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.

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<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
<th>Paper</th>
<th>Time</th>
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<tbody>
<tr>
<td>1. Apologies and declarations of interest</td>
<td>to note</td>
<td>Chair</td>
<td></td>
<td>12.15pm</td>
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<tr>
<td>2. Council minutes of 29th March 2017 and matters arising</td>
<td>to approve</td>
<td>Chair</td>
<td>1706/2</td>
<td>12.15-12.20</td>
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<tr>
<td>3. Chair’s report</td>
<td>to note</td>
<td>Chair</td>
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<td>12.20-12.30</td>
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<tr>
<td>a. Update on Committee membership</td>
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<tr>
<td>b. Update on Council appointments</td>
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<td>4. Executive report</td>
<td>to note</td>
<td>CER</td>
<td>1706/4</td>
<td>12.30-12.40</td>
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<tr>
<td>5. Review of Education Standards/QA Processes</td>
<td>to approve</td>
<td>Chair of EC/Dir. Ed</td>
<td>1706/5</td>
<td>12.40-12.45</td>
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Lunch 12.45-1.30pm

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<th>Item</th>
<th>Action</th>
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<th>Paper</th>
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<tr>
<td>6. Update report from Audit Committee</td>
<td></td>
<td>Chair of AC</td>
<td>1706/6A</td>
<td>13.30-13.40</td>
</tr>
<tr>
<td>a. Review of Strategic Risk Register</td>
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<tr>
<td>b. Review of Key Performance Indicators</td>
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<tr>
<td>7. Governance manual and Standing Orders</td>
<td>to approve</td>
<td>CER</td>
<td>1706/7</td>
<td>13.40-14.10</td>
</tr>
<tr>
<td>8. Annual report and Accounts</td>
<td>to approve and adopt to note</td>
<td>DCE</td>
<td>1706/8A 1706/8B</td>
<td>14.10-14.35</td>
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<tr>
<td>a. Annual reports and accounts</td>
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<td>b. Auditor’s Management letter and letter of representation</td>
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<tr>
<td>9. Performance reports</td>
<td>to note</td>
<td>DCE</td>
<td>1706/9</td>
<td>14.35-14.50</td>
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<tr>
<td>a. April 2017 Performance report</td>
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<tr>
<td>10. Review of online register</td>
<td>to agree</td>
<td>Reg. Mngr.</td>
<td>1706/10</td>
<td>14.50-15.00</td>
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<tr>
<td>11. Registrations KPI</td>
<td>to agree</td>
<td>Reg. Mngr.</td>
<td>1706/11</td>
<td>15.00-15.05</td>
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<tr>
<td>12. AOB</td>
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<tr>
<td>a. Work plan 2017</td>
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Date of next meeting: 21st September 2017
MINUTES OF THE MEETING
OF THE GENERAL CHIROPRACTIC COUNCIL
HELD ON 29 MARCH 2017
44 WICKLOW STREET, LONDON WC1X 9HL

OPEN SESSION

Present:
Roger Dunshea (Acting Chair of Council)
Steven Gould
Tom Greenway
Gareth Lloyd
Julie McKay
Liz Qua
Julia Sayers
Carl Stychin
Gay Swait
Phil Yalden

Apologies
Sophia Adams Bhatti

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
Jamie Button, Registrations Manager, in attendance for item for item C-1703/9
Richard Kavanagh, Business Information Officer, in attendance for items C-1703/8 and C-1703/9

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<tr>
<th>C-1703/1</th>
<th>Apologies and declarations of interest</th>
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<tr>
<td>Apologies were received from Sophia Adams Bhatti. No declarations of interest were made.</td>
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<tr>
<th>C-1703/2</th>
<th>Draft minutes of the meeting of the meeting of 5 December 2016 and matters arising.</th>
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<tr>
<td>The minutes of 5 December 2016 were agreed as an accurate record of the meeting. There were no matters arising.</td>
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<tr>
<th>C-1703/3</th>
<th>Chair’s report</th>
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<tr>
<td>Appointments to Committees</td>
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<tr>
<td>The Acting Chair said that all Council appraisals for 2016 had now been completed. In light of three members of Council leaving or having left recently, the Acting Chair would be reviewing the membership vacancies on Council Committees over the next few weeks and would be in touch with individual members.</td>
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| Chair thanked Carl Stychin for agreeing to act as interim Chair of the Education Committee and said that the recruitment process had begun for the role of Chair of the Education Committee. |
**Chief Executive’s report**

The Chief Executive & Registrar introduced the executive report, which outlined the delivery of the GCC’s statutory functions in the period since Council last met.

In response to a query about why approximately 70% of 2015/16 CPD summary submissions had been queried, the Director of Education, Registration and Standards explained that the higher number was a result of the GCC checking all CPD submissions rather than just an audited sample, as in previous years. The Director of Education, Registration and Standards said that the CPD guidance for registrants was reviewed annually and that this would continue to happen. It was also noted that the process had also identified some very good CPD submissions and that this should form part of the feedback to the profession about the outcomes from the exercise. The Acting Chair of the Education Committee said this topic would also be discussed at the Education Committee, given the number of CPD summaries that had not been straightforward.

Council asked the executive to consider whether all applicants for registration/restoration should be asked to sign an undertaking confirming that they have not practised during any period of non-registration, rather than just those applicants in relation to whom the GCC has identified a concern that they have been practising while unregistered. It was agreed that this proposed change would be considered.

It was also agreed that the newsletter should outline the reasons for any significant changes to Registrations forms, in due course.

**Review of strategic objectives with regard to regulatory collaboration**

The CER introduced this paper which asked that Council consider amending the GCC document ‘Our Mission, Vision and Strategic Aims’ to include reference to collaborative working with other UK healthcare regulators and care professionals, following a regulatory roundtable event held in December 2016.

Council agreed this proposal.

**Update on Council appointments processes**

The Deputy Chief Executive (DCE) provided an update on the process for Council appointments, saying that the GCC was currently recruiting for five new members of Council. He said that interviews would commence in the next few weeks and then final approval of selected members would be sought from the Privy Council. He expected this process would be completed within the next 6-8 weeks.

**2016 Communications Report and 2017 Communications Plan**

The Director of Education, Registration and Standards provided an update on communications and engagement activities in 2017.

She explained that the paper was in two parts – part one providing information on the work that had been carried out in 2016 and part two covering core work and the individual projects referred to in this business plan for 2017.

She said that, in 2016, the focus had been on the Code and the CPD scheme and review of the degree recognition criteria. The new Code had become effective in 2016 and there had been a communications and engagement programme to launch and promote the new Code and accompanying Guidance documents. The CPD
scheme was being reviewed and the GCC was trialling the proposed new components of a future CPD scheme. New Education Standards had also been drafted.

The GCC had responded to the Welsh government consultation on the Welsh Language scheme (WLS) and had been in discussion with other regulators about the proposed new standards.

The GCC continued to produce the monthly newsletter and she said the GCC would look at the possibility of producing specific thematic newsletters this year.

Council members said it would also be good to have communications addressed on all Council papers and to continue to list the communication points for the newsletter at the end of the meeting.

Patient leaflets had been updated and were available for downloading on the GCC website and a new leaflet entitled ‘The GCC at a Glance’ had also been produced.

The Director of Education, Registration and Standards said that in 2016 members of the executive team had attended several meetings and events across the UK and internationally including the IAMRA conference, the WFC Education Conference and the annual ICRC forum.

Communication and Engagement activities in 2017
The Director of Education, Registration and Standards said there were a range of activities planned for 2017, including a review of the CPD scheme, publication and implementation of the Education Standards and new Quality Assurance processes.

Work would continue on the WLS and the GCC would continue to work with the other regulators in order to be fully compliant when the new Standards were applied.

Research
A survey of new registrants was planned in the summer in order to further the GCC’s knowledge and understanding of the profession and another survey would also be sent to the profession in regards to the use of x-rays. Research into student professionalism and preparedness for practice were also planned for 2017. Council agreed it would be helpful for this research to be highlighted in the relevant newsletters.

C-1703/8 Review of online register

The Registrations Manager introduced this paper, which notified Council of the work planned to review the online register. He explained that the online register, data fields for which were last revised in August 2013, contained both mandatory and optional published material. Mandatory information included registrants’ names, registration numbers, gender, chiropractic qualifications and registered addresses. Non-mandatory data published included registration start dates, practising statuses and email addresses, as well as additional practice addresses and phone numbers.

Following the lead of other regulators, the GCC would review the data fields published in its online register and, as part of that process, would seek views from the profession, patients and the public about what information they thought the register should include, over and above the mandatory information. A report with a recommendation would be brought to Council in June and any changes made would be implemented by September 2017.

The Registrations Manager also said that the GMC was currently exploring the possibility of a shared online register portal for all regulators, allowing members of
the public the facility to search for any regulated healthcare professional via one website. If this were to go ahead there would be a cost implication for the GCC.

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<thead>
<tr>
<th>C-1703/9</th>
<th>Performance reports</th>
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<tr>
<td><strong>Financial Summary</strong></td>
<td>The DCE introduced the performance report and firstly the financial summary for the period to the end of February 2017.</td>
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<td>He reported a net positive variance on income of £71k to-date which includes a positive variance on annual retention income of £65k, and a positive variance of £7k on the Investment Portfolio.</td>
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<td>He said FtP and staffing costs had been lower than forecast which subsequently resulted in expenditure lower than forecast by £86k. The DCE said one Test of Competence (ToC) had taken place so far in 2017 and that there was a £1,684 surplus in relation to the costs of that ToC, but that there would be other ToC related costs throughout the year.</td>
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<td>Professional and legal fees had been slightly higher than forecast and the overall surplus as at 28 February was £158k.</td>
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<td><strong>KPI</strong></td>
<td>The DCE said that the GCC were still not hitting the target of determining 90% of IC cases from receipt of complaint to determination by the IC within nine months and that the percentage was currently 55%. He also said there had been a change to the procedures operated by the FtP staff during 2016 with witness statements and expert reports now being obtained upfront, and that this change to procedures had impacted this KPI. He said that another factor affecting this KPI was that some cases were linked or were of a more complex nature, and given the small size of the overall caseload, such cases could have a ‘skewing’ effect on the overall KPI for the entire year. The DCE suggested that it may be appropriate to review the KPI as it applies to cases generally, as well as how it applies to cases concerning website advertising specifically to make the KPI more useful and informative. His suggestion was that a revised KPI could be considered by the Audit Committee in May and approved by Council in June. <strong>This proposal was agreed by the Council.</strong></td>
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<td><strong>Business Plan</strong></td>
<td>The DCE said the review of the governance manual was nearing completion and that the manual would be reviewed by the Audit Committee in May and then provided to the June Council meeting for approval. He also said the case management system had now been implemented.</td>
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<td><strong>Annual Registration report</strong></td>
<td>The Registrations Manager introduced the 2016 Registrations report. He said the year and figures had been fairly typical, but noted that there had been a slightly smaller increase in registrants. He noted that there had been a reduction in the number of registrants paying the non-practising fee following communication efforts around the simplicity of the restoration process. He noted that the number of overseas registrants sitting the new ToC was similar to the numbers who had previous taken the test when it was run by the Welsh Institute of Chiropractic.</td>
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<tr>
<td><strong>Equality, Diversity and Inclusion report</strong></td>
<td>The Business Information Officer introduced the EDI report, noting that this followed on from Council’s agreement, in November 2015, of the EDI strategy. Since that date the GCC had been working to achieve the six objectives of the EDI strategy in the areas of governance, policy, data collection, staffing, communications and accessibility.</td>
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The annex showed the work that would be carried out by the GCC, including Council training, work on the Welsh Language Standards and review of HR/staff policies. Council agreed that training should also be extended to the sub-committees such as the PCC and IC.

The Business Information Officer also said that Council would need to reviews its EDI strategy in early 2018.

**Annual FtP statistical report**

The Business Information Officer introduced the Annual Fitness to Practise report, which provided an analysis of FtP activity for 2016. He noted that a number of complaints received relating to advertising claims had been excluded from the ‘complaints received’ section and were covered instead under the ‘Advertising allegations’ section.

He reported that complaints had continued to fall in 2016, continuing a trend that began in 2013, with a total of 37 complaints having been received in 2016. He said that the majority of these complaints (68%) had been received from either patients or relatives of patients. He said that, of the 43 cases determined by the IC in 2016, 15 were referred to the Professional Conduct Committee (PCC) and 70% of those were determined within 9 months of receipt of the complaint. 11 hearings were determined by the PCC in that year and one chiropractor was removed from the register.

He said that one organisation had made 300 complaints about advertising claims made by chiropractors on their websites and that another three complaints had been made by other members of the public.

It was noted that the report highlighted a much higher proportion of complaints made against men than women. The Business Information Officer suggested that before drawing any conclusions about what that difference might mean in terms of professional behaviour, it would be valuable to gather data around the types of complaint involved (and their outcomes) as well as about the complainants.

Council said it would be helpful not only to have annual data in the report but to also provide cumulative data, in order to enable valid comparisons to be made as well as to enable identification of any emerging trends. This was noted by the Business Information Officer.

Council also agreed that the key points from the reports should feature in future newsletters.

**Audit Committee report**

The Audit Committee (AC) Chair provided Council with an update of the recent Audit Committee meeting. She said the primary purpose of the last AC meeting had been to agree the scope and items for the 2017 external audit. She also said that a review of the effectiveness of the external auditor had been carried out, following the re-tendering process which occurred in 2016.

**Strategic Risk Register**

The AC Chair reported a reduction in many of the scores in the strategic risk register and said she expected that the risk around failure to uphold stakeholder confidence would be reduced further once a new Chair of Council had been recruited.

She said an FtP assurance audit taken place and that the Committee had been satisfied with the outcome from that audit. She reported a vast improvement in the recently published 2015/16 PSA performance review, where the GCC had met all
but one of the standards. She did note that, as the Committee had not seen the finalised PSA review or the GCC’s action plan in response to the review until the day before the AC meeting, approval of the action plan would need to follow the Council meeting.

The AC Chair said she had discussed with the executive the potential value of Council members being provided with training from the external auditors on understanding financial accounts and risk. The external auditors were able to provide such training.

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<th>C-1703/11</th>
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<tr>
<td><strong>Work plan 2017</strong></td>
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<td>Council discussed the 2017 work plan. The Standing Orders were on the work plan for the March meeting, but would be considered alongside the governance manual at the June meeting, as the two documents needed to be aligned.</td>
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<td>The Communications items to be shared in the newsletters were noted.</td>
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<td>The Chair thanked Julie McKay and Sophia Adams Bhatti for their considerable contributions to Council. He also thanked Grahame Pope for his excellent leadership of the Education Committee. The Council greatly appreciated the experience and expertise all three had brought to the Council.</td>
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| Date of next meeting: 15 June 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 met on 25th April. Representatives from the three educational institutions that deliver recognised chiropractic degrees attended the meeting to discuss their completed annual monitoring returns for the 2015-16 academic year. Discussions were held between the Education Committee and the education providers both separately and collectively. Topics such as student recruitment challenges; the potential impact of the UK leaving the EU; student feedback; and patient engagement in teaching and learning were discussed. As a result of these discussions, the Education Committee was satisfied that all of the chiropractic degrees that are currently recognised continue to meet the GCC’s standards.

4. In addition to this, the draft Education Standards (that are intended to replace the 2010 Degree Recognition Criteria) were agreed by the Education Committee, together with the Quality Assurance Handbook that outlines the policies and processes for the approval and quality assurance of chiropractic degree programmes. It is intended that the new Education Standards will come into force from September 2017. The Committee was in agreement that the final drafts of both documents would be shared with the Council.

5. The Committee was updated on the pilot of the proposed CPD scheme that would assure the continuing fitness to practise of registrants. The Committee was informed
that engagement and participation by volunteers for the pilot had progressively declined. It was acknowledged that the GCC would need to re-evaluate the plans for the pilot as a result of the lack of participation from registrants.

6. The Test of Competence External Examiner’s annual report for 2016-17 was shared with the Committee along with the GCC’s response to the recommendations. The Committee agreed that the report and its response should be published on the GCC’s website.

7. In April, three new members of the Education Committee were recruited, the new members include one registrant and two lay members. The appointments have been approved by the Council and the new members’ terms of office will begin on 1st July 2017.

Test of Competence

8. The second Test of Competence (TOC) of the year took place on 23rd March 2017. There were nine candidates in total, of whom six passed on their first attempt and three were asked to submit additional evidence. Since March, two out of these three have submitted their additional evidence and have gone on to pass.

9. There have been eleven applications submitted for the June TOC, necessitating the convening of three interview panels.

Standards and Guidance

Research

10. The Director of Education, Registration and Standards and one chiropractor Council member will be attending a forum to be held at the University of Oxford: Department of Continuing Education followed by a dinner at Brasenose College, Oxford on the topic of “The Chiropractic Profession in the 21st Century: Where do we want to go and how do we get there?” on 24 June 2017. The forum will provide an opportunity to discuss a variety of different topics following speaker presentations about: the use of statistics in modern health research; evidence-based chiropractic, discussion of study design and research methods and the interpretation of results; current evidence and guidelines for chiropractic and the role of evidence and patient preferences; and the utilisation of chiropractic within the NHS.

Avoiding, declaring and managing conflicts of interest

11. A joint statement on ‘conflicts of interest’ is being developed by all healthcare regulators to set out our expectations of all health and social care professionals in relation to avoiding, declaring and managing conflicts of interest across all healthcare settings. It is intended to support the standards or code for each profession and any additional guidance they may have. We believe that given the increasing move towards multi-disciplinary teams, there is great value in working together for a consistent approach. In parallel with this we are also developing case studies.
Fitness to Practise

12. An appointment process for 12 members of the Investigating Committee (6 lay and 6 registrant members) was completed in April 2017. The panel was chaired by Rosemary Rollason (of Bevan Brittan LLP solicitors) and included a lay member of the Investigating Committee and an independent member. A final report from the panel was sent to Council members and the appointments were made by Council on the basis of the nominations made by the panel. The appointees are:

Lay members
- Rebecca Channon
- Fran Gillon
- Asmita Naik
- Nilla Varsani
- Lynne Vernon
- Miranda Winram

Registrant members
- Mike Barber
- Robert Fish
- Sara Glithro
- Edward Groenhart
- Daniel Heritage
- Daniel Ruby

13. We sought re-appointment of four registrant and six lay members of the Professional Conduct Committee from Council in May 2017. Council agreed these re-appointments for a further four year term. The member’s re-appointed were:

Registrant members
- Stuart Smellie
- Paul Allison
- Samuel Guillemard
- James Gaiger
- Lay members
- Gail Mortimer
- Helen Potts
- Debbie Hill
- Geoff Baines
- Philip Geering
- Gillian Hawken

14. A further short term re-appointment to the end of 2017 was agreed for Daniel Heritage (registrant member).
15. The Audit Committee received the quarterly external audit on fitness to practise at its meeting in May 2017. It also considered proposals for a revised key performance indicator for the investigations stage of the fitness to practise process, and the feasibility of developing a separate performance measure in relation to investigations concerning allegations about website advertising. The Audit Committee will report separately on that meeting.

Registration

Checks of registrants’ CPD summaries

16. There still remain around 550 CPD summaries to be reviewed. Additional resources have been found within the office and it is hoped that all will have been reviewed by the middle of July. We will progress with quality assurance measures, learning points and guidance once this has been completed.

17. The Royal College of Chiropractors will quality assure the process by reviewing a percentage of checks. This will be planned to take place in July.

18. In addition, learning points will be published, to make the profession aware of the most common errors found as well as any common areas of good practice. We hope that sharing this information will enable registrants generally to improve their submissions and avoid any problems in future.

19. A revised guide will be published for the 2017/18 CPD year around 1 September, covering what should be included within each section of the CPD summary.

20. The Education Committee at its April meeting confirmed that there is no need to carry out a detailed check of all registrants’ CPD summaries every year, as doing so would not be proportionate. For the 2016/17 CPD year we intend to review the summaries of all those registrants who completed their first full CPD year this year. This is intended to provide those registrants with additional support at an early point in their careers. We also intend to review a random sample of 10% of the summaries completed by other registrants. We will be notifying the profession of this in the next edition of the Newsletter.

2016 Registrations report

21. Following the March Council meeting the 2016 Registration Report has been published on the GCC website.

Review of application forms

22. New versions of application forms have been published on the GCC’s website relating to:

1. Initial registration for UK graduates
2. Initial registration for Overseas graduates who have passed the Test of Competence
3. Initial registration through the EU General Directive
4. Transferring to practising registration
5. Restorers to the Register

23. The changes made to the previous forms are largely cosmetic. Some minor changes have been made to the text concerning disclosure of criminal offences – the purpose of these changes is to minimise the risk of any confusion.

Database developments

24. Both IT projects (relating to collection of indemnity data, and the ability to upload a pdf version of registrants' CPD summaries) are progressing well.

Self-declaration forms

25. Forms for completion by any registrant needing to make a self-declaration outside of the retention period (concerning matters such as criminal convictions/cautions, health issues and non-GCC disciplinary matters) are currently being drafted and will shortly be published on the GCC website.

IRMER x-ray survey

26. The IR(ME)R survey to the profession closed on 19 May. A report on the findings will be published on the GCC website shortly, and the CQC will be notified about the results.

Use of undertakings

27. At the March Council meeting there was discussion of the possibility of asking all applicants for registration to provide an undertaking confirming they have not practised as chiropractors in the UK while not registered. We subsequently contacted 3 other regulators to check their procedures. None of them require all applicants to provide such an undertaking. We have therefore concluded that it would be disproportionate to require such an undertaking of all applicants for GCC registration. We therefore intend to require an undertaking only from those applicants in relation to whom we have evidence to suggest that they may have practised while unregistered.

Joint combined register portal project

28. A technical analysis report on the proposed combined register portal has been published by the General Medical Council. This will now be followed up with an analysis of the costings. The Chief Executives Steering Group (CESG) has requested the Professional Standards Authority to provide information about the market research it has commissioned (which is currently being undertaken) on the benefits of a single portal at the CESG meeting in July 2017, so that it can be used to inform the evaluation that will need to be undertaken of the cost-benefit of implementing some form of combined register portal.
Communications and engagement with stakeholders

Communications Report 2016 and Plan 2017

29. Council noted the communications and engagement report for 2016 and plan for 2017 at its meeting in March.

Engagement with professional stakeholders

30. Representatives from the GCC Council and Executive (the Acting Chair of Council, one lay and one registrant member of Council) together with the Chief Executive and Registrar (CER) and Director of Education, Registration and Standards, met with representatives from the British Chiropractic Association, the United Chiropractic Association, the Scottish Chiropractic Association the McTimoney Chiropractic Association and the Royal College of Chiropractors on 2 May 2017.

31. The meeting included discussion of the measures that the GCC and professional associations could take to support registrants in complying with the revised guidance on the website advertising of chiropractic services once that revised guidance is issued by the Advertising Standards Authority.

32. It was agreed that such meetings provided a valuable opportunity for information-sharing and should continue to be held annually. At the request of the professional associations it was agreed that the GCC will once each year meet separately with them, and separately with the Royal College of Chiropractors.

European Chiropractic Union (ECU) convention

33. The CER and the Director of Education, Registration and Standards attended this convention held from 24-28 May. The conference was opened by the Mayor of Limassol and Cypriot President Stathis Papadopoulos and we were welcomed by President of the ECU, Oystein Ogre. Wide ranging plenary sessions over three days covered themes such as ‘Moving chiropractic into mainstream healthcare’, ‘Reconciling Biomechanics with Pain Science’ and ‘The Future of Education’. We also met with the ECCE Executive to discuss the next steps in our plans for closer collaboration and joint education quality assurance work.

Governance, finance and operational activities

34. The Equality and Diversity (E&D) report, considered by Council at its last meeting, has been published on the GCC website. E&D training will be organised for all Council members that will take place as soon as possible after the new Council appointees are in office (possibly in September) E&D training will be arranged for the Professional Conduct (and Health) and Investigating Committee members at their annual training days later this year.

35. The draft annual report and accounts will be presented to the Council during its open session for consideration and approval.
36. The Performance Report, to be considered under a separate agenda item at the Council meeting, sets out the current financial position.

37. Interviews for the vacancies on Council (5 members of Council (including a Chair, and a potential Chair of the Education Committee) were completed during April. The recruitment panel was able to identify candidates to be recommended for appointment for all of the vacant positions, with the exception of one registrant Council member position. However, due to the impact on the Privy Council of the timing of the general election, we do not expect the appointments to take effect until 1 August 2017. Further information will be provided in the closed session.

38. The revised draft Governance Manual has been reviewed by the Audit Committee and by the Acting Chair of Council. This will be considered under a separate agenda item.

39. The review of staff policies and procedures has been delayed and we now expect that these will be finalised at the end of September 2017.

40. We are hoping to arrange a meeting of the Remuneration Committee soon. Proposed agenda items will include consideration of a revised expenses policy; finalisation of private health cover for staff; and consideration of the staff sickness policy.

External developments

Regulatory reform

41. There has been a delay in the issue of the public consultation on the Department of Health’s proposals to reform the health and care professions regulators until after the general election. Council members will be aware that the Conservative Party manifesto made an express commitment to reform and rationalise the current system of regulation of the health and care professions, but that neither the Labour Party nor Liberal Democrat Party manifestos expressly referred to reform of regulation in the sector.

42. The Professional Standards Authority (PSA) issued a questionnaire to the health and care professions regulators in mid-May seeking their views about potential reforms to fitness to practise for the purposes of informing the PSA’s ongoing policy work. The GCC’s response was approved by Council members before being sent to the PSA on 4 June.

PSA performance review

43. The process for reviewing the GCC’s performance during the period from April 2017 – March 2016 is now under way. The Professional Standards Authority (PSA) has decided that the GCC has met all of the Standards of Regulation in relation to Standards, Registration and Education. It is conducting a targeted review in respect of Standards 6 and 7 in relation to Fitness to Practise. The CER and the Director of Education, Registration and Standards attended an information-sharing meeting
with the PSA performance review team on 15 May, in advance of the GCC responding to the PSA's list of 23 questions at the end of May. We are currently waiting to hear whether the PSA requires further information and/or whether an audit will be conducted before a conclusion is reached about performance in Fitness to Practise.

Advertising Standards Authority guidance

44. Several members of the Executive, including the CER and the Director of Education, Registration and Standards, attended a meeting with the Advertising Standards Authority on 20 April 2017 to share information about the two organisations’ processes for dealing with complaints about website advertising of chiropractic services.

45. We understand that the Committee on Advertising Practice expects to present its revised guidance on the advertising of chiropractic services to the ASA Council in June (or possibly July). We expect to have an opportunity to comment on the draft guidance before it is finalised.

PSA review of the Standards of Good Regulation

46. We expect the PSA to commence the process of consulting on suggested changes to the Standards of Good Regulation shortly. It is anticipated that there will be a second consultation in the autumn/winter of 2017 that will focus on actual draft Standards.

47. The paper presented to the PSA’s Board on 18 May 2017 indicated that the first consultation will seek comments about whether an updated version of the current Standards should continue to focus on four specific core regulatory functions (with the addition of governance, and equality and diversity); or whether the Standards should in future require the PSA to assess the application of key regulatory principles throughout each regulator’s functions. It also anticipated that the consultation will invite comments about the method of evaluation of performance against the Standards, and in particular about the usefulness of the current grading that each Standard is either “met” or “not met”. The paper included an assumption that whichever approach is adopted, it would not take effect until the performance review cycle for 2018/19, at the earliest.

Collaboration with other regulators

Collaboration with the Care Quality Commission (CQC)

48. The Deputy Chief Executive (Director of Resources and Regulation) and CER discussed arrangements for information sharing with the CQC on 25 April. We are currently awaiting a revised draft Information Sharing Agreement from the CQC.

Collaboration with the other health and care professions regulators

49. The various cross-regulatory projects reported on previously continue, including work to develop a joint statement/joint guidance on the issue of conflicts of interest,
and the project to explore the feasibility of a single access point for
registers/registration portal across the regulators, both of which are referred to
above. Progress on each project that is under way is being reported to the Chief
Executives’ Steering Group, which meets monthly.

50. Members of the Executive attend the regular cross-regulatory groups focused on:
Standards; Governance; Resources; Fitness to Practise; and Performance (the
cross-regulatory group on adjudication met on 7 June at the GCC’s offices). In
addition the CER attends the Chief Executives Steering and Legislation Group
meetings at which useful information is shared.

51. At the Chief Executives’ Legislation Group meeting on 27 April the NMC tabled a
paper summarising the responses from all the regulators to the areas proposed for
collaboration at/following the ‘regulatory roundtable’ event hosted by the NMC in
December 2016. That summary sets out next steps:

- a written update to be provided on the work to date on a shared register portal
  (such a written update was subsequently provided to the Chief Executives
  Steering Group meeting);
- proposals for collaboration in fitness to practise to be taken forwards for
development by Directors of Fitness to Practise;
- the NMC to arrange a further meeting between the Chief Executives and Chairs
  of the regulators to agree priority work streams.

52. The CER attended the GOsC Council meeting on 2 May.

53. The CER and the Director of Education, Registration and Standards attended a
seminar arranged by the PSA with the National Guardian for the NHS on 24 April.

Collaboration with other regulatory bodies/governments

54. We are participating in the cross-regulatory/government group planning the Annual
Regulatory Conference in Scotland (to be held in October 2017) that meets by
telephone monthly.

55. The CER attended a Welsh Concordat meeting in Cardiff on 11 April.

Rosalyn Hayles
Chief Executive & Registrar
To: The GCC Council  
From: Penny Bance, Director of Education, Registration and Standards  
Subject: Review of the Education Standards and Quality Assurance policies and processes  
Date: 15th June 2017

Purpose

1. The purpose of this paper is to

   • seek the Council’s approval for the Education Standards that will replace the current Degree Recognition Criteria (DRC) as the regulatory tool used by the GCC to ensure that a programme of education is fit for purpose, and

   • seek the Council’s approval for the new Quality Assurance Handbook.

Introduction and background

2. At its meeting in June 2015 the Council approved The Code: Standards of conduct performance and ethics for chiropractors. The Code was published on the GCC website on 30th June and became effective on 30th June 2016.

3. The GCC Degree Recognition Criteria and Processes directly relate to the Code in terms of programme outcomes that students have to meet and therefore required a review.

4. At its meeting in July 2015 the Education Committee considered the main changes that have been made to the Code and the issues that have been raised to date with regards to the Degree Recognition Criteria, and agreed a process and timescale for the review.

5. The second aim of the review was to ensure that the GCC’s quality assurance process remains fit for purpose in terms of quality, effectiveness and cost/resource efficiency and that it embodies the aims of ‘right touch’ regulation.

6. The Education Committee agreed that the underlying principles of the review would be:

   • The need for fairness, equality and consistency in the provision of education

   • Proportionality: The system must balance rigour and effectiveness with recognition of the need to minimise regulatory burdens and acknowledgement of risk

   • Working with others: seek to make the best possible use of information and activities undertaken by others.

7. The review of the current Degree Recognition Criteria has a number of aims: to ensure the GCC’s education standards are more consistent and coherent, and to ensure they reflect current and future healthcare as well as modern education and training provision. They also should demonstrate the characteristics of a good and supportive learning culture for students.
8. Following a tender process, Pye Tait Consulting Ltd were contracted to begin work in September 2015. A series of telephone interviews were conducted with education providers, members of the Education Committee, plus nominated others, to gain early soundings on areas of improvement and change for the review of the Degree Recognition Criteria.

9. Commencing October 2015, desk research reviewed: 1. Student chiropractic degree/master programmes; 2. Current changes being experienced within Higher Education; and 3. Equivalent material and quality assurance processes utilised by other regulators for other sectors within and external to the healthcare sector. Concurrently, a number of healthcare regulators are also preparing to review or have already changed their Education Standards equivalences. Their reviews have pointed to some common approaches for consideration for the GCC’s education standards and for quality assurance:

- Greater flexibility for recognition processes: - support for providers through, for example, reducing burden, holding shorter visits and offering a range of approaches dependent on the type and nature of provider to ensure evidence requirements are proportionate.
- Outcome-based criteria - so that providers are not being told what and how to conduct their work, but show how they believe they meet the stated outcomes.
- Risk-based approaches in recognition of the current climate with diminishing resources and the need for efficiencies in focusing where resource are used to deliver the greatest benefit.
- Learning outcomes within themes or domains for the programmes seeking accreditation which set out skills, knowledge, behaviours and, sometimes, attitudes. This ties in with the Councils on Chiropractic Education International (CCEI) recommendations which emerged at the latter end of 2015.

10. In November 2015 the Education Committee participated in a workshop with Pye Tait to consider the overall project and the early feedback, including an update on other regulators’ Education Standards and QA documentation.

11. Interviews carried out during the latter end of 2015, with contacts agreed with the GCC (education providers, Chiropractic Associations, members of visiting panels etc., and education personnel at the other healthcare regulators) posed a series of questions framed around initial concerns raised by the Education Committee.

12. In January 2016 a workshop was held with the education institutions to consider in detail particular issues relating to future format, links to the Code, the guidance required, and areas such as research, patient involvement in student assessment, coverage of business skills and inter-disciplinary learning. At this meeting it was agreed that the Education Standards should just contain Standards relating to student learning outcomes and to programme outcomes. Any reference to recognition criteria would be removed from this document and placed within what will be a separate document on Quality Assurance and Accreditation processes.
Draft Education Standards

13. Draft Education Standards were prepared and shared with experts from within Chiropractic and the Education Committee ahead of a wider public consultation in April – May 2016. This consultation comprised a series of follow up telephone interviews (with all associations, patient representatives, education providers and members of the Education Committee) and a web-based survey. There were 34 responses from the survey (22 chiropractors, 3 students, 1 member of the public and 8 blank) and 12 interviews, with multiple interviewees. The revised layout and structure received positive comment. Council received updates at its meetings in September and December 2016.

14. Following the consultation, further versions have been developed and discussed by the Education Committee and at a further workshop in January 2017 with both Education institutions currently delivering chiropractic degree programmes and potential new providers of chiropractic degree programmes.

15. The Education discussed and approved the draft Education Standards at its meeting in April 2017. The final draft is at Appendix 1.

Quality Assurance Policies and processes

16. Desk research and interview material has informed the quality assurance and accreditation process review. Discussions at the Education Committee in September 2016 focused on the approval process and annual monitoring was considered at the Education Committee meeting in November 2016. A draft Quality Assurance (QA) Handbook was considered at a workshop in January 2017 with the education institutions.

17. The purpose of the handbook is to set out the arrangements for the approval and monitoring of chiropractic degree programmes. Institutions must read, understand and commit to the shared values in the document. The handbook also sets out the documentation which must be completed before and after approval has been given.

18. The aim of the GCC’s quality assurance process is to demonstrate quality and transparency surrounding the approval of chiropractic degree programmes.

The objectives of the GCC quality assurance process are to ensure that:

- quality assurance arrangements are equitable, evidence-based and subject to review for improvement purposes;
- the approval process is understandable to stakeholders, effectively administered, accountable and cost effective to operate;
- recognised chiropractic qualifications are accessible to all students who have the potential to achieve them;
- the Education Standards which define the performance required of candidates for them to achieve qualifications are appropriate to purpose, explicit and transparent, and that;
- the qualifications are offered in institutions with adequate resources and expertise to ensure valid assessment of students against the learning outcomes.
The GCC principles that underpin the quality assurance arrangements state that relevant processes need to:

- be robust;
- protect the public;
- be proportionate and minimise burden on the institutions, and,
- be risk-based.

19. The new processes address the need to distinguish between the approval of new programmes from new providers and new programmes from existing providers. A new process of notifying the GCC of substantive programme changes to existing programmes is being introduced, as programmes will no longer have an end date for approval. Annual monitoring has also been reviewed and focused on the information that the GCC needs to collect so that it is relevant and proportionate. A pool of Education visitors will also be recruited and trained and they will form panels when the Education Committee deems that a visit is required for approval or monitoring purposes.

20. The Education Committee discussed and approved The Quality Assurance Handbook, which can be found at Appendix 2.

Communications Implications

21. The new Standards will be clearly communicated to education providers and more widely to other key stakeholders. It will be important to emphasise the purpose of the Standards, highlighting how they contribute to the GCC’s overall quality assurance process. The new Education Standards and QA Handbook will be published on the GCC website and implemented on 1st September 2017.

Resource implications

22. Education visitors will be recruited and trained ahead of the QA policies and processes being implemented from 1st September 2017.

Next Steps

23. The next phase, post publication, is the development of operational processes and documents including structured report templates and a process for review and publication of annual monitoring data. Recruitment of a pool of education visitors will also be carried out.

Action Required

24. The Council is asked to:

   a) approve the draft Education Standards; and
   b) approve the Quality Assurance Handbook.
Criteria for chiropractic programme content and structure.
Introduction

About Us
The General Chiropractic Council (GCC) is the regulator for the chiropractic profession in the UK. Our overall purpose is to protect the public and our duty is to develop and regulate the profession of chiropractic.

We do this by setting standards of education for individuals training to become chiropractors, and by setting standards of professional conduct for practising chiropractors.

Everyone calling themselves a chiropractor in the UK must be registered with us. To be registered with us, an individual must satisfy the educational requirements for registration and be fit to practise, by which we mean they have the skills, knowledge, good health and character to practise safely and effectively.

Education Standards
This document sets out what people have to achieve at the point of graduation from recognised chiropractic programmes.

The Education Standards define, through learning outcomes (section 1), the broad content required of chiropractic degree programmes and the areas against which individuals will be assessed in order to graduate from the degree. The Education Standards also set out criteria (section 2) for the institution offering the degree programme.

In section 1, the Education Standards reflect the GCC’s Code, which sets out, through eight principles, the standards for conduct, performance and ethics for chiropractors to ensure competent and safe practice. The learning outcomes are linked to the Code to ensure that, upon completion of their learning, students can meet those requirements.

In section 2, the criteria ensures that students on chiropractic degree programmes receive a high-quality education to facilitate their development towards becoming reflective, self-critical and effective primary healthcare practitioners. The content and criteria required of chiropractic degrees are set out along with supporting guidance where it is thought useful to illustrate how the criteria might be met.
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2 Assess the health and determine the health needs of the patient. ............................. 8

3 Select and apply appropriate evidence-based care to meet the needs and preferences of
the patient. ................................................................................................................. 10

4 Critically evaluate scientific research methods in the context of clinical practice. ....... 11

5 Communicate effectively with the public, patients and other healthcare professionals
through verbal and non-verbal forms. ........................................................................... 11

6 Demonstrate an understanding of the nature of professional accountability. .......... 12

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7 Ensure that the knowledge and skills covered by the programme are integrated across
academic and clinical settings, are internally consistent and are orientated to chiropractic
practice. ..................................................................................................................... 14

8 Incorporate a substantial period of clinical experience (a minimum of an academic
year) during the degree programme for students to apply learned knowledge and skills to the
management of patients. ............................................................................................ 14

9 Build in an interdisciplinary approach within the programme structure such that students
understand and recognise that chiropractic is an integral part of the wider educational and
healthcare sector. ....................................................................................................... 14

10 Design an assessment strategy that employs a variety of valid and appropriate teaching,
learning and assessment methods to address all the learning outcomes set out in section 1 and
which in turn encourage and support students to be self-directed learners. ................... 15

11 Enable students, via high quality clinical experiences, to demonstrate their ability to
integrate and apply their knowledge and skills so as to be able to function as safe and competent
practitioners ................................................................................................................ 15

12 Enable students to achieve their competence in all outcomes set out in section 1 on
completion of their clinical internship ......................................................................... 15

13 Provide sufficient and adequate resources based on the numbers of students in each year
of the programme and the overall student numbers ....................................................... 16

14 Provide sufficient and adequate clinical practice facilities for the provision of chiropractic
assessment and care based on the number of students in the cohort who are engaged in the
clinical period. ............................................................................................................. 16
**GCC Education Standards**

15. Consistently provide sufficient numbers of experienced chiropractors, academics and clinical staff with sufficient capacity to teach, assess and support effectively the entire learning experience for all students in each programme cohort. The institution must have at least one GCC registered chiropractor on staff who occupies a position of academic and/or managerial authority.

16. Provide teaching staff who possess or who are working towards, a teaching qualification or who possess relevant and recent (last 5 years) teaching experience. They must be demonstrably competent in enabling students to learn effectively and in assessing student achievement.

17. Provide effective staff management and staff development opportunities.

18. Encourage a culture of personal and collaborative academic research and scholarly activities.

19. Ensure the learning environment is safe and supportive for patients and learners. The culture is fair and compassionate, and provides a good standard of care and experience for all involved.

20. Provide students with academic guidance, pastoral care and other support services and encourage an active student voice.

21. Ensure entry requirements of students onto the chiropractic degree programme, includes, in addition to an appropriate science background, competence in spoken and written communication and numeracy, while ensuring equality of opportunity.

22. Provide appropriate student fitness-to-practise policies and procedures to help students whose behaviour or health pose a risk to the safety of patients or colleagues. The GCC expects to be kept informed about student fitness-to-practise cases where the student has been found in breach of a serious matter.

23. Provide clear information on the main aspects of the programme.

24. Ensure the institution has a management structure and up-to-date policies and procedures.

25. Plan and regularly review all areas of chiropractic degree programmes through procedures which are fair and based on principles of equality.

26. Demonstrate an ability to embrace and utilise innovation and advances in chiropractic practice, education and science where appropriate.

27. Provide effective measures for quality-assuring the programme.
Definitions

The terms in the table below are used throughout this document, the definitions of these are:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical experience</td>
<td>A period of patient interaction as a practitioner which may include placements and visits to other relevant managed clinical environments.</td>
</tr>
<tr>
<td>Evidence-based</td>
<td>Clinical practice that incorporates the best available evidence from research, the expertise of the chiropractor, and the preference of the patient.</td>
</tr>
<tr>
<td>Institution</td>
<td>An identifiable higher education provider that is responsible and accountable for ensuring the availability of resources to deliver the recognised qualification of Chiropractic.</td>
</tr>
<tr>
<td>Module or Unit</td>
<td>An identifiable and meaningful piece of learning which has: learning outcomes, a credit rating, teaching and learning methods, assessment methods and an indication of the resources that will enhance student learning.</td>
</tr>
<tr>
<td>Patient</td>
<td>A person who has been given advice, assessment or care by a chiropractic student within their supervised clinical internship. Chiropractors and others who volunteer to allow colleagues to demonstrate or practise techniques on them are not included in this definition of patient. (Note: patients has been used as shorthand throughout for patients and carers as appropriate).</td>
</tr>
<tr>
<td>Rationale for Care</td>
<td>Reasons why chiropractors are providing treatment for a patient.</td>
</tr>
<tr>
<td>Working diagnosis</td>
<td>The most likely diagnosis, based upon available information and kept under review.</td>
</tr>
</tbody>
</table>

Quality Assurance

The GCC’s statutory duty requires it to ensure that graduates from an approved chiropractic degree programme are fit to practise and are, therefore, eligible to register as chiropractors.

Quality assurance of the institutions delivering chiropractic degree programmes is carried out via a variety of means to ensure that those programmes are fit to deliver the qualification that is awarded at the end of the degree.

Details on the quality assurance arrangements and recognition process are provided in the Quality Assurance Handbook.
The Code and the Education Standards

The Education Standards are applicable to all chiropractic degree programmes. As well as specifying criteria that the educational institution must meet, they also detail the educational outcomes that students have to achieve at the point of graduation. These outcomes are in addition to the requirement for applicants to satisfy the Registrar that they are physically and mentally fit and of good character.

Chiropractors must adhere to the Code. They are personally accountable for their actions and must be able to explain and justify their decisions. Chiropractors have a duty to put the needs of their patients first, which in turn promotes and encourages trust.

Equally, students must commit within their programme of study to learn the skills of patient care and they must not compromise the safety and care of patients by their performance, health or conduct. Students have a duty to follow the Code and must adhere to the principles within it. Finally, they must be guided by the GCC’s student fitness to practise guidance.

The eight principles within the Code are:

| A: Put the health interests of patients first |
| B: Act with honesty and integrity and maintain the highest standards of professional and personal conduct |
| C: Provide a good standard of clinical care and practice |
| D: Establish and maintain a clear professional relationship with patients |
| E: Obtain informed consent for all aspects of patient care |
| F: Communicate properly and effectively with patients, colleagues and other healthcare professionals |
| G: Maintain, develop and work within professional knowledge and skills |
| H: Maintain and protect patients' information |

Programme Content

Institutions must determine how their chiropractic degree programmes will meet the required learning outcomes, set out in Section 1. They must also determine how they will assess student performance. In doing so, they must ensure that every learning outcome is achieved.

In general, the GCC does not specify how the learning outcomes shall be met. The main requirement is a programme structure with a curriculum that gives students an effective learning experience within a supportive learning environment and culture.

It is recognised that programmes may contain optional aspects and extra outcomes of learning. However, these options and additional outcomes must not compromise the achievement of the core chiropractic learning outcomes specified by the GCC.

The broad programme areas together with the detailed programme outcomes that follow, in section 2, set out a curriculum framework for the programme.

---

1 There is no requirement for institutions to use the exact wording of the learning outcomes in their curriculum, it is expected that the learning outcomes will be used by institutions to direct their curriculum content style, approach and structure.
Section 1: Learning outcomes for the programme content

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th>Links to Code – principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon completion of the learning process a student shall demonstrate that they</td>
<td></td>
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<tr>
<td>have the knowledge, skills and attitudes to develop their fitness to practise. This</td>
<td></td>
</tr>
<tr>
<td>means they will be able to:</td>
<td></td>
</tr>
<tr>
<td>1. Describe the spectrum of chiropractic care, context and history.</td>
<td>C</td>
</tr>
<tr>
<td>1.1. Understand the range of conditions that present to chiropractors and the</td>
<td>C</td>
</tr>
<tr>
<td>nature and impact of physical, psychological and social determinants of health.</td>
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<tr>
<td>Guidance:</td>
<td></td>
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<tr>
<td>This would normally include:</td>
<td></td>
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<tr>
<td>• the relevance of patient characteristics (for example: age, gender, ethnicity,</td>
<td></td>
</tr>
<tr>
<td>occupation, lifestyle factors, health perceptions and public health perceptions)</td>
<td></td>
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<tr>
<td>and the nature of their complaints (for example: incidence, prevalence,</td>
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<td>chronicity, severity) to their health and health status, the natural history of</td>
<td></td>
</tr>
<tr>
<td>the condition and their prognosis;</td>
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<tr>
<td>• content that shall include understanding of:</td>
<td></td>
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<tr>
<td>• aetiology, pathology, symptomatology, natural history and prognosis of</td>
<td></td>
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<tr>
<td>neuromusculoskeletal conditions, pain syndromes and other potential co-morbidities;</td>
<td></td>
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<tr>
<td>• biopsychosocial determinants of health – these may be directly associated</td>
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<td>with the above elements or present in their own right.</td>
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<tr>
<td>1.2. Distinguish between normal and abnormal structure and functioning of the</td>
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<tr>
<td>human body.</td>
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<tr>
<td>Guidance:</td>
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</tr>
<tr>
<td>This would normally include:</td>
<td></td>
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<tr>
<td>• the study of basic human sciences: anatomy, physiology, biomechanics,</td>
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<tr>
<td>biochemistry, neurology and pathology.</td>
<td></td>
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<tr>
<td>1.3. Recognise, understand and describe specific legislation relevant to the work</td>
<td>G</td>
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<tr>
<td>of chiropractors, including ionising radiation.</td>
<td></td>
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<tr>
<td>Guidance:</td>
<td></td>
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<tr>
<td>This would normally include:</td>
<td></td>
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<tr>
<td>• current legislation relevant to the practice of chiropractic (the GCC describes</td>
<td></td>
</tr>
<tr>
<td>this legislation with links on its website);</td>
<td></td>
</tr>
<tr>
<td>• the principles of the Code;</td>
<td></td>
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<tr>
<td>• duties imposed by law, such as the Duty of Candour;</td>
<td></td>
</tr>
<tr>
<td>• the importance of legal compliance for professionals.</td>
<td></td>
</tr>
<tr>
<td>1.4. Describe how to manage and reduce risks in all aspects of the practice</td>
<td>C</td>
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<tr>
<td>setting including the dangers, risks and benefits of ionising radiation.</td>
<td></td>
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</tbody>
</table>
## GCC Education Standards

**Guidance:**
This would normally include:

- the principles of risk assessment and reporting of risk;
- an understanding of clinical risks and benefits;
- other material risks such as trips and falls;
- being able to respond to emergencies by following standard first aid training.

### 1.5. Identify the general impact/effect of commonly prescribed and non-prescribed medicines, as well as common nutritional supplements and non-pharmaceutical medicines.

- **C**

### 1.6. Understand and critically consider the history, underlying theories and principles of chiropractic.

- **C**

**Guidance:**
This would normally include:

- the global development of the profession over time;
- the role of chiropractic in the wider healthcare environment;

### 1.7. Explain the nature and context of chiropractic as a regulated profession in the UK as well as chiropractors’ duties as registered healthcare professionals and compare the UK context with others around the world.

- **D**

**Guidance:**
This would normally include:

- the UK-wide regulation of the profession as one of a number of statutorily regulated healthcare professions;
- the impact of statutory regulation on the profession of chiropractic compared to those countries where there is no voluntary or state registration;
- the effect of UK and European legislation on the profession;
- the structure of the chiropractic profession in the UK and the purpose of representative bodies (including trade unions, chiropractic associations, colleges, societies and patients associations);
- the interaction between UK and international chiropractic organisations.

### 1.8. Describe the importance of interdisciplinary team working and the role of chiropractors in relation to other healthcare professionals and in the wider healthcare context.

- **D**

### 1.9. Describe the scientific method used when providing and understanding the evidence-base for current chiropractic practice, and the importance of incorporating advances in knowledge into professional practice.

- **C**
## Learning Outcomes

Upon completion of the learning process a student shall demonstrate that they have the knowledge, skills and attitudes to develop their fitness to practise. This means they will be able to:

<table>
<thead>
<tr>
<th></th>
<th>Links to Code – principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Assess the health and determine the health needs of the patient.</td>
</tr>
<tr>
<td>2.1</td>
<td>Maintain patient safety and patient involvement in care.</td>
</tr>
</tbody>
</table>

**Guidance:**
This would normally include:

- listening to patients and taking their preferences and concerns into account;
- treating patients as individuals;
- appreciating the importance of dignity and respect for cultures, attitudes and values; patient involvement and empowerment.

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<tbody>
<tr>
<td>2.2</td>
<td>Undertake fit for purpose, comprehensive, structured case histories with information drawn from a patient’s own narrative.</td>
</tr>
</tbody>
</table>

**Guidance:**
This would normally include:

- the patient’s reasons for seeking chiropractic care;
- the characteristics of the condition with which the patient presents;
- the patient’s current and past medical history;
- the attitudes, beliefs, behaviour and expectations of the patient (for example: in relation to fear, distress, depression and other psychosocial factors that could influence management and outcomes);
- the patient’s use of alcohol, tobacco and recreational drugs;
- whether the patient is taking prescribed medication, nutritional supplements, or non-pharmaceutical remedies;
- lifestyle or other factors that may influence the patient’s health, wellbeing or treatment (for example: occupation, exercise and recreational activities);
- the use of validated patient outcome measures.

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<tr>
<td>2.3</td>
<td>Utilise case histories and carry out examinations of patients using appropriate tools and diagnostic methods.</td>
</tr>
</tbody>
</table>

**Guidance:**
This would normally include:

- observation (for example: gait, posture and symmetry as well as psychosocial factors);
- checking of vital signs (for example: blood pressure, temperature, heart rate);
- palpation and the eliciting of patient responses (for example: neurological, orthopaedic and biomechanical);
- adapting and refining standard assessment approaches to ensure appropriateness and safety for individual patients;
- considering patient-reported outcome measures and patient-reported experience measures.

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<tr>
<th></th>
<th>C &amp; E</th>
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<tr>
<td>2.4</td>
<td>Identify, justify and ensure the need for further investigations - including</td>
</tr>
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</table>
### GCC Education Standards

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Details</th>
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<tbody>
<tr>
<td>2.5 Identify circumstances when it is appropriate to cease care.</td>
<td>C</td>
</tr>
<tr>
<td><strong>Guidance:</strong></td>
<td></td>
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<tr>
<td>This would normally include:</td>
<td></td>
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<tr>
<td>● when the stopping of care is requested by the patient;</td>
<td></td>
</tr>
<tr>
<td>● if the care has ceased to be effective;</td>
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</tr>
<tr>
<td>● if on review it is in the patient’s best interests to cease care or refer to another healthcare professional;</td>
<td></td>
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<tr>
<td>● the role of quality of life factors;</td>
<td></td>
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<tr>
<td>● the concept of reasonable length of care;</td>
<td></td>
</tr>
<tr>
<td>● details from the Chiropractic Patient-Reported Outcomes Measures Study (C-PROMS).</td>
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<tr>
<td>2.6 Interpret reports and the results of investigations.</td>
<td>C</td>
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<tr>
<td><strong>Guidance:</strong></td>
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<tr>
<td>This would normally include:</td>
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<tr>
<td>● the principles of, and purpose for, investigations such as CT scans, MRI scans, ultrasound, and other laboratory investigations;</td>
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<tr>
<td>● the interpretation of outcomes of the investigation;</td>
<td></td>
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<tr>
<td>● the interpretation of reports (plain film X rays, and scans);</td>
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<tr>
<td>● patient-reported outcomes.</td>
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<tr>
<td>2.7 Use an evidence-based approach, taking into account patient-reported experience and outcomes, and patient choice in decision-making, to arrive at a working diagnosis and rationale for appropriate care.</td>
<td>C</td>
</tr>
<tr>
<td><strong>Guidance:</strong></td>
<td></td>
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<tr>
<td>This would normally include: consideration of appropriate clinical skills in the treatment of a patient; the understanding and provision of appropriate information, advice and chiropractic care. Examples of which might include</td>
<td></td>
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<tr>
<td>● manual treatments and the use of other interventions (for example: electrotherapy, rehabilitation techniques, cryotherapy, low level laser and instrument adjusting);</td>
<td></td>
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<tr>
<td>● advice, explanation and reassurance (for example: explaining the kinds of activity and behaviour that will promote recovery, giving nutritional and dietary advice);</td>
<td></td>
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<tr>
<td>● exercise and rehabilitation;</td>
<td></td>
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<tr>
<td>● multidisciplinary approaches (for example: making referrals, joint plans of care with other healthcare professionals);</td>
<td></td>
</tr>
<tr>
<td>● supporting the patient’s health and wellbeing with other carers and stakeholders (for example: relatives, employers);</td>
<td></td>
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<tr>
<td>● preventive measures linked to the patient’s lifestyle (for example: diet, nutrition, exercise, stress management, disease prevention);</td>
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<tr>
<td>● preventive measures linked to the patient’s environment, (for example: their</td>
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**Learning Outcomes**

Upon completion of the learning process a student shall demonstrate that they have the knowledge, skills and attitudes to develop their fitness to practise. This means they will be able to:

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<th>Code</th>
<th>Principle</th>
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3. Select and apply appropriate evidence-based care to meet the needs and preferences of the patient.

3.1 Distinguish between and apply, in sufficient depth, a wide range of approaches to therapeutic psychomotor and condition-specific management skills, drawing appropriately from evidence of effectiveness.

Guidance:

This would normally include manipulative practice and soft tissue procedures used by chiropractors to manage patient needs, such as:

- Soft tissue techniques (for example: cross-fibre stretch, longitudinal stretch, direct pressure, deep friction);
- Articulatory techniques (for example: low- through to high-amplitude passive movements to the spinal, pelvic and extremity joints, flexion, extension, rotation, side-bending, manual traction, oscillation);
- Thrust techniques (for example: high and low velocity, low amplitude, direct or leverage, directed at spinal, pelvic and extremity joints).

3.2 Apply appropriate skills and patient-centred care based on the working diagnosis and rationale for care.

Guidance:

This would normally include those clinical skills listed in the guidance for criterion 2.7.

3.3 Review regularly the care given to patients remains appropriate to the individual patient needs.

Guidance:

This would normally include:

- evaluating the care given to patients regularly as well as via a reassessment, and being able to adapt the original clinical impression;
- articulate a rationale for care where prompted by changing health, health needs or feedback.

**Learning Outcomes**

Upon completion of the learning process a student shall demonstrate that they have the knowledge, skills and attitudes to develop their fitness to practise. This means they will be able to:
### GCC Education Standards

<table>
<thead>
<tr>
<th>4</th>
<th>Critically evaluate scientific research methods in the context of clinical practice.</th>
<th>G</th>
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<tbody>
<tr>
<td>4.1</td>
<td>Describe a range of different research methods and explain when each is appropriate for use in answering clinical questions and informing clinical decision-making.</td>
<td>G</td>
</tr>
</tbody>
</table>

**Guidance:**

This would normally include:
- secondary research (for example: clinical guidelines, systematic reviews and meta analyses);
- primary research qualitative methods (for example: observation, interviews, diaries, focus groups);
- primary research quantitative methods (for example: randomised trials, cohort studies, case-control studies and cross sectional surveys).

| 4.2 | Recognise how simple research questions in the context of chiropractic care can inform the planning for and carrying out of a procedure or technique and describe how research outcomes can be applied to chiropractic care. | G |
| 4.3 | Demonstrate the ability to judge validity and critically appraise research methodologies and findings that underpin clinical claims and practice. | G |
| 4.4 | Describe and understand the ethical and governance issues of chiropractic enquiry and the application of findings to chiropractic practice. | G |

### Learning Outcomes

Upon completion of the learning process a student shall demonstrate that they have the knowledge, skills and attitudes to develop their fitness to practise. This means they will be able to:

| 5 | Communicate effectively with the public, patients and other healthcare professionals through verbal and non-verbal forms. | F |
| 5.1 | Keep the patient fully informed about the nature and purpose of assessment and care and associated risks. | E & H & B |

**Guidance:**

This would normally include:
- developing and applying knowledge, attitudes and skills of effective communication;
- the fundamental role of protecting patients and colleagues from risk of harm;
- the principles of patient consent and confidentiality.

| 5.2 | Identify appropriate situations for referral to, or co-management with, other healthcare professionals. | G |

**Guidance:**

This would normally include:
- identifying what to do when receiving a referral and the methods used to make a referral;
- producing reports for healthcare professionals, colleagues and statutory authorities;
● medico-legal processes and procedures;
● communicating with other interested parties, such as solicitors and employers;
● the requirements of patient confidentiality.

5.3 Demonstrate the ability to build constructive working relationships with chiropractic colleagues and other healthcare practitioners, valuing their role and contribution to the overall health and wellbeing of patients.

Guidance:
This would normally include:
● understanding the circumstances when it is appropriate to take the initiative and act, should they believe the conduct, competence or health of a colleague is putting patients at risk or the profession is in danger of being brought into disrepute.

5.4 Compose clear and attributable patient records.

Guidance:
This would normally include the ability to:
● ask relevant questions;
● document patient responses;
● complete patient records clearly so they are an accurate representation of the interaction with the patient;
● follow recognised good practice with regard to patient record-keeping.

Learning Outcomes
Upon completion of the learning process a student shall demonstrate that they have the knowledge, skills and attitudes to develop their fitness to practise. This means they will be able to:

6 Demonstrate an understanding of the nature of professional accountability.

Guidance:
This would normally include the ability to:
● evaluate and recommend solutions to ethical dilemmas relevant to chiropractic;
● recognise the need to work within the limits of one’s own knowledge, skills and experience;
● maintain high ethical standards of professional behaviour overall as well as carrying out high standards of chiropractic practice;
● recognise when a condition exceeds one’s capacity to deal with it safely and effectively;
● understand the importance of referrals to other healthcare professionals;
● recognise the importance of honest and factual accuracy in the advertising of chiropractic services;
● fulfil the duty of candour.

6.1 Describe the process involved in taking responsibility for one’s own health and well-being, and learning needs in the interests of patient safety.

Guidance:
This would normally include:
● taking appropriate action if believing it to be unsafe to practise due to one’s
**GCC Education Standards**

<table>
<thead>
<tr>
<th>own physical and mental health and well-being</th>
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<tr>
<td>the ability to plan, organise and evaluate one’s own continuing professional development (CPD);</td>
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<tr>
<td>recognising the importance of continually updating knowledge and skills throughout one’s professional life.</td>
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</tbody>
</table>
Section 2: Education Standards relating to institutions’ programmes

Institutions wishing to deliver chiropractic degree programmes must demonstrate that they can meet and maintain the following criteria in addition to those in Section 1.

Institutions must meet the criteria set out under each of the following areas:
- programme structure
- teaching, learning and assessment
- clinical experience
- human resources including teaching staff
- students
- continuous improvement and quality assurance.

### Programme structure

The institution will be able to demonstrate it meets the following criteria on programme structure. It must:

1. **Ensure that the knowledge and skills covered by the programme are integrated across academic and clinical settings, are internally consistent and are orientated to chiropractic practice.**

   **Guidance:**
   The institution shall show how this criterion has been taken into account in the design of the programme and how programme evaluations reflect this. The programme must be aimed at meeting the specific needs of chiropractic students. This is especially relevant in those institutions in which chiropractic is taught alongside other health sciences.

2. **Incorporate a substantial period of clinical experience (a minimum of an academic year) during the degree programme for students to apply learned knowledge and skills to the management of patients.**

   **Guidance:**
   The institution shall show how the clinical experience throughout the learning programme is meaningful and how it allows students to apply their learning from an early stage and to develop their skills over time. While students may be able to undertake some delegated tasks with patients from quite an early stage, appropriate mechanisms must be in place to monitor and manage patient safety at all stages. Patients and, where appropriate, carers should be involved in student teaching and learning.

3. **Build in an interdisciplinary approach within the programme structure such that students understand and recognise that chiropractic is an integral part of the wider educational and healthcare sector.**

   **Guidance:**
   The institution shall show that an interdisciplinary approach is integral to developing students’ capacity for collaboration and communication with other healthcare practitioners; and how this promotes effective, collaborative team working with others in clinical practice.
### Teaching, Learning and Assessment

The institution will be able to demonstrate it meets the following criteria on teaching, learning and assessment. It must:

| 10 | Design an assessment strategy that employs a variety of valid and appropriate teaching, learning and assessment methods to address all the learning outcomes set out in section 1 and which in turn encourage and support students to be self-directed learners. |

### Clinical Experience

The institution will be able to demonstrate it meets the following criteria on clinical experience. It must:

| 11 | Enable students, via high quality clinical experiences, to demonstrate their ability to integrate and apply their knowledge and skills so as to be able to function as safe and competent practitioners. |

**Guidance:**

The institution shall show that students have followed through case-management of a sufficient number and range of new patients. As a guide, it might be expected that this would be a minimum of 40 different cases, and that these 40 cases present a range of different conditions commonly seen in chiropractic.

However, it is up to the institution to demonstrate that the standard is met through its programme design and that patient cases are not arbitrarily created to meet the minimum number of 40. High-quality clinical experiences could include placements, visits to other relevant, managed clinical environments, and other forms of inter-professional collaboration.

| 12 | Enable students to achieve their competence in all outcomes set out in section 1 on completion of their clinical internship. |

**Guidance:**

The institution shall show that students have developed their knowledge and skills to a point such that during the final period of the course they can successfully manage patient caseloads.
## Resources
The institution will be able to demonstrate it meets the following criteria regarding resources. It must:

13 Provide sufficient and adequate resources based on the numbers of students in each year of the programme and the overall student numbers.

**Guidance:**

The institution shall show sufficient resources in relation to:
- teaching space;
- equipment;
- dedicated space for practical work;
- imaging and radiography services or equivalent facilities;
- accessible library and IT resources;
- research facilities for the use of staff and students (for example: bibliographic databases, publications, laboratories, clinics, statistical software and access to experts or visiting staff).

Sufficiency requires a level of resource that avoids bottlenecks and ensures that all students have opportunities to use and practise on the equipment highlighted here. Adequacy also implies a currency of equipment that would be seen in a chiropractic practice.

14 Provide sufficient and adequate clinical practice facilities for the provision of chiropractic assessment and care based on the number of students in the cohort who are engaged in the clinical period.

## Staff
The institution will be able to demonstrate it meets the following criteria regarding staff. It must:

15 Consistently provide sufficient numbers of experienced chiropractors, academics and clinical staff with sufficient capacity to teach, assess and support effectively the entire learning experience for all students in each programme cohort. The institution must have at least one GCC registered chiropractor on staff who occupies a position of academic and/or managerial authority.

**Guidance:**

The institution shall: evidence that chiropractors who are teaching and in management roles are qualified and registered. There should be a coherent rationale for the proportion of chiropractors relative to the total number of teaching staff. The institution must have on staff at least one GCC registered chiropractor in a position of academic and/or managerial authority.

16 Provide teaching staff who possess or who are working towards, a teaching qualification or who possess relevant and recent (last 5 years) teaching experience. They must be demonstrably competent in enabling students to learn effectively and in assessing student achievement.

17 Provide effective staff management and staff development opportunities.

**Guidance:**

The institution shall show that:
- Staff receive feedback through appraisals;
- Staff have time to keep up to date with advances in knowledge and practice at a level...
consistent with accepted time management practice within HE institutions;
● Staff are given development opportunities (for example, being able to present at, and attend, relevant conferences and seminars; serving on journal editorial boards; involvement in professional societies).

18 Encourage a culture of personal and collaborative academic research and scholarly activities.

Guidance:
The institution shall show that staff are supported and encouraged to undertake research and professional scholarship whilst retaining programme delivery as the priority.

Students
The institution will be able to demonstrate it meets the following criteria on students. The institution must:

19 Ensure the learning environment is safe and supportive for patients and learners. The culture is fair and compassionate, and provides a good standard of care and experience for all involved.

20 Provide students with academic guidance, pastoral care and other support services and encourage an active student voice.

21 Ensure entry requirements of students onto the chiropractic degree programme, includes, in addition to an appropriate science background, competence in spoken and written communication and numeracy, while ensuring equality of opportunity.

Guidance:
Although the standard requires that students applying for admission to programmes demonstrate minimum levels of competence, this does not preclude the institution from applying flexible admission processes, particularly in relation to students who do not have traditional educational qualifications or who are otherwise disadvantaged. In these situations, the institution will need to demonstrate that adequate provision has been made to strengthen any gaps in the skills of students and provide additional support with their learning needs.

22 Provide appropriate student fitness-to-practise policies and procedures to help students whose behaviour or health pose a risk to the safety of patients or colleagues. The GCC expects to be kept informed about student fitness-to-practise cases where the student has been found in breach of a serious matter.

Guidance:
Students should understand and recognise the importance of The Code and its underpinning of the statutory register. The GCC does not need to be made aware of all student fitness to practise cases, provided that it is made aware of, cases where the outcome is such that the student's fitness to practise has been shown to be impaired.

In determining which cases to report, the principle of proportionality should be followed.
## GCC Education Standards

### 23. Provide clear information on the main aspects of the programme.

**Guidance:**

The institution shall show that it provides students with comprehensive, relevant and accurate information on the components of the programme at the appropriate time. This shall include:

- the learning aims and intended broad outcomes;
- the nature and role of assessment;
- student rights and responsibilities while on the degree programme;
- fitness-to-practise processes and academic disciplinary procedures;
- the range of relevant professional organisations available to students;
- the mechanisms by which students can provide feedback to the institution;
- details on the provision of academic guidance, pastoral care and support;
- the procedure by which students can raise a complaint or appeal.

### Continuous Improvement and Quality Assurance

The institution will be able to demonstrate it meets the following criteria on continuous improvement and quality assurance. The institution must:

### 24. Ensure the institution has a management structure and up-to-date policies and procedures.

**Guidance:**

The institution shall show that there are clear lines of accountability and responsibility within its management structure and that effective mechanisms are in place that encourage and promote the involvement of staff and students. In addition to policies and procedures relevant to patient care, student care and student fitness to practise, policies and procedures in relation to legal compliance must also be comprehensive and effective, including in relation to data protection; safeguarding; vulnerable adults and children; and health and safety. Working practices must demonstrate compliance with the principles of equal opportunities as enshrined in law.

### 25. Plan and regularly review all areas of chiropractic degree programmes through procedures which are fair and based on principles of equality.

**Guidance:**

The institution shall show that all staff involved in delivering the degree programme are involved in its planning and review, including those providing professional support to it. Review should be undertaken holistically, so as to ensure that all staff understand how the degree programme is designed to work as an integrated whole.

### 26. Demonstrate an ability to embrace and utilise innovation and advances in chiropractic practice, education and science where appropriate.

**Guidance:**

The institution shall show that the degree programme is subject to processes which support continuous improvement including in relation to structure, content, delivery, and the quality of teaching and resultant learning. The institution shall have systems in place to gather relevant information which informs an annual, comprehensive review of the programme. Review should include, where practicable, input from stakeholders.
27 Provide effective measures for quality-assuring the programme.

Guidance:

The institution shall show that systems and structures are in place for assuring the quality of the learning experience including both in relation to the clinical experience period and the academic components.
History of revisions to the Degree Recognition Criteria:

GCC Education Standards 2017.

Previous editions:
GCC Degree Recognition Criteria published May 2010, amended in March 2012.
Quality Assurance Handbook

A guide for providers of chiropractic degree programmes.

September 2017
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1. Introduction

1.1 Purpose

The purpose of this handbook is to articulate the arrangements for the approval and quality assurance of chiropractic degree programmes. Educational institutions must read, understand and commit to the shared values in this document.

The handbook sets out the documentation which must be completed and submitted to us before and after our approval is granted. It is important to use and refer to the General Chiropractic Council’s (GCC) Education Standards which detail the required learning outcomes and programme criteria. All chiropractic programmes must adhere to and work within the standards set out within The Code – the Standards of Performance, Conduct and Ethics for Chiropractors.

1.2 Quality assurance

The aim of our quality assurance process is to demonstrate fairness, consistency and transparency surrounding the approval of chiropractic degree programmes.

Our objectives are to ensure that:

- the approval process is understandable to stakeholders, effectively administered, accountable and cost effective to operate;
- recognised chiropractic qualifications are accessible to all students who have the potential to achieve them;
- the qualifications are offered by institutions that have the adequate resources and expertise to ensure valid assessment of students against the learning outcomes;
- quality assurance arrangements are equitable, evidence-based and subject to review for improvement purposes.

The principles that underpin quality assurance arrangements state that relevant processes need to:

- be robust;
- protect the public;
- be proportionate and minimise burden on the institutions, and;
- be risk-based.
2. Approval

2.1 What is approval?

The GCC has a statutory duty to set the standards of chiropractic education, conduct and practice. The GCC therefore has powers to recognise chiropractic degree programmes, whether they are delivered in the UK or elsewhere. These powers are documented in the Chiropractors Act of 1994 which sets out the duties for the Council including the provision to recognise qualifications with the approval of Privy Council.

We must ensure that graduates of chiropractic degree programme are able to meet all the requirements set out in The Code for the competent and safe practice of chiropractic.

Graduates from a chiropractic degree programme that we have recognised will be able to apply for registration as chiropractors in the UK. We have established the approval programme detailed in this document in order to ensure that we only recognises chiropractic degree programmes that equip their graduates to meet all the requirements of the Code. An institution’s progress with, and delivery of, a programme is monitored through our risk-based approach.

2.2 Links to other quality assurance systems

There are other ways that higher education is quality assured.

In the UK, higher education institutions are quality assured by the Quality Assurance Agency (QAA) whose role, as an independent body, is to monitor and advise on standards and quality in UK higher education. QAA monitors these institutions according to a quality code. A new operating model for the core quality assessment approach will be implemented in England and Northern Ireland from 2017-18. A set of baseline regulatory requirements incorporate, amongst other aspects, expectations around consumer law (as expressed through the Competition and Markets Authority guidance) and there will also be a more rigorous test of a new provider’s readiness to enter the higher education sector.

The European Council on Chiropractic Education (ECCE) is an international autonomous organisation established by the chiropractic profession in Europe to accredit and re-accredit institutions providing undergraduate chiropractic education and training. The principal goal of the ECCE is to assure the quality of chiropractic undergraduate education and training against a set of educational Standards. More detail can be found here: [http://www.cce-europe.com/](http://www.cce-europe.com/).

Our quality assurance aims to work in harmony with, and in parallel to, these other arrangements as well as to ensure that all institutions and programmes adhere to the GCC’s Education Standards.

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1 From the HEFCE webpage ‘Revised operating model for quality assessment’: [http://www.hefce.ac.uk/pubs/year/2016/201603/](http://www.hefce.ac.uk/pubs/year/2016/201603/)
2.3 Eligibility criteria

Institutions applying for new programme approval from the GCC must meet the following criteria to be eligible:

- have objectives that meet GCC standards of conduct, performance and ethics as detailed in the Code;
- have a detailed business case that supports the development and implementation of a new chiropractic degree programme;
- hold sufficient financial resources to fully support the programme in its development and delivery for at least one cohort of students;
- have the necessary facilities, equipment, staff, research and access to clinical practice in accordance with the requirements of the GCC’s Education Standards;
- be quality assured by the QAA or equivalent if based outside of the UK;
- propose a programme for which validation has been granted, or is being sought in conjunction with GCC approval. (This is important as validation is a requirement of GCC approval.)

Each institution requiring its degree programme to be validated by a Higher Education Institution must also:

- be a corporate body and lawfully operating within its jurisdiction;
- have a governing body that lawfully governs the organisation;
- have a full-time Chief Executive or equivalent;
- have published financial accounts that demonstrate adequate resources to fulfil its commitment to the business plan and to future chiropractic students.

2.4 Outcomes of approval

There are two possible scenarios in which a programme (delivered in the UK or elsewhere) will be considered for approval:

a) Approval of a new programme on offer from an existing provider of approved chiropractic degrees.

b) Approval of a new programme on offer from an institution that is new to the GCC. (I.e. it is not currently offering approved chiropractic degree programmes.)

If your institution is an existing provider of chiropractic programme(s) there are three possible approval outcomes:

1) approved;
2) approved with conditions;
3) not approved.

If your institution is new to the GCC there are two possible approval outcomes:

1) approved with conditions; or
2) not approved.

An institution new to the GCC is more likely to be at risk of falling short of requirements than an established provider of chiropractic programmes, given that it will be in the process of recruiting staff, developing facilities and recruiting initial cohorts of students.

Conditions must be met within an agreed, specified timeframe. In the event that your institution fails to meet conditions in the specified timeframe, discussions will be had by the Education Committee and your institution will be advised accordingly.

2.5 Education Committee and Approval Panel

The Education Committee’s general duty is to promote high standards of education and training in chiropractic and to keep the provision made for that education and training under review. The Committee approves (or “recognises”) UK based chiropractic courses, and advises the Council on matters relating to education, training, examinations or tests of competence.

It is the Education Committee which will review programme approval applications and submit its findings and recommendations to the GCC’s Council for onward consideration by the Privy Council. The Education Committee is, therefore, tasked with the review, approval and monitoring of chiropractic degree programmes and the appointment of Education Visitors who will be used to form Approval Panels that will visit educational institutions and report back to the Education Committee, as required.

Constitution of the Approval Panel:

1. The GCC will recruit and train a pool of Education Visitors for the purpose of populating Approval Panels.

The size and composition of any Approval Panel may vary depending on the focus of the visit being made. The constitution will normally be at least 1 chiropractor (but making up no more than 50% of membership, not including the Chair), and at least 2 lay members, one of whom will act as Chair. All members of the approval panel must abide by a code of conduct and declare any potential conflicts of interest (see Appendix A) In these instances, the Chair of the panel will decide whether or not the individual with a conflict of interest should form part of that particular Approval Panel.

Visits made by the panel will normally be undertaken for one of the following reasons:

- to discuss a new programme proposal with your institution, - see section 3;
- to review an existing programme when there has been a series of major changes over a period of time, - see sections 4 and 5;
• to monitor progress of an existing programme at times of your institution’s own review (for example, a periodic review, revalidation, a quinquennial review or similar), - see section 6.

2.6 Conflicts of interests

We are committed to identifying and appropriately managing conflicts of interests that may arise in relation to our process for approval of chiropractic degree programmes. Our objective is to ensure that our process is carried out impartially, fairly, objectively and with integrity and that a reasonable observer could not consider that there has been any possibility of bias or undue influence affecting decisions made.

Appendix A sets out the arrangements for the management of conflicts of interest.

2.7 Considerations before applying for approval

Our approval process has been designed to be as straightforward as possible.

Careful consideration needs to be given to: a) the timing of your institution’s application, and b) the provisional start date of the proposed programme.

Your institution will need to make timescales clear in its business planning but we encourage institutions to discuss their intentions with us as soon as possible and well before the process explained in section 3.

2.8 Evidence of meeting the GCC’s Education Standards

All applications for the approval of a chiropractic programme must clearly evidence that both the institution and the programme content meet the Education Standards.

Institutions may include optional aspects and extra outcomes of learning in their programme, however, any optional aspects must not compromise the achievement of the GCC’s required programme outcomes.

We advise you to take the necessary time to carefully check coverage of each of the Education Standards. Failure to clearly map or demonstrate coverage of each standard is likely to delay or hinder the approval process.

2.9 Equality, Diversity and Inclusion

Equality, diversity and inclusion (EDI) is integral to our work. The principles of respect, dignity, fairness and the need to recognise patient diversity and individual choice are emphasised within The Code.

We therefore, require institutions to demonstrate in their application how they promote EDI, paying particular attention to the recruitment of students, access to the programme, resources, additional support and monitoring.
3. Approval procedures for new programmes

This section details the procedures for approval. It is supported by a number of appendices found at the back of this document.

There are several stages to approval; which depend on the type of institution:

- institutions NEW to the GCC will need to follow all stages;
- institutions that provide existing approved chiropractic degree programmes will follow stages 1 and, 3 to 5 – but not stage 2.

<table>
<thead>
<tr>
<th>Summary process for new programme submissions from all institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All institutions:</td>
</tr>
<tr>
<td>NEW institutions only:</td>
</tr>
<tr>
<td>All institutions:</td>
</tr>
<tr>
<td>All institutions:</td>
</tr>
<tr>
<td>All institutions:</td>
</tr>
</tbody>
</table>

These stages are explained below. The title of each stage indicates whether the stage is relevant to all institutions or just the institutions that are new to the GCC.

**Stage 1: Notification of intent to introduce a new chiropractic programme (all institutions)**

All institutions are required to make contact with us to declare their intent to make a submission for a new chiropractic programme. We will review the notification and discuss the next stages and agree an approximate timetable with the institution.

**An institution that is new to the GCC (and therefore has not run a chiropractic programme in recent years) must move to Stage 2. All other institutions must move directly to Stage 3.**
Stage 2: Preparing an outline business case for the new programme (institutions new to the GCC)

There is an additional stage of approval for institutions new to the GCC. The reason for this is that those institutions that do not currently, and have never before, delivered approved chiropractic programmes are more likely to be at risk of not meeting our requirements than existing providers given that they will still be recruiting staff, developing facilities and recruiting initial cohorts of students.

Your institution will be asked to submit an outline business case.

A business case would normally include the following:

- a description of the institution’s structure, including wider governance and decision-making roles, along with a statement confirming that it is a corporate body with a governing body, has a full time Chief Executive or equivalent and is lawfully operating within its jurisdiction;
- a rationale for how the new programme fits in with the institution’s strategy;
- indicative degree programme costs and planned timescales for development;
- confirmation that the institution has the necessary funds and resources to develop and deliver the new degree programme;
- confirmation that the institution will have the necessary human resources in place to develop and deliver the degree programme, including brief details of the staff structure, the likely number of students and teaching methods.

We will agree a timetable for this stage with your institution.

The detail of all items outlined at this stage will be required in full at Stage 3. A helpful checklist is provided in Appendix B for institutions preparing a full submission.

We may invite your institution to make a presentation to the Education Committee - which is responsible for reviewing the business case and following up with further questions (see section 2.5). When your institution has had the opportunity to consider advice and feedback from the Education Committee, you will then need to liaise with us to confirm whether your institution is in a position to move to the next stage. At this point both parties will agree a timetable for programme submission (Stage 3).

Summary of Stage 2 actions

- An outline business case is prepared by the new institution and sent to the GCC.
- The GCC Education Committee will consider the business case and may follow up with further questions.
- The GCC will provide feedback and advice to the new institution.
- The institution will liaise with the GCC regarding whether it is in a position to progress to the next stage.

September 2017
Stage 3: Programme submission (all institutions)

We will require a full submission from the institution which must include detailed information on how the new programme will meet all aspects of the GCC’s Education Standards including:

- the learning outcomes for the programme content;

and the criteria on the:

- programme structure;
- teaching, learning and assessment methodologies;
- plans for the clinical experience;
- resources available for the programme;
- staff structure, roles and responsibilities;
- students;
- continuous improvement and quality assurance.

The submission must also include:

- an introduction containing information about the institution’s structure;
- details of the institution, including the named responsible person for the programme and all necessary contacts;
- a detailed cross-referenced document demonstrating how each of the GCC’s Education Standards will be covered throughout the programme and its management.

The cross-referenced mapping document must explain how your institution is assured that students will be able to demonstrate the learning outcomes by the end of the programme through appropriate assessment.

We understand that some evidence may not be available until the programme begins, in which case, your institution should state what evidence will be available at a later date and when you anticipate that the evidence will be available.

The named person at the institution must sign the submission. This must be the Chief Executive or an individual with appropriate delegated authority.
Summary of Stage 3 actions

- The documentation provided by the institution will be reviewed by the GCC.
- Further information might be requested by the GCC if needed.

Stage 4: Approval visit for a new programme (all institutions)

If, following Stage 3, both parties agree that the institution is ready to move to the next stage, an approval visit will be scheduled. The Education Committee will decide upon the focus of the approval visit based on the content of the programme submission. The purpose of the visit is for the Education Visitors to review the details of the submission, hear from senior personnel from the institution and to meet with appointed staff.

The Approval Panel will examine any further evidence you provide establishing that the programme meets the GCC Education Standards, as well as ascertaining whether any specific issues raised at the earlier stages have been adequately addressed.

The visit details sent to the institution prior to the visit will include:

1) the identities of the Education Visitors forming the members of the Approval Panel conducting the visit; and

2) Specifics that will be covered during the visit

A timetable for the visit (which will take account of the schedule of Education Committee meetings) will be communicated to, and agreed with, your institution. The GCC office will liaise with your institution and the chair of the Approval Panel to agree a suitable programme for the visit, aimed at maximising the contributions from all concerned.

The length and coverage of the visit will vary depending on whether the institution is an existing provider of an approved chiropractic degree or new to the GCC.

During the visit, the Approval Panel will discuss with key staff the evidence in support of the programme and the intentions of the institution in terms of meeting the Education Standards. The key staff from the institution at the visit should include:

- an authoritative voice who can discuss the programme in terms of the institution’s strategy - such as a Dean, or a Pro-Vice-Chancellor/Deputy Vice-Chancellor;
- the senior management team, including the Head of the chiropractic institution/department;
- other members of staff and of the faculty/department; the module/year manager responsible for each year; others such as the Head of Quality Assurance.

During the visit, the Approval Panel will gather information to be put into a report (that will be completed after the visit) that will indicate whether the institution met, partly met or did not meet the requirements of the Education Standards.

At the end of the visit, the Approval Panel will provide the institution’s key staff with a brief verbal summary of the main findings, including draft indicative recommendations. Institutions should note that any recommendations made or conditions imposed at this stage are not final and are subject to change. Final conditions, recommendations and commendations will be confirmed in the visit report.
Visit report:

The Approval Panel will submit a draft report of its findings to the responsible GCC staff member within three weeks of the visit. The report will include the Approval Panel’s analysis of the extent to which the institution has demonstrated that it meets the requirements of the GCC’s Education Standards.

There are two possible recommendations that can be made in the draft report:

1. If the institution has provided insufficient evidence because the programme has serious deficiencies, the Education Committee will advise the institution of those deficiencies which must be addressed before it will re-consider approval.

2. If the institution has provided sufficient evidence then the Approval Panel will recommend approval, either with or without conditions.

Where approval with conditions is recommended, it is subject to those conditions being met within a specified time period, and the receipt of satisfactory reports (annual or otherwise). Conditions may relate to the progressive implementation of the new programme and the provision of adequate staffing and facilities to support the developing programme, as explained in section 2.4.

If the draft report does not recommend approval of the programme, it will also provide guidance on what further evidence would be required from the institution in order to meet the GCC’s Education Standards.

A copy of the draft report will be sent to your institution. Your institution will have one month from the date that the draft report was sent in which to respond with any factual corrections, observations, or objections to the content.

Summary of Stage 4 actions

- The Education Committee will decide upon the focus for the approval visit based on the programme submission.
- The date, schedule and content of an approval visit will be agreed.
- After the visit, the GCC’s Education Committee will consider and review the Approval Panel’s draft report and send it to the institution for comment.
- The institution will return the draft report commenting on any factual corrections, and providing any observations or objections to the GCC within one month.
Stage 5: Approval outcome for a new programme (all institutions)

The Education Committee will consider the Approval Panel’s report and any response received from your institution. It will provide its approval outcome and recommendations to the Council.

If the Council is satisfied (on advice from the Education Committee) that a new programme should be recognised, it recommends that to the Privy Council. It is the Privy Council which makes the ultimate decision. It can take some months for the Privy Council to confirm recognition.

Once a programme has been recognised by the Privy Council, your institution will receive a copy of the formal document (the Order in Council) as written confirmation that the programme is recognised. All programmes recognised from 2018 onwards will be recognised for an indeterminate period (i.e. there will not be an automatic expiry date for that recognition).

At this point, the e Approval Panel’s report will be published on our website.

Summary of Stage 5 actions

- The Education Committee will consider the institution’s response to the report and will decide whether or not to recommend to the GCC’s Council that the programme should be approved, with or without conditions.
- If the Council accepts a recommendation for approval from the Education Committee, it will make a recommendation to the Privy Council.
- The Privy Council will confirm recognition of the programme.

4. Notification of substantive changes to an existing programme

All institutions delivering an approved chiropractic degree programme are required to notify the GCC of substantive programme changes as and when they occur. A notification of substantive change proforma (see Appendix C) must be completed and submitted to us on every occasion of a substantive programme change as soon as is reasonably possible.

Having received the notification, the Education Committee will take a decision as to whether a visit to the programme provider is appropriate.

Changes that may be regarded as substantive include situations which the institution or those running the programme would naturally expect to inform those in authority within their own institution\(^2\) about. In essence, these are changes that could potentially put your institution’s continued validation at risk.

Substantive programme changes may include changes in relation to the following:

- governance arrangements of the institution or programme;
- the established mission, goals, values or strategy of the institution or programme;

\(^2\) For example: the senior leadership team, the governing body, chief executive, etc.
• resources, including significant changes to (and replacements in) staffing, finances or buildings and facilities which may impact on capacity to deliver the programme to the same quality;

• programme content, structure, teaching, learning and assessment;

• student selection, admission, support;

• student enrolment numbers and conditions for entry;

• programme characteristics for example title, structure, length or credits;

• patient numbers passing through the clinic;

• delivery location;

• clinical practice and provision arrangements;

• planned withdrawal of the programme or closure of the institution.

4.1 Submitting a proforma to notify the GCC of a change

The notification of change proforma can be found at Appendix C. On receipt of the notification of change, the Education Committee will consider the programme change and potential impact.

Substantive changes that are perceived to have an impact on the delivery of the programme will most likely result in the need for a monitoring visit (see section 6) to ensure that the Education Standards continue to be met. Further details may be requested by us before a visit is carried out and a report is produced.

4.2 Conditions as a result of a major programme change

The GCC’s Education Committee will consider the Education Visitors’ report to decide whether any conditions need to be imposed on the programme as a result.

In this case, your institution will be informed of any conditions or monitoring requirements imposed on the programme and will receive written confirmation of the conditions from us.

Any conditions imposed will be monitored. Your institution will be asked to produce a report at regular intervals (the frequency will be decided by the Education Committee) on how the condition(s) is being met.

The Education Committee will then decide after a specified timeframe whether the condition(s) has been met.

Your institution will be given a fair and reasonable period of time in which to comply with the conditions imposed and to demonstrate that any shortcomings to the programme have been satisfactorily addressed. If the institution believes that there are extenuating circumstances that should be taken into consideration in relation to its compliance with conditions, it will be given a reasonable opportunity to set those out.
Withdrawal of approval of the programme would only take place in circumstances where there is evidence of ongoing non-compliance which means that the Education Committee is not satisfied that the programme meets (or will in future meet) the Education Standards

**Summary**

- Where there is a substantive change the institution is required to inform the GCC via completion of the change proforma (see Appendix C).
- The GCC may request further information before deciding if the substantive change notification suggests that a visit is warranted.
- If there are no areas for concern, the GCC will notify the institution accordingly.

Where there are concerns, the Education Committee will consider imposing conditions which will need to be monitored via a regular report sent to the GCC.

5. Annual monitoring and self-assessment arrangements

For the purposes of monitoring and quality assuring programmes on an annual basis, each year, every institution running an approved programme (with or without conditions) must supply us with a completed annual monitoring and self-assessment form (Appendix D).

The form should include:

1. a list of every programme change notification proforma completed and submitted during the past year to the GCC;
2. any substantive changes that have occurred since the last proforma notification and prior to submission of the annual report;
3. a summary of the status of the programme explaining the overall impact and effect of all changes notified during the past year;
4. a synopsis of any change and action planned, expected or considered looking forward to the next year.

Each year, there may be a particular subject on which we will seek information that will be additional to the standard reporting requirements. This will be sought in the context of learning from the experiences of others and sharing good practice. Examples may include equality and diversity, patient involvement, or multi-disciplinary learning. Your institution will be given notice of the requirement.

There may be additional questions on the forms that seek specific information about a particular programme, including questions that seek information about actions requested from visit reports. We will also be looking for evidence of how the institution has progressed its programme, through continuous improvement measures and examples of good practice (e.g. patient involvement)

To ensure that institutions continue to deliver chiropractic degree programmes in accordance with our approval requirements, we require all institutions to comply with these arrangements,

---

3 To cover changes to the items listed in section 4.0
These arrangements are vital to ensure that the institutions are adequately preparing students undertaking approved programmes to meet all of the requirements set out in the Code for the competent and safe practice of chiropractic.

The annual monitoring and self-assessment form (Appendix D) must be completed by a date agreed by the Education Committee. The form must be dated and signed by the Chief Executive or an officer of the institution who has appropriate delegated authority.

Following the submission of the forms, we will normally invite institutions to attend a GCC Education Committee meeting.

Your institution’s programme leader or equivalent will normally attend, although other senior staff involved in the delivery of the programme may also attend.

The meeting will consist of separate discussions between each education provider and the Education Committee, followed by a joint discussion with all institutions.

The purpose of this meeting is for the Education Committee to discuss any concerns or information within the forms that may need further clarification, as well as providing an opportunity for your institution to share good practice with other education providers.

At this meeting, the Education Committee will confirm whether it is satisfied that the programme that your institution delivers continues to meet the Education Standards.

**Summary**

- The institution will be asked to submit an annual monitoring and self-assessment form by a specific date.
- Institutions will be invited to an Education Committee meeting to discuss the information within the forms and share best practice.
6. Monitoring Visits

We reserve the right to arrange a monitoring visit to an institution while it is running an approved programme. There are a number of scenarios that might trigger such a visit:

- when conditions have been imposed by the GCC;
- new GCC Education Standards;
- a periodic review has been scheduled by the institution’s governing body or similar;
- a substantive change is being made to the programme;
- a revalidation or a quinquennial review; or
- where the GCC becomes aware of concerns about a programme through monitoring, whistleblowing and/or complaints received.

All institutions must notify us of planned or unplanned substantive changes, periodic reviews and revalidation as soon as possible, in order to allow a sufficient amount of time for the Education Committee to consider the need for a possible monitoring visit or meeting and to arrange these if necessary.

The Education Committee may send an Approval Panel or one or more Education Visitors to carry out the visit, attend a meeting or act as an observer in the case of revalidation events or quinquennial reviews. As part of the monitoring visit, the Education Visitor(s) may seek opportunities to discuss the programme with patients, students and their representatives.

The outcome of the visit or meeting will be documented in a report prepared by the Approval Panel/Education Visitor(s) and the reporting process will be the same as that outlined in section 3 (stage 4).

The monitoring visit report will document:

- Newly identified issues and the institution’s plans to resolve any such issues;
- New or continuing conditions and how these are being met;
- Best practice and plans for the future.

Summary

- The institution will be notified of any planned monitoring visit and the reason(s) for it.
- The outcome of the visit will be a report which will identify the outcomes and required action.
7. Contact Us

If you would like to discuss any aspects of this process or need further clarity you can email the GCC’s education team at education@gcc-uk.org or telephone us on 020 7713 5155.

We value your input into our work and welcome any comments or suggestions you may have on our procedures and any documentation that you have received from us.
Appendix A: Conflicts of interests statement

Council Members and GCC Partners must avoid placing themselves under any obligation to any individual or organisation which might affect (or be thought to affect) their ability to act impartially and objectively. They must be alert to the possibility of such a conflict of interests, and must declare any interest in/association or connection with any person (whether financial, organisational or personal) which may or does give rise to a conflict of interests to the GCC as soon as possible.

Council members and GCC Partners must promptly make the required written declarations of any professional, personal or business interests which may, or might be seen to, conflict with their GCC responsibilities – which will be added to the Register of Interests that the GCC maintains (which is a public document). Individuals covered by this Code will be invited to update their entries annually but in any case changes in circumstances necessitating amendments to the Register of Interests should be notified to the Chief Executive as soon as they arise. Any conflict of interests that arises during the course of a meeting must be promptly declared.

Council members and GCC Partners are free to engage in political activities or to maintain associations with professional organisations provided that such activity does not conflict with the essential purpose of the GCC in protecting the public.

Council members, GCC Partners and members of the Executive are required to follow the principles set out in the GCC’s Conflicts of Interest Policy.
Appendix B: Submission of a new programme checklist

This checklist is intended for use by institutions planning to offer a new chiropractic degree programme on reaching Stage 3.

If the provider has been given permission to move to this point of full submission, the following requirements need to be demonstrated.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailed submission of the programme, to include the following:</td>
<td></td>
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<tr>
<td>• Institution details, including the named responsible person for the</td>
<td></td>
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<tr>
<td>programme, all necessary contact details.</td>
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<tr>
<td>• Details on the validation of the programme (including any conditions</td>
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<tr>
<td>imposed) that demonstrates the degree programme is being set at the</td>
<td></td>
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<tr>
<td>appropriate level for the degree being awarded.</td>
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<tr>
<td>• Introduction detailing the institution structure.</td>
<td></td>
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<tr>
<td>• Learning outcomes and modules for the programme content which must be</td>
<td></td>
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<tr>
<td>set at an appropriate level for the degree that is being awarded.</td>
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<tr>
<td>• Programme structure – see Education Standards.</td>
<td></td>
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<tr>
<td>• Teaching, learning and assessment – see Education Standards.</td>
<td></td>
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<tr>
<td>• Clinical experience – see Education Standards.</td>
<td></td>
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<tr>
<td>• Resources – see Education Standards.</td>
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<tr>
<td>• Staff – see Education Standards.</td>
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<tr>
<td>• Students – see Education Standards.</td>
<td></td>
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<tr>
<td>• Continuous improvement and quality assurance – see Education Standards.</td>
<td></td>
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<tr>
<td>Cross-referencing document demonstrating how each of the GCC’s</td>
<td></td>
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<tr>
<td>Education Standards are being covered is essential.</td>
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<tr>
<td>Approval application signed by the responsible person at the institution.</td>
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<tr>
<td>This must be the Chief Executive or equivalent.</td>
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<tr>
<td>Send one electronic copy to the GCC.</td>
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</tbody>
</table>
Appendix C: Notification of substantive change proforma

This form is to be completed as appropriate on every occasion of a substantive change to a degree programme. Information on this is explained in section 4 of this handbook.

[Insert name of education provider here]

Insert change form submission number [year/issue number – e.g. 2017/001, 2017/002 etc.]

<table>
<thead>
<tr>
<th>Nature of change</th>
<th>Description of change to be completed by the institution</th>
<th>Is evidence provided with this form? Insert Yes/No or N/A</th>
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</thead>
<tbody>
<tr>
<td>Changes in the governance arrangements of the programme or institution:</td>
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<td>Merger with another body</td>
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<tr>
<td>Changes to the legal status of the corporate entity</td>
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<tr>
<td>Organisational changes</td>
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<tr>
<td>Senior academic staffing changes</td>
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<tr>
<td>Changes in the established mission or goals of the institution or programme</td>
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<td>Changes in resources:</td>
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<tr>
<td>Finances</td>
<td></td>
<td></td>
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<tr>
<td>Staffing</td>
<td></td>
<td></td>
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<tr>
<td>Buildings &amp; facilities</td>
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<tr>
<td>The addition or deletion of subjects/courses, pathways, or programmes from those</td>
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<tr>
<td>reported during the programme’s current approval cycle: e.g.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject/course additions/deletions</td>
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</tbody>
</table>
Changes in enrolment numbers and entry requirements
- changes in student numbers (i.e.: a significant increase or decline in the number of students relative to the previous academic year)

Major changes to programme characteristics:
- Title
- Structure
- Number of credit points
- Length of programme
- Assessment
- Student contact hours
- Mode of delivery

Changes in patient numbers passing through the student clinic (i.e. a significant increase or decline of numbers of patients passing through the clinic relative to the previous academic year.)

Changes to delivery location by moving to a new site, adding an additional site (including any offshore sites) or withdrawing from an existing site.

Substantial changes in clinical provision.

Withdrawal/conditional status of institution/course approval by an educational regulatory authority (such as QAA).

Action(s) proposed on the change(s) notified above:
<table>
<thead>
<tr>
<th><strong>Signature of the named person responsible for the programme:</strong></th>
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<tbody>
<tr>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Date:</strong></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Date of submission</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Date form received by the GCC:</strong></th>
</tr>
</thead>
</table>
Appendix D: Annual monitoring and self-assessment form

This form must be submitted to the GCC by every provider. It will include the following:

1. A list of every programme change notification proforma completed and submitted during the past year to the GCC – Section 1
2. Any substantive changes that have occurred since submission of the last notification proforma this may relate to any of the items listed in Section 4 – Section 1
3. A summary of the status of the programme explaining the overall impact and effect of all changes notified during the past year – Section 1
4. A synopsis of any change and action planned, expected or considered looking forward to the next year – Section 1
5. Student enrolment figures: actual vs target numbers – Section 2
6. Feedback and responses to feedback from students, graduates, patients, employers and stakeholders if possible/applicable – Section 3
7. Changes to staff – Section 4
8. Student Fitness to Practise – Section 5
9. A summary of new and significant research activity – Section 6
10. Progress of the programme: External Examiners Report and the institution’s response – Section 7
11. Evidence of the consideration of equality and diversity – Section 8
12. Examples of good practice (not covered elsewhere) – Section 9
13. Progress on any conditions and recommendations imposed by the GCC – Section 10
Annual monitoring and self-assessment form

INSTITUTION:

PROGRAMME TITLE:

YEAR:

Section 1: Substantive Change

1. Table 1: Please list here the forms submitted to the GCC for checking purposes since the submission of the last annual report.

<table>
<thead>
<tr>
<th>Name of programme</th>
<th>List of substantive programme forms submitted (e.g. 2017/001, 2017/002):</th>
<th>Date submitted to GCC</th>
<th>Main change noted</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. Table 2: Details of any substantive programme changes occurring after the last programme form was submitted and this annual monitoring form.

<table>
<thead>
<tr>
<th>Details of any substantive programme changes submitted (e.g. 2017/001, 2017/002):</th>
<th>Date</th>
<th>CHANGE</th>
<th>ACTION PLANNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

3. Table 3: Please provide a summary of the status of the programme explaining the overall impact and effect of the changes notified during the past year.

Figure
4. Table 4: Please provide a synopsis of any change and action planned for the degree programme that is expected or is being considered looking forward to the next year. This section could include future planning about any difficulties or challenges anticipated and how these are overcome and any new additions or improvements overall.
Section 2: Student Data

Table 1. Target recruitment number for the programme

<table>
<thead>
<tr>
<th>Year of entry</th>
<th>Target number</th>
<th>Actual number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Data on student enrolments (Table 2) and then, separately, retention/progression rates for the programme (Table 3).

Table 2. Current student cohort per programme

<table>
<thead>
<tr>
<th>Year of chiropractic programme</th>
<th>Current year</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head count</td>
<td>Total students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UK students</td>
<td>International students</td>
<td>Chiropractic programme</td>
</tr>
<tr>
<td>Year 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Year 3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Year 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Student attrition – previous year

<table>
<thead>
<tr>
<th>Students</th>
<th>Commencing</th>
<th>Additions</th>
<th>Leaving</th>
<th>Drop out %(^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme year level</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^4\) Drop out % = (Leaving – Additions)/Commencing *100
### Section 3: Feedback on the programme

The institution is requested to provide information on feedback recently received from final year students, graduates, patients, employers and stakeholders, and how this has influenced the programme.

Please provide an overview of mechanisms in place to seek feedback from all of the above mentioned stakeholders, a summary of feedback received and an overview of your responses to and any changes made in the last year to the programme as a result of feedback received.

**Mechanisms for collecting feedback**

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Total</th>
</tr>
</thead>
</table>

Please include any further information that you wish to add on the content of Tables 1 to 3 in the box below:

**Feedback received**

**Responses to, and changes made, to the programme as a result of the feedback**

**Response to feedback:**

**Changes made as a result:**
Section 4: Changes in staffing

Information on staff changes should be captured in Tables 4 and 5.

Table 4. Staff attritions

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications (with year awarded)</th>
<th>Level and type of appointment</th>
<th>Specify all teaching and/or research areas and position</th>
<th>Registered chiropractor? (tick if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5. Staff additions

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications (with year awarded)</th>
<th>Level and type of appointment</th>
<th>Specify all teaching or research area and position</th>
<th>Registered chiropractor or? (tick if applicable)</th>
<th>Years in clinical practice (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please include any further information that you wish to add on the content of Tables 4 and 5 in the box below:
Section 5: Student Fitness to Practise

Please give the number of student FtP allegations in the last year. Give a short summary of the cases in which sanctions were imposed and detail any lesson learnt or changes that have been made as a result of these cases.

Section 6: A summary of new and significant research activity

Please give a summary of any new current or planned research activity that may have an impact on the delivery of the programme.

Section 7: Evidence of the progress of the programme

Please give a summary of the outcomes of any programme re-validation activities or internal reviews.

Please attach/insert this year’s external examiner’s report and the corresponding response by the institution and action plans that demonstrate and document actions taken by the institution to address any issues noted in the report.
Section 8: Evidence of the consideration of equality, diversity and inclusion

Please provide examples of how the institution addresses and promotes equality, diversity and inclusion.

Section 9: Examples of good practice

This could exemplify any aspect of the programme delivery that has not been mentioned above (e.g. patient involvement.)

Section 10: Progress on any recommendations or conditions

If there were recommendations or conditions identified from the last report/submission, the institution is requested to describe the action taken and attach relevant evidence to show how the conditions are being addressed.

Condition(s) set by the GCC, date to be met by and the institution’s response:

Evidence is in the attached document.
Appendix E: Confidentiality and Disclosure

The GCC places all matters relating to the approval process and maintaining approval in the hands of the Education Committee. The integrity of this process depends, in part, on the Education Committee maintaining confidentiality throughout the process.

The GCC has therefore determined that all individuals involved in the process, including external consultants, shall not divulge any information about or derived from the approval process. The only information about or arising from, the approval process that may be shared is the published report of the Education Committee’s decision.

This policy shall apply during the following stages of approval and monitoring:

- during the approval process;
- if an institution is not successful in achieving approval;
- any specific detail or outcome of institution monitoring and conditions.

The GCC will hold approval materials that are submitted as part of the approval process and subsequent annual monitoring in accordance with Data Protection law and the GCC Data Protection Policy, available at https://www.gcc-uk.org/publications/policies/

Any violations of this policy by GCC staff, members of Council, the GCC’s Committee members, and anyone else conducting work on behalf of the GCC shall be subject to the GCC’s disciplinary procedures.
History of revisions to the Degree Recognition Criteria:

GCC Approval processes for recognising programmes, 2017.

Previous editions:

GCC Degree Recognition Criteria published May 2010, amended in March 2012.

General Chiropractic Council 44 Wicklow Street
London WC1X 9HL
Phone: 020 7713 5155
Fax: 020 7713 5844
E-mail: education@gcc-uk.org Website: www.gcc-uk.org
<table>
<thead>
<tr>
<th>Strategic Risk description</th>
<th>Risk Event</th>
<th>Inherent Score</th>
<th>Controls and monitoring procedures currently in operation</th>
<th>Further actions planned to reduce the risk to a tolerable level and progress to date</th>
<th>Residual score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Failure to uphold stakeholders confidence in the GCC</td>
<td>3 4 16</td>
<td>GCC Governance - Council received a governance review report in January 2016 and put in place an action plan to deal with all the recommendations. Appointments process for 5 members of Council including Chair of Council currently underway.</td>
<td>Chair</td>
<td>The only outstanding point from the initial action plan is the introduction of a revised governance manual. This is scheduled for completion in June 2017 and training is planned for the introduction. The interview process has concluded for the recruitment of Chair and members and we now await PSA and Privy Council (PC) approval. As a result of an election being called, PC approval is likely to be delayed. This does cause a concern in respect of quoracy issues for the June Council meeting, if more than 2 members cannot attend.</td>
</tr>
<tr>
<td></td>
<td>Failure to meet the required standard in all areas of the PSA performance report.</td>
<td>3 4 16</td>
<td>The PSA performance report for 2015/16 identified 1 standards that had not been met for the period. The PSA are going to consult on a review of the current standards framework later this year. The Committee agreed on a series of quarterly FIP audits and an annual registration audit. The PSA are going to consult on a review of the current standards framework later this year.</td>
<td>RH</td>
<td>The Acting Chair and the CER have been in communication with the DoH and the PSA during the year and this will continue and we will respond to any consultation document issued.</td>
</tr>
<tr>
<td></td>
<td>Risk of information security breaches of data</td>
<td>3 3 12</td>
<td>A detailed note on data protection procedures is included within the office procedure manual. All members of staff have now received further training on their responsibilities in relation to the Data Protection Act (DPA). The GCC has purchased an e learning Data Protection module for staff to ensure that new leavers and current members can refresh their skills on an ongoing basis.</td>
<td>PG</td>
<td>A further training day and an information governance audit will be implemented in 2017. We will also be requesting a third party to review our systems for resilience against a cyber attack. We are now starting a review of compliance with the new GDPR rules to be introduced in May 2018.</td>
</tr>
<tr>
<td></td>
<td>Failure to manage changes in financial activity leading to capital withdrawals from the investment portfolio.</td>
<td>3 3 9</td>
<td>Council agrees the budget each year and monitors financial performance by way of regular reports to Council. Council has agreed an investment strategy and the investment manager reports on a monthly basis and also attends Council meetings, as requested.</td>
<td>PG</td>
<td>The budget for 2017 does not require a drawdown from the investment portfolio. There are a large number of advertising complaints received by the GCC and the analysis of these cases may lead to an increase in the number of complaints referred for a hearing. If these were of a sizeable number, these may lead to a requirement to drawdown in the future. The impact is under review and any adverse impact will be reported back to the Committee.</td>
</tr>
<tr>
<td></td>
<td>Failure of Council to work effectively and make policy decisions in the public interest</td>
<td>3 4 16</td>
<td>Council member appraisals take place on the agreed appraisal framework. Governance training has increased the rigour of decision making by Council members and further refresher training will be provided in 2017.</td>
<td>Chair</td>
<td>Further work on members allocations to Committees, review of key skills matrix and development needs of Council members will take place in 2017.</td>
</tr>
<tr>
<td></td>
<td>The failure to agree a system of assuring the continued fitness to practice of chiropractors</td>
<td>3 4 12</td>
<td>Council had agreed that the Education Committee would lead in carrying out a review of the CPD scheme in light of enhancements made by other regulators and to provide greater assurance of registrants continuing fitness to practice. The Executive have kept abreast of developments in the sector by attending a number of inter-regulatory meetings. The proposed system of assuring CFIP will require legislative change.</td>
<td>PB</td>
<td>A pilot with &quot;early adopters&quot; continues leading to evaluation and improved guidance and paperwork consultation to be planned.</td>
</tr>
</tbody>
</table>
To: The Council, General Chiropractic Council  
From: Rosalyn Hayles, Chief Executive & Registrar  
Subject: Annual report and Accounts  
Date: 15 June 2017

Purpose

1. Council is asked to consider the draft Governance Manual, and in particular to:
   - Approve the amended Standing Orders as set out at Annex 2 within the Manual
   - Approve the amended Scheme of Delegation as set out at paragraphs 107-113 of Annex 3 within the Manual
   - Approve the amended Code of Conduct as set out at Annex 1 within the Manual
   - Consider the issues set out below which require decision by Council before the Manual can be finalised

2. Council is also asked to consider the proposal set out below as to “next steps” and to provide the Executive with appropriate directions.

Background

3. While it is not entirely clear when the decision was first taken to compile a Governance Manual/Handbook, the minutes of the Audit Committee’s October 2012 meeting refer to the Business Manager being in the process of developing a governance manual at that time. A chronology of references to the drafting of such a manual in meeting papers/minutes of the Audit Committee/Council was provided to the Audit Committee in May 2017, and that paper is included as Annex 1 to this paper, for reference only.

4. Council were last provided with a draft of the Governance Manual in November 2015, after which time further changes were being drafted/compiled by haysmcintyre.

5. In February 2017 the Acting Chair asked the Chief Executive and Registrar (CER) to take responsibility for bringing the draft Governance Manual to the point where it can be considered by Council and finalised. The CER as an initial step reviewed the similar manuals/handbooks recently published or reviewed by other regulatory bodies including the General Dental Council, the Legal Services Board and the General Osteopathic Council. It became apparent from undertaking that exercise that the draft GCC manual would benefit from some fairly fundamental revisions, including restructuring, consistency checking, removal of duplication, and re-drafting to bring key groups of individuals who undertake work for the GCC but who are neither staff nor Council Members (such as fitness to practise panellists, TOC assessors and others) within the scope of documents such as the Code of Conduct. The CER concluded that the most efficient approach would be to restructure the draft Governance Manual – and to base it largely on the similar
manual in use by the General Osteopathic Council, which had been reviewed in autumn 2016.

6. The Audit Committee was provided with an update as to progress at its meeting in May 2017 (see Annex 1 to this paper) and subsequently commented on the draft. Individual Audit Committee members’ comments have been incorporated within the draft Governance Manual that is being made available to Council Members along with this paper (see Annex 2).¹ The Chair of Council’s comments have also been taken into account in preparing the draft Manual for consideration by Council.

Issues requiring consideration by Council

Standing Orders

7. Council is asked to note that the format of the Standing Orders has been based on that used by the GOsC. The content has been cross-checked with the GCC’s current Standing Orders to ensure general consistency.

8. Council is asked to consider whether the Standing Orders should require:
   - The dates of public Council meetings to be published not only on the website but also in the newsletter, by email to registrants and/or via social media.
   - Notice of an extraordinary meeting of Council to be given 14 (or 21) days in advance and/or papers for such meeting to be provided at least 3 working days in advance.
   - The Chair of Council may only convene an extraordinary general meeting (other than at the request of 8 Council Members) with the consent of the Chair of the Audit Committee (see Annex 2, paragraph 10). Council is asked to note that the more usual provision is to allow the Chair of Council to have absolute authority to convene an EGM without consulting any other Council Member.
   - The Chair of Council to maintain a record of items that are proposed for inclusion on a Council meeting agenda which are not then included on that agenda (see Annex 2, paragraph 13).
   - Minimum levels of attendance at meetings (see Annex 2, paragraphs 20-21)
   - Council Members not to conduct other business during meetings (see Annex 2, paragraph 23).
   - Compliance with the process set out at paragraph 36 of Annex 2 to bring a debate to a close (the alternative would be for the Chair to simply exercise their discretion to bring debate to a close).
   - In exceptional circumstances, individual Council Members’ objections to decisions taken by majority to be recorded (see paragraph 44 of Annex 2)
   - Observers to be permitted to ask questions at Council meetings (either questions submitted in writing in advance and/or only questions asked at the end of the meeting, at the Chair’s discretion). See Annex 2, paragraphs 29 and 55
   - The Chair is to be permitted in exceptional circumstances to provisionally suspend a Council Member (see Annex 2, paragraph 72)

¹ The draft Manual is being circulated by email only, but paper copies can be provided on request to the PA to the Chief Executive and Registrar - either by post in advance of the meeting or at the meeting
• A similar procedure to the one that applies to the removal of members of statutory committees to apply to non-statutory committee members; and whether there should be provision for consideration of a report from the CER and any comments on it made by the member affected.

Scheme of Delegation

9. Council is asked to note that this has been reviewed to ensure that it is comprehensive.

Code of Conduct

10. Council is asked to note that the format is based on that of the GOsC. The CER has cross-referenced the provisions within this draft Manual against those contained in the GCC’s current Code of Conduct. The element of the new Code that differs significantly from the current Code relates to requirements around attendance at meetings and the consequences of infrequent attendance.

Other issues requiring Council consideration/decision

11. Council is asked to note that:

• The Table of Matters reserved to the Council has been completely reviewed and significantly revised from the previous version (by cross-referencing to the Act)
• The Remuneration Policy is a new document, compiled from information held by the Finance Team. The Chair of the Audit Committee has queried whether all the fees it refers to should fall within the remit of the Remuneration Committee (or Council) to approve/review. If Council decides that all the fees referred to should fall within the Remuneration Committee’s remit, that Committee’s Terms of Reference will require minor amendment.
• The format of the Register of Interests is based on the GOsC document, but the way in which the GCC currently categorises interests has been retained (in order to avoid creating confusion).
• The document “Complaints about Council Members or GCC Partners” is a new document which is based on the format of the GOsC document. The procedures it sets out are consistent with the procedure the GCC has previously commissioned DLA Piper to devise in relation to Council Members (which is provided within Annex 4).

Matters for Council to consider/decide

• No Terms of Reference document has been finalised for approval by Council in relation to either the Registration Appeals Committee or the Reappointments Committee. These documents need to be finalised and approved by Council.
• The Audit Committee’s Terms of Reference will need to be amended, should the extension to the committee’s remit that is proposed in Annex 3, paragraph 59 be agreed by Council.
• Should Council decide that the Remuneration Committee’s remit should include reviewing the fees paid to GCC Partners other than committee members, that committee’s Terms of Reference will require minor amendment.
Annex 3 paragraph 10 introduces a requirement for an annual report from each chair of a statutory committee (including the Professional Conduct, Investigating and Health Committees). This addition has been made at the suggestion of the Acting Chair of Council.

A Terms of Reference document was drafted in relation to the Education Committee. It is not necessary/appropriate to have such a document in relation to this committee as it is a statutory committee. Do Council wish the Governance Manual to incorporate the provision that had been included within the draft Terms of Reference document requiring the five non-Council Members to consist of:
  - three educationalists – one of whom is from chiropractic, one of whom works in the healthcare field but is not a chiropractor and one other (from any other field)
  - a member of the public with some experience of Higher Education
  - one other

Council needs to decide whether the length of appointment of independent members of the Audit and Remuneration Committee should be restricted to eight years, in line with other committee members, or whether no limit should be set given that these individuals are appointed on the basis of specialist skills. See Annex 3, paragraph 86.

A process needs to be added into Annex 3 setting out the process for appraisal of the Chair of the Council.

Currently the Manual provides for non-statutory committee members to be removed from office using the process that would be applied to a member of Council (see paragraphs 88 and 100 of Annex 3). The previous draft Manual set out a different process which allowed a report to be made by the CER and responded to by the individual concerned, before Council reached its decision on the matter. Council is asked to consider whether it wishes similar wording to that used in the previous draft to be reinstated.

**Proposed next steps**

12. Various documents within the draft Governance Manual require a degree of review by the DCE (Director of Resources and Regulation) before the Manual can be finalised, in particular: the Financial Regulations; the Risk Management Strategy; the Anti Fraud and Corruption Policy; the Policy on Procurement and Tendering. Other documents within the Manual will require further review/amendment, depending on the decisions reached by the Council at this meeting (for example the Audit Committee’s Terms of Reference may require amendment; a Terms of Reference document for the Registration Appeals Committee needs to be agreed by Council; the revised Whistle-Blowing Procedure may require review by the Audit Committee; a procedure for appraising the Chair of Council needs to be included).

13. The Executive proposes that those amendments should be made and the draft Manual finalised following the Council meeting and prior to 1 August 2017 (the date when we anticipate that the new Council Members will come into office).
14. Council may wish to delegate to the Chair of the Council and/or the Chair of the Audit Committee responsibility for overseeing that the necessary amendments are made prior to the Manual being finalised and published.

15. As the Manual is intended to apply not only to Council Members but also to non-Council committee members (including statutory committee members) and others who undertake work for the GCC such as TOC Assessors (these individuals have been grouped together under the term “GCC Partners” throughout the Manual) it is suggested that would be appropriate for the Executive to communicate with those individuals about the purpose of the Manual and how it will affect them before it is formally brought into effect.

**Resource implications**

16. Once the Manual is finalised, it is proposed that it is made accessible from the GCC website. This may require some resourcing in terms of amendment of the current website. The CER has drafted proposed additional wording for the website (see Annex 3 to this paper).

17. Should it be necessary to seek external advice on any element of the Manual that still requires review (e.g. the Procurement and Tendering policy) that may incur some professional fees.

**Equality and diversity implications**

18. We do not anticipate any equality and diversity implications arising from the finalisation of the Governance Manual. It should in fact put the GCC in a better position, in terms of having the various key governance policies and documents consolidated and updated.

**Communications implications**

19. The key audiences for the Manual are those to whom it will directly apply i.e. Council Members and “GCC Partners”. As noted above, it is suggested that there should be early communication with the GCC Partners about the introduction of the Manual and how it will apply to them.

20. In addition, it is suggested that it will be important for the GCC staff team to have an adequate understanding of the key elements within the Manual, including the Standing Orders, the Scheme of Delegation, the Code of Conduct, and the various complaints procedures. The Executive would therefore aim to run training sessions for staff as soon as the Manual is finalised.

21. It is proposed that once it is finalised, the Manual should be made accessible from the GCC’s website. The approach taken by other regulators (which it is recommended the GCC also adopts) is that the key sections of the Manual should be accessible via individual links from a central page about the Manual rather than the entire Manual being accessed as one pdf document. Using that type of format means that it is more straightforward to amend particular sections of the Manual as necessary, and thereby ensure it remains up to date. Draft wording for the website has been drafted and is provided for Council to note at Annex 3.

**Action**

22. Council is asked to consider the draft Governance Manual, and in particular to:
• Approve the amended Standing Orders as set out at Annex 2 within the Manual
• Approve the amended Scheme of Delegation as set out at paragraphs 107-113 of Annex 3 within the Manual
• Approve the amended Code of Conduct as set out at Annex 1 within the Manual
• Consider the issues set out in this paper that require decision by Council before the Manual can be finalised

23. Council is also asked to consider the proposal set out below as to "next steps" and to provide the Executive with appropriate directions, including with regard to the proposals made for communications about the Manual in advance of its introduction.
To: The Audit Committee

From: Chief Executive & Registrar (CER)

Subject: Revision of the draft Governance Handbook

Date: 8 May 2017

Purpose

1. The Committee is asked to note the work that has been undertaken by the Chief Executive & Registrar (CER) on the draft Governance Manual, following the request of the Acting Chair of Council to prepare a finalised version of the draft Governance Manual for consideration by the Council at its meeting in June.

2. During the week commencing 8 May 2017, as soon as possible after the Audit Committee’s meeting, the Committee will be provided with an up to date copy of the current draft Governance Manual, along with a document detailing any significant changes that have been made to its contents since the previous version (which was produced in November 2016, following the Audit Committee’s October 2016 meeting). That document will also highlight any changes that, as part of the review of the draft Governance Manual that has been undertaken by the CER, it is suggested are made to key documents that will form part of the Governance Manual (e.g. the Standing Orders or the Financial Regulations). If it is anticipated that external advice is required in respect of any aspect of the draft Governance Manual, that will also be highlighted.

3. The Committee will be invited to feed back any comments about the revised draft Governance Manual to the CER outside of the meeting by 30 May at the latest, so that there is sufficient time for those comments to be considered and factored into a version of the document to be considered by Council in June. Should any Committee member have significant concerns about the approach that has been taken, the Executive will endeavour to arrange for a teleconference to take place at which those concerns can be discussed prior to preparation of the document for consideration by Council.

4. The Acting Chair has also agreed to review the draft document with the CER prior to its being presented to Council in June.

Background

5. Some key documents within the Governance Manual, including the Standing Orders, Code of Conduct, Scheme of Delegation and Financial Regulations, have been in place (and reviewed) for a number of years.

6. While it is not entirely clear from the Audit Committee/Council minutes when the decision was first taken to compile a Governance Manual/Handbook, the Audit Committee appears
to have been aware of that decision prior to October 2012, as the Committee’s October 2012 meeting minutes refer to the Business Manager being in the process of developing a governance manual.

7. Annex A contains the minutes of Council and Audit Committee meetings at which the draft Governance Manual has been discussed.\(^1\)

**Update on recent progress**

8. The CER was asked by the Acting Chair in February 2017 to review the draft Governance Manual and to prepare a finalised version for consideration by the Council. It was agreed that the current draft document presented various problems, the most significant being the extent of duplication of text within various different sections and the lack of a clear structure, and the fact that the document had not been drafted to apply more generally to non-Council members of GCC committees or to other key individuals undertaking work for the GCC who are not GCC employees (such as Test of Competence Assessors). It was therefore agreed that it might be appropriate to undertake a substantial revision of the format in addition to checking that key components are up to date.

9. Taking into consideration the fact that the GCC’s draft Governance Manual has been a work in progress for several years, during which timeframe various changes have occurred both to the Council’s membership and to good practice in governance, the CER initially reviewed similar documents that have been recently issued/re-issued by other regulatory bodies, including: the General Dental Council; the General Osteopathic Council (GOSC); and the Legal Services Board. The CER also reviewed the recently-published report of the Committee on Standards in Public Life: “Striking the Balance – Upholding the Seven Principles of Public Life in Regulation”.

10. Having undertaken the review referred to above, the CER formed the view that the most appropriate format for the GCC to adopt is that of the GOSC’s Governance Manual, which is clearly written, which is focused on the responsibilities of the only other regulator of a similar size to the GCC and operating under a similar legislative framework, and which was issued recently (autumn 2016).

**Resources**

11. There are no resource implications arising from this paper. Should Committee members (once they have had an opportunity to consider the revised draft Governance Manual) conclude that any aspect requires external input or advice prior to the manual being finalised by the Council, that may involve professional fees (of haysmcintyre or others).

**Equality and Diversity implications**

12. There are no equality and diversity implications.

**Communications implications**

13. There are no communications implications arising from the current paper.

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\(^1\) A complete set of the minutes of all Audit Committee meetings has not been made available to the CER at the date of this paper.
14. However in the event that the Council ultimately approves the draft Governance Manual for finalisation, consideration will need to be given at that stage to the extent of any communication it may be necessary to undertake prior to the issue of the Governance Manual with others who may be directly affected by its provisions, such as non-Council committee members or other individuals who work on behalf of the GCC (but who are not GCC employees) who may be required to adhere to particular elements of the Governance Manual.

15. Prior to issue of the finalised Governance Manual, it will also be necessary to consider the extent of any explanation that should be provided to stakeholders in general as to the reasons behind any significant changes from current processes/procedures that it may introduce (for example any significant changes to the Standing Orders).

**Action required**

16. The Committee is asked to note the work that has been undertaken by the Chief Executive & Registrar (CER) on the draft Governance Manual, following the request of the Acting Chair of Council to prepare a finalised version of the draft Governance Manual for consideration by the Council at its meeting in June.

17. The Committee will be provided with a copy of the revised draft Governance Manual and an accompanying paper during the week of 8 May 2017. Committee members are individually invited to feed back any comments about the revised draft Governance Manual to the CER by 30 May at the latest.
<table>
<thead>
<tr>
<th>Date of Council/ Audit Committee meeting</th>
<th>Minute concerning Governance Manual (any extracts from Council/Audit Committee papers shown in <em>italics</em>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2012 Audit Committee</td>
<td>The Chair reminded members that the Business Manager was in the process of developing a governance manual, incorporating the scheme of delegation, standing orders and other relevant information. It was agreed that the GCC's new Governance Handbook, together with the Standing Orders should be reviewed by the Audit Committee in January, before being remitted to Council at their February meeting.</td>
</tr>
<tr>
<td>January 2013 Audit Committee</td>
<td>PG reported that a number of documents which were to form part of the governance manual were currently under consideration. Extensive work was required to complete this and in some cases required consideration of policy matters. As the main purpose of this project is to ensure that there is a consolidated governance manual in which all the documents are consistent with others and due reference made to other documents where required, the completion is likely to take a few months. A member reminded the executive of the importance of including provision for written resolutions in the GCC’s Standing Orders. DH commented that he was currently looking at the GCC’s Scheme of Delegation and was checking its compliance with the Chiropractors’ Act and proposing to send this to Council members the following week. It was an agreed that an update on progress will be given by the Chief Executive to the next meeting of this Committee in March and that a full governance manual will be available to the Committee at its meeting in July 2013.</td>
</tr>
<tr>
<td>April 2013 Audit Committee</td>
<td>The Committee noted that the Executive had started work on documents to be included in the governance manual, primarily the scheme of delegation and that it was envisaged that the governance manual would be presented to the Committee at its next meeting. However it was noted that it was unlikely to be fully completed at that stage. The Committee asked that the documents making up the current governance manual be collated and sent to all Council members.</td>
</tr>
<tr>
<td>July 2013 Audit Committee</td>
<td>The Executive reported that the collation of documents for inclusion in the governance manual would be completed by the end of July, in time for publication on the new website.</td>
</tr>
<tr>
<td>February 2014 Council</td>
<td>Council members were asked to submit in writing to PG any suggested amendments to the Financial Regulations and the Terms of Reference for Council and the Executive. The complete governance documentation would be brought to Council for its consideration at the April Council meeting.</td>
</tr>
</tbody>
</table>
| April 2014 Council                     | The paper presented to Council by the DCE at this meeting said “Following on from the governance review which was agreed by Council in October 2013, the Senior Executive Board have been reviewing and updating the key documents in the governance manual. The following documents are presented to Council:  
  - Terms of Reference between Council and the Executive  
  - Scheme of Delegation”)  

The minutes state: Council agreed that the Terms of Reference between Council and the Executive, and the Scheme of Delegation were to
include within the GCC’s responsibilities the duty to develop the profession. Council also agreed that under 6.3.2 (e) the CER had delegated responsibility for agreeing merit awards. Subject to these changes, Council agreed the Terms of Reference between Council and the Executive and also the Scheme of Delegation.

### June 2014 Council
The Deputy Chief Executive introduced this agenda item and reported that the Business Plan activities due for completion to date had been completed except for the two matters raised at the last Council meeting being:
- Review of GCC’s functions to ensure compliance with Equality Act 2010; and
Both of these were now due for completion by the end of Quarter 3.

### August 2014 Council
The Deputy Chief Executive introduced the Performance report and updated Council on two areas that had been highlighted at previous meetings as requiring more work than anticipated being the governance manual and the review of functions ensuring compliance with the Equality Act 2010. He said that, regarding the latter, an external company had been consulted to carry out an audit. Following this, recommendations had been received and the Chief Executive was currently drafting an Equality and Diversity plan based on those recommendations. As to the former, he reminded Council that it had previously agreed the change in the timetable for the CoP and SoP review and the criteria for the Recognition of Degrees, both of which were now due for completion in 2015. The Chair noted that, following discussion at the seminar meeting the day before, Council had agreed to move the review of the governance manual forward to December 2014.

### December 2014 Council
The Deputy Chief Executive introduced the Performance Report. In doing so, he mentioned that Council had agreed to defer consideration of the Governance manual to 2015. This was because the GCC was waiting on information from the GCC’s lawyers which was vital for completion of the manual.

### March 2015 Council
Council discussed the Council 2015 work plan and proposed the following changes:
- Governance documents should be added to the workplan for June 2015, which will include Equality and Diversity and handling of complaints against Council members;

### June 2015 Council
The CE reported that the Governance Manual would shortly be circulated to Council members for their approval.

### September 2015 Council
The Chief Executive (CE) advised Council that the Governance manual was not yet completed as there had been further work that needed to be done on the Equality and Diversity section. He confirmed that the manual would be sent to Council for its review and approval on its completion.

### December 2015 Council
It was noted that the Governance manual had been sent to Council members for comment.

### March 2016 Council
The Deputy Chief Executive (DCE) updated Council on the Governance Review. He said that the Governance manual was still a work in progress and that a tender was under way to progress this work. He noted that the Governance manual had not yet been formally agreed as it had been recently amended. The Chair added that he felt the manual was fit-for-purpose and needed only minor updating. This was expected to be completed by June 2016.
Instructions had been given to a HR lawyer to independently review the Grievance and Disciplinary Procedures along with the complaints policy against Council members within the Governance manual, to ascertain whether these were consistent with other regulators’ manuals.

Council agreed that the final version of the Governance manual would be brought to Council, highlighting any major changes, once the work was completed.

Council agreed the new Grievance and Disciplinary procedures for staff and the Complaints policy against Council members, for insertion in the revised Governance manual.

| June 2016 Council | Sam Couthino from haysmacintyre joined the meeting to discuss the Governance manual and to update Council on the work that haysmacintyre had been contracted to carry out for the GCC on the manual. She said the manual had been benchmarked against the GMC manual and followed on to discuss specific sections of the document, her accompanying suggestions for those sections and for the document as a whole. Suggested changes included: that the GCC take legal advice on aligning job descriptions in the document with organisation roles; including an introduction section in order to create a framework; including terms of reference and a scheme of delegation; including a scheme of financial delegation (which would not be public but which would be referenced in the document) that would be reviewed by Council annually or bi-annually and inclusion of a Gifts and Hospitality policy. She also suggested that a framework be included to identify the term ‘conflict of interest’. Finally, she discussed communication around the manual and the need to think about the purpose of the manual. The Governance Manual, once complete, would be sent to Council members and the final version presented at the September Council meeting. |
| September 2016 Council | Further projects in relation to governance had largely been completed with the final governance manual to be sent to Council members at the end of October 2016. |
| October 2016 Audit Committee | The Committee were asked to provide feedback on the draft Governance Manual currently being prepared by haysmacintyre. The Committee considered whether the topics included in the manual were complete and made comments on the structure of the document. The Committee was of the view that the topics represented in the contents were correct but did not appear to be in a logical order. The feedback was that the language and style did not appear to be appropriate and that there seemed to be a prescriptive manner about the document. In relation to content, there were a few minor points which the Committee felt should be included and these included the voting powers to remove the Chair of Council, the terms of reference of the Education Committee and more information on collective responsibility. Action: All comments are to be fed back to the haysmacintyre who are currently preparing the manual. |
### Key to use of terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chair</strong></td>
<td>The person appointed by the Privy Council to be the Chair of the Council.</td>
</tr>
<tr>
<td><strong>Council</strong></td>
<td>The 14 members (seven lay, seven registrant) appointed by the Privy Council to govern the work of the GCC.</td>
</tr>
<tr>
<td><strong>Executive</strong></td>
<td>The Chief Executive and Registrar and other members of the GCC’s staff.</td>
</tr>
<tr>
<td><strong>Fitness to practise panellists</strong></td>
<td>Members of panels drawn from the Investigating Committee, Professional Conduct Committee or Health Committee.</td>
</tr>
<tr>
<td><strong>General Chiropractic Council (GCC)</strong></td>
<td>The regulatory body known as the General Chiropractic Council (i.e. incorporating the Council, statutory and non-statutory committees, any working groups established by the Council and staff)</td>
</tr>
<tr>
<td><strong>GCC Partners</strong></td>
<td>Individuals undertaking work on behalf of the GCC who are neither Council members nor staff members, including: fitness to practise panellists; Legal Assessors and Medical Assessors; members of statutory and non-statutory committees; Test of Competence Assessors; and Education Visitors</td>
</tr>
<tr>
<td><strong>Legal Assessors</strong></td>
<td>Legally qualified persons appointed by the Council to give advice on questions of law to the Investigating Committee, Professional Conduct Committee, Health Committee or Registrar.</td>
</tr>
<tr>
<td><strong>Medical Assessors</strong></td>
<td>Registered medical practitioners appointed by the Council to give advice on matters within their professional competence to the Investigating Committee, Professional Conduct Committee.</td>
</tr>
</tbody>
</table>
Committee, Health Committee or the Registrar.

Registrar

The Registrar exercises statutory duties under the Act and is also the appointed Chief Executive of the organisation.

Test of Competence Assessor

A chiropractor appointed by the GCC to be one of a panel that makes recommendations to the Registrar as to whether individuals who wish to apply for GCC registration who do not hold a qualification recognised by the GCC and who are not entitled to entry onto the Register under EU legislation have demonstrated they can meet the GCC’s Code of Standards.

Education Visitor

A person/persons undertaking a visit, on behalf of the GCC, to a chiropractic educational institution to assess courses of training as part of the process of recognition or assurance.

About this handbook

This handbook provides information about the GCC’s governance structure, how it operates and the procedures followed, in compliance with:

1. The Chiropractors Act 1994, as amended ('the Act')

2. The General Chiropractic Council (Constitution) Order 2008 (SI 2008/347) ('the Council Constitution Order')


It also incorporates the Code of Conduct for Council members and GCC Partners (Annex 1); a link to the current Standing Orders (Annex 2) setting out the procedures the GCC uses to deal with some aspects of its governance (including aspects of governance which the GCC is required by legislation to provide for in Standing Orders); and the supporting documents for the Handbook (Annex 3).

It is designed to be an aid to Council Members and others in discharging their statutory responsibilities effectively. It will be updated when necessary to reflect changes in the law or regulations applying to the GCC, or in GCC policies, and will be subject to regular review.
The GCC’s statutory duties

Statutory objective

1. The GCC’s statutory objective, as set out in the Act, is ‘to develop and regulate the profession of chiropractic’.

2. The Health and Social Care (Safety and Quality) Act 2015 introduced the same over-arching objective for all the UK statutory regulators of healthcare professionals. That over-arching objective is the protection of the public. This involves the pursuit of the following:
   a) protecting, promoting and maintaining the health, safety and well-being of the public;
   b) promoting and maintaining public confidence in the profession of chiropractic; and
   c) promoting and maintaining proper professional standards and conduct for members of that profession.

Strategic aims

3. The GCC’s Strategic Aims are to:
   • protect patients and the public;
   • uphold and improve professional standards;
   • engage effectively and have constructive dialogue with our stakeholders;
   • improve our effectiveness, ensuring our systems are cost effective and fit for purpose;
   • collaborate effectively with other health and care profession regulators in the UK.

These are reflected in the current Strategic Statement which can be found on our website at http://www.gcc-uk.org/UserFiles/Docs/Publications/Strategic%20Statements/Strategic%20statement%202015-2017%20(agreed%20by%20Council%20March%202017).pdf

Discharge of Duties

4. The GCC discharges its statutory duties through a governance structure made up of the Council, statutory and non-statutory committees, ad hoc working groups and the Executive.

The Council

5. The Council, which is the governing body, comprises seven registrant and seven lay Council Members. All Council Members are appointed by the Privy Council. The Council has responsibility for ensuring that the GCC fulfils its statutory duties. It sets the strategic direction for the organisation and oversees the implementation of that strategy. The detailed role of the Council is set out in Annex 3.
Statutory and non-statutory committees

6. Five statutory committees are provided for in the Act, and in statutory rules made pursuant to that Act. The GCC has established four non-statutory committees to assist in ensuring that the GCC fulfils its statutory duties.

7. The committees undertake roles that are set out either in the statutory framework (in the case of statutory committees), or in Terms of Reference agreed by the Council (in the case of non-statutory committees). They are accountable to the Council for the effective performance of their functions.

The committees are:

Statutory committees

Education Committee

8. The Education Committee’s general duty as set out in the Act is to promote high standards of education and training in chiropractic and to keep the provision made for that education and training under review. The Committee approves (or “recognises”) UK based chiropractic courses, and advises the Council on matters relating to education, training, examinations or tests of competence. The full extent of its functions are set out in detail in the Act.

Investigating Committee

9. The Investigating Committee carries out its role in accordance with the Act and the relevant rules (The General Chiropractic Council (Investigating Committee) Rules Order of Council 2000).

10. The Investigating Committee considers whether there is a case to answer in relation to allegations which may be made against a registered chiropractor, and if it considers that there is such a case to answer, decides whether to refer the allegation(s) to the Professional Conduct or Health Committee. The Investigating Committee also considers whether it is necessary for public protection for any chiropractor’s registration to be suspended on an interim basis while the allegation(s) about them are investigated.

Professional Conduct Committee

11. The Professional Conduct Committee carries out its role in accordance with the Act and the relevant rules (The General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000).

12. The Professional Conduct Committee adjudicates on allegations referred to it by the Investigating Committee to the effect that a chiropractor has been guilty of unacceptable professional conduct or professional incompetence, or that they have been convicted of a criminal offence.

Health Committee

13. The Health Committee carries out its role in accordance with the Act and the relevant rules (The General Chiropractic Council (Health Committee) Rules Order of Council 2000).

14. The Health Committee adjudicates on allegations referred to it by the Investigating Committee to the effect that the ability of a chiropractor is seriously impaired because of their physical or mental condition.
Health Appeal Tribunal

15. The Health Appeal Tribunal carries out its role in accordance with the Act and the relevant rules (The General Chiropractic Council (Health Appeal Tribunal) Rules Order of Council 2000).

16. The role of the Health Appeal Tribunal is to adjudicate on any appeals against decisions made by the Health Committee.

Non-statutory committees

Audit Committee

17. The role of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report.

18. As set out in its Terms of Reference (see Annex 4 below) the Audit Committee has delegated authority from Council in respect of the appointment and activity of the external auditors, and a key part of its advisory role to Council is in reviewing the GCC's risk register, the accounting policies and the end-of-year accounts of the GCC, and monitoring the strategic processes for risk and governance of the GCC.

Remuneration Committee

19. The Remuneration Committee decides the remuneration, benefits and terms of service of the Chief Executive and Registrar and Directors, and the overall remuneration framework for other GCC employees (see Annex 4 for its Terms of Reference). It also advises the Council on the remuneration of Council Members and committee members, as well as on the expenses policy.

Registration Appeals Committee

20. The Registration Appeals Committee has been set up to adjudicate on challenges to decisions made by the Registrar in relation to registration matters. It is a sub-committee of the Council, and each panel will consist of three Council Members appointed for the purpose by the Chair of the Council. See Annex 4 for its Terms of Reference.

Reappointments Committee

21. The Reappointments Committee has been set up to assess whether particular candidates for reappointment to the Council should be recommended to the Privy Council. It is a sub-committee of the Council. The membership is decided by the Chair of the Council on each occasion, and will usually consist of two current Council Members who are not seeking reappointment at that time, along with one independent member. Different provisions apply to any reappointment of the Chair of the Council. See Annex 3 for its Terms of Reference.

Ad hoc working groups

22. From time to time, ad hoc working groups may be established by the Council to develop policy in new areas or to review specific issues. The composition of these groups will reflect all the necessary expertise to take forward the issue in question. The constitution, role, terms of reference and the life span of the group will be established at the outset. No working group shall carry out any activity requiring
expenditure beyond that which has been agreed by the Council or by the Chief Executive and Registrar.

At present, the Council has no working groups.

Executive

23. The Executive comprises:

- Chief Executive and Registrar
- Senior Management Team (all Directors)
- All other staff of the GCC

The Executive is held accountable to the Council through the Chief Executive and has the primary role of implementing the strategic policy set by the Council.

Strategic statement and business plan

24. A statement approved by the Council sets out the key objectives to be achieved by the GCC in fulfilling its strategic aims (it can be found on our website at http://www.gcc-uk.org/UserFiles/Docs/Publications/Strategic%20Statements/Strategic%20statement%202015-2017%20(agreed%20by%20Council%20March%202017).pdf. This is underpinned by an annual business plan detailing the operational activities and budget necessary to achieve those objectives. These documents are finalised by the GCC Council during open Council meetings.

Scheme of delegation

25. The scheme of delegation (set out in full in Annex 3) details the GCC’s responsibilities under the Act. It specifies where responsibility for the GCC’s statutory responsibilities lies. Some responsibilities, such as the making of rules, are reserved to the Council. The scheme of delegation also sets out the authority delegated to committees from the Council, outside of that provided for in the Act.

26. Other than where functions are specifically reserved to the Council or delegated to committees or to the Chair, the Council delegates authority to the Chief Executive and Registrar and holds the post-holder accountable for implementing its strategic objectives, including the effective management of the organisation. The Chief Executive and Registrar may delegate functions to other staff but will be held accountable by the Council for the discharge of all functions delegated under the scheme.

27. The scheme of delegation sets out:

- Matters reserved to the Council
- The functions of the Council
- Matters delegated to the Chair of Council
- The remit and responsibilities of the Chief Executive and Registrar
- The role of the statutory and non-statutory committees

Withdrawal of delegated power

28. The scheme remains in force subject to amendment or revocation by the Council.
Exercise of delegated power

29. Where power is delegated under the scheme, the power must be exercised in a manner which is consistent with the GCCs statutory objective, other relevant legislation and the GCC’s current Strategic Aims.

Financial Procedures

30. The purpose of the GCC's financial procedures (set out in Annex 3) is to ensure the proper use of resources and effective maintenance of assets. The financial procedures are set out the policies adopted by the Council to ensure financial control to comply with legal obligations and accounting standards. They are underpinned by detailed financial regulations which GCC staff follow.
Induction, training and performance

Council Members’ and GCC Partners’ induction

31. All Council Members and all GCC Partners (other than Legal Assessors, Medical Assessors or independent members of committees) will be required to undertake a programme of induction and training as soon as possible after appointment or, where possible, in advance of the appointment date. The programme will aim to ensure that those individuals are fully aware of the implications of the GCC’s statutory role and their responsibilities in discharging that role, whether as members of the Council or in another capacity.

Ongoing training of Council Members and GCC Partners

32. Training needs will be kept under review (including through the annual appraisal system) and the GCC will provide further training where this is necessary during the terms of office. Provision of training will be through a mix of external and internal sources, depending on the subject matter. Annual training is provided to fitness to practise panellists.

Appraisal process

33. All members of Council and GCC Partners (other than Legal Assessors, Medical Assessors or independent members of committees) are expected to participate fully in relevant appraisal processes.

34. Information about the GCC appraisal scheme is set out at Annex 3
Annex 1

General Chiropractic Council - Code of Conduct

Introduction

1. The General Chiropractic Council (GCC) was established in 1997 as the regulator of chiropractic in the United Kingdom, following the passage of the Chiropractors Act 1994.

Statutory role

2. The GCC’s statutory role, set out in the Chiropractors Act 1994 (as amended) is to ‘develop and regulate’ the profession of chiropractic. In addition to the statutory role set out in the Chiropractors Act (and associated secondary legislation) the GCC is subject to general duties imposed upon it by legislation in its role as a public body and as an employer.

3. The Health and Social Care (Safety and Quality) Act 2015 introduced the same over-arching objective for all the UK statutory regulators of healthcare professionals, including the GCC. That over-arching objective is the protection of the public. This involves the pursuit of the following:
   a) protecting, promoting and maintaining the health, safety and well-being of the public;
   b) promoting and maintaining public confidence in the profession of chiropractic; and
   c) promoting and maintaining proper professional standards and conduct for members of that profession.

4. The GCC is accountable to the public and the Crown through Parliament and the Privy Council.

Corporate responsibility

5. GCC Council Members are responsible both individually and collectively for ensuring that the GCC effectively discharges its functions in the public interest, in accordance with the statutory provisions applying to the GCC.

6. The GCC Council is also responsible for ensuring that the GCC complies with any statutory or administrative requirements for the use of its funds. Council Members must ensure that all their decisions and actions safeguard the GCC’s reputation and maintain public confidence in the regulation of the chiropractic profession.

7. This Code provides guidance for Council Members and GCC Partners and any others acting on behalf of the GCC, on carrying out their functions in line with currently accepted standards of public service. Other than where specifically provided for below, its provisions apply to:
   - Members of the Council
   - Members of committees, both statutory and non-statutory, and other GCC Partners, such as Test of Competence Assessors or Education Visitors, or Legal or Medical Assessors
• Members of working groups
• Any other individuals who may from time to time act on behalf of the GCC in a non-executive capacity.

General guidance

8. Council Members, GCC Partners, and other non-executive persons acting on behalf of the GCC will comply with the following general guidelines at all times:

• Act in good faith
• Act in accordance with the GCC’s statutory objective, both as individuals and collectively
• Act in the best interests of the GCC
• Act in accordance with the seven principles of public life (see paragraphs 9-17)
• Treat others equally, fairly and with respect

The seven principles of public life

9. The principles, as set out by the Committee on Standards in Public Life (available from http://www.public-standards.gov.uk/) are:

Selflessness

10. Holders of public office should act solely in terms of the public interest.

Integrity

11. Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity

12. Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

13. Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

Openness

14. Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

15. Holders of public office should be truthful.
Leadership

16. Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

17. Examples of the application of these principles by GCC Council Members are set out in Annex 4.

Specific guidance

18. In addition to complying with the general guidance, those covered by the Code should observe the following specific guidance in carrying out their various functions:

Confidentiality and information security

19. Council Members, GCC Partners and any others covered by the Code will sometimes be party to discussions or information of a confidential nature. They may also receive confidential information from other bodies. Confidential information will ordinarily be marked to show that it is “confidential” but even information without such a marking may in fact be confidential.

20. It is the duty of all Council Members and GCC Partners to ensure that all such information, whether in electronic or paper form, is only used in proper discharge of their duties, and that it is held and disposed of securely. Any loss or accidental disclosure, and the circumstances leading to the loss or disclosure, must immediately be notified to the Chair and the Chief Executive. They must also use their best endeavours to prevent unauthorised disclosure or use of confidential information by third parties.

21. Confidential information also must not be disclosed without the consent of a person authorised to give it, unless there is a legal requirement to make such a disclosure. In the event of such disclosure being requested, anyone to whom the Code applies must co-operate with the GCC regarding the manner of such disclosure and any legal action that the GCC may take to challenge the lawfulness of a disclosure request. In any cases of uncertainty about handling confidential information, the Chair/Chief Executive and Registrar should be consulted.

22. On written demand by the GCC, anyone to whom the Code applies must immediately return any information in material form to the GCC without keeping copies, and hand over to the GCC all notes/memoranda they have prepared (together with any copies).

23. Details of private deliberations by the Council or committees must never be discussed or disclosed.

Media, public speaking engagements and communications with external organisations

24. Council Members should, if possible, discuss any media contact related to work for the GCC in advance with the Chair or the Chief Executive and Registrar. GCC Partners are expected not to make any statements about their work for the GCC without obtaining advance authorisation from the Chair or the Chief Executive and Registrar.

25. In speaking or writing about the work of the GCC, all those covered by the Code should ensure they reflect current policies of the GCC. This applies in any dealings
with the media, or when in a public forum or in an informal discussion. Council Members and GCC Partners should make sure that their comments are accurate, well-considered and well-informed and that they do not undermine confidence in the GCC.

26. No public or press statement should be made that relates to a matter that has been investigated or heard by a statutory committee.

**Collective decision-making**

27. Members of Council, committees and ad hoc working groups must abide by any decisions made by a quorate majority even if they personally disagree with them. This does not preclude an individual from expressing a dissenting view, but he/she should not, by commenting in public or by other means, attempt to frustrate the implementation of decisions properly made.

28. In respect of advice or recommendations made to the Council, members of the committee or working group concerned should express their individual view as Council Members only when they wish to act on their own conscience in relation to a serious issue arising from the relevant committee or working group’s advice. Views on such matters should be expressed in a responsible manner, the chair of the relevant committee/working group having been notified beforehand.

**Personal behaviour**

29. Council Members and GCC Partners must adhere to the Code of Conduct. They are expected to ensure that they understand the GCC’s functions and the statutory framework within which it works.

30. Council Members are expected to ensure that they have knowledge of the GCC’s key stakeholders and their priorities, and the nature and objectives of independent professional regulation.

31. Council Members and GCC Partners must not act in a way which is likely to bring the GCC into disrepute. They must ensure that their decisions and actions safeguard the GCC’s reputation and maintain public confidence in professional regulation. At all times their behaviour must demonstrate the standards expected of holders of public office, including complying with the seven principles of public life.

In particular, Council Members and GCC Partners must in carrying out their duties:

- play a full role in meetings and hearings,
- give proper consideration to all the information and evidence available to them; and seek clarification where appropriate,
- give due consideration to guidance issued by the GCC;
- exercise independent and impartial judgment;
- analyse issues properly and rationally;
- listen carefully to and consider all advice provided by those with a statutory advisory role; and
- be fair, open-minded and arrive at decisions untainted by bias or prejudice and avoid acting in a discriminatory way.

32. The statutory rules about membership of the Council and statutory committees set out certain circumstances which disqualify an individual from membership, or which may
lead to suspension or removal from membership. Where a Council member or a member of one of the statutory committees becomes aware that any of those circumstances apply to them (for example where they are convicted of certain criminal offences or are made subject to a regulatory sanction or become bankrupt) they must inform the Chair of the Council at the earliest opportunity. Should the Chair of the Council be on leave or otherwise unavailable at that time, the Chief Executive and Registrar should also be informed.

33. GCC Partners (other than statutory committee members) are expected to notify the Chief Executive and Registrar at the earliest opportunity should they become subject to similar circumstances.

34. Where any other matter involving a Council Member or GCC Partner has the potential to undermine confidence in the GCC or may be relevant to their potential suspension or removal from their role with the GCC (as set out in statutory rules or otherwise), the member should inform the Chair/Chief Executive and Registrar about it at the earliest opportunity.

Roles of executives and non-executives

35. Council Members and GCC Partners must recognise that staff members are part of a line management structure responsible to the Chief Executive and Registrar for the implementation of corporate decisions, and not to any individual non-executive. Care must be taken to ensure that the distinct roles and responsibilities of executives and non-executives are respected.

Equality and diversity

36. Council Members and GCC Partners will be expected to follow best practice on equality and diversity issues, defined as complying fully with the GCC’s responsibilities under anti-discrimination legislation and ensuring the GCC’s equality and diversity policy is implemented.

Conflicts of interest

37. Council Members and GCC Partners must avoid placing themselves under any obligation to any individual or organisation which might affect (or be thought to affect) their ability to act impartially and objectively. They must be alert to the possibility of such a conflict of interests, and must declare any interest in/association or connection with any person (whether financial, organisational or personal) which may or does give rise to a conflict of interests to the GCC as soon as possible.

38. Council Members and GCC Partners must promptly make the required written declarations of any professional, personal or business interests which may, or might be seen to, conflict with their GCC responsibilities – which will be added to the Register of Interests that the GCC maintains (which is a public document). Individuals covered by this Code will be invited to update their entries annually but in any case changes in circumstances necessitating amendments to the Register of Interests should be notified to the Chief Executive and Registrar as soon as they arise. Any conflict of interests that arises during the course of a meeting/hearing must be promptly declared.

39. Council Members and GCC Partners are free to engage in political activities or to maintain associations with professional organisations provided that such activity does not conflict with the essential purpose of the GCC in protecting the public.
Testimonials

40. Council Members and GCC Partners should avoid providing testimonials, references or acting as character witnesses for individuals who are applicants for registration with the GCC or who are subject to fitness to practise proceedings within the GCC. This is because of the potential for a conflict of interests to arise. There is also the risk of an appearance of bias or undue influence in the event of the decision-maker relying upon a testimonial/reference/character evidence from a GCC Partner or Council Member.

41. Should any individual covered by this Code wish to provide such a testimonial/reference/character evidence in a particular situation, they are encouraged to discuss this in advance with the Chair or Chief Executive and Registrar.

Attendance

42. Members of Council and GCC Partners will be expected to make the time commitment necessary to attend and prepare themselves adequately for all meetings (including hearings, seminars and training events) absenting themselves only for compelling personal or professional reasons. Details of expected attendance levels for Council and committee meetings are set out in the GCC’s Standing Orders. Attendance levels are recorded in relevant annual reports.

43. Any cancellation of attendance at a meeting must be notified to the GCC as soon as possible in advance.

Appraisal

44. Council Members and GCC Partners must be committed to the demonstration and continuing development of the competencies required for their respective roles. Council Members and GCC Partners (other than Legal Assessors, Medical Assessors and independent members of committees) are required to participate constructively in the relevant appraisal scheme and training offered by the GCC (see information about the GCC appraisal scheme set out in Annex 3).

45. Council Members and GCC Partners will also be expected to report any serious anxieties about the conduct of other Council Members or GCC Partners either to the relevant committee chair or to the Chair or Chief Executive and Registrar.

Gifts and Hospitality

46. All those covered by this Code are required to adhere to the Bribery Act 2010, which explicitly prohibits bribery. Further guidance on the Bribery Act 2010 can be found on the Ministry of Justice website under http://www.justice.gov.uk/guidance/making-and-reviewing-the-law/bribery.htm

47. Those covered by this Code must not accept gifts, hospitality or benefits, offered in relation to GCC business which might be seen to compromise their personal judgement or integrity. In case of uncertainty, the Chair or Chief Executive and Registrar should be consulted. Any gifts, hospitality or benefits accepted as a consequence of GCC business must be formally registered on the GCC gifts and hospitality register within 15 days. For further information see Annex 3.

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1 This restriction does not apply to testimonials provided in another capacity, e.g. as an employer or educator/trainer.
Complaints

48. Any complaints made against anyone covered by this Code will be handled in accordance with the relevant procedures. Details of the processes for handling complaints made against Council Members and GCC Partners are set out in Annex 3.
Annex 2

General Chiropractic Council - Standing Orders

Introduction

1. The Chiropractors Act 1994 as amended (the Act) makes provision for standing orders which are designed to ensure that the business of the Council and committees is conducted as effectively as possible. The Standing Orders ensure that there are consistent governance processes in place and play an essential role in defining the remit and membership of each committee.


Chair

3. The Chair of the Council will chair all Council meetings.

4. In accordance with the Council Constitution Order, if for any reason the Chair is absent from a meeting of the Council, the Council Members who are present at that meeting shall nominate one of their number to serve as Chair at that meeting.

5. If for any reason the Council is on notice that the Chair is likely to be absent for more than one meeting of the Council, or to be unavailable to perform the duties of its chair for more than one month, or the office of chair is vacant, the Council may nominate a member as Deputy Chair for that meeting or for a longer period in accordance with Paragraph 9 of the Council Constitution Order. A ballot will be conducted in the event of there being more than one nomination for Deputy Chair.

6. Where a deputy Chair has been nominated, references to the Chair in these Standing Orders shall apply as relevant to the deputy Chair.

Dates of Council meetings

7. Meetings of the Council are to be held on a regular basis as agreed by the Council, usually four times a year for general business.

8. The Chief Executive and Registrar shall notify Council Members in writing and/or by email of the time, date and place of a meeting of Council at least 28 days in advance of that meeting. The date of any public meeting of the Council will be published on the GCC’s website.

9. An extraordinary meeting of the Council shall be convened by the Chair on receipt of a written request to that effect signed by no fewer than 8 Council Members. Notice of such a meeting shall be given to all Council Members at least 21 days before the date of the meeting.

10. The Chair has the authority to convene an extraordinary meeting at any time, according to the demands of the business, taking into account the need for as much
notice as possible to be given of such a meeting and provided that the Chair of the Audit Committee consents to the convening of such a meeting.

11. At any extraordinary meeting of the Council, no other business shall be dealt with except that given in the notice, unless the Council by a resolution agrees to consider any other business.

Agenda and papers

12. Council Members should notify the Chief Executive and Registrar and/or the Chair of any items they wish to be included on the agenda for the meeting at least 14 clear days in advance of the meeting date.

13. The Chair, in consultation with the Chief Executive and Registrar, shall determine the content of the agenda for the Council meeting, taking into account competing priorities. A record will be kept of any items proposed for inclusion on the agenda by Council Members that are not included by the Chair on the final agenda.

14. The Chief Executive and Registrar will endeavour to send the agenda setting out details of the business to be considered at the meeting to each Council member and the start time of the meeting, at least seven clear days before the day of the meeting, together with as many supporting papers as are available.

15. No business other than that which has been included on the agenda, or any raised under ‘Any other business’ and accepted as such for discussion by the Chair in advance of the meeting, shall be discussed at any Council meeting, with the exception of urgent business which may be discussed with the prior consent of the Chair.

16. In the case of extraordinary meetings, the requirements in relation to provision of an agenda and papers may be varied as circumstances require.

17. The agenda for any public meeting of the Council will be published on the GCC’s website on the day it is sent to the Council Members. Papers for the public meeting will be published on the website on the morning of the meeting. Papers discussed during a closed/private session will remain confidential until designated otherwise and will not be published.

Attendance

18. Council Members are expected to attend all meetings of the Council and of any other committee or working group where they serve in their capacity as a Council Member, unless there is reasonable cause for their absence which is notified to the Chair in advance.

19. Once noted in the minutes as attending a meeting, Council Members are expected to remain until business has been completed or the meeting otherwise terminated. In exceptional circumstances members may leave early by prior arrangement with the Chair.

20. A Council Member failing, without reasonable cause, to attend 25% or more of any eight meetings of Council (excluding any extraordinary meeting) in a rolling 24 month period will be regarded as having made an insufficient contribution to the work of the

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2 This may include attendance by remote means such as telephone/Skype where that is permitted and agreed in advance with the chair of the meeting.
Council, which will be taken into account in the annual appraisal process and in relation to any reappointment.

21. A Council Member’s failure, without reasonable cause, to attend 25% or more of any eight meetings of the Council (excluding any extraordinary meeting) in a rolling 24 month period may be taken into account by the Privy Council in considering removal of that Council Member from office in accordance with paragraph 6(1)(g) of the Council Constitution Order.

22. In exceptional circumstances, a Council Member may obtain prior permission from the Chair for a leave of absence from attending Council meetings for a defined period.

23. During the course of meetings Council Members are expected not to engage in non-GCC business (such as reading/writing emails or other materials) other than at designated breaks.

Quorum

24. The quorum of the Council shall be eight in accordance with paragraph 10 of the Council Constitution Order.

25. A meeting of the Council shall stand adjourned if fewer than eight Council members are present.

26. Where a meeting becomes inquorate, business transacted while the meeting was quorate will not be invalidated by the later lack of quorum.

Adjournment

27. The Chair may adjourn a meeting to a fixed day and time, as directed by the meeting.

28. Notice of the adjourned meeting shall be given to all Council members if a meeting is adjourned for seven days or more. In other cases no further notice need be given.

Agenda and business of Council meetings

29. The business at Council meetings shall include:

- Presentation of the minutes of the last meeting and subject to any correction, authorisation for the Chair to sign them;
- Consideration of any conflict of interests, prior to each agenda item
- In the public session only, answers to questions from observers;
- Items as detailed in the agenda; and
- Any other business accepted as such for discussion by the Chair.

Role of the Chair at meetings

30. The Chair shall:

- At the start of business ask members whether any conflict of interests exists in relation to any of the agenda items
- Determine whether a conflict of interests requires a Council Member (or Members) to withdraw from discussion of an agenda item
• Preserve order and ensure that Council Members have sufficient opportunity to express their views on all matters under discussion
• Determine in which order Council Members should speak
• Seek the advice of the Chief Executive and Registrar where necessary
• At the end of each item of business the Chair shall state the conclusions that have been reached and any decisions that have been made

Rules of debate

31. Members of the Council shall speak only when called by the Chair.
32. All debate shall be directed to the Chair.
33. All debate must relate to the matter under discussion.
34. Council Members should avoid repetition.
35. The Chair may direct any Council Member whose behaviour is, in the Chair’s opinion, disruptive of the meeting, to leave the meeting.
36. Any Council Member who wishes to bring the debate to a close may do so by requesting of the Chair either:
   a. That a simple majority vote be taken on the recommendation; or
   b. That the meeting proceed to the next business; or
   c. That the recommendation be remitted elsewhere for consideration.
37. The Chair may decline to accept a request that a vote be taken but if the Chair accepts the request, the recommendation shall be put to the vote immediately, subject to the right of reply of the proposer of the recommendation or proposal concerned.

Voting and decision making

38. Decisions will be reached by simple majority vote by those Council members present and voting on the following occasions:
   • When there is no clear consensus at the end of the discussion
   • When the decision is of particular sensitivity or importance
   • When at least a third of Council Members present have made it clear they would prefer a vote to be taken
   • When for some other reason the Chair judges it appropriate
39. Once a matter has been put to a vote, no other contribution to the debate shall be allowed.
40. Voting at Council meetings will be by show of hands, unless two or more Council Members present formally request a written vote.
41. Votes and abstentions by show of hands shall be counted.
42. Written votes and abstentions shall be counted by tellers as appointed by the meeting.
43. A teller shall declare the number of votes and abstentions without the use of names.
44. A record of the number of Council Members voting for and against any recommendation at a Council meeting shall be taken. A record of the number of Council Members abstaining from a vote shall also be taken. The numbers shall be recorded in the meeting minutes, without use of names.

45. Council Members are required to support all Council decisions on the basis of collective responsibility even where they have voted against the decision.

46. Council Members may be asked to approve recommendations outside of meetings, by email or any other electronic means, if time requires a decision to be made. Approval will require eight votes in favour of the recommendation.

47. Where it is known at a meeting of Council that a decision of Council is required to be taken before the next meeting of Council, Council Members shall be informed at the meeting. Where a matter arises between meetings it shall only be considered outside of a meeting with the permission of the Chair.

**Effect of vacancies on the validity of proceedings**

48. In accordance with the Council Constitution Order, the validity of any proceedings of Council shall not be affected by:

   a. A vacancy among the members of the Council,
   b. A defect in the appointment of a member of the Council,
   c. The participation of a member whom the Privy Council must remove from the Council under paragraph 6 (1) (b) to (f) of the Council Constitution Order (although such a member is not entitled to participate pending his removal),
   d. The participation of a member whom the Privy Council has removed under paragraph 6 (1), or
   e. The participation of a member provisionally suspended by the Council under its standing orders or suspended by the Privy Council under paragraph 7 (1) or (2).

**Designation and conduct of confidential business**

49. In principle, all business should be conducted in public in an open and transparent manner. However, business may be designated as confidential (and therefore conducted in private), if it is, in the opinion of the Chair, in the interests of the GCC or other relevant parties so to do.

50. At the discretion of the Chair, business in the following categories may be conducted wholly or partly in private and members of the public shall be excluded from such closed sessions of the Council:

   a. Any personal matter relating to a present or former chiropractor or applicant for registration
   b. Any personal matter relating to an employee or member, or a former employee or member of the GCC
   c. Any matter which is commercially sensitive
   d. Any matter concerning information that has been supplied to the GCC in confidence, and any identification of the source of such information.
e. Discussion of risk to the GCC that might be exacerbated by discussion in public
f. Any matter if discussion of it would require disclosure of data that is protected from disclosure by statute
g. Any matter relating to employment negotiations or consultations between the GCC and staff
h. Any matter relating to future policy or strategy where, in the opinion of the Chair, public discussion would be premature
i. Any matter which is subject to legal professional privilege
j. Any matter relating to the prevention or detection of crime or the prosecution of offenders
k. Any other matter deemed to be confidential by the Chief Executive and Registrar which is justified as having equivalent characteristics to one or more of the above.

51. If during the discussion of an item during the public Council meeting it becomes apparent that confidentiality requires that discussion to be held in private instead, the Chair may decide to close the discussion of that item within the public session, and to initiate discussion of it in private by the Council.

52. The Chair will inform the Council prior to the meeting of any matter which it is proposed should be considered during the private/closed session of the meeting. No information about confidential business dealt with outside of the public meeting shall be included in the agenda, papers or minutes made available to the public.

Access to meetings

53. The Chair may invite any person to attend the whole or part of a Council meeting to speak or present a report. Such persons must withdraw from the meeting if requested to do so by the Chair.

54. Anyone may attend a meeting of the Council as an observer, on advance request to the Chief Executive and Registrar. The number of observers will be limited as necessary in order to comply with restrictions on seating space and fire regulations. In advance of excluding the public from a meeting, the Chair shall announce the reasons why the Council is to hold a discussion in private/closed session.

55. Observers may put questions to Council in that part of the proceedings designated for such matters. Where possible, such questions should be sent in writing to the Chief Executive and Registrar in advance of the meeting. Observers will be invited to restate their questions orally and where possible, the Chief Executive and Registrar or other persons present at the meeting will answer such questions.

56. Observers will be excluded from the private/closed session of Council meetings and during the public session of meetings in the circumstances described.

57. No one shall make a permanent record of proceedings, except with the leave of the Chair.

58. The Council may resolve that any observer attending a meeting of the Council be required to withdraw from the meeting if the observer’s conduct disrupts the Council’s consideration of the business of the meeting.
Declarations of interest

59. No Council Member may speak, vote or in any other way participate in debate where they have, or could be inferred to have, a personal interest in relation to the matter under discussion, except with the permission of the Chair.

60. Where a Council Member has a personal interest in any matter under discussion, they shall inform the Chair at the beginning of the meeting and, as needed, during the course of the meeting.

61. The Chair may direct that any Council Member with a personal interest will leave the meeting for the duration of the debate.

62. Members should err on the side of caution in making declarations of personal interests. Failure to declare an interest will be regarded as a serious breach of the Code of Conduct. In the event of a member not appreciating at the beginning of the discussion of an agenda item that an interest exists, they should declare such an interest as soon as they become aware of it. If a member of Council believes that another member present has a direct or indirect interest in an item and that interest has not been declared, they should inform the Chair. The Chair will establish whether or not there is an interest which should have been declared, and will if necessary make a ruling on the matter.

63. If the withdrawal of a Council Member makes the meeting inquorate, the meeting will not close but will move to the next item of business for which sufficient Council Members are present.

Minutes of Council meetings

64. Minutes of Council meetings will be taken and retained as a record by a member of the Executive. The minutes shall, when read in conjunction with the papers presented at the meeting, provide an accurate and authoritative record of the meeting, and shall be sufficiently detailed to provide an audit trail of the issues discussed and the decisions taken. They shall also record the attendance of members and any withdrawal of members on the ground of a conflict of interests.

65. Where possible, minutes will be forwarded to the Chair of the meeting for approval within ten working days of each meeting and circulated to the Council within a further ten working days. Members are asked to ensure that proposed amendments to the minutes have been forwarded to the Chief Executive and Registrar at least 14 days in advance of the meeting at which they are to be approved as a correct record. The minutes will be approved at the next meeting of the Council. No discussion shall take place except on accuracy of the record.

66. Electronic recording of Council meetings is prohibited other than with advance permission from the Chair of the Council. The only exception to this is that a member of GCC staff may make a temporary recording of a meeting for the purpose of preparing the minutes.

67. Minutes of meetings held in public will be published on the GCC’s website after they have been approved. Minutes of private/closed sessions will not be published.

68. The minutes shall be available for inspection by any Council Member.
Removal and suspension from office

Removal

69. Council Members will be removed from office by the Privy Council in the circumstances laid down in paragraph 6(1) of the Council Constitution Order.

Suspension

70. Council Members may be suspended from office by the Privy Council in the circumstances set out in paragraph 7 of the Council Constitution Order. Members of the statutory committees may be suspended from appointment by the Council in the circumstances set out in Rule 14 of the Statutory Committee Rules.

71. The Council may provisionally suspend a Council Member from office if, by a majority of those present and voting, it agrees to do so at a quorate meeting of the Council. The provisional suspension has effect when the proposal is agreed.

72. Exceptionally, the Chair may provisionally suspend a Council Member with immediate effect by informing the member in writing. Such a suspension must be reported to and considered at the next meeting of the Council.

73. Provisional suspensions of Council Members must be reported in writing, as soon as reasonably practicable, to the Privy Council for consideration of further action under the Council Constitution Order. The Privy Council will then consider the matter to determine whether to suspend the member under paragraph 7 or remove the member under paragraph 6.

74. If, after considering a provisional suspension, the Privy Council decides not to suspend or remove the Council Member, the Council will terminate the provisional suspension.

75. A person who is suspended from membership of the Council shall cease to be a member of every committee on which they sit during that suspension.

Education, training and performance

76. The GCC shall make available education and training opportunities for all Council members and GCC Partners relevant to their role. This may be provided by external organisations.

77. The GCC will establish standards of performance for Council Members and have in place a system of annual appraisal. All Council members are required to participate fully in the appraisal process.

78. Where a Council Member, without reasonable cause, fails to undertake satisfactorily the GCC’s requirements with regard to education and training, the Privy Council will, in accordance with paragraph 6(1)(h) of the Council Constitution Order, remove that Council Member from office.

Powers of the Council

79. The Council has power to do anything which facilitates its functions, subject to any provisions made by or under the Act. In particular, paragraph 15(1) of Schedule One to the Act gives the Council power:
a. To borrow
b. To appoint staff and pay salaries and pensions etc.
c. To pay allowances and expenses to its members and committee members
d. To establish sub-committees of its committees
e. Subject to the Act, to regulate its procedures and those of its committees or sub-committees
f. To abolish any of its non-statutory committees or sub-committees thereof
g. To delegate to its committees any functions other than its power to make rules.

Committees

Meetings and proceedings of non-statutory committees

80. The terms of reference of each non-statutory committee set out how often that committee usually meets. The Registrations Appeals Committee will only meet when required to do so.

81. Standing Orders xx-xx may be read as applying to committee meetings as well as to meetings of Council.

Appointments to Committees

82. Appointments to statutory committees will be made in accordance with the Statutory Committee Rules.

83. Appointments to non-statutory committees will be made in accordance with the terms of reference of those committees.

Co-option

84. The co-option of members to statutory committees requires the Council’s approval, in accordance with the Statutory Committee Rules. The committee concerned must submit a request for approval accompanied by:
   a. The CV of the proposed member
   b. The reasons for co-option.

85. If the Council agrees to approve the co-option, the committee member’s term of office will commence the day after the agreement is made.

86. The duration of terms of office of co-opted committee members shall be determined by the committee co-opting them but must not exceed three years.

Removal from statutory and non-statutory committees

87. Members of the statutory committees will be removed from appointment by the Council in the circumstances laid down in Rule 13 of the Statutory Committee Rules. Members of non-statutory committees will be removed from appointment by the Council following a similar process.
Education, training and performance

88. Standing Orders xx may be read as applying to committee members as well as to members of Council.

Attendance

Fitness to practise committees

89. Members of the Professional Conduct, Health and Investigating Committees are expected to attend any meeting, hearing, training session, seminar or other event to which they have been invited by the Chief Executive and Registrar (or staff on their behalf) unless there is good reason for them being unable to do so.

90. They must take all reasonable steps to provide advance warning if they are unable to attend such a meeting, hearing etc.

91. If an individual fails without reasonable cause, to attend any meeting or hearing they have agreed to attend, that absence will be taken into account in the appraisal process and reappointment and they may ultimately be removed from office by the Council.

Education Committee and non-statutory committees

92. A member of a non-statutory committee who fails, without reasonable cause, to attend 25% or more of the scheduled meetings of a Committee in a rolling 24 month period, will be regarded as having made an insufficient contribution to the work of the Committee and this will be taken into account in the appraisal and reappointment processes.

93. An Education Committee member who fails to attend, without reasonable cause, 33% or more of the scheduled Education Committee meetings in a rolling 24 month period, may be removed from office by the Privy Council in accordance with Rule 13(1)(g) of the Statutory Committee Rules.

94. In exceptional circumstances, members may obtain prior permission from the Chair of the Council for a leave of absence from a committee for a defined period.
Annex 3

Supporting information and documents

Council

Role of the Council

1. The role of the Council is to ensure that the GCC is meeting its statutory duties under the Act and other legislation. To meet these duties it:

- Sets and monitors delivery of the corporate strategy and objectives, and sets the framework for policy and operational performance, including agreeing the organisation’s Strategic Statement.
- Makes rules as provided for under the Chiropractors Act.
- Approves the annual Budget and Business Plan and monitors delivery.
- Appoints the Chief Executive and Registrar.
- Takes final decisions on any matter of fundamental strategic significance to the GCC or any matter that poses a substantial risk to the organisation.
- Ensures and reviews the effectiveness of the GCC in fulfilling its statutory purpose by promoting the work of the GCC externally, particularly promoting public and professional confidence and support for the GCC and its work.
- Ensures the quality of decision making is supported by effective stakeholder engagement and appropriate evidence, including approving for consultation any policy proposal that relates to any matter reserved to Council and ensuring that due consideration has been given to all other policy matters by the relevant committee of Council and that policy development is aligned with the GCC’s strategic direction.
- Publishes the Register.
- Consults the Education Committee on matters relating to education, training, examinations or the Test of Competence.
- Recognises qualifications, assigns conditions and withdraws recognition, if appropriate.
- Determines the standard of proficiency and determines and publishes the Code of Practice.
- Ensures that appropriate audit, control and assurance systems are in place.
- Formulates the financial strategy and ensures the organisation’s financial viability.
- Safeguards the organisation’s assets.
- Ensures efficient and effective use of resources.
- Ensures compliance with all relevant legislation.
- Approves the risk strategy and sets the risk appetite.
- Appoints members of statutory committees and other GCC Partners.
- Maintains high standards of corporate governance.
- Decides all matters relating to its governance framework, including its Scheme of delegation and Standing Orders.
• Exercises oversight of the GCC’s activities by ensuring that they are aligned with the strategic direction by:
  o Holding the Executive to account for the management of the GCC’s day to day operations ensuring that resources are used properly; and
  o Ensuring that decisions are made in accordance with the GCC’s responsibilities and duties
• Ensures effective reporting to Parliament (including approving the annual report and accounts), the Professional Standards Authority, registrants and others.
• Undertakes those functions of the Council not otherwise delegated to the Chair, the Chief Executive and Registrar or the committees
• Considers reports of the Registrar relating to fraud or error in relation to registration.
• With the approval of the Privy Council, recognises qualifications or withdrawing their recognition.
• Appoints Legal Assessors and Medical Assessors.
• Hears appeals against decisions of the Registrar (by delegation to its Registration Appeals Committee).
• Appoints financial auditors and ensures that the accounts are audited.
• Approves the Annual Report and Accounts.

**Appointment of the Chair of Council and deputising arrangements for the Chair**

**Chair of Council**

2. The Privy Council appoints the Chair of Council, following an open recruitment process conducted by the GCC in accordance with standards set by the Professional Standards Authority. The Council Constitution Order governs the appointment, term of office and cessation of office of the Chair of Council (paragraph 8).

**Deputising arrangements**

3. Deputising arrangements in relation to the Chair are set out in the Council Constitution Order (paragraph 9).

**Chair of the Council’s role**

4. The Chair leads the Council and has overall responsibility for ensuring that the statutory duty and functions of the GCC are fulfilled efficiently and effectively, that best use is made of resources, and that the GCC is solvent and good governance achieved. The Chair acts as the principal spokesperson and ambassador for the GCC.

**Leadership**

5. The Chair’s role is to:

• Provide strong non-executive leadership
• Ensure that the Council sets the GCC’s strategic direction for regulation and development of the profession within the current statutory framework
• Encourage openness, transparency and accountability and high ethical standards in all that the GCC does;
• Ensure that the Council works collectively and that each Council Member puts the interests of the GCC above their own;
• Chair Council meetings effectively ensuring that required decisions are taken; and
• Communicate effectively with Council Members between meetings to ensure that business is taken forward and effective contributions can be made by Council Members.

Governance

6. The Chair’s role is also to:

• Ensure that Council monitors its performance in line with legal and regulatory compliance requirements
• Promote and uphold the public interest in all that the GCC undertakes
• Ensure that Council focuses on governance rather than management and that it underpins the strategic direction through the institution of good governance including appropriate business, financial and risk assurance
• Ensure that the Code of Conduct and other relevant provisions are adhered to by Council Members
• Ensure that the Council holds to account:
  o the Chief Executive and Registrar for the operation of the GCC’s business function and the effective management of the organisation
  o the chairs of the Investigating, Professional Conduct and Health Committees for the effective discharge of their functions.
• Take decisions on minor, non-contentious or urgent matters falling within the remit of the Council on reference from the Chief Executive and Registrar
• Account to the Council for his/her decisions and report to the Council (or appropriate committee) on each occasion when he/she has exercised delegated authority
• Ensure that there is an annual programme of Council meetings with agendas appropriate to the business of Council
• Make appointments to the non-statutory committees
• Provide feedback and guidance to Council Members as part of their appraisals

External Relationships

7. The Chair’s role is to:

• Represent the GCC in meetings as appropriate with leaders of patient and consumer organisations, the chiropractic profession, educational leaders and employers, other regulatory and public authorities and other interest groups, and ensure effective engagement with key stakeholders on relevant issues.
• Engage with the media on the Council’s behalf
• Develop partnership working with the Chair of the Professional Standards Authority and the chairs of the other health and care professions regulators
• Represent the GCC with international regulatory authorities
• Be accountable to Parliament and respond to directions, recommendations and requests from government departments, the Privy Council and the Professional Standards Authority

**Attendance at Council meetings**

8. The Standing Orders (see Annex 2) set out the detailed requirements for attendance at meetings.
Statutory Committees

9. The functions of each statutory committee are set out in the Act and in statutory instruments establishing the rules applicable to each committee’s proceedings.

10. The Council retains accountability for monitoring the effective delivery of the statutory committees’ functions and receives an annual report from the chair of each committee about that committee’s work.

Investigating Committee (IC)

Functions

11. The role of the Investigating Committee is set out in the Act and relevant rules. It carries out the initial investigation of a complaint against a chiropractor which may allege unacceptable professional conduct, professional incompetence or matters relating to physical or mental ill health.

- To determine whether there is a case to answer concerning allegations that a registered chiropractor:
  a. he (or she) has been guilty of unacceptable professional conduct;
  b. he has been guilty of professional incompetence;
  c. he has been convicted (at any time) in the United Kingdom of a criminal offence; or
  d. his ability to practise as a chiropractor is seriously impaired because of his physical or mental condition

in accordance with section 20(1) of the Act.

- To exercise, additionally, powers under the following:
  a. section 20(11), where it considers a criminal conviction has no material relevance to the fitness of an individual chiropractor to practise chiropractic;
  b. section 20(12), to refer an allegation to either the Health Committee or the Professional Conduct Committee, where it concludes that there is a case to answer;
  c. section 20(13), where it concludes that there is no case to answer;
  d. section 21(2),(3) and (4), where the Committee may order the interim suspension of a chiropractor from the Register in order to protect members of the public;
    i. section 21(5) and (6) relating to hearings in relation to interim suspension order applications; and
    ii. hearings under section 10 where the Registrar proposes to suspend a chiropractor’s registration for fraud or error in relation to registration.
Meeting Frequency
12. By invitation of the Registrar or their nominee.

Membership

Ordinary members

13. The Committee consists of not more than 30 persons.

Co-opted members

14. The Committee may co-opt up to 5 members, subject to rule 5 of the Statutory Committee Rules.

Quorum

15. Three, of which at least one must be lay person and one a chiropractor. The chair of any panel must be a lay member.

Professional Conduct Committee (PCC)

Functions

16. The role of the Professional Conduct Committee is set out in the Act and relevant rules. It hears cases concerning allegations of serious unacceptable conduct, incompetence or convictions and, where the PCC finds any such case proved, impose an appropriate sanction on the chiropractor concerned.

17. To determine allegations referred to it under section 20 or rules made under section 26(2)(a), in accordance with section 22 of the Act.

18. To exercise powers under sections 22(3), 22(4), 22(6) and 22(8) of the Act.

19. To publish reports in accordance with section 22 (14) about the way in which it has dealt with allegations referred to it.

20. To exercise interim powers of suspension in accordance with section 24, and the revocation of interim suspension orders under section 25.

21. To receive advice from Medical Assessors under section 28(2).

22. To receive advice from Legal Assessors under section 27(2).

Meeting attendance

23. On an as-needed basis by invitation of the Registrar or their nominee.

Membership

Ordinary members

24. Not more than 30 persons who are chiropractors or lay persons appointed to the Committee by the Council.

Co-opted members
25. The Committee may co-opt members subject to Rule 11 of the Statutory Committee Rules.

Quorum
26. Three, of whom at least one must be a lay person and one must be a chiropractor.

Health Committee (HC)

Functions
27. The role of the Health Committee (as set out in the Act and relevant rules) is to consider cases in which a chiropractor’s fitness to practise is alleged to be seriously impaired by their physical or mental condition and if the allegation is upheld, to take appropriate action in the interests of the public and the chiropractor.

28. To determine allegations referred to it under section 20 of the Act or rules made under section 26(2)(a), in accordance with section 23.

29. To exercise powers under sections 23(2), 23(4), 23(5) and 23(6) of the Act.

30. To exercise interim powers of suspension under section 24 and the revocation of interim suspension orders under section 25.

31. To receive advice from Medical Assessors under section 28(2)(d).

32. To receive advice from Legal Assessors under section 27(2)(d).

Meeting attendance
33. On an as-needed basis by invitation of the Registrar or their nominee.

Membership

Ordinary members
34. Not more than 30 persons who are chiropractors or lay persons appointed to the Committee by the Council.

Co-opted members
35. The Committee may co-opt members subject to Rule 11 of the Statutory Committee Rules.

Quorum
36. Three, of which at least one must be a lay person and one must be a chiropractor.

Health Appeal Tribunal
37. The Health Appeal Tribunal Rules Order 2000 provide for a Tribunal to be arranged should any chiropractor seek to appeal a decision made by the Health Committee. The panel for such a hearing consists of three people, one a registered chiropractor, one being a registered medical practitioner appointed by the General Medical Council, and the chair of the panel being a person nominated either by the Chair of the Bar Council.
or the President of the Law Society under the procedures set out in these Rules. The relevant procedures are detailed within the Rules.

**Education Committee**

38. The Education Committee’s role is set out in the Act.

**Functions**

39. The Committee’s purpose is to:

- promote high standards of education and training in chiropractic and to keep the provision made for that education and training under review
- provide or arrange for the provision of education or training where it considers it to be necessary with the discharge of its general duty
- be consulted by the Council on matters relating to education, training, examinations, tests of competence or recognition of a qualification.
- give advice to the Council on education, training, examinations or tests of competence either at the request of the Council or proactively
- appoint persons to visit any 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

**Meeting attendance**

40. Committee members are expected to attend all meetings, where possible. The Standing Orders (see Annex 2) include provisions about attendance at committee meetings.

**Membership**

41. The Committee’s membership is provided for in the Statutory Committee Rules. It consists of five Council Members (appointed in accordance with the Statutory Committee Rules) and five non-Council Members appointed by the Council, along with up to five co-opted members.

42. According to the Statutory Committee Rules, the Chair of the Education Committee must be a lay Member of the Council. Council shall nominate a member of the Education Committee who is also a Member of the Council to deputise for the Chair if the Chair is unable to perform the duties of the Chair for any reason.

**Co-opted members**

43. Up to five members can be co-opted to the committee, provided they are approved by the Council in accordance with rule 11 of the Statutory Committee Rules. That rule requires the submission of a curriculum vitae and explanation for the reasons for the request for co-option before the Council passes a resolution to co-opt the member.

**Quorum**

44. Five, of whom two must be Council Members.
Appointments to Statutory Committees

45. The Statutory Committee Rules provide for the appointment of members and Chairs and appropriate deputising arrangements where necessary.

46. In relation to Council Members of the Education Committee, the Chair of Council shall consider nominations of individuals who wish to serve on the Committee and determine the membership in accordance with Rule 3 of the Statutory Committee Rules. The Chair of the Education Committee will be elected by the Council from amongst the Education Committee’s ordinary membership, in accordance with Rule 4 of the Statutory Committee Rules. A deputy Chair will also be nominated by the Council.

Ceasing to be a Council Member

47. A person who ceases to be a Member of Council or who is suspended shall cease to be a member of every committee on which they sit.

Validity of proceedings

48. No proceedings of a committee will be invalidated by any defect in the appointment of a member or a vacancy among its members.

Length of appointment to committees

49. Members of statutory committees (other than those who are Members of Council) shall hold office from appointment to the committee up to the end of their term of appointment, subject to removal, resignation or suspension.

50. The terms of appointment of co-opted members of statutory committees will be agreed by the committee co-opting them, up to a maximum of 3 years.

Attendance at committee meetings

51. The Standing Orders (Annex 2) set out details about attendance at meetings and hearings.

Co-option

52. Rule 3 of the Statutory Committee Rules sets out the protocol for co-option to statutory committees.

Failure to meet quorum

53. If a meeting is not quorate, or becomes inquorate, it must be adjourned.

Suspension and Removal

54. The Statutory Committee Rules (Rules 13 and 14) set out the circumstances in which individuals may be suspended or removed from membership of any of the statutory committees, and the relevant procedure for doing so.
55. Committee members are required under the Code of Conduct to notify the GCC if they become aware that any of the circumstances that might justify suspension or removal apply to them.
Non-Statutory Committees

56. The functions and remit of each of the non-statutory committees is set out in their Terms of Reference, which are approved by the Council. The committees are accountable to the Council and each committee reports into the Council.

Audit Committee

Terms of reference

57. The Audit Committee is a non-statutory advisory committee, working within the policy and priorities agreed by the Council. Its role is to provide oversight that the necessary internal and external systems and processes are in place for identifying, managing and mitigating the risks relating to the discharge of the GCC’s statutory duties, and make recommendations for any actions to Council and the Executive as appropriate.

58. It has delegated authority for:

- Agreeing the planned activity of external audit
- Proposals for tendering the external audit services or for purchase of non-audit service from contractors who provide audit services
- Reviewing the GCC’s Strategic Risk Register and reporting to Council any significant changes
- Approval of the auditors’ remuneration whether the fees are for audit or non-audit services
- Considering reports of any critical incidents, data breaches or corporate complaints received, and the Executive’s response, and making recommendations as appropriate to the Executive and Council
- Receiving reports on the Executive’s approach to organisational performance management and corporate governance, and making relevant recommendations
- Advising the Council on the management of risk within the GCC

For the Committee’s Terms of Reference, including the detail of its various advisory activities, see Annex 3.

Meeting Frequency

59. At least three times a year in the reporting and audit cycle and otherwise as required. Some business may be appropriately conducted out of committee.

Membership

60. The membership consists of four Members of the Council (including the committee Chair) plus one independent member. The Council Members are appointed by the Chair of the Council. The appointment of the independent member is made by the Council, following a recommendation made by the Chair of the Council.
Co-opted members

61. Should the independent member of the Committee be unable to attend any meeting, the Chair of the Council may co-opt a replacement. That co-option must subsequently be reported to the Council.

Quorum

62. Three members, one of whom must be the independent member.

63. Information about the Committee can be found in its Terms of Reference - see Annex 3.

Registration Appeals Committee

Terms of Reference

64. The Council has delegated to a Registration Appeals Committee, under paragraph 15(2)(i) of Schedule One to the Act, the function of hearing appeals against decisions of the Registrar, pursuant to section 29 of the Act, and the power to make decisions in respect of such appeals.

65. The role of the Committee is to determine appeals made in accordance with section 29(1) of the Act in respect of decisions of the Registrar. It carries out that function in compliance with the General Chiropractic Council (Appeals against Decisions of the Registrar) Rules 2000 (“the Appeals Rules”).

66. For the Committee’s Terms of Reference, see Annex 3.

Meeting attendance

67. On an as-needed basis by invitation of the Chair of Council.

Membership

68. All Council Members are members of the Committee. The panel to hear any individual appeal is selected by the Chair of the Council and consists of 3 Council Members.

Quorum

69. The quorum of the Committee shall be three, including at least one chiropractic Council Member and one lay Council Member. The panel will be chaired by a lay Council Member.

70. In circumstances where the decision under appeal concerns matters of clinical practice, the third panel member will be a chiropractic Council Member. In other circumstances the third panel member will be a lay Council Member.

71. A Legal Assessor, appointed by the Council under section 27 of the Act, shall attend all hearings.
Remuneration Committee

Terms of Reference

72. The Remuneration Committee has delegated authority from the Council to determine the remuneration, benefits and terms of service for the Chief Executive and Registrar and all Directors, as well as the overall remuneration framework for all other GCC staff.

73. The Committee also advises the Council on the remuneration policy for Council and committee members and the expenses policy, and may be asked by the Council to advise on other matters. The Committee reports to the Council on its activities once a year.

74. For the Committee’s Terms of Reference, see Annex 3.

Meeting Frequency

75. The Committee meets at least once a year, more frequently if required. Some business may be appropriately conducted out of committee.

Membership

76. One of the members must be a lay Council Member, one must be a registrant (chiropractor) Council Member and there must be one independent member who has appropriate expertise. The non-independent members are appointed by the Chair of the Council. The appointment of the independent member is made by the Council, following a recommendation made by the Chair of the Council.

Co-opted members

77. Should the independent member of the Committee be unable to attend any meeting, the Chair of the Council may co-opt a replacement. That co-option must subsequently be reported to the Council.

Quorum

78. Three members, one of whom must be the independent member.

Reappointments Committee

Terms of Reference

79. The Reappointments Committee’s role is to make recommendations to the Privy Council in respect of Council Members eligible for reappointment to the Council.

80. For the Committee’s Terms of Reference, see Annex 3.

Meeting Frequency

81. The Committee is convened by the Chair of the Council and will then meet as required. It may conduct business outside of meetings by telephone and email.
Membership

82. The membership is decided by the Chair of the Council on each occasion. It will usually consist of two current Council Members who are not seeking reappointment at that time, along with one independent member.

Quorum

83. All members of the appointed Committee must be present in order for it to be quorate.

Appointments to Non-Statutory Committees

84. The Chair of Council shall consider nominations from Council members who wish to serve on the Committee and determine the membership based on the needs of Council in providing an appropriate balance of skills and turnover across the governance structure. Any appointment must be reported to the Council.

85. Appointment of independent members to the Audit Committee and Remuneration Committee is made by the Council, following a recommendation made by the Chair of the Council.

86. No Council member/person shall serve more than eight years as a member of any single non-statutory committee.

Appointment of chairs and deputising arrangements

Chairs

87. The Chair of the Audit Committee is appointed by the Chair of the Council.

88. The Chair of the Remuneration Committee is appointed by the Chair of the Council. The Chair of any Registration Appeals Committee panel is also appointed by the Chair of the Council.

89. These appointments are reported to the Council.

Deputising arrangements

90. In the event of the absence of the Chair of a non-statutory committee, the Chair of Council will ask a member of the Committee to take the chair for one or more meetings of the Committee or may appoint a Deputy Chair.

91. In the event of the unexpected absence from a committee meeting of the Chair of the committee, any appointed Deputy Chair, and anyone appointed by the Chair of the Council to chair the meeting in question, a quorate committee may itself elect an individual from amongst its members to chair that meeting.

Role of chairs of non-statutory committees

92. The Chairs are responsible for ensuring that the committee discharges its role effectively. They must consult with the Executive in setting the agenda for each meeting and will be responsible for monitoring the implementation of the committee’s
decisions. The Chairs of the non-statutory committees are responsible for carrying out appraisals of non-Council committee members (other than independent members, who are not subject to appraisal under the GCC scheme).

**Ceasing to be a Council Member**

93. A person who ceases to be a member of Council or who is suspended shall at the same time cease to be a member of every non-statutory committee on which they sit.

**Validity of proceedings**

94. No proceedings of a committee will be invalidated by any defect in the appointment of a member or a vacancy among its members.

**Length of appointment to non-statutory committees**

95. Membership of the non-statutory committees will be reviewed annually by the Chair of the Council and be determined by the needs of Council in providing an appropriate balance of skills and turnover across the governance structure.

**Co-option to non-statutory committees**

96. Currently, none of the non-statutory committees have any powers to co-opt additional members to their committees - other than in the event that the independent committee member is unable to attend a particular meeting of the Audit Committee. In such circumstances, an alternative independent member will be co-opted to attend that meeting as provided for above.

**Attendance at committee meetings**

97. The Standing Orders (see Annex 2) sets out details about attendance at meetings and hearings.

**Failure to meet quorum**

98. If a meeting is not quorate, or becomes inquorate, it must be adjourned.

**Removal from non-statutory committees**

99. A member of a non-statutory committee who is not a member of Council shall be removed from office in accordance with the Statutory Committee Rules as if they were a member of Council.

**Ad hoc working groups**

100. From time to time, ad hoc working groups may be established by the Council to develop policy in new areas or to review specific issues. The composition of these groups will reflect all the necessary expertise to take forward the issue in question. The
constitution, role, terms of reference and the life span of the group will be agreed by the Council at the outset.

**The Executive**

101. The Executive comprises all staff members of the GCC, led by the Chief Executive and Registrar and the Senior Management Team.

**Senior Management Team (SMT)**

102. The SMT acts as a board of management and comprises:

- Chief Executive and Registrar
- Director of Education, Registration and Standards
- Deputy Chief Executive and Director of Resources

103. The collective responsibility of the SMT is to:

- Prepare strategic plans, business plans and budgets for agreement by Council
- Implement an annual business plan within the budget agreed by Council and prioritise and allocate resources appropriately
- Develop strategies and major policy proposals to a stage where they can be considered by the Council or its committees
- Provide support to statutory and non-statutory committees in discharging their roles
- Liaise with all relevant stakeholders to ensure that policy development and decision making is fully informed
- Monitor operational and financial performance and alert Council to any issues that have a bearing on the performance of the GCC as a regulator
- Evaluate and managing risks that might impact on the operational effectiveness or public confidence in the GCC.

**Chief Executive and Registrar**

**Statutory Duties**

- To establish and maintain the register of chiropractors (section 2(3) of the Act and The General Chiropractic Council (Registration Rules) Order of Council 1999 ("the Registration Rules").
- To carry out such other functions as the Council may direct (section 2(4) of the Act).
- To consider whether applicants for registration are of good character and in good health (section 3 of the Act and rule 5 of the Registration Rules).
- To consider whether applicants for registration from outside the UK have reached the required standard of proficiency (section 3(6) of the Act and the General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules Order of Council 2002).
• To consider certain matters relating to Conditional Registration (section 4 of the Act).
• To deal with temporary registration for visiting chiropractors from relevant European States (section 5A of the Act).
• To enter a note in the register of the details of every suspension of registration (section 7 of the Act).
• To refer applications for restoration to the register from individuals who have previously been struck off the register to the Professional Conduct Committee, and to register applicants when directed by the Committee (section 8 of the Act).
• To investigate allegations of fraud or error in the register and report on the investigation to Council; to suspend registration during investigation if satisfied it is necessary to protect members of the public and to remove the registration on the order of Council, subject to the right of appeal (section 10 of the Act).
• To suspend or remove a chiropractor's name from the register where ordered to do so by the Investigating Committee, Professional Conduct Committee or Health Committee (sections 21-25 of the Act).
• To invite members of the Investigating Committee, Professional Conduct Committee and Health Committees to attend meetings of the committees (see the General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009, as amended by the General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2010).
• To collect entry fees, retention fees and restoration fees; in accordance with Schedule 2 of the Registration Rules as amended by the General Chiropractic Council (Registration) (Amendment) Rules 2009 and the General Chiropractic Council (Registration) (Amendment and Repayment) Rules.
• To deal with continuing professional development requirements (including issuing of final warnings, and removal from the register for failure to comply with the requirements) (see the General Chiropractic Council (Continuing Professional Development) Rules Order of Council 2004).
• To deal with professional indemnity insurance requirements as per section 37 of the Act and in accordance with the General Chiropractic Council (Professional Indemnity Insurance Rules) 1999 as amended by the Health Care and Associated Professions (Indemnity Arrangements) Order 2014, and according to the General Chiropractic Council (Indemnity Arrangements) Rules 2015.

Other duties

104. Directing the affairs and managing the resources of the GCC within the strategic framework established by the Council. In exercising his/her remit, the Chief Executive and Registrar has delegated authority to act in any matter that is not expressly reserved to the Council and does not properly fall within the remit of the Chair of Council.

105. The Chief Executive and Registrar is accountable to the Council for his/her decisions and must provide such reports as the Council may require in order to carry out its role effectively.
The responsibilities of the Chief Executive and Registrar include:

- Ensuring that the statutory functions of the GCC are discharged in accordance with the legislation and protection of the public.
- Making proposals to Council regarding the development of, or changes to, legislation and seeking the Privy Council’s consent to the Council’s decisions.
- As Registrar, making decisions about registration and professional conduct matters in accordance with the legislation.
- Formulating and making proposals to the Council regarding strategy and statutory policy and implementing the Council’s decisions.
- Formulating and making proposals to the Council regarding financial strategy, reserves policy and fee strategy and implementing the Council’s decisions.
- Formulating and making proposals to the Council regarding the annual business plan and budget and implementing the Council’s decisions;
- Implementing an effective system for the management, monitoring and reporting of performance; and
- Deciding all matters relating to organisational structure and the management of staff, within the framework and budget agreed by the Council.
- Implementing an effective system of internal control, within the framework agreed by the Council and ensuring that significant matters are reported to the Council.
- Implementing the risk management framework agreed by the Council ensuring that risks are identified and evaluated, that appropriate measures are put in place to mitigate risks and that progress is monitored and reported.
- Securing the effective, efficient and economic use of resources, ensuring financial propriety and keeping proper records of account;
- Leading the Senior Management Team in collective management of the GCC.
- Reporting to the Professional Standards Authority and Parliament.
- External relations and international affairs.
- Ensuring effective governance of the GCC.

In order to carry out his/her responsibilities effectively the Chief Executive and Registrar may delegate such matters as he/she considers appropriate.

Scheme of delegation

Delegation of power

The scheme of delegation details all the GCC’s responsibilities under the Act. It specifies where responsibility for ensuring the achievement of the GCC’s statutory responsibilities lies. Some responsibilities, such as the making of rules, are reserved to the Council. Delegