009/26, to which there are amendments not relevant to these Rules.
Summary / Purpose

To present Council with the results of the recent consultation on the proposal to set the circumstances when the GCC will accept a reduced fee.

Action required: Council is asked to consider the results and agree to the proposed policy statement.

1. Background

The GCC regulates the title of chiropractor and so anyone using that title must be registered with the GCC. In addition, the fees set out in schedule 2 of the GCC (Registration) Rules 1999 require that applicants pay the full fees unless they do ‘not intend to engage in the practice of chiropractic within the United Kingdom’ for the period of that registration, otherwise they are entitled to pay a reduced fee. However, the rules do not define what practising in this context means and the term has previously been interpreted by the GCC conservatively to include only those who are ‘hands on’ clinicians. This definition is unnecessarily narrow and excludes the many roles registrants undertake. There is a need to accept a wider definition as chiropractic managers, educators, researchers and advisers are equally regarded as ‘chiropractors’ as are those who actively treat patients. Many also work under their title and therefore should be considered as practising.

At its meeting on 27 June 2019 Council agreed to consult with the profession and stakeholders on a proposed policy statement setting out when a reduced fee of £100 would apply to applicants for initial registration, restoration to the register and retention on the register.

2. Results of consultation

Respondents to the consultation broadly considered the proposal as proportionate, with 60% in agreement. 35% disagreed, while a further 5% were unsure. A total 61 responses were received.

Several concerns were raised, including from the British Chiropractic Association (BCA) and others of the possible impact on educationalists – that it may deter chiropractors from taking roles on chiropractic programmes. We will reply to respondents separately, but the rationale for our recommendation that chiropractic educationalists pay a full fee is set out at Annexe 1.
Taking into consideration responses received, and in line with the recommendation the proposed statement has been revised to make clearer with revisions highlighted (as underlined).

For the purpose of determining the registration fee we do not consider engaging in the practice of chiropractic in the UK 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.

Direct clinical contact includes those practising as a health practitioner 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 education and 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 practising as chiropractors.

3. Financial implications

Given the small numbers any financial implications are minor. Currently those paying the non-practising rate pay £100, any loss of fees is likely to be offset by a small number of registrants choosing to pay the full practising fee.

4. Legal or risk implications

There is a risk that an applicant, dismayed by having to pay the full fee or being refused registration, may decide to pursue a judicial review. Legal advice has been received indicating a reasonable prospect of defending such a judicial review.

An intended consequence of the policy statement is to lessen the risk to patients and confusion currently around those offering services normally undertaken by chiropractors will be removed as those will either deregister or pay the full fee.

5. Equality implications

The consultation sought views as to whether there were any equality implications to the adoption of the statement. There were a number of responses, with most unrelated to the statement, but to GCC fees in general. Relevant responses were concerned that the policy statement would be prejudicial to registrants on a lower income as they would have to pay the full fee, but appeared not to be aware that if they are working as chiropractors they would already be paying the full fee.

6. Communications implications

Should Council agree with the recommendation, the office will:

- Publish the guidance note on the GCC’s website and inform registrants
- Publish details of the assessment process to be followed online prior to the start of the retention period for transparency.
7. **Recommendation**

Council is asked to **agree** to the adoption of the administrative definition of ‘engaging in the practice in chiropractic’ for the purpose of the reduced fee, as set out above (section 2).

8. **Attachments**

Annexe 1 – GCC responses to concerns expressed
Annexe 1

<table>
<thead>
<tr>
<th>Concern</th>
<th>GCC response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns were expressed on the impact on educationalists both now and the future</td>
<td></td>
</tr>
</tbody>
</table>
A number of respondents, including the BCA, were concerned that the reduced fee would have a detrimental impact on educationalists. Their concerns centre around the academics lower income and how paying the full registration fee may impact on future recruitment of lecturers.

For context it should be noted that, from register data, only 9 academics paid the reduced fee for 2019. The remainder paid the full £800. Many of the education institutions require their academics to be registered as practising and one institution is considering this in order to expose all academics to the student clinic and be more involved in work there.

While we understand that not all academics are involved in the treatment of patients they do advise on patient care, either directly to students on individual cases or indirectly through teaching or influencing curricula. Many have direct contact with patients through their work in student clinics and this raises the expectation amongst patients and the public that they are registered as practising. Lecturers and tutors have a direct impact on how students will practise chiropractic in the future, thereby having a big impact on current and future patient care.

The income of all chiropractors will vary depending on a number of factors, including the hours they work, their location, and overheads for premises. There will be a number of chiropractors whose income is lower than that of an academic but in those circumstances they are expected to pay the full fee.

While we appreciate the concerns raised on behalf of academics, to single out one group for preferential treatment on the basis of their income would be unfair to others.

In addition to this it could also be argued that academics influencing the next generation of chiropractors represent a risk
| Agenda item: CO190920-8  
Meeting: Council, 20 Sept 2019 |  
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>There was some concern that we were trying to define the scope of practice for chiropractors.</td>
<td>The purpose of this definition relates to payment of the reduced fee only. The GCC recognises that chiropractors work in diverse ways and does not seek to define that. Given this concern we will ensure a suitable note appears within the guidance.</td>
</tr>
<tr>
<td>A number of chiropractors practising overseas considered the definition would have an impact on them.</td>
<td>The GCC does not have jurisdiction outside the UK and therefore does not intend to require those practising overseas to register as practising. A note to this effect is included in the proposed guidance.</td>
</tr>
<tr>
<td>Those registrants who had retired were also raised.</td>
<td>Those who have genuinely retired from practise do not need to remain registered. Indeed it is confusing to the public if they do so and of no benefit to them. If they still remain active, for example by undertaking work as lecturer or conducting seminars etc, sitting on committees, then they are still practising their profession.</td>
</tr>
<tr>
<td>It is unclear what is meant by ‘use the skills learnt as part of a chiropractic programme’</td>
<td>We have added to the policy statement to aid clarity. We have said that we would look at each application individually to consider them. It is anticipated that the vast majority of applicants for the reduced fee would be able to complete this online and would automatically be accepted to pay the reduced fee. Where there is ambiguity, the office will request further information to understand the role an individual undertakes.</td>
</tr>
<tr>
<td>If I am not using the title of chiropractor I should not be required to pay the full fee, whether or not I am using my chiropractic education to work.</td>
<td>We are aware that a very minority of registrants pay the reduced fee, while practising under a different title, but perform a role largely the same as a chiropractor. The GCC considers working under a different title to ‘chiropractor’ but offering the same services to be an abuse of the regulatory system. The risk to patients and the public remains the same and the GCC would be obliged to investigate any complaint raised. If an individual decides to work under a different title the GCC does not have the power to prevent them, providing they do not expressly or implicitly imply they are a chiropractor. However, where they are GCC registered it can determine whether it is appropriate to allow them to pay the reduced fee.</td>
</tr>
<tr>
<td>I don’t understand who the reduced fee is for/ I pay the reduced fee so I can stay on the register, otherwise I will have to take the</td>
<td>The reduced fee is an anomaly within GCC rules. Essentially if someone is not working under their title they do not need to remain</td>
</tr>
</tbody>
</table>

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| to the future development of the profession.  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Test of Competence to re-join.</td>
<td>registered. Of the other healthcare regulators only the General Osteopathic Council has specified non-practising registration. There is no additional value in remaining registered and there is no provision within GCC Rules to require someone restoring to the register to take the Test of Competence.</td>
</tr>
<tr>
<td>The fee is too high</td>
<td>The GCC reviews its fees annually and while it has expressed a wish to reduce these it also has to ensure it does so when it is sustainable to do so.</td>
</tr>
</tbody>
</table>
Paying the reduced fee if you are not practising in the UK

The GCC’s rules make provision for those not in practice to pay a reduced fee, providing they can declare at the time of applying that they do not intend to practise at all during the registration year.

If you pay the reduced fee we will annotate your register entry to show that you are non-practising to make it clear to patients and the public you are not working as a chiropractor.

The rules do not define what ‘practising’ means and so to ensure consistency and transparency we have drawn up the statement below setting out when an application to pay the reduced is likely to be successful. The purpose of the statement is for administrative use and is not to define the scope of practice of chiropractic as we appreciate that chiropractors work in diverse and varied ways. While the majority of applications will be straightforward there will be some circumstances that mean we ask for further information, evidence or both. However, in these instances each will be reviewed and considered on a case by case basis.

For the purpose of determining the registration fee we do not consider engaging in the practice of chiropractic in the UK 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.

Direct clinical contact includes those practising as a health practitioner 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 education and 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.

Who can apply for the reduced fee?
The following list gives some of the circumstances where we are likely to accept an application for the reduced fee. This list is not exhaustive.

- Ill health
- Maternity/ paternity/ child care
- Solely practising overseas
- Studying
- Travelling
- Sabbatical
What you can't do if you are pay the reduced fee for non-practising

If you are working or involved in patient management, education, researching, or in a leadership or advisory role you are equally regarded as a ‘chiropractor’ as someone actively treating patients. While your role may not be clinical or even directly ‘healthcare’, it does require the use of knowledge of the role of a ‘chiropractor’ and we therefore consider you as practising.

Alternatives to non-practising registration

If you are not actively using the title of chiropractor you do not need to remain registered, but can leave the register and re-join in the future if you wish. The process is similar to upgrading to practising registration with no requirement to pass the Test of Competence. Only chiropractors working under the title need be registered and where they are they should be paying the full £800 fee or £750 for initial registration.

For example, a chiropractor who has emigrated overseas does not need to remain registered, whether or not they intend to return to the UK to practise in the future.

Any questions regarding this note can be made to the registrations team by email (registrations@gcc-uk.org) or telephone on 020 7713 5155.
1. Summary

The purpose of this paper is to share early proposals as regards the 2020 Business Plan. Approval is sought for working the plan up in more depth including financial considerations for agreement at the meeting of the Council in December 2019.

2. Action required: For agreement.

3. Introduction and background


These four strategic areas form the basis of both the five year strategy and the (supporting annual) Business Plan 2020:

- We promote standards
- We develop the profession
- We investigate and act
- We deliver value

The proposed business plan activities are aligned to the GCC’s strategic aims and objectives. As Council would expect, there is a close fit.

The 2020 plan builds on the work that we have undertaken in 2019, and in some instances concludes some of the activity starting this year as it is rare that activities fit neatly within any given year. The attached plan is a plan for improvement and change - it does not take into account ‘business as usual’ activities. Those core tasks which consume most of our resources will be set out in the presentation of the final business plan, to be proposed to Council at its meeting in December 2019.

That business plan proposal will be presented alongside the proposed GCC overall budget.

In preparing this plan, helpfully alongside the reforecast of the budget for 2019, our current expectation is that it is affordable and consistent with our financial sustainability objectives.
4. Implications

   a. Strategic
   The Business Plan 2020 relates directly to the five year strategy.

   b. Legal and compliance
   There may be legal implications arising from this paper. If agreed, there may be
   projects/activities that require legal advice.

   c. Risk assessment / analysis
   There are risk implications arising from this paper. Risks will be captured in the
   organisational risk register once the business plan activities are agreed.

   d. Equality
   There are equality implications arising from this paper. Projects which cause
   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 agree the proposed draft Business Plan with any
amendments, as discussed, incorporated into a final draft for agreement at the
meeting of the Council in December 2019.

6. Attachments

Annexe 1 – Draft Business Plan 2020
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Scale of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>We Promote Standards</td>
<td>✓ Evaluate the new CPD online submission process</td>
<td></td>
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<tr>
<td></td>
<td>✓ Publish and promote guidance that supports chiropractic best practice</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>and enables ‘upstreaming’ of complaints</td>
<td></td>
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<tr>
<td></td>
<td>✓ Evaluate the need for changes to education standards to include the</td>
<td></td>
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<td></td>
<td>wider public health agenda.</td>
<td></td>
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<tr>
<td></td>
<td>✓ Evaluate TOC to ensure that the application and interview process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>are streamlined and make best use of time and technology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Increase our engagement with other healthcare regulators</td>
<td>Small</td>
</tr>
<tr>
<td>We Develop the Profession</td>
<td>✓ Carry out a survey to understand current and future workforce needs of</td>
<td>Large</td>
</tr>
<tr>
<td></td>
<td>education providers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Implement student engagement strategy further to ambition of</td>
<td></td>
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<tr>
<td></td>
<td>Education Committee to incentivise students to undertake the RCC PRT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>scheme (moving it to quasi mandatory)</td>
<td>Large</td>
</tr>
<tr>
<td></td>
<td>✓ Survey patients and the public on their views and expectations of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>chiropractic profession and regulation (survey and focus groups)</td>
<td></td>
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<tr>
<td></td>
<td>✓ Work to raise greater awareness amongst school pupils of the</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>chiropractic profession, including careers information and guidance</td>
<td></td>
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<tr>
<td></td>
<td>✓ Map out career pathways, both clinical and academic, to allow</td>
<td></td>
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<tr>
<td></td>
<td>chiropractic students to make a more informed decision on their future</td>
<td></td>
</tr>
<tr>
<td></td>
<td>career</td>
<td>Medium</td>
</tr>
<tr>
<td></td>
<td>✓ Support inter-professional learning and working between chiropractors</td>
<td>Small</td>
</tr>
<tr>
<td></td>
<td>and other healthcare professionals</td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>Activity</td>
<td>Scale of work</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>We Investigate and Act</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Carry out a recruitment exercise for chiropractic members of the PCC</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>✓ Review and refresh our documentation in relation to gaining consent from patients to ensure in line with best practice</td>
<td>£ Medium</td>
<td></td>
</tr>
<tr>
<td>✓ Carry out recruitment exercise and training/induction for new expert witnesses</td>
<td>£</td>
<td></td>
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<tr>
<td>✓ Appoint a ‘Chair of Chairs’ of the IC</td>
<td>£ Small</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Scale of work</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We Deliver Value</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Implement a case management system for the FTP department</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>✓ Review and upgrade our current IT system to ensure a better user experience for staff</td>
<td>£ Large</td>
<td></td>
</tr>
<tr>
<td>✓ Review and update our document management arrangements, both technologically and physically</td>
<td>£ Medium</td>
<td></td>
</tr>
<tr>
<td>✓ Tender for new communications support team</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>✓ Move to a paperless system for council and committees</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>✓ Run a recruitment exercise for two new Council members</td>
<td>£ Medium</td>
<td></td>
</tr>
<tr>
<td>✓ Carry out staff initiatives to gauge and improve the contentment and wellbeing of the staff team including publishing a mental health and wellbeing policy</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>✓ Implement a mandatory training programme for staff and assess performance and development needs on an individual basis</td>
<td>£ Small</td>
<td></td>
</tr>
<tr>
<td>✓ Respond to policy reformation relating to Governance and FTP emerging from the department of health’s regulatory reform agenda</td>
<td>£ Small</td>
<td></td>
</tr>
<tr>
<td>✓ Make continuous improvements to the new website and new CRM system</td>
<td>£</td>
<td></td>
</tr>
</tbody>
</table>
1. Summary
The paper provides an update on progress on our main digital projects.


3. Introduction
Two key projects that are approaching completion are the new GCC website and the new CRM system.

4. Website
The website has now been built and delivered. We are at the stage of working closely with our communications team to add content to the website. We will also be carrying out testing during this period.

The ‘find a chiropractor’ function is not yet integrated with the CRM system, but this will happen shortly.

5. Customer Relationship Management (CRM) system
The project to move to a new CRM system is fully underway. There are various strands of this work – build, data migration, training, registrant portal design, ensuring financial systems integrate etc. that are all happening currently and progressing well.

Both website and CRM will go-live on 28 October 2019.

4. Implications

a. Strategic
These two projects form part of the business plan 2019

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

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Risk likelihood</th>
<th>Impact of risk†</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>A delay in implementing the revised CPD summary</td>
<td>3</td>
<td>3</td>
<td>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.</td>
</tr>
<tr>
<td>Reputational – not completing website project in the timeframes we set ourselves</td>
<td>3</td>
<td>2</td>
<td>Being open and honest with stakeholders when communicating the status of work</td>
</tr>
</tbody>
</table>

* 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. Accessibility standards are being considered as part of the work on both projects.

## 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 projects.

## 5. Recommendations and next steps
Council is asked to note the information.
1. Summary
Update from the Chair of the Education Committee following the meeting on 17 July 2019 and proposed changes to terms of appointment to the Education Committee for non-Council members.

2. Action required: The report is for information and the item relating to membership terms is for decision.

The Education Committee meeting was held at the AECC University College and the Committee was welcomed by the Principal, Lesley Haig. Lesley outlined changes to key senior personnel, diversification of health and science programmes and growth and plans for new graduate entry programmes. Committee members also enjoyed a tour of the campus.

Issues arising from education providers
The Committee discussed an issue arising from the AECC University College with regard to allowing students to be assessed and awarded credits at the end of each year of study for the MSc two year full time programme.

The Committee noted that a new chiropractic degree programme is being developed by University of Central Lancashire’s Faculty of Health and Well Being. A letter of intent has been received and the Executive is following up to agree a timeline with the university. It is anticipated that they will present their business case at the next meeting.

A new Committee of Chiropractic Deans is being launched in October by the Royal College of Chiropractors and will be attended by representatives from all UK chiropractic programmes and key stakeholders including the GCC.

Teesside University – Programme analysis and autumn visit discussion
The Committee was joined by two Education Visitors, Grahame Pope and Daniel Heritage to discuss their analysis of the submission by Teesside University. Further information will be sought on particular areas ahead of the visit and the Committee discussed and agreed the focus of the approval visit in October.

Student Engagement Strategy
The Committee welcomed seven students from a range of year groups to the meeting to discuss thoughts on what would be useful to them and provide comment on themes including the fact that students only associated the GCC with fitness to
practise and that the regulator needed to be more visible to students throughout their course.

**CPD consultation**
The Education Committee discussed the responses to the consultation and agreed to the proposal that further work be carried out with the Royal College of Chiropractors to review the form and develop structured questions on reflection and produce some short guidance. This would then be approved by the Education Committee.

**Draft student placement guidance**
The Committee noted the draft student placement guidance and agreed for it to be published and sent to Education providers.

**Student Fitness to Practise – Guidance issued by providers**
The Committee considered the guidance that is issued by the Education providers and decided that additional summary information would be sought through annual monitoring on types of cases, how the decision was reached and the outcomes.

**London South Bank University – Year 2 monitoring visit**
The Committee discussed the visit scheduled for October 2019 with two Education Visitors and agreed the areas that were to be explored.

**Joint research with the General Osteopathic Council (GOsC)**
The Committee noted the progress on the three research projects with GOsC and in particular the publication of an article in July issue of *The Osteopath* relating to collaboration with other healthcare professionals. The GCC had several responses to its request in its newsletter for information from chiropractors and will be writing these up into case studies.

**Scotland College of Chiropractic Charitable Trust – Notice of Intention and outline business case**
The Committee welcomed representatives from the Scotland College of Chiropractic Charitable Trust and Buckinghamshire New University (BNU) to outline their plans for a new programme in Edinburgh. A number of areas require further exploration and discussion including finances and course sustainability, premises and infrastructure (including student support); recruitment of teaching staff and provision of inter professional learning; capacity for research and how this fits with the philosophy of the Trust, BNU and the development of the chiropractic profession.

The next meeting of the Education Committee will be held on 27 November 2019.

**Education Committee Membership and terms of office**

1. The Education Committee consists of 5 Council members and 5 non-Council members who are appointed by it and any members that are co-opted. The terms of office of the non-Council members are determined by Council, on appointment (or re-appointment).
2. Prior to 2013 there were no non Council members of the Education Committee and this was recognised as not being in line with the Rules. Five individuals were recruited on a 3 year basis with an extension of a further 2 years so that everyone did not leave the committee at the same time (2 members were also joining Council).

3. In 2017 we discussed this internally and then with the Acting Chair a request was made to Council outside of Council meetings to agree the following:

‘Non-Council members are appointed to the Education Committee for a period not exceeding four years. However, in order to avoid all terms ending at the same time, appointments may be made for either three or four year terms. Candidates will be advised of their individual term on appointment. Reappointments can be made at the end of the first period of appointment for a further period not exceeding two years, subject to consistently high performance and the needs of the GCC. However, a degree of change is often sought and there should therefore be no expectation of automatic reappointment. No person may serve on the Education Committee for longer than an aggregate of six years.

Any non-Council Member appointed to the Education Committee who is subsequently appointed to the Council will need to resign their position on the Education Committee before taking up a Council Member appointment.’

4. This was decided at a time when there was the expectation of reform and the anticipation of a Unitary Board for healthcare regulators and reform of committees.

Current situation

5. We currently have two members of the Education Committee (one chiropractic educationalist and one lay higher education expert) due to leave the Committee in June 2020 having served three years plus a two year re-appointment.

6. One further member of the Committee comes to the end of his first term in June 2020, having served three years, (an expert from another healthcare profession) and a further two in June 2021 (a chiropractic educationalist and a higher education expert from a healthcare background), having served four years.

7. The Committee was refreshed two years ago with the appointment of a new Chair and three non-Council members. Ralph Pottie was also newly appointed to the Committee this year as a Council member following the departure of Liz Qua from Council and the Education Committee.

8. The Committee has a very busy work programme relating to the approval of new chiropractic degree programmes and has built up much knowledge,
expertise and a consistent approach over the last couple of years. The Committee Chair is keen not to destabilise the Committee at this crucial point and add extra burden to the GCC next year in terms of recruitment and induction of new members. We recognise too the ongoing difficulty sourcing and appointing chiropractic educationalists from a small pool.

Proposal

9. It is proposed to make an amendment to the above wording in 3 to enable all Committee members to serve a total of eight years on the Committee with the second term not exceeding four years.

10. The wording would read: Non Council members are appointed to the Education Committee for a period not exceeding four years. Candidates will be advised on their individual term on appointment. Re-appointments can be made at the end of the first period of appointment for a further period not exceeding four years, subject to consistently high performance and the needs of the GCC. No person may serve on the Education Committee for longer than an aggregate of eight years.

11. In terms of current Education Committee members this could mean further extending two committee members for three years, and re-appointing the other three members for a further four years. No current members will have served longer than eight years.

Recommendation and next steps

Council is asked to agree to the above proposal.

This will be communicated to Education Committee members, the re-appointment process will be followed by the Chair of the Education Committee and wording added to the GCC Governance Manual.