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>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Apologies and declarations of interest</td>
<td>to note</td>
<td>Chair</td>
<td>14.30</td>
</tr>
<tr>
<td>2.</td>
<td>Council minutes of 20 September 2017 and matters arising</td>
<td>to approve</td>
<td>Chair</td>
<td>1712-2</td>
</tr>
<tr>
<td></td>
<td>Note re matters arising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Chair’s report</td>
<td>to note</td>
<td>Chair</td>
<td>1712-3</td>
</tr>
<tr>
<td>4.</td>
<td>Executive report</td>
<td>to note</td>
<td>CER</td>
<td>1712-4</td>
</tr>
<tr>
<td>5.</td>
<td>Performance report</td>
<td>to note</td>
<td>DCE</td>
<td>1712-5</td>
</tr>
<tr>
<td>6.</td>
<td>Appointment of additional Investigating Committee panel chairs</td>
<td>to approve</td>
<td>DCE</td>
<td>1712-6</td>
</tr>
<tr>
<td>7.</td>
<td>Revised guidance on advertising by chiropractors</td>
<td>to approve</td>
<td>CER</td>
<td>1712-7</td>
</tr>
<tr>
<td>8.</td>
<td>Report from Education Committee</td>
<td>to note</td>
<td>EC Chair</td>
<td>1712-8</td>
</tr>
<tr>
<td>9.</td>
<td>Report from Audit Committee</td>
<td>to note</td>
<td>AC Chair</td>
<td>___</td>
</tr>
<tr>
<td>10.</td>
<td>Strategic Statement for 2018-2020</td>
<td>to approve</td>
<td>Chair</td>
<td>1712-10</td>
</tr>
<tr>
<td>11.</td>
<td>Business Plan for 2018</td>
<td>to approve</td>
<td>DCE</td>
<td>1712-11</td>
</tr>
<tr>
<td>12.</td>
<td>Budget for 2018</td>
<td>to approve</td>
<td>DCE</td>
<td>1712-12</td>
</tr>
<tr>
<td>13.</td>
<td>AOB</td>
<td>to agree</td>
<td>Chair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Questions from observers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of next meeting: 21 March 2018
MINUTES OF THE MEETING
OF THE GENERAL CHIROPRACTIC COUNCIL
HELD ON 20 SEPTEMBER 2017
44 WICKLOW STREET, LONDON WC1X 9HL

OPEN SESSION

Present:
Mary Chapman (Chair of Council)
Roger Dunshea
Gareth Lloyd
Sharon Oliver
Ralph Pottie
Carl Stychin
Gay Swait
Phil Yalden
Steven Gould

Apologies
Tom Greenway
Liz Qua
Julia Sayers
Keith Richards

In attendance:
Rosalyn Hayles, Chief Executive and Registrar
Penny Bance, Director of Education, Registration and Standards
Paul Ghuman, Deputy Chief Executive (Director Resources & Regulation)
Amanda Greenlees, Executive PA
Jeremy Barker and Caroline Hooft Graafland, Cazenove, in attendance for item C-1709/7

Observers
Mark Muncila (United Chiropractors Association)

<table>
<thead>
<tr>
<th>C-1709/1</th>
<th>Apologies and declarations of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apologies were received from Julia Sayers, Liz Qua, Keith Richards and Tom Greenway.</td>
<td></td>
</tr>
<tr>
<td>There were no declarations of interest.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-1709/2</th>
<th>Draft minutes of the meeting of 15 June 2017 and matters arising.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The minutes of 15 June 2017 were agreed as an accurate record of the meeting.</td>
<td></td>
</tr>
<tr>
<td>There were no matters arising.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C-1709/3</th>
<th>Chair’s report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update on Council appointments</td>
<td></td>
</tr>
<tr>
<td>The Chair welcomed the new registrant member Ralph Pottie and new lay member Sharon Oliver, also recently appointed as Chair of the Education Committee, to the</td>
<td></td>
</tr>
</tbody>
</table>
Council. She noted that there was still one registrant Council vacancy.

Update on Committee membership
The Chair provided an update on Committee membership, confirming that Steven Gould would continue in his role as Chair of the Remuneration Committee and that Liz Qua would continue as Chair of Audit Committee. She said they would both remain in their respective roles until at least the end of 2017.

C-1709/4 Executive report

The Chief Executive & Registrar (CER) introduced the Executive Report, which outlined the delivery of the GCC’s statutory functions and developments in the external regulatory environment during the period since Council last met.

In regards to a query raised by a Council Member about the role of the Royal College of Chiropractors (RCC) in relation to the review of CPD summaries, the Director of Education, Registration and Standards explained that the RCC had, as in the previous year, conducted an audit of the exercise the GCC had undertaken. She confirmed that the relevant CPD records had been anonymised prior to the RCC being given access to them1. Following the audit, the RCC had provided the Registrations Manager with a report of their findings and any recommendations, which would be reviewed to identify any areas for improvement.

Council noted that a reappointments process would need to be undertaken in late 2017/early 2018 in relation to two members whose terms of office are due to end (in January and May 2018 respectively). The Chair would therefore be convening a Reappointments Committee shortly.

The Chair suggested that the Council might benefit from training focused on excluding unconscious bias in decision-making and the Deputy Chief Executive (Director of Resources and Regulation) (DCE) agreed to look into options to provide such training later in 2017/in early 2018.

Action: Training on avoiding unconscious bias in decision-making to be arranged by the DCE.

Action: A Reappointments Committee to be convened prior to the next Council meeting.

C-1709/5 Performance report

The Deputy Chief Executive outlined the August 2017 Performance report as set out in the paper.

Overall expenditure is predicted to be £227K against a budget forecast deficit of £267K. The DCE noted that there had been no expenditure against the Department of Health grant funding and the Test of Competence (ToC) budget was showing a positive variance at this point in the year.

Council noted that the income from registration fees had increased compared to last year. This may in part be due to the work that has been done to clarify non-practising status.

The Chair noted that spending in FtP had increased and said that it would be helpful

1 It was established after the meeting that in fact the records were not anonymised, as stated. However the RCC is bound by confidentiality provisions within their written contract with the GCC.
to explain how much of that increase was due to an increased volume of cases, and how much of it resulted from increases in other costs. The DCE said that he was unable to provide a breakdown at this time. The contributing factors were the increased number of advertising cases and the associated expert fees, Investigating Committee (IC) costs being higher in 2017 due to Investigating Committee meetings being held over two days instead of one, and costs associated with transferring Professional Conduct Committee (PCC) cases to external solicitors at the beginning of the year, following the departure of the two members of the FtP team who had previously been responsible for this work.

The DCE said that the rate of progression of cases at the investigation stage had improved, with 39 cases having been determined by the IC so far in 2017.

Council queried whether one element of the accommodation costs also relates to FtP activity, in that it concerns the hearing room costs.

Council requested a more detailed breakdown of the overall costs of FtP, including an analysis of the costs per case for cases that are closed at the IC stage or at the PCC stage. The breakdown should include all the relevant costs e.g. staffing costs, external costs, committee costs, accommodation costs, professional fees etc. The Chair asked the CER to consider the date by which the analysis of FtP costs could be provided.

The Chair referred to action the executive have highlighted they anticipate taking to reduce external costs in FtP. The DCE referred to the plan to tender for provision of external legal services in 2018. The executive also plan to review the effectiveness and efficiency of the internal processes, to see where improvements can be made, and to review the internal resourcing. Council suggested that a clear strategy needs to be developed in relation to future resourcing of FtP that takes due account of the need to achieve both efficiency and quality.

The DCE noted that one key performance indicator (KPI) still had a red flag: that of determining PCC cases within a median of 28 weeks. He said that a number of older cases had been concluded, which affected the KPI. Council noted that it would be helpful in future to receive not just the KPI data but also some text providing the context and some analysis of what the figure means and whether any trends are observable.

It was noted that rates of staff sickness and turnover are high. Council asked whether there were any trends in terms of staff turnover, and the CER commented that the exit interviews she had conducted did reveal some common themes that had led to staff dissatisfaction, relating to communications and motivation. Work with the staff team was being planned for 2018 to start addressing those issues. A key part of the business plan would involve building staff capacity and improving investment in the staff team so that they feel more engaged as a team in achieving the GCC’s strategic aims.

The DCE introduced the dataset that is sent to the Professional Standards Authority (PSA) each quarter which had been appended to the performance report for information. The DCE noted that the dataset demonstrated that the GCC had experienced an increase in the number of cases that had been open for 52 weeks or longer (13 cases). He said there were a lower number of cases that had been open for 104 or 156 weeks or longer, but that the GCC also wanted to bring down the number of cases in the 52 week bracket. The DCE noted that the GCC’s performance was the third lowest across the regulators. Council noted that in future it would be helpful to also receive some analysis of context and trends, to help it make best use of this data. In particular it would be helpful to have details of why
some cases are open for so long, so Council can understand whether or not the delay is entirely due to factors outside of the GCC’s control (such as delays while other bodies investigate).

Council agreed that it would be helpful for them to receive a detailed analysis of not just the FtP costs (as discussed earlier) but also the FtP caseload to include information about factors contributing to timeframes.

**Action:** Council to be provided with a detailed analysis of the FtP caseload (including timeframes) and costs per case. The CER to discuss with the Chair the timeframe for provision of that analysis.

**Action:** KPI reports in future to include narrative analysing any evident trends.

---

**Report from Audit Committee on risk register (risks scoring over 15)**

In the absence of the Chair of the Audit Committee, the DCE advised Council that there had been no risks scoring over 15 so there was no need for a report from the Audit Committee about the risk register on this occasion.

The Chair said that Council would review the risk register once the business plan and strategic statement have been completed.

---

**Cazenove presentation and review of Investment Strategy**

Jeremy Barker and Caroline Hooft Graafland from Cazenove joined the meeting for this item to provide Council with an update on the investment portfolio. They talked to a presentation they had provided to the GCC in advance which sets out the returns achieved on the GCC’s portfolio.

Cazenove explained the current risk level of the policy.

They explained that as a result of new European regulations the way in which their fee is charged would change (to improve transparency). Cazenove are adjusting their charges so that the actual financial impact will be negligible (the fee would be a total of 1.18%, versus the previous 1.2%). They noted that the total return on the GCC’s portfolio since its inception was over 30%.

The Chair said that Council would need to consider whether they were content to maintain the current risk profile, and that Council would review this once the business plan for 2018 has been finalised in December.

**Action:** Council to review the GCC mandate on the investment policy once the business plan is completed.

---

**AOB**

**Work plan**

The approval of annual accounts and reports on registration and fitness to practise needed to be added to the work plan.

**Questions from the observer**

In answer to a query about why external legal services had been used in relation to FtP work, the DCE explained that this was because the two members of the FtP team who had previously undertaken in-house advocacy had left the organisation in early 2017 and outsourcing had then been used (as a non-permanent measure) to ensure progress of the PCC hearings. Handling of PCC hearing preparation is due to be reviewed in 2018, when the GCC anticipates tendering for provision of external
legal services.

In answer to a query about whether there should be a limit on the amount the GCC Council would maintain in its reserves, the Chair said that Council would be reviewing all aspects of the business, including financial matters, and that part of that review would include the use of the funds currently within the investment portfolio.

The Chair confirmed that the Council dates for 2018 had been set and that these would be advertised on the website shortly. Those agreed dates were:

- Wednesday 21\textsuperscript{st} March
- Wednesday 27\textsuperscript{th} June
- Thursday 13\textsuperscript{th} September
- Tuesday 11\textsuperscript{th} December

| Date of next meeting: 7 December 2017 |
To: The General Chiropractic Council  
From: The Chair of the GCC  
Subject: Chair's Report  
Date: 7th December 2017

This paper informs and updates Council on the Chair’s activities since the September Council meeting.

The Chair of the GCC has spent considerable time getting to know key people within various organisations and has met with the following since the September Council meeting:

**Professional Associations**
Rob Finch, Chief Executive, and Peter Dixon, President, Royal College of Chiropractors (RCC)  
Kevin Proudman, President, United Chiropractic Association (UCA)  
Ross McDonald, President, Scottish Chiropractic Association (SCA)  
Mark Rawden, Chief Executive, British Chiropractic Association (BCA), meeting arranged for 11th December

**Regulators**
Harry Cayton, Chief Executive of the Professional Standards Authority (PSA)  
George Jenkins, Chair, PSA  
Elaine Buckley, Chair, HCPC  
Dame Janet Finch, Chair, NMC

**Department of Health**  
Claire Armstrong, Department of Health, Deputy Director - Professional Regulation - Acute Care and Workforce Directorate, Department of Health

The Chair has also met, or will be meeting with, all Council members individually.

She attended both the Remuneration Committee and Education Committee meetings as an observer and has also been part of the joint executive and staff group developing the strategic framework.

The Chair also attended the meeting convened by the GMC for Chairs and CEOs of the healthcare regulators to discuss the consultation on Regulatory Reform.

Reflections on these meetings and other issues will be made in the oral report to Council.
To: The Council, General Chiropractic Council  
From: Rosalyn Hayles, Chief Executive & Registrar  
Subject: Executive Report  
Date: 7 December 2017

Council is asked to note the contents of the report.

Introduction

1. This report outlines delivery of the GCC’s statutory functions in the period since the Council last met. It also summarises developments in the external regulatory environment, including collaborative work with other regulators in the sector.

2. Performance against Key Performance Indicators and progress against business plan activities is reported separately in the Performance Report.

Education and Training

Education Committee

3. The Education Committee has provided its Annual Report to the Committee for the December meeting. The focus of the November meeting was discussion on two submissions for new chiropractic programmes. The implementation of the new Quality Assurance processes has begun with the use of Education Visitors to scrutinise the submissions and make recommendations to the Education Committee.

Test of Competence

4. In September 2017, the Education Committee was asked to consider whether there was any justification for the GCC to carry out an external evaluation of the Test of Competence (TOC) in 2018 (three years after the implementation of the current process) as originally proposed. The Committee was of the view that conducting such an evaluation at this stage would be disproportionate given that the process is reviewed annually both by the TOC External Examiner and by all those involved in the management and administration of the process. The annual TOC review meeting took place on 3rd November 2017. Overall, it was agreed that the current TOC process remains a robust and fit for purpose way of assessing those with qualifications from overseas to ascertain whether they are eligible to join the GCC’s register. There are no major issues that would justify a large scale external evaluation at this stage. The GCC may need to consider carrying out an
evaluation when more is known in regards to the impact on registrations following Britain leaving the EU as well as changes to the accreditation of chiropractic degrees in the US.

Standards and Guidance

Research

5. As previously reported, the GCC has been undertaking research into the perceptions of new chiropractic graduates’ preparedness for practice. The results of this research were shared with the Education Committee and discussed at its meeting on 27 September. The final draft report was considered by the Education Committee on 27 November 2017. The report will now be prepared for publication alongside an Executive Summary and a Summary report. Exploratory discussions will be held with key partners regarding the findings and recommendations.

Fitness to Practise

6. The hearing of a registrant appeal against the outcome of a Professional Conduct Committee (PCC) case has been delayed until 2018, following an application made by the registrant. The CER will liaise with external solicitors about the GCC’s defence of that appeal.

7. An updated version of the Indicative Sanctions Guidance (used by the PCC and the Health Committee) has been produced, alongside a new bank of template conditions. We expect to issue a public consultation on both documents before the Christmas break. Council will be asked to approve the finalised documents before they are brought into use in 2018.

8. We have written to the current panel chairs of the Professional Conduct Committee (PCC) inviting expressions of interest in taking on the role of overall Chair of the PCC and the Health Committee. The role description that has been developed (in consultation with the Chair of Council) includes responsibilities in connection with the appraisal/performance development framework, as well as for the annual report to be made by the PCC to the Council. Candidates who express an interest will be interviewed by the Chair of Council and a second Council Member.

9. The Investigating Committee (IC) already has an overall Chair (this role is shared between two individuals). In order to address workload issues, some members of the IC who had previously chaired panels of the PCC were asked during 2016 to chair individual IC panel meetings. In a separate paper for Council’s consideration at this meeting we seek Council’s formal approval to appoint those individuals as additional panel Chairs for the IC.

Registration

Checks of registrants’ CPD summaries

10. We are in continued communications with around 200 registrants concerning their CPD summaries for 2015/16. A process of issuing reminders has now begun, requiring those
registrants to respond within 14 days. Where responses are not provided within the deadline, the case will be escalated to the Registrar for consideration, with the possibility of removal from the register, should registrants continue to fail to provide the information requested.

**Database developments**

11. In the Executive report supplied for the previous Council meeting we outlined three database developments that were under way. There has been further progress in relation to two of these developments, as set out below:

**Indemnity arrangements**

12. The development allowing registrants to upload their indemnity details online is now live. There have been a number of minor alterations, which are largely complete.

**Uploading CPD summaries**

13. This allows registrants to upload a version of the Royal College of Chiropractors CPD summary via the GCC website. This is now live on the GCC website.

**CPD check selection**

14. It was planned that an amendment would be undertaken allowing the office to randomly select a number of registrants for CPD checks. This work has been put on hold as the indemnity arrangement work has taken priority. The random selection has been complete through a random number generator within the database.

**Action taken in respect of convictions that were previously not referred to the Investigating Committee**

15. As a result of the checks that were undertaken to establish which previous convictions had not been referred to the Investigating Committee as they should have been under the GCC’s legislative framework. We have identified 8 such matters, which have been passed over to the fitness to practise team to progress to the Investigating Committee.

16. A further 7 matters are under ongoing review, as the information held on the registration file was insufficient to confirm whether or not the matters involved require referral to the Investigating Committee.

17. There are a further 12 notifications of speeding offences. As we cannot identify from the information we currently hold whether or not each of these matters resulted in Fixed Penalty Notices (which do not qualify as convictions) we plan to write to the individuals concerned to seek further information from them so that we can decide whether or not they need to be referred to the Investigating Committee.

**Communications and engagement with stakeholders**

**Engagement with professional stakeholders**

18. The Chair has attended introductory meetings as set out in the separate Chair’s report.
19. The CER and the Director of Education, Standards and Registration attended the annual Scottish Regulation Conference organised by the Scottish Government held on 30 October in Edinburgh. The CER participated in a panel session (also involving the CERs of the General Medical Council (GMC) and the General Dental Council) on “protecting the public” at that conference.

20. The CER attended the 5th international congress of the Council on Licensure Enforcement and Regulation (CLEAR) on 16-17 November as well as ancillary meetings with the Australian Health Practitioner Regulation Agency (AHPRA) and an HCPC/AHPRA research day. Both the GMC and HCPC were also represented at the events. The CER also attended the Board meeting of the Chiropractic Board of Australia on 18 November 2017 and has subsequently received a letter of thanks in relation to her participation.

21. The Director of Education, Registration and Standards attended AECC University College’s Graduation on 24th November.

**Governance, finance and operational activities**

22. Equality and Diversity training will be provided to new Council members in March 2018.

23. Annual training days for Professional Conduct Committee members are being planned for March 2018 and for the Investigating Committee in February 2018. Equality and diversity training will form part of the programme for each training day.

24. The 2016 annual report and accounts have been sent to the Privy Council for laying before Parliament. The 2016 annual report and accounts are available now on the GCC website.

25. The CER responded to the Professional Standards Authority’s consultation on its proposed fees for 2018/19 on behalf of the GCC. The PSA has since advised that it has reduced its proposed fees by 2.1%.

26. Following conclusion of the 2016/17 appointments process, there remains one vacancy on the Council for a registrant member. The senior management team propose delaying the initiation of recruitment to that vacancy until 2018, and to undertake activities focused on increasing registrants’ awareness of what is involved in becoming a Council member in the meantime, in order to encourage those who may not have considered applying in the past to do so. In addition, one Council Member’s appointment is due to come to an end in January 2018. A reappointments process in relation to that post has been agreed by the Council and is under way.

27. The review of staff policies and procedures has been delayed and we now expect to finalise this by end of January 2018.

**External developments**

**Regulatory reform**

28. The Department of Health issued its consultation on reform of the health and care professions regulators on 31 October 2017. The deadline for receipt of consultation
responses is 23 January 2018. The Council will be asked to approve the GCC’s consultation response in January.

Advertising Standards Authority guidance

29. The ASA finalised its new guidance about advertising of chiropractic services in early November. A letter was sent to all GCC registrants jointly from the ASA and the GCC, providing information about the new guidance.

30. The GCC staff team have reviewed the GCC’s existing guidance about advertising, in order to take account of the issue of the new ASA guidance. A revised version has been produced and shared with the professional associations for chiropractors and the Royal College of Chiropractors. A separate paper presented for Council’s consideration sets out the changes made in the revised guidance and seeks Council’s approval for its issue.

Collaboration with the other health and care professions regulators

31. The GCC hosted the inter-regulatory performance group of the regulators on 7 November 2017. At that meeting the attendees discussed the responses their organisations had made to the recent PSA consultation on reviewing the Standards of Good Regulation. Opportunities to share learning at future meetings were also identified.

32. Members of the Executive attend the regular cross-regulatory groups focused on: Standards; Governance; Resources; Fitness to Practise; CPD/Continuing Fitness to Practise and Performance. In addition the CER attends the Chief Executives Steering and Legislation Group meetings at which useful information is shared. The most recent such meeting took place on 30 November and included discussion of the opportunities presented by the Government consultation on reforming regulation in the sector.

33. The GMC organised a “round table” event on 27 November for Chairs and Chief Executives of the health and care professions regulators to discuss the Department of Health’s consultation. The GCC was represented by the Chair.
To: General Chiropractic Council

From: Paul Ghuman, Director of Resources and Regulation

Subject: Performance report for October 2017

Date: 7 December 2017

Purpose

1. The purpose of the report is to present to Council the Performance report covering the period to 31 October 2017.

Background

2. Council agreed on the format of the report to include an overview front page, a financial summary, and an exception based KPI report along with a report of the business plan activities for the year.

Action required

3. Council is asked to note the Performance report.

Financial implications

4. These are highlighted in the report.

Legal or Risk Implications

5. There are no legal or risk implications arising from this paper.

Equality Implications

6. There are no equality implications arising from this paper.

Communications Implications

7. There are no communications implications arising from this paper.
Performance Management and monitoring of the operational action plan

October 2017

Prepared by the Deputy Chief Executive (Director of Resources and Regulation)
Overview

Major Events

These have been reported in the reports by the Chair and Chief Executive earlier on the agenda.

Business Plan delivery

Council agreed that the GCC’s Executive should report on any activity that was not proceeding as planned.

Key Performance Indicators

We are not hitting our revised target of determining IC cases from receipt of the complaint within a median of 28 weeks. The current median is 31 weeks. In total, there were 68 cases concluded in that period.

Financial

The net positive difference on income is £77k to date. There is a positive difference on annual retention income of £48k, a positive difference of £5k on investment income and a further positive difference on initial registration of £24k to date.

Expenditure to the end of the October 2017 is higher than forecast by £156K. This is primarily, as a result of additional expenditure on FtP costs (£344K) and accommodation costs (£47K). However, this is offset by not having spent as much as forecast on staffing costs (£216K).

The overall deficit at the end of October 2017 is £80K.
# Financial Summary – As at 31 October 2017

## Income

<table>
<thead>
<tr>
<th>Sales</th>
<th>Actual</th>
<th>Budget</th>
<th>Difference</th>
<th>2017 Budget</th>
<th>Note</th>
<th>Year End estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Registration</td>
<td>143,000</td>
<td>119,250</td>
<td>23,750</td>
<td>119,250</td>
<td>1</td>
<td>143,000</td>
</tr>
<tr>
<td>Non practising to practising</td>
<td>9,600</td>
<td>16,000</td>
<td>-6,400</td>
<td>16,000</td>
<td>2</td>
<td>9,600</td>
</tr>
<tr>
<td>Restoration</td>
<td>15,300</td>
<td>9,000</td>
<td>6,300</td>
<td>9,000</td>
<td>2</td>
<td>15,300</td>
</tr>
<tr>
<td>Retention - Practising</td>
<td>2,273,600</td>
<td>2,222,400</td>
<td>51,200</td>
<td>2,222,400</td>
<td>3</td>
<td>2,273,600</td>
</tr>
<tr>
<td>Retention - Non Practising</td>
<td>27,100</td>
<td>30,000</td>
<td>-2,900</td>
<td>30,000</td>
<td>3</td>
<td>27,100</td>
</tr>
<tr>
<td>Investment Income</td>
<td>115,890</td>
<td>110,630</td>
<td>5,260</td>
<td>120,000</td>
<td>4</td>
<td>130,000</td>
</tr>
</tbody>
</table>

**Income (A)**

2,584,490  2,507,280  77,210  2,516,650  2,598,600

## Expenditure

| Staff Costs                  | 836,794   | 1,054,226 | 216,098    | 1,260,471   | 5    | 1,026,608       |
| IT costs                     | 50,834    | 49,367    | -1,468     | 62,000      | 66,000|
| Office Costs                 | 99,841    | 102,933   | 3,092      | 124,620     | 130,745|
| Accommodation Costs          | 231,629   | 184,167   | -47,462    | 221,000     | 6    | 271,000         |
| Finance costs                | 4,085     | 4,583     | 499        | 21,500      | 21,500|
| Professional fees            | 114,787   | 123,598   | 8,811      | 197,717     | 162,950|
| Council costs                | 122,230   | 134,583   | 12,353     | 164,000     | 151,000|
| Communication                | 3,345     | 1,667     | -1,678     | 9,000       | 3,500 |
| Registrations                | 4,352     | 3,500     | -852       | 16,000      | 16,000|
| Education                    | 18,277    | 16,700    | -1,577     | 23,366      | 22,000|
| FtP                          | 917,972   | 573,333   | -344,639   | 694,000     | 7    | 1,113,000       |

**Expenditure (B)**

2,404,147  2,248,657  -156,823  2,793,674  2,984,303

**Surplus / (Deficit)**

180,344  258,623  -79,613  -277,024  -385,703

## Grant Funding - Earmarked for Revalidation

<table>
<thead>
<tr>
<th>Balance b/f</th>
<th>Income</th>
<th>Expenditure</th>
<th>Balance c/f</th>
</tr>
</thead>
<tbody>
<tr>
<td>57,348</td>
<td>0</td>
<td>3,300</td>
<td>54,049</td>
</tr>
</tbody>
</table>

## Test of Competence

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenditure</th>
<th>Balance c/f</th>
</tr>
</thead>
<tbody>
<tr>
<td>68,000</td>
<td>54,157</td>
<td>13,843</td>
</tr>
</tbody>
</table>

**Note 1:**
Initial registration - the actual income to date is £24K higher than budgeted. The budget is determined by the number of students graduating in their final year at each educational establishment. Not all students will register with the GCC and therefore a different percentage based on prior year trends is applied to the number of graduates from each establishment. The higher actual figure against the budget for initial registration implies that the percentage applied to a particular (or all) educational establishment(s). Initial checks show that the percentage of graduates registering with the GCC from 2 educational establishments was higher this year than has been the case in prior years.

**Note 2:**

The number of individuals wishing to move from non-practising to practising all those who have left the register at some point in time wishing to restore on the register is based on prior year trends. During the course of this year, it appears that we have lower numbers moving from non-practising to practising but a higher number actually wishing to restore on the register.

**Note 3:**

The number of people retaining either as practising non-practising is largely known by the first week in January. There are very few people who will retain after this date and the figures normally immaterial. The positive variance of £48k has been reported throughout the year.

**Note 4:**

Investment income performance is higher than forecast by just over £5K to date. The main investment income is from income distributions from the investment portfolio with the remainder from bank interest.

**Note 5:**

Staffing costs are lower than forecast at this point in the year. Following a restructuring process, two members of staff have left and we also have two other vacancies which are frozen at present. As a result of these vacancies, the actual costs in this year are substantially lower than budgeted. Two of these posts were advocates in the FtP team and this work has now been outsourced to external solicitors and counsel. This has led to an increase in FtP costs.

**Note 6**

Accommodation costs are higher as a result of an increase in adjournments which have led to cases being relisted and causing an increase in hearing days for the year.

Also, the business rates and services charge costs have both increased quite steeply. The business rate increase has been agreed but we are seeking clarification on the reasons for the increase in service charges at present.
Note 7:

FtP costs are much higher than budgeted. The budget for PCC costs for the year was agreed on the basis of two in-house lawyer advocates carrying out the preparation and presentation of cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). This work was outsourced to a firm of solicitors early in the year and for them to prepare cases and to instruct Counsel to present these cases to the PCC. This has led to a higher level of legal fees incurred than in prior years.

The particular difficulties have been that there were a number of cases that were adjourned for a number of reasons earlier in the year which were then relisted for dates later in the year. This has led to increased hearing days in the year which has led to higher levels of attendance for all participants with an associated increase in costs. There have also been a number of complex cases which have meant that some cases have required a higher number of hearing days also.

There has been an increase in IC costs also. IC costs have increased as a result of meetings being held over two days to ensure efficient discharge of functions and also as a result of front-loading some of the cases. This includes obtaining expert opinions and witness statements on a larger number of cases at an early stage. There has been an increase in the number of complaints received in 2017 and to date 57 complaints have been received. The IC has determined 54 cases to date this year. This has meant that the pipeline of IC cases has not increased to any large degree.

Portfolio Valuation

The portfolio valuation was £4,902,292 as at 31 October 2017.
**Key Performance Indicators (reported by exception)**

<table>
<thead>
<tr>
<th>Fitness to Practise</th>
<th>Status</th>
<th>Exception Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine IC cases within a median target of 28 weeks from receipt of the complaint to determination by the IC.</td>
<td>Red</td>
<td><strong>Actual rate</strong>&lt;br&gt;The median target for cases determined by the IC for the last 12 months is 31 weeks.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Reason</strong>&lt;br&gt;This is primarily as a result of a number of staffing changes, moving to front loading of cases by taking witness statements and expert opinions where necessary at this initial stage of the investigation and dealing with a backlog of cases from 2016.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Action</strong>&lt;br&gt;Monitoring arrangements put in place midway through 2016 are now reducing the number of older cases in the pipeline. In the meantime, whilst these older cases are determined, this KPI will be difficult to meet. The pipeline has reduced from 34 weeks to 31 weeks since the last report in August.</td>
</tr>
</tbody>
</table>

In 2017, the GCC has received 57 (section 20) complaints to be determined by the IC. In the whole of 2016, we received 43 complaints. There has been an increase in the number of complaints received to date this year and if the current rate of complaints continues, we will expect to have received almost 70 complaints by the end of the year.

**Staff Turnover**

The staff turnover at the end of October 2017 is 40%. Six employees have left the GCC since the start of the year, two as a result of redundancy. There have been no further staffing changes since the last report in August 2017.
Business plan progress – by strategic aim and activity

1. To protect patients and the public

We will work to protect patients and the public by continuing to seek improvements in our legislative framework. Those changes would allow us to carry out our functions both more effectively and help us to maintain the public’s confidence in our work.

2. To uphold and improve professional standards

We will work with chiropractors and other stakeholders to ensure that current and future registrants have the tools they need to achieve high standards of professionalism.

3. We aim to engage effectively and have constructive dialogue with our stakeholders

We will develop further our engagement with the profession, patients and other stakeholders to share information and best practice, gaining greater benefit from the feedback and to understand what information they need from the regulator.

4. We aim to improve our effectiveness, ensuring our systems are cost effective and fit for purpose.

We will build on our work in improving the skills level of all staff and seek to provide them with systems and data which will allow them to carry out their work more productively.
The completed work activities are as follows:

- Implementation of the Case Management system
- Implement the new Education Standards and revised quality assurance processes for current and new degree programmes - Council has approved and this is now published on the GCC website.
- Recruitment and training of Education visitors
- Carry out research into student professionalism - The Education Committee discussed the research findings and these have been sent to the 3 educational institutions
- Work with CQC on issues relating to IR(ME)R – A registrant survey has been completed and published and the findings have been shared with CQC.
- Research into student preparedness for practice.

Work continues on a number of activities (with action in italics) including:

- Identify those changes we wish to see incorporated into any new legislative framework and engage with other regulators in shaping regulatory reform – we have had informal engagement with DH officials in conjunction with the Osteopathic Council and we now await the public consultation paper to be issued by the DH.
- Continue to develop our proposals for the assurance of registrants’ continuing fitness to practise by piloting with registrants the new components of mandatory subjects, structured discussions on CPD and the use of objective activities - The Education Committee received an update in September on progress and the evaluation of the pilot. The Committee asked the GCC to write to the Department of Health regarding the possibility of legislative change.
- Build closer relationships with our domestic and international stakeholders to ensure we are abreast of major developments in the regulatory world – Attendance at WFC and ICRC conference in Washington DC
- Review our accommodation strategy to ensure that we maintain our standards of staff accommodation in line with the needs of the organisation – Initial paper went to the June Council meeting. A large degree of work has been carried out including visits to a number of potential commercial premises and this was followed by an options appraisal document to Council in September. A preferred location has been agreed by Council and work is continuing on agreeing of terms. We are also working with the current landlords in respect of dilapidations and a short extension of occupation by way of a license.

Additional projects added by Council or as result of governance

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>Status</th>
<th>Completion date</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of Governance Manual</td>
<td>This was on the agenda for Council meeting in June</td>
<td>Final review by Acting Chair of Council and Chair of Audit Committee completed</td>
<td>Completed</td>
<td>RH</td>
</tr>
<tr>
<td>Review of FtP policies against the GCC’s legislative framework.</td>
<td>This work was agreed at the March 2017 meeting of Council.</td>
<td>The review has been completed and legal advice on a number of points received.</td>
<td>Completed</td>
<td>RH</td>
</tr>
</tbody>
</table>
To: General Chiropractic Council  
From: Paul Ghuman, Director of Resources and Regulation  
Subject: Appointment of panel Chairs to the Investigating Committee  
Date: 7 December 2017

Purpose

1. The purpose of this paper is to seek re-appointment of three members of the Investigating Committee (IC) and also to appoint them as panel chairs. The individual’s names are Eileen Carr, Jill Crawford and Lubna Shuja. Their biographies are attached as Annex A.

Proposals

2. The Council agreed the appointment of these three individuals as members of the Investigating Committee with effect from 1 June 2016. The appointment was for two years and therefore their current term would end 31 May 2018. There have no areas of concern raised in respect of the performance of any of these individuals. The executive request that these three individuals are re-appointed to the Committee for a further term of four years.

3. Furthermore, the executive requests that consideration be given to appointing these three members as panel chairs. The GCC is limited at times when a chair is not available or conflicted on cases because of previous involvement in prior cases against the same person. With regards to interim suspension hearings which must by their nature be convened at short notice, we have been unable to secure attendance promptly as we would wish to. All three members have a large degree of chairing experience and were previously Chairs of the Professional Conduct Committee of the GCC. The executive request that these three individuals are appointed to the Investigating Committee as panel chairs.
4. Issues Arising

5. The relevant legislation is the “The General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2009”.

6. The relevant extract from the legislation is as follows:

Chairing of the Investigating Committee

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

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

Action required

Action: The executive request that these three individuals are appointed to the Committee for a term of three years.

Action: The executive request that these three individuals are appointed to the Investigating Committee as panel chairs.

Financial implications

7. There are no financial implications arising from this paper. Lay chairs of the IC are not paid any more than ordinary members.

Legal Implications

8. There are no legal implications arising from this paper

Risk Implications

9. There are no risk implications arising from this paper. The appointment as members and as panel chairs would enable the GCC to minimise the risk of not being able to deal with matters in a timely manner and thereby improve public protection.

Equality Implications

10. There are no equality implications arising from this paper
ANNEX A

Jill Crawford

Jill Crawford OBE is an independent consultant on maternity services with extensive experience in professional regulation. In addition to her role at the GCC, she currently chairs Fitness to Practise hearings at the Medical Practitioners Tribunal Service (formerly the General Medical Council). Between 2002 and 2008, she served on the Nursing and Midwifery Council as a council member. In 2008, following a turbulent period at the regulator, she served as President and was subsequently awarded an OBE for services to midwifery and nursing. She also served as a council member on the General Social Care Council between 2010 and 2012.

Lubna Shuja

- Practising Solicitor and Member of the Law Society since 1992
- Panel Member (and Reserve Chair) of the Professional Conduct and Health Committees of the General Chiropractic Council
- Chair of the Disciplinary, Appeal and Regulatory Committees of the Association of Chartered Certified Accountants
- Part-Time Deputy Clerk to the Solicitors Disciplinary Tribunal
- Family and Civil Mediator since 2005
- Member of the Association of Midlands Mediators (AMM)
- Member of the Executive Committee of the Solicitor Sole Practitioners Group

Eileen Carr

Eileen has a long history in health care and since her retirement as a Director in the NHS has gained extensive experience in health care regulation. She is a Panel Chair, Medical Practitioners Tribunal Service; A Panel Chair, Investigating Committee, Nursing and Midwifery Council; and a Lay Adviser, North Western Deanery. Eileen has been a Justice of the Peace since 2001 and is a Chair on the Adult Bench. During this time, she has been a Chair on the Youth Bench and a member of the Family Panel. Eileen is a Trustee of BASIC (Brain and Spinal Injuries Centre). BASIC provides counseling, information and support services for patients and their families following a brain or spinal injury.
To: The General Chiropractic Council
From: Chief Executive & Registrar
Subject: Revised guidance on advertising by chiropractors
Date: 7th December 2017

Purpose
1. Council is asked to consider and to approve for publication the revised version of the GCC Guidance on Advertising.

Background
2. As Council Members may be aware, the Advertising Standards Authority/Committee on Advertising Practice issued new guidance about the advertising of chiropractic services in early November 2017, following the completion of a long-running project to re-examine its previous guidance about the appropriateness of claims to treat some types of condition using chiropractic. The GCC along with other key stakeholders was invited to comment on the ASA/CAP guidance while it was in draft format, and did so. The finalised ASA/CAP guidance is available from: https://www.asa.org.uk/resource/chiropractic-asa-guidance-on-sciatica-sports-injuries-whiplash-and-the-treatment-of-babies-children-pregnant-women.html

3. While the ASA/CAP was developing that new guidance, the GCC staff team have been reviewing the GCC’s existing guidance about advertising by chiropractors with the aim of producing an updated version of that document that reflects the ASA/CAP guidance, and which also clarifies some aspects of the GCC’s approach that may have been unclear in the original guidance.

4. The draft revised guidance document has been shared with the ASA/CAP, with the four professional association for chiropractors and with the Royal College of Chiropractors. Comments made by the ASA/CAP have been considered and (as appropriate) reflected in the document presented for Council’s approval. The Royal College of Chiropractors provided useful feedback about format and typographical issues, which have also been addressed. None of the professional associations have provided any comments on the draft revised guidance.

5. The document for Council’s approval is attached as Appendix A.

Equality and diversity implications
6. None have been identified.

Financial implications
7. There are limited resource implications arising from the publication of the revised guidance. The guidance will be published on the GCC’s website, which will involve a minimal amount of staff time in amending the relevant website page.
Legal or Risk Implications

8. There are no legal or risk implications arising from publication of revised guidance.

Communications implications

9. Raising awareness across the chiropractic profession of both the ASA/CAP and the GCC guidance about advertising of chiropractic services is important, particularly in light of the volume of complaints the GCC has received about website advertising by chiropractors. Various editions of the new GCC newsletter published during 2017 have highlighted the work the GCC has been involved in with the ASA in developing the ASA/CAP guidance, and, the ASA and GCC sent a joint letter to all GCC registrants at the time the new ASA/CAP guidance was published informing them about its existence.

10. Once the revised GCC guidance is approved by Council for publication, we intend to include an item about it in the next GCC newsletter. We will also provide it to the ASA/CAP so that they can reference it on their website. We intend to ask the professional associations to take any opportunity they may have to draw it to their members’ attention e.g. on their websites.

Action

11. Council is asked to consider the revised version of the GCC guidance on advertising at Appendix A and approve it for publication.
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 (published 3 November 2017) – see 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.

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

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: https://www.asa.org.uk/codes-and-rulings/advertising-codes/non-broadcast-code.html.
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](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

\(^2\) 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](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 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

---

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 3 November 2017.

Previous editions:

Advertising Guidance for Chiropractors, March 2010
To: The General Chiropractic Council
From: The Education Committee
Subject: The Annual Report of the Education Committee
Date: 7th December 2017

Purpose

1. This paper informs and updates Council on the work that has been undertaken by the Education Committee during 2017.

Background

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

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

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

Summary of Activities

3. The Education Committee met three times in 2017 (April, September and November). This report summarises the work of the Committee and decisions taken and actions recommended and progress on work overseen by the Committee. Full minutes of all the meetings have been reported to Council.

Quality Assurance of ‘recognised qualifications’

4. During 2017 no new qualifications have been recognised or re-recognised. However, the Education Committee has continued to liaise with its education providers and consider issues arising such as the management restructure at the University of South Wales and the award of Taught Degree Awarding Powers and institutional
designation to AECC and its implications. All education providers have been heavily involved in the review of the Education Standards.

5. Discussions continued with a new education provider regarding the development of a new undergraduate chiropractic programme in London resulting in a submission presented to the Education Committee at its November meeting. A submission has also been received from AECC University College for a new Masters of Science (Chiropractic) programme. Information has been shared with the proposed Scotland College of Chiropractic and a potential new programme is under consideration at Hull York Medical School.

6. Discussions have been held with The European Council on Chiropractic Education (ECCE) on closer collaboration and joint working on approval of programmes and plans made for trialling this in 2018.

**Annual monitoring**

7. In April 2017 the Committee met with the education providers separately and collectively to discuss issues arising from the annual monitoring returns for 2015/16 and share good practice. The general discussion focused on the potential impact of Brexit; student feedback; and patient engagement in teaching and learning.

**Work of the GCC Education Committee 2017**

8. The Education Committee has been responsible for the following areas and projects:
   - The implementation of the Test of Competence (TOC);
   - The review of the GCC’s Continuing Professional Development (CPD) Scheme - and how this can be an aspect of assuring the continuing fitness to practise of registrants;
   - The review of the Degree Recognition Criteria and Quality Assurance System;
   - Pre-registrant professionalism research.
   - Research into the preparedness of students for practice
   - Revision of the guidance for students and education providers in the areas of student fitness to practise and student health and disability.

**The Test of Competence**

9. During 2016 the Committee has continued to oversee the implementation of the new system, considered the External Examiner’s report. The report concluded that, overall, the process was operating smoothly and is running more effectively than in the previous year. The External Examiner highlighted the professionalism of the assessors, which he had observed operating as a panel as well as through their appraisals. The Chair of the Education Committee chaired the annual review meeting with assessors in November.

**Assuring Continuing Fitness to Practise and CPD**

10. Following Council’s agreement to the Education Committee’s recommendations for redeveloping the CPD scheme the Committee has overseen the progress being made in taking forward the agreed work programme. A small scale pilot was carried out of the proposed new mandatory components but only a fraction of the volunteers completed this. Given the need for new CPD rules through legislative change the GCC sought clarification from the Department of Health regarding our intention and was informed that the pressure on Parliamentary time will be acute in the immediate future given the high volume of legislation that will be required to facilitate the UK’s exit from the EU therefore the Department cannot guarantee that they would be successful in bidding for a parliamentary slot to take forward changes to this order as
a standalone item. The Committee has agreed next steps in terms of communicating with the profession and not pushing ahead with a consultation.

11. With regards to the current CPD scheme the GCC undertook checks of all CPD summaries for the first time, defined and clarified some of the problematical terms in the CPD Rules, in particular ‘learning interest’ and ‘developing the profession’, issued Learning points and new CPD guidance for 2017/18.

Review of the Degree Recognition Criteria and Quality Assurance System

12. During 2016 work concluded on development of the new Education Standards and Quality Assurance Handbook. The Committee and Council approved these in June 2017 and they came into effect on 1st September 2017.

13. The Privy Council and the Department of Health were notified of the changes to the approval of degree programmes and had no concerns. Approval from the Privy Council will still be sought for new programmes and for those current programmes coming to the end of their current 5 year approval.

14. Transition arrangements have been put in place for the existing chiropractic degree programmes demonstrating how the new GCC Education Standards will be covered throughout the programmes.

15. A pool of 15 Education visitors (9 Lay and 6 registrants) has been recruited and trained. Four visitors have been analysing and assisting the Committee scrutinise programme submissions under the new quality assurance system.

Pre-registrant Professionalism

16. The surveys used in 2015 were repeated in 2016 and the results from the second round showed similarities to last year. The finding that stood out was the apparent tendency for students to ignore lapses in professionalism instead of reporting them. The Committee will disseminate the data to the education providers to use as a teaching tool.

Research into the preparedness of students for practice

17. The GCC commissioned Pye Tait Consulting to carry out research into the extent to which individuals who complete a recognised degree programme are perceived, and perceive themselves to be, prepared for practice and to meet the GCC Code and Standards. Findings were presented to the Committee in September 2017 and the final report was considered at its November meeting.

Review of the guidance for education providers and students: Student Fitness to Practise and student health and disability

18. Work commenced in September 2017 to update and improve guidance and produce new guidance for education providers and actual/prospective students in the areas of Student Fitness to Practise and Student health and disability.
### Membership

19. During 2017 the Education Committee membership comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Member details</th>
<th>Dates of membership</th>
<th>Meetings attended 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Oliver</td>
<td>Council lay member</td>
<td>From Sept 2017</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Mike Barber</td>
<td>External registrant member</td>
<td>All year</td>
<td>2 of 3</td>
</tr>
<tr>
<td>Phil Bunnell</td>
<td>External lay member</td>
<td>Until June 2017</td>
<td>1 of 1</td>
</tr>
<tr>
<td>Donald Cameron</td>
<td>External lay member</td>
<td>From 1st July 2017</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Philip Dewhurst</td>
<td>External registrant member</td>
<td>From 1st July 2017</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Cliff Hancock</td>
<td>Co-optee Quality Assurance advisor</td>
<td>Until June 2017</td>
<td>1 of 1</td>
</tr>
<tr>
<td>Barry Mitchell</td>
<td>External lay member</td>
<td>Until June 2017</td>
<td>1 of 1</td>
</tr>
<tr>
<td>Aaron Porter</td>
<td>External lay member</td>
<td>All year</td>
<td>1½ of 3</td>
</tr>
<tr>
<td>Liz Qua</td>
<td>Council lay member</td>
<td>All year</td>
<td>2 of 3</td>
</tr>
<tr>
<td>Carl Stychin (Interim Chair in April)</td>
<td>Council lay member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Gay Swait</td>
<td>Council registrant member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Carol Ward</td>
<td>External lay member</td>
<td>From 1st July 2017</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Mark Webster</td>
<td>External registrant member</td>
<td>Until June 2017</td>
<td>1 of 1</td>
</tr>
</tbody>
</table>

20. A new registrant member and two new lay members were recruited in April and inducted along with the new Chair in September 2017. Two new members attended the April meeting as observers. One new lay member attended the training day for the new Education Visitors.
To: The General Chiropractic Council  
From: Chief Executive & Registrar  
Subject: Strategic Statement  
Date: 7th December 2017

Purpose
1. Council is asked to consider the draft Strategic Statement for 2018-2020 which is attached as Annex A and approve it for finalisation and publication on the GCC’s website once any amendments Council identifies as being required have been made.

Background
2. Following a discussion by Council at its closed meeting in September 2017 of its strategic direction for 2018-2020, Council Members were invited to join a working group, convened for the purpose of developing a draft strategy document in advance of the Council meeting in December 2017. Two Council Members who were absent from the Council meeting in September along with the two Council Members who attended that meeting and facilitated the small group discussions around strategy, joined the Chair of Council on the working group.

3. The CER circulated a draft Strategic Statement to the working group, based on Council’s discussions at the meeting in September. That draft document was then reviewed by the working group and discussed during a teleconference (also attended by the CER and the Deputy Chief Executive (Director of Resources and Regulation)) on 22 November.

4. The draft Statement was then amended to take account of the comments made, re-circulated to the working group, and approved for circulation to Council. Minor amendments have since been made to one aspect of the draft Statement, in order to take account of comments made by the Director of Education, Registration and Standards about a meaningful timeframe for evaluation of the impact of the Education Standards.

Action
5. Council is asked to consider and finalise the Strategic Statement.

Financial implications
6. There are no financial implications arising directly from the finalisation of the Strategic Statement.

7. The Statement outlines objectives and activities for the organisation to undertake over the next three years that will, as reflected in proposals for activity set out in the Business Plan, create financial implications in terms of use of the organisation’s resources each year. The financial impact of the delivery of the activities associated with those objectives during 2018 has been taken into account in developing the Budget for 2018.
Legal or Risk implications
8. The draft Business Plan and Budget for 2018 have been prepared on an assumption that the Council will not need to make significant amendments to the draft Strategic Statement. Should Council wish to significantly amend the high level strategic objectives set out in the Strategic Statement, it may be necessary to revisit the Business Plan and Budget for 2018 before they can be finalised.

Equality Implications
9. There are no adverse implications for equality and diversity arising out of the Strategic Statement. It is anticipated that one of the high level objectives proposed within the Strategic Statement (the proposed review of regulatory, risk management, quality assurance and other processes) should result in the GCC obtaining assurance about its implementation of its equality obligations.

Communications Implications
10. Once finalised, the Strategic Statement will be published on the GCC’s website. That will require a minimal amount of staff resource.
1. Introduction

This document sets out the strategic priorities of the General Chiropractic Council (GCC) over the next three years, and has three main purposes:

1. It describes what the GCC Council is committed to the organisation achieving
2. It provides a mandate for the organisation’s work programme, led by the Chief Executive and Registrar, the senior management team and the staff
3. It provides a framework for the monitoring of the organisation’s activities by the Council

2. Our purpose as a regulator

Our statutory duty as set out in the Chiropractors Act (as amended), is to “develop and regulate the profession of chiropractic”.

The Health and Social Care (Safety and Quality) Act 2015 introduced the same over-arching objective for all of the health and care professional regulators - the protection of the public. The 2015 Act states that the pursuit of that objective 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.

3. Our vision

Our vision is to be a respected regulator of a trusted profession.

4. Our strategic objectives for 2018-2020

In 2018-2020 we will be working towards three, linked, high level strategic objectives, which are:

1. Encouraging professionalism (and thereby improving public protection and the quality of patient care)
2. Contributing to development of the profession
3. Delivering effective and efficient regulation

The outcomes we expect to achieve, along with the approaches we will take in order to achieve those objectives, are outlined below.

Our annual business plans will set out in more detail the specific activities that will be undertaken each year in order to achieve our strategic objectives over the three-year period.

Strategic objective 1: Encouraging professionalism (and thereby improving public protection and the quality of patient care)
The GCC wishes to incentivise patient-focused behaviour by chiropractors, over and above the minimum requirements set out in the Code.

The outcomes we expect to achieve are:

- An improved understanding of professionalism across the profession generally and in particular amongst new and recent graduates, measured by survey data
- Improvement in the relevance of the actions taken by chiropractors to support their own continuous professional learning, evidenced by CPD/continuing fitness to practise activities

The approaches we will take to encourage professionalism are:

- Developing the current CPD scheme and seeking Government support to introduce continuing fitness to practise into the legislative framework
- Revising and updating the Code and guidance we publish to support chiropractors in practice, taking account of learning from professional conduct complaints
- Learning about chiropractors’ attitudes towards professionalism via surveys
- Working with the chiropractic education institutions to promote a greater understanding of professionalism for those training to enter the profession
- Developing new learning material to support greater understanding and effective use of the Code and guidance
- Evaluating the impact of our activities on professionalism
- Using data generated from our registration and FTP functions to support analysis of areas of risk in chiropractic (including environmental factors) and provision of support/guidance
- Sharing the learning generated from our regulatory functions externally – across the profession and the regulatory sector

Strategic objective 2: Contributing to development of the profession

The GCC wishes to develop and document a clear strategy in relation to its role in “developing” the profession, including any arrangements for funding relevant projects/initiatives whether led by the GCC itself or by others.

The outcomes we expect to achieve are:

- A finalised strategy around the GCC’s involvement in projects or initiatives designed to develop the chiropractic profession as a whole
- The establishment of monitoring processes and clear outcome measures to use in assessing the progress and success of such projects/initiatives
- Implementation of the strategy and processes that have been developed
A recognisable contribution towards bringing chiropractors within the remit of the Allied Health Professions Officer

The approaches we will take to contribute to development of the profession are:

- Devising a strategy (in consultation with our key stakeholders) around the GCC’s involvement in projects or initiatives designed to develop the chiropractic profession as a whole
- Developing monitoring processes and clear outcome measures to use in assessing the progress and success of such projects/initiatives
- Implementing the strategy and processes that have been developed
- Working with external organizations (such as other regulators, and/or academic institutions) to identify opportunities to support research into chiropractic that is directly related to patient safety and/or arrangements for supporting chiropractors’ effective completion of CPD e.g. through peer review/mentoring
- Continuing to support the Royal College of Chiropractors’ engagement with the Government Allied Health Professions Officer

Strategic objective 3: Delivering effective and efficient regulation.

The GCC’s resources need to be used proportionately to achieve public protection, including the maintenance of public confidence in the profession.

The outcomes we expect to achieve are:

- Meeting the Standards of Good Regulation, as assessed by the Professional Standards Authority (PSA) in annual performance reviews
- Validated assurance that our key regulatory and other processes are being operated lawfully and in accordance with good practice, following review
- Recognisable cost savings leading to a balanced budget and potential reduction in costs to registrants
- Improvement of our systems/delivery, incorporating learning from the feedback mechanisms we have in place.
- Compliance with service standards to be introduced for “customer” service and “tone of voice” for all external communications across the organisation
- Implementation of IT improvements that result in increased efficiency and improved “customer” service across all our stakeholders
- A stable and motivated staff team with enhanced capability and capacity to address future challenges

The approaches we will take to contribute to deliver effective and efficient regulation include activities that require us to reflect and build on our current strengths, and activities that are externally focused:
Annex A

Reviewing and building on our strengths:

- Reviewing our regulatory, risk management, quality assurance and other processes and implementing improvements where needed (including introducing “customer” service standards and reviewing “tone of voice”)
- Checking that our processes and outcomes are aligned with good practice and making changes as appropriate
- Identifying opportunities to improve the efficiency of our processes by better use of technology or other innovations
- Strengthening the capacity and stability of our staff team to ensure it is fit for the future, including the introduction of revised/new policies and procedures in relation to: job descriptions; staffing structure; recruitment, induction and probation; appraisal and development; remuneration and reward
- Embedding a culture of shared learning and continuous improvement within the organisation
- Undertaking a strategic review of our IT systems to ensure they assist us to work efficiently
- Identifying and implementing value for money savings, including through strengthened procurement procedures and improved FTP case management, with the aim of reducing costs for registrants
- Working to achieve a paper-free office

Externally-focused activities

- Seeking opportunities to collaborate with other regulators in the sector in order to align ourselves with good practice as well as to achieve cost efficiencies
- Improving our interactions with registrants, complainants, GCC Partners, members of the public, chiropractic education institutions, accrediting bodies and others (including through our use of IT and written communications) including gathering and using feedback effectively. This will involve us in:
  - engaging with the wider healthcare community and achieving a better understanding of other professions
  - strengthening our links with patient and registrant organisations
  - communicating regularly with different groups, as well as surveying them to obtain their views about our work and seeking new ways in which to measure their confidence in and responses to the GCC’s work
- Continuing to seek opportunities to influence the agenda for change in regulation across the sector, with the aim of changes being made to our legislative framework that would enable us to take a more risk-based approach and to improve our effectiveness and efficiency
Purpose

1. The purpose of this paper is to present the draft Business Plan for 2018, which has been prepared in line with the draft Strategic Statement for 2018-2020. As that Strategic Statement has not yet been approved by the Council, this draft Business Plan may require revision following the Council meeting before it can be finalised. We anticipate circulating a finalised version to Council for approval by email before the end of December.

Background

2. As previously agreed by Council, the Business Plan does not detail the activities undertaken on a daily basis in delivering the GCC's statutory functions. The activities described in the Business Plan are those that the executive plans to undertake during 2018 in order to deliver the organisation’s strategic objectives for 2018-2020.

3. Once Council has considered and approved the Business Plan, more detailed project plans will be drawn up which will include key milestones, budget phasing and completion dates by month. Council will receive a report at each meeting of progress in relation to each Business Plan activity.

4. The proposed Business Plan for 2018 is attached as Annex A.

Action

5. Council is asked consider and, if content, approve the draft Business Plan for 2018.

<table>
<thead>
<tr>
<th>Financial implications</th>
<th>The financial implications arising from the delivery of the 2018 Business Plan are highlighted in the attached 2018 Budget paper.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Implications</td>
<td>There are no legal implications</td>
</tr>
<tr>
<td>Risk Implications</td>
<td>There are no risk implications</td>
</tr>
<tr>
<td>Equality Implications</td>
<td>There are no equality implications</td>
</tr>
<tr>
<td>Communications implications</td>
<td>The Business Plan will be published on the GCC website once agreed.</td>
</tr>
</tbody>
</table>
Business Plan 2018

1. **Our purpose as a regulator**

Our statutory duty as set out in the Chiropractors Act (as amended) is to “develop and regulate the profession of chiropractic”.

The Health and Social Care (Safety and Quality) Act 2015 introduced the same overarching objective for all of the health and care professional regulators - the protection of the public. The 2015 Act states that the pursuit of that objective 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.

2. **Our vision**

Our vision is to be a respected regulator of a trusted profession.

3. **Our strategic objectives for 2018-2020**

Our Strategic Statement for 2018-202 sets out the three, linked, high level strategic objectives we will be working to achieve and the outcomes we expect to achieve. Those three strategic objectives are:

1. Encouraging professionalism (and thereby improving public protection and the quality of patient care)
2. Contributing to development of the profession
3. Delivering effective and efficient regulation

4. **Our plan for 2018**

In 2018 we plan to begin work to achieve the strategic objectives set out in the Strategic Statement. We expect that some of the strategic objectives will be achieved during 2018, with others being due for completion in 2019 or 2020.

Alongside working towards the strategic objectives, we will continue to fulfil our statutory functions of:

- dealing efficiently and appropriately with concerns raised about chiropractors fitness to practise
- ensuring that chiropractic education and training meet our Education Standards
- ensuring that only those individuals who meet our standards are registered to practise as chiropractors
- ensuring that chiropractors demonstrate that they remain fit to practise by keeping their knowledge and skills up-to-date through completion of Continuing Professional Development

We are already aware of activities due to take place during 2018-2020 that will place additional demands on us and/or of work we need to initiate during this period in order to deliver our regulatory functions effectively, including:
• Two UK institutions are currently developing plans to introduce (during 2018-2020) new chiropractic educational programmes for which they will be seeking GCC approval.

• All current UK institutions will be seeking re-approval for their educational programmes and one is seeking approval for a new Masters programme in 2018.

• Publication of the Graduate Preparedness for practice research report and dialogue with key partners

• Publication of revised guidance for education providers and students in the areas of student fitness to practise and new guidance on student health and disability.

• The bulk of the advertising complaints received during 2015 and 2016 will need to be progressed through the Investigating Committee process during 2018

• Various Council Members’ terms of office will end during the period 2018-2020 which will mean we will need to run reappointments and appointments processes during that period (in addition to recruiting to the current registrant vacancy).

• The Governance Manual introduced in August 2017 will require periodic review and updating. Some key policies also are due for review in early 2018 (such as the Disclosure Policy) to ensure they remain in line with current legal requirements (including the new Data Protection regulations coming into effect in May 2018) and good practice.

• The framework by which the Professional Standards Authority (PSA) assesses our regulatory performance each year may change during 2018/2019, following the PSA’s consultation(s) on the current Standards of Good Regulation. Any changes may impact both on how we report to the PSA and on our own evaluation of the adequacy of our processes, and may therefore trigger the need for process changes.

• In early 2018 we plan to appoint a chair of the Professional Conduct and Health Committees and to work with them to redevelop the current appraisal/development review process

• We will need to recruit additional members to the Professional Conduct Committee during 2018

• A revised version of the Indicative Sanctions Guidance will be consulted on and finalised during early 2018. We also plan to introduce written Guidance for the Investigating Committee during 2018. Work to finalise both documents will require consultation with key stakeholders.

• Influencing the agenda for legislative change during 2018, arising out of the current Department of Health consultation, will be a key activity for the organisation and is likely to require investment of senior staff time and potentially also the use of expert external resources in order to put forward/comment on proposals for change to our legislative framework

• The office move that is due to take place in early-mid 2018 will inevitably take up a considerable degree of staff time and effort both in the weeks leading up to the move and afterwards. During that period there is likely to be little resource available to devote to project work.

• Reviewing how we wish to manage our communications operations in future (following the departure of the Communications Manager during 2017), particularly if we wish to expand the range of media we use to communicate to registrants, and if we wish to produce communications that are tailored for different audiences.

• Deciding the ongoing structure of the FTP team. Should we decide not to reinstate in-house case presentation for all cases being heard by the
Professional Conduct Committee, we will need to consider how we use external solicitors/Counsel going forwards. Some form of tendering process may be required in order to ensure we obtain value for money - which will need to be resourced and budgeted for.

Account has been taken of those activities in developing this Business Plan for 2018. However the Business Plan only details those additional activities that we plan to undertake during 2018 in order to achieve our strategic objectives for 2018-2020.

We will endeavour to ensure that equality, diversity and inclusion remain integral in all that we do. We also seek to ensure that our communications and engagement strategy supports the activities contained in this Business Plan.

Detailed project plans will be developed to monitor progress against the activities in the finalised Business Plan.

The activities we plan to undertake during 2018 in relation to the strategic objectives set out in the Strategic Statement are:

**Strategic objective 1: Encouraging professionalism (and thereby improving public protection and the quality of patient care)**

- Continue work with the Education Committee on the development of the current CPD scheme
- Obtain baseline data about chiropractors’ attitudes towards professionalism via surveys
- Work with the chiropractic education institutions to plan how we can contribute to promoting a greater understanding of professionalism for those training to enter the profession
- Develop plans for new learning material to support greater understanding and effective use of the Code and guidance
- Initiate a project to evaluate the impact of our activities on professionalism
- Research options around how best we can identify and use data generated from our registration and FTP functions to support analysis of areas of risk in chiropractic (including environmental factors) and provision of support/guidance
- Share the learning generated from our regulatory functions externally – across the profession and the regulatory sector

**Strategic objective 2: Contributing to development of the profession**

- Devise a strategy (in consultation with our key stakeholders) around the GCC’s involvement in projects or initiatives designed to develop the chiropractic profession as a whole
- Develop monitoring processes and clear outcome measures to use in assessing the progress and success of such projects/initiatives
- Continue to support the Royal College of Chiropractors’ engagement with the Government Allied Health Professions Officer
Strategic objective 3: Delivering effective and efficient regulation.

- Review our regulatory, risk management, quality assurance and other processes, checking that both our processes and outcomes are aligned with good practice and making changes as appropriate.
- Initiate work to implement (and monitor the effectiveness of) improvements to those processes where needed, including reviewing the “tone of voice” of our correspondence with external stakeholders, in particular registrants, complainants and witnesses.
- Initiate work to introduce “customer” service standards in our dealings with both internal and external contacts by 2019.
- Strengthen the capacity, capability, motivation and stability of our staff team to ensure it is fit for the future, including the introduction of revised/new policies and procedures in relation to: job descriptions; staffing structure; recruitment, induction and probation; appraisal and development; remuneration and reward. This will require input from external advisers.
- Continue work already initiated to develop the staff to work effectively together as a professional team and beginning work to embed a culture of shared learning and continuous improvement within the organisation by 2020.
- Undertake a strategic review of our IT systems to ensure they assist us to work efficiently – we expect that work to lead us to introduce changes to upgrade the facilities that registrants interface with directly, as well as the IT infrastructure that the staff rely upon for key regulatory functions.
- Identify and implement value for money savings, including through strengthened procurement procedures and improved FTP case management, with the aim of reducing costs for registrants.
- Begin work to achieve a paper-free office by 2020, following the strategic review of our IT systems.
- Seek opportunities to collaborate with other regulators in the sector in order to align ourselves with good practice as well as to achieve cost efficiencies.
- Develop plans to improve our interactions with registrants, complainants, GCC Partners, members of the public, chiropractic education institutions, accrediting bodies and others (including through our use of IT and written communications) including gathering and using feedback effectively. This will involve us in planning work (to take place throughout 2018-2020) around:
  - engaging with the wider healthcare community and achieving a better understanding of other professions
  - strengthening our links with patient and registrant organisations and with, education and accrediting bodies
  - communicating regularly with different groups, as well as surveying them to obtain their views about our work and seeking new ways in which to measure their confidence in and responses to the GCC’s work.
- Continue to seek opportunities to influence the agenda for change in regulation across the sector following the current Department of Health consultation, with the aim of changes being made to our legislative framework that would enable us to take a more risk-based approach and to improve our effectiveness and efficiency.
To: The Council, General Chiropractic Council  
From: Paul Ghuman, Director of Resources and Regulation  
Subject: Draft Budget 2018  
Date: 7 December 2017

Background

1. The Council work plan requests that a final draft budget for 2018 be considered at its meeting in December for agreement.

2. Annex A contains data in two sections. The first section has the 2017 budget, the proposed budget for 2018 and the movement between these budgets. The second section has the year-end management forecast for 2017, the proposed budget for 2018 and the movement between these two.

Key assumptions

- The budget has been prepared on the basis of Council not having as yet agreed the strategic statement 2018-2020 and the business plan for 2018, both of which are to be considered at this meeting.
- The budget for 2018 assumes no reduction in the Annual Retention Fee paid by registrants during the period. The fee reduction agreed previously by Council has been put on hold at present and will be reviewed again in 2018.
- There is no cost allowance for continuing fitness to practise (formerly known as revalidation) costs as these costs are to be met from the DH grant fund. The project is being put on hold until there is some degree of certainty of the required changes to our legislation.
- There is a current provision for an increase of 3% staff pay award. The actual salary cost will be slightly below that budget.
- The budget figures in relation to Test of Competence (TOC) fees and expenses will be shown separately to the TOC is required by Council to break even on an annual basis.
- The budget assumes that we will have moved into new premises at the end of June 2018.

Summary of 2018 budget

- The proposed 2018 budget predicts an income of £2,691k against the 2017 budget of £2,517k. This is an increase of 7% (£175k).
- The budget predicts an expenditure spend of £2,673k against the 2017 budget of £2,794k, a decrease of £121k. At present, this excludes professional and consultancy fees of £174K. These are activities that the executive would like to carry out in 2018 if resources were made available.
- The projected surplus for 2018 is £19k which is a reduction on the deficit of £277k for 2017.
### Income

<table>
<thead>
<tr>
<th></th>
<th>2017 Budget</th>
<th>2018 Budget</th>
<th>Movement on 2017 Budget</th>
<th>2017 Management Year End Forecast</th>
<th>2018 Budget</th>
<th>Movement on Year End Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Registration</td>
<td>119,250</td>
<td>112,500</td>
<td>-6,750</td>
<td>143,000</td>
<td>112,500</td>
<td>-30,500</td>
</tr>
<tr>
<td>Retention - Practising</td>
<td>2,222,400</td>
<td>2,336,800</td>
<td>114,400</td>
<td>2,273,600</td>
<td>2,336,800</td>
<td>63,200</td>
</tr>
<tr>
<td>Retention - Non</td>
<td>30,000</td>
<td>27,000</td>
<td>-3,000</td>
<td>27,100</td>
<td>27,000</td>
<td>-100</td>
</tr>
<tr>
<td>Non practising to</td>
<td>16,000</td>
<td>8,800</td>
<td>-7,200</td>
<td>9,600</td>
<td>8,800</td>
<td>-800</td>
</tr>
<tr>
<td>practising</td>
<td>9,000</td>
<td>14,250</td>
<td>5,250</td>
<td>15,300</td>
<td>14,250</td>
<td>-1,050</td>
</tr>
<tr>
<td>Investment Income</td>
<td>120,000</td>
<td>192,000</td>
<td>72,000</td>
<td>130,000</td>
<td>192,000</td>
<td>62,000</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>2,516,650</strong></td>
<td><strong>2,691,350</strong></td>
<td><strong>174,700</strong></td>
<td><strong>2,598,600</strong></td>
<td><strong>2,691,350</strong></td>
<td><strong>92,750</strong></td>
</tr>
</tbody>
</table>

3. The GCC is reliant on registrant fee income to fund the proposed expenditure programme with nearly 93% of the income coming from some form of the registration fee.

4. Initial registration figures are based on a trend percentage basis of the number of graduates who actually go on to register with the GCC from each educational establishment. The percentage conversion rate from graduate to GCC registered is different from each educational establishment. Although there was an increase in the percentage conversion rate in 2017, this percentage has not been revised. If the trend continues in 2018, an adjustment will be made next year.

5. Retention fee income increases from actual receipt of £2,273k in 2017 to a proposed 2018 budget of £2,337k, an increase of just under 3%.

6. Investment income has been calculated on the basis of a 4% return (as per investment strategy) on a figure of £4.8M which is just below the current portfolio valuation.

### Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2017 Mgmt Year End Forecast</th>
<th>2017 Budget</th>
<th>2018 proposed Budget</th>
<th>Movement on Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Costs</td>
<td>1,026,608</td>
<td>1,260,471</td>
<td>961,088</td>
<td>-299,383</td>
</tr>
<tr>
<td>IT costs</td>
<td>66,000</td>
<td>62,000</td>
<td>63,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Office Costs</td>
<td>130,745</td>
<td>124,620</td>
<td>137,100</td>
<td>12,480</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>271,000</td>
<td>221,000</td>
<td>215,000</td>
<td>-6,000</td>
</tr>
<tr>
<td>Finance costs</td>
<td>21,500</td>
<td>21,500</td>
<td>34,700</td>
<td>13,200</td>
</tr>
<tr>
<td>Professional fees</td>
<td>159,950</td>
<td>197,717</td>
<td>25,589</td>
<td>-172,128</td>
</tr>
<tr>
<td>Council costs</td>
<td>151,000</td>
<td>164,000</td>
<td>165,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Communication</td>
<td>3,500</td>
<td>9,000</td>
<td>3,500</td>
<td>-5,500</td>
</tr>
<tr>
<td>Registrations</td>
<td>16,000</td>
<td>16,000</td>
<td>0</td>
<td>-16,000</td>
</tr>
<tr>
<td>Education</td>
<td>22,000</td>
<td>23,366</td>
<td>15,440</td>
<td>-7,926</td>
</tr>
<tr>
<td>Fitness to Practice</td>
<td>1,113,000</td>
<td>694,000</td>
<td>1,052,230</td>
<td>358,230</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td><strong>2,981,303</strong></td>
<td><strong>2,793,674</strong></td>
<td><strong>2,672,647</strong></td>
<td><strong>-121,027</strong></td>
</tr>
</tbody>
</table>

Surplus / (Deficit) sub total

(382,703) (277,024) 18,703

Project and Consultancy costs

174,520

(382,703) (277,024) (155,817)
7. In order to review business plan activities, the cost which has been classed as “project and consultancy costs” has not been included to date. The priority order for these areas of spend vary and may be replaced by other activity spends once the business plan has been agreed.

8. There is a reduction in staff costs from £1,261K in 2017 to £961k in 2018. This is as a result of the full year effects of deletion of two FtP posts, Head of FtP and a lawyer advocate in 2017 along with a deletion of the Policy and Communications Manager in 2017. The full year costs of the Registration administrator have also been included. The current organisation chart is shown in Annex B. The figure includes the pay award for staff.

9. Accommodation costs are based on the first 6 months of 2018 at the current GCC premises at the same rent and service charge as payable at present. The lease expires in April and we are working on a license agreement for the additional three months. We have not budgeted for any increase on the current terms. The balance of the year is budgeted on the costs agreed on the new premises and we are seeking agreement on a license arrangement. There are no further fit-out costs or furniture costs as these are being provided by the landlord.

10. No dilapidation costs have been allowed as we are seeking to agree on these with the landlord and early indications are that the required work will be minimal.

11. The costs for IT of £63k have been kept at the same level a 2017. Once the IT strategy review has been completed, a longer term plan of costs for it provision will be submitted.

12. Office costs for 2017 are slightly increased from a budget of £125k in 2017 to a proposed budget of £137k in 2018. This is to accommodate increase costs on copying and courier costs in 2017 which are linked to an increase in FtP cases. We expect the volumes to be similar in 2018.

13. Accommodation costs are reduced from the budget of £221k in 2017 to a proposed budget of £215k in 2018. Office accommodation is budgeted on the basis that we will occupy the current premises until the end of June 2018. In respect of the new accommodation arrangement we have budgeted for occupation from 1 July 2018. Hearing days are evenly allocated across the year, with 60 days at our current external venue and the remainder of 60 days being included in the fee for the new premises.

14. Finance costs have been increased from £22k in 2017 to a proposed budget of £35k in 2018.

15. Professional fees have decreased from a budget of £198k to a proposed budget of £26k. The large drop is as a result of legal fees budget being moved to actual functional areas and the project and consultancy fees being removed and subject to Council approval.

16. Council costs are budgeted at a similar level in 2018, however, there is no budget for Council and Committee appointment costs and there is a budget transfer of legal fees of £20k.

17. Publications budget has been reduced from £9k to £3.5K in 2018.

18. Retention costs – the budget allocation of £16k for 2017 has been transferred to £4k in stationary and £12k in finance costs.

19. Education Committee costs are reduced from £18k to £15k. Other work in relation to accreditation, panel training and dealing with submissions is included in the project and consultancy costs.

20. FtP costs are increased by £358k from £694k to £1,052k in 2018. When comparing with the year end forecast, the proposed 2018 budget is lower by £60k.

21. IC costs are reduced from a projected year position of £200k to £170k.

22. Website complaints budget increases to £107k in 2018.

23. PCC costs have been budgeted at a slightly lower level of £770k against the year end estimate for 2017 of £876k. We have budgeted for a similar level of hearing days as in
2017.

24. We have also within the FtP costs, included a 10 day allowance for Chairs of panels to carry out appraisals of members of the Committee.

25. Training days for both PCC and IC panellists are included.

26. Project and consultancy fees include the key audits and external costs in delivering the activities in the business plan. The total for 2018 is £174k.

Public protection implications

27. The current level of hearing days seeks to ensure that cases are dealt with in a timely manner and we are thereby improving public protection.

Legal implications

28. None arising from this paper.

Equality and Diversity implications

29. None arising from this paper.

Resource implications

30. These are highlighted in the paper.

Recommendations

31. Council is asked to consider the draft budget for 2018.
## Budget 2018 Summary

### Income

<table>
<thead>
<tr>
<th>Category</th>
<th>2017 Budget</th>
<th>2018 proposed Budget</th>
<th>Movement on Budget</th>
<th>2017 Management Year End Forecast</th>
<th>2018 proposed Budget</th>
<th>Movement on Management Year End Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Registration</td>
<td>119,250</td>
<td>112,500</td>
<td>-6,750</td>
<td>143,000</td>
<td>112,500</td>
<td>-30,500</td>
</tr>
<tr>
<td>Retention - Practising</td>
<td>2,222,400</td>
<td>2,336,800</td>
<td>114,400</td>
<td>2,273,600</td>
<td>2,336,800</td>
<td>63,200</td>
</tr>
<tr>
<td>Retention - Non Practising</td>
<td>30,000</td>
<td>27,000</td>
<td>-3,000</td>
<td>27,100</td>
<td>27,000</td>
<td>-100</td>
</tr>
<tr>
<td>Non practising to practising</td>
<td>16,000</td>
<td>8,800</td>
<td>-7,200</td>
<td>9,600</td>
<td>8,800</td>
<td>-800</td>
</tr>
<tr>
<td>Restoration</td>
<td>9,000</td>
<td>14,250</td>
<td>5,250</td>
<td>15,300</td>
<td>14,250</td>
<td>-1,050</td>
</tr>
<tr>
<td>Investment Income</td>
<td>120,000</td>
<td>192,000</td>
<td>72,000</td>
<td>130,000</td>
<td>192,000</td>
<td>62,000</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Income (A)</strong></td>
<td>2,516,650</td>
<td>2,691,350</td>
<td>174,700</td>
<td>2,598,600</td>
<td>2,691,350</td>
<td>92,750</td>
</tr>
</tbody>
</table>

### Expenditure

<table>
<thead>
<tr>
<th>Category</th>
<th>2017 Budget</th>
<th>2018 proposed Budget</th>
<th>Movement on Budget</th>
<th>2017 Management Year End Forecast</th>
<th>2018 proposed Budget</th>
<th>Movement on Management Year End Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Costs</td>
<td>1,260,471</td>
<td>961,088</td>
<td>-299,383</td>
<td>1,026,608</td>
<td>961,088</td>
<td>-65,520</td>
</tr>
<tr>
<td>IT costs</td>
<td>62,000</td>
<td>63,000</td>
<td>1,000</td>
<td>66,000</td>
<td>63,000</td>
<td>-3,000</td>
</tr>
<tr>
<td>Office Costs</td>
<td>124,620</td>
<td>137,100</td>
<td>12,480</td>
<td>130,745</td>
<td>137,100</td>
<td>6,355</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>221,000</td>
<td>215,000</td>
<td>-6,000</td>
<td>271,000</td>
<td>215,000</td>
<td>-56,000</td>
</tr>
<tr>
<td>Finance costs</td>
<td>21,500</td>
<td>34,700</td>
<td>13,200</td>
<td>21,500</td>
<td>34,700</td>
<td>13,200</td>
</tr>
<tr>
<td>Professional fees</td>
<td>197,717</td>
<td>25,589</td>
<td>-172,128</td>
<td>159,950</td>
<td>25,589</td>
<td>-134,361</td>
</tr>
<tr>
<td>Council costs</td>
<td>164,000</td>
<td>165,000</td>
<td>1,000</td>
<td>151,000</td>
<td>165,000</td>
<td>14,000</td>
</tr>
<tr>
<td>Communication</td>
<td>9,000</td>
<td>3,500</td>
<td>-5,500</td>
<td>3,500</td>
<td>3,500</td>
<td>0</td>
</tr>
<tr>
<td>Registrations</td>
<td>16,000</td>
<td>0</td>
<td>-16,000</td>
<td>16,000</td>
<td>0</td>
<td>-16,000</td>
</tr>
<tr>
<td>Education</td>
<td>23,366</td>
<td>15,440</td>
<td>-7,926</td>
<td>22,000</td>
<td>15,440</td>
<td>-6,560</td>
</tr>
<tr>
<td>Fitness to Practice</td>
<td>694,000</td>
<td>1,052,230</td>
<td>358,230</td>
<td>1,113,000</td>
<td>1,052,230</td>
<td>-60,770</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td>2,793,674</td>
<td>2,672,647</td>
<td>-121,027</td>
<td>2,981,303</td>
<td>2,672,647</td>
<td>-308,656</td>
</tr>
</tbody>
</table>

**Surplus / (Deficit) sub total**

<table>
<thead>
<tr>
<th></th>
<th>(277,024)</th>
<th>18,703</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(382,703)</td>
<td>18,703</td>
</tr>
<tr>
<td>Project and Consultancy costs</td>
<td>174,520</td>
<td>174,520</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(277,024)</th>
<th>(155,817)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(382,703)</td>
<td>(155,817)</td>
</tr>
</tbody>
</table>