



**MINUTES OF THE MEETING
OF THE GENERAL CHIROPRACTIC COUNCIL
HELD ON 11 DECEMBER 2018
PARK HOUSE, 186 KENNINGTON PARK ROAD, LONDON SE11 4BT**

Present

Mary Chapman (Chair of Council) (MC)
Roger Dunshea (RD)
Tom Greenway (TG)
Steven Gould (SG)
Gareth Lloyd (GL)
Sharon Oliver (SO)
Ralph Pottie (RP)
Liz Qua (LQ)
Keith Richards (KR)
Julia Sayers (JS)
Carl Stychin (CS)
Gay Swait (GS)

Apologies

Phil Yalden (PY)

In attendance

Rui Domingues, Financial Consultant (RMD)
Tricia McGregor, Interim Chief Executive and Registrar (TM)
Niru Uddin, Acting Head of Fitness to Practise (NU)

C-1812/1	<p>Apologies and declarations of interest</p> <p>MC opened the meeting by welcoming both Council and the observers present. Apologies had been received from PY.</p> <p>There were no declarations of interest.</p>
C-1812/2	<p>Draft minutes of the meeting of 13 September 2018 and matters arising.</p> <p><u>C-1812/2A Minutes</u></p> <p>The minutes of 13 September 2018 were agreed as an accurate record of the meeting.</p> <p><u>C-1812/2B Matters arising</u></p> <p>It was noted that the one action outstanding, 1809-05, relating to an analysis of registration numbers, would be completed in the new year after the retention period closed.</p> <p>All other matters arising had been completed.</p>
C-1812/3	<p>Chair's report</p> <p>The Chair's report was noted and MC provided a further verbal update on specific</p>

	<p>issues.</p> <p>CER Recruitment – MC shared with Council that since writing her Chair’s report the appointment had been finalised and she was delighted to announce the new CER would be Nick Jones, currently the Director of Compliance and Information at the Human Fertilisation and Embryology Authority. MC had attended a GCC staff team brief session to share the news directly with staff. Nick’s start date has been confirmed as the 18th February 2019. Discussion took place on managing the risk of transition to a new CER during a period of significant change. MC confirmed that the continuity of the GCC’s new strategy remains Council’s key focus and responsibility and that planning for an effective transition and handover with TM has already commenced.</p> <p>Audit and Risk Committee – MC re-iterated her congratulations and thanks to Roger Dunshea as incoming Chair of the Audit and Risk Committee (ARC). She also thanked Liz Qua for both her work as a member of Council and specifically her work as Chair of ARC. It was noted Liz would continue as a member of the ARC until the end of her term on Council in June 2019.</p> <p>Regulatory reform - MC added that there had been nothing in her report on regulatory reform owing to a further delay to the publication of the results of the consultation. She explained that she and TM had held a conference call with Claire Armstrong at DHSC which had been very helpful. Claire had confirmed that an update on reform plans was now not expected until some point in the New Year.</p>
C-1812/4	<p>Chief Executive & Registrar’s report</p> <p>TM introduced her report that provided an update on a range of activities since the previous Council meeting. The report was taken as read and specific items were highlighted.</p> <p><u>PSA Standards of Good Regulation</u></p> <p>TM drew Council’s attention to the new PSA standards of regulation, saying that of particular note was the addition of new standards including the diversity of the profession, a regulator’s focus on its core purpose, applying learning, consultation/engagement and how a regulator addressed its performance and any concerns internally. TM reminded Council that a ‘compare and contrast’ review would need to be completed so that the GCC can be assured it is ready to be assessed against the new standards. Consideration will also need to be given as to whether the GCC wishes to pilot the new standards.</p> <p>Action: TM to inform Council of the decision.</p> <p><u>Whistleblowing Prescribed Person’s Duty</u></p> <p>TM commented further on the publication of the joint report from all the healthcare regulators noting that this collaboration had been welcomed by all. TM highlighted the nil return from the GCC and the difficulty in interpreting what this meant. It was noted that levels of whistleblowing under the duty varied considerably between regulators and that our nearest regulator in terms of size and type of profession (General Osteopathic Council) had two reported cases. Council discussed the issue further and concluded that the GCC should do more to promote its role as a prescribed person perhaps in the newsletter and on the website (both of which are being improved during the year). MC requested that the GCC should ensure whistleblowing access is suitably confidential and the process is accessible.</p> <p>Action: Improved information on whistleblowing prescribed person duty to be</p>

	<p>included on the website by the end of March 2019.</p> <p>It was also noted that the GCC's own Whistleblowing Policy is being revised and that the 'prescribed person' for staff employed by any of the healthcare regulators is the Professional Standards Authority so if a staff member felt unable to whistle blow using an internal policy, they would have access to the PSA.</p> <p>Action: TM to ensure whistle blowing prescribed person duty is communicated and accessible.</p> <p><u>Development work</u></p> <p>TM discussed the continued review and development work taking place in the GCC and spoke in more detail about the business process reviews. These have identified ways in which the GCC's process and approaches could be more 'right touch' and provide greater assurance on compliance.</p> <p><u>Professional Bodies</u></p> <p>TM also highlighted the very positive and constructive meeting held in October with the Professional bodies. She noted that the results of further engagement with the profession on the strategy were covered in more detail in the Agenda item on the GCC's five year strategy.</p>
C-1812/5	<p>Performance report</p> <p>C-1812/5A Operations</p> <p>TM presented the performance report which was taken as read. A number of specific points were discussed in more detail.</p> <p><u>Section 32 (misuse of title)</u></p> <p>TM reminded Council that both the public and registrants consider this an important area of work. She brought attention to the team's current focus on clearing a backlog of s.32 cases and to then agree an approach to manage these in a timely manner as a matter of routine. She highlighted that the GCC had taken a risk-based approach to the backlog and had prioritised the complaints from patients. Steady progress was noted and a number of questions from Council members were discussed. The backlog of Sec 32 complaints included some from 2016 and the current reporting rate runs at about 2-3 per month, hence the need to investigate/resolve the historical cases and implement an ongoing effective procedure. NU explained that some cases are quicker to resolve than others and that 'cease and desist' letters did not necessarily mean that cases had been closed as it was possible further action might need to be taken. However, she expected that the backlog of cases should be able to be completed by March 2019. It was noted that this would have an impact on the budget for 2019 and this had been included in the budget setting process.</p> <p>It was also noted that it was important to communicate and engage more effectively with the public and registrants about the work the GCC is doing to protect the title 'chiropractor'. TM and NU noted that the development and improvement of Sec32 work was part of the GCC's business process review work.</p> <p>Action: TM to ensure section 32 work and outcomes are communicated to the profession and stakeholders.</p>

Advertising cases

Council was pleased to see the steady progress on taking advertising cases to Investigating Committee. It was noted that additional Investigating Committee meetings were needed as IC were concluding fewer cases per day than originally estimated. This meant that the expected completion date was 6-8 weeks later than the initial target. However, the GCC was on target with the revised project plan and the expected completion date of April 2019. NU provided updated figures after a fifth week of advertising IC meetings. Of the 293 complaints, 113 had been closed with no case to answer, 7 had been adjourned for further information and none had been referred to the PCC.

Council agreed it would be important to follow up the advertising investigations work with 'lessons learned' or similar via the GCC newsletter and any other relevant channels. In discussing guidance related to advertising, TM said that consideration needed to be given about what, and how much, would be useful for registrants. It would be important to be clear on the role of the ASA versus the GCC or professional bodies.

Action: NU to ensure learning is shared with the profession following the conclusion of the advertising investigations.

Council discussed the costs of the work and the cost of each case, suggesting that in future there should be a clearer unit cost. Council agreed that it would be useful to see the current baseline unit cost so that we could monitor progress and changes. Discussion took place regarding the benefit that a more right touch investigation process could bring.

Action: RMD to provide a baseline unit cost for the current FtP process.

In answer to a query about investigating anonymous cases, which some other regulators did not do, NU confirmed that the GCC's current processes and procedures meant that the GCC had to investigate these. This issue is included in the FtP business process review.

Business plan monitoring

TM gave particular thanks to the GCC team for all their work on the plan, saying that the majority of the items were now listed as green and that any amber items were expected to be completed in early 2019. This had been achieved alongside a period of significant review and change.

MC commented that the CER report cover sheet indicated there were no financial implications, however it was clear that a number of issues had/would require additional funding. The budget should make provision for these.

C-1812/5B Finance

It was noted that the Council meeting date, earlier in the month than usual, meant that full management accounts were not yet available. RMD provided a verbal update on 'flash figures' for management accounts to 31st November 2019. These indicated that the year-end deficit forecast was not expected to be significantly different from the October y/e forecast deficit of £319k. He said the November accounts were due the following week.

C-1812/6	<p>PSA 2017/18 review and action plan</p> <p>TM introduced the action plan that had already been reviewed by the Audit and Risk Committee and was being shared with full Council given the importance of the review. The action plan was taken as read and fully supported.</p> <p>TM updated Council regarding action 6.39, where the Chiropractic Act does not allow for a final PCC to impose an interim order of conditions which means that a registrant subject to a sanction of conditions could practice until the end of the 28-day appeal window, or in the case of appeal, until the appeal is resolved (6.39). MC and TM had discussed this risk with Claire Armstrong at DHSC and it was agreed that the GCC should carry out a review and obtain advice on that particular issue and present the results of the review to the DHSC. NU noted that GOsC also had the same issue so it may be appropriate for the GCC and GOsC to work together on gaining legislative change in this area.</p> <p>In relation to action 6.38 (process for handling convictions), it was queried whether the listed completion date of August 2019 was too late as the GCC would be exposed to ongoing deficiencies in the process which would be a significant risk. TM explained that full new guidance was expected to be issued by August 2019 as part of the business process review work, however, interim processes had been put in place in the meantime to ensure that all declared convictions were handled in accordance with the Act. It was agreed the GCC plan should be updated to better reflect this assurance.</p> <p>Action: NU to further discuss with GOsC and to complete the review of issue 6.39 and discuss options for change with DHSC by March 2019</p> <p>Action: GCC plan on point 6.38 to be updated by TM to clarify that interim new process is in place.</p>
C-1812/7	<p>Five year strategy 2019-2023</p> <p>MC introduced the agenda item, reminding Council members that the strategy had already been discussed at the September Council meeting. It had since been subject to stakeholder and registrant engagement resulting in further developments and changes to the more detailed objectives. She also said that it formed the foundation of the business plan and budget being discussed in the next agenda item.</p> <p>TM said that that there had been considerable consultation and engagement with the profession and stakeholders with a number of face to face meetings and attendance at the professional association conferences. She reminded Council members that the flip charts and post it notes were displayed on the walls for all to view today. She highlighted there was much common ground between the GCC, registrants and stakeholders. There was a clear message from registrants that they wanted to be part of a regulated profession but wanted to see more right-touch regulation. In addition, she said she had received a lot of comments around CPD, developing the profession and engagement with the profession.</p> <p>MC stressed the importance of the work on the new five year strategy. She was delighted that the team and TM had been able to engage effectively with so many registrants and stakeholders to complete the work and reach a consensus. Council discussed the five year strategy and supported the strategic aims and objectives set out in the paper.</p> <p>A particular question was raised around the wording in the background section of the cover paper. It was queried what was meant by the term 'representative' in the bullet point "Strong view that the GCC needs to be more representative of the range of</p>

	<p>chiropractic approaches it regulates”. TM explained the engagement exercise had identified there is a perception that the GCC’s work with, and use of, registrants is not sufficiently reflective of the broad range of chiropractic approaches in use. This is felt to create a situation where the wide range of treatment approaches used in the profession are regulated using a narrower ‘lens’. Council agreed that it was important to act on the feedback received and that the GCC should endeavor to see what evidence there was underpinning the perceptions and consider what further action could be taken.</p> <p>Discussion also took place regarding funding for different elements of the strategy. TM and RMD confirmed that budget setting for the business plan each year would need to reflect the various areas of work needed to deliver the strategy year on year. Council also discussed the potential risk to the delivery of the strategy with a new CER being appointed. MC reminded Council members that it was Council’s responsibility to hold the CER and senior team to account for the delivery of the strategic aims and objectives. TM confirmed the risk around transition to a new CER had already been added to the risk register, discussed at Audit and Risk Committee and was a key part of the induction and handover planning between TM and NJ.</p> <p>Action: TM to identify any baseline data on the range of chiropractors currently involved in work for the GCC and consider further action if necessary.</p> <p>Agreed: Council approved the strategy.</p>
C-1812/8	<p>2019 Business Plan and Budget</p> <p>Council discussed the business plan and budget together as they are inextricably linked. MC reminded Council that both had been discussed in some detail as a draft via a teleconference held since the September Council meeting.</p> <p>TM spoke to the business plan noting that the same strategic aims and objectives have been used in the 2019 business plan to provide the ‘golden thread’ ensuring the first year of delivering the strategy is clearly aligned to the long term plan. She noted that the plan was ambitious, however laying a sufficient foundation of work was crucial. She also discussed the importance of the staff team and the ongoing culture work as key to success and had therefore included more detailed information on work to progress in this area.</p> <p>RMD explained that staff members had been much more involved in devising the budget which gave wider accountability for the budget and greater assurance that it reflected the requirements. He also said the budget was a prudent one. He gave examples of this such as the budget allowed for 110 days of hearings (22 cases of 5-day duration) but that hearing days in 2018, by comparison, had been closer to 70 days.</p> <p>A range of discussion took place regarding the business plan and the budget including:</p> <ul style="list-style-type: none"> • The extent of 2019 not just as a loss making year but as an important foundation and investment year for the GCC • The requirement to draw down from the GCC’s portfolio to fund the loss but in the context of a five year financial strategy. • Importance of the IT strategy for better service and improved communication/engagement but also the need to ensure registrants and staff have the skills to make best use of the new approaches • Careful consideration to be given to managing transitions during a period of significant change • In considering research in chiropractic, to ensure qualitative as well as

	<p>quantitative research is considered.</p> <ul style="list-style-type: none"> • Support for the level of clarity provided in the budget setting approach • The need to consider proportionality in what we do – a theme that links with ‘right touch’ and good risk management <p>Agreed: Council approved the 2019 business plan and budget.</p>
C-1812/9	<p>Audit and Risk Committee report</p> <p>LQ presented her report to Council which was taken as read.</p>
C1812/10	<p>Education Committee report</p> <p>SO provided a verbal update from the Education Committee’s last meeting and noted that the majority of information was contained in the Education Committee’s Annual Report (item C1812/12).</p> <p>SO highlighted one item that was discussed at the last Education Committee and is work in progress. This related to the approach taken to the use of, and definition of, the registration category ‘non practising’. The committee had noted that the original use of this category was intended for registrants on maternity leave or sick leave for example. In some cases it was now being used by registrants who did not physically treat patients, an example being some university lecturers or researchers. In other regulated professions the term ‘practising’ has a wider and more relevant meaning. The Education Committee concluded that a wider interpretation of the definition that included teaching, research, management and leadership in chiropractic to be part of ‘practising’ was appropriate and that further work would be undertaken by the staff team to finalise the details of new guidance. It was noted this issue had been discussed with senior education teaching staff during the strategy engagement sessions.</p> <p>Action: A proposal for final agreement should be brought to the March Council meeting.</p>
C1812/11	<p>Approval of MCC MChiro degree programmes</p> <p>Council was asked to note the report from the GCC’s Approval Panel for the re-approval of the full time and full time equivalent Masters of Chiropractic (MChiro) degree programmes delivered by the McTimoney College of Chiropractic College (MCC) and to agree the recommendation from the Education Committee that Council recognise these as GCC approved programmes.</p> <p>Council discussed the reports and information including the levels of assurance provided. Council concluded that sufficient evidence had been provided and, noting the Education Committee’s recommendation to approve the course, agreed the reapproval.</p> <p>Agreed: Council agreed the re-approval of the MChiro degree programmes delivered by the MCC.</p>
C1812/12	<p>Annual Education Committee report</p> <p>SO introduced the annual report which provided Council with an update on the work undertaken by the Committee during 2018.</p> <p>SO highlighted specific key points from the report:</p> <ul style="list-style-type: none"> • That the new programme being taught at London Southbank University

	<p>(LSBU) had now begun with a new cohort having commenced in September. She said the Committee had also visited the University.</p> <ul style="list-style-type: none"> • The Committee had discussed the Test of Competence panel, specifically in regards to panel composition in terms of equality and diversity. It was felt there was room for improvement and agreed that it was important for searches for new panel members to reach and attract the widest audience possible. • Patient and student involvement would be an area of development in 2019. <p>Further to the report, Council agreed that it would be good to have more interchange and communication between the Education Committee and Council in relevant areas such as CPD. It was suggested education issues could be a topic for Council learning and development during 2019.</p> <p>Action: TM and SO to consider potential content for a development session at a Council training day.</p>
C1812/13	<p>AOB</p> <p>There was no other business.</p>
	<p>Date of next meeting: 26 March 2019</p>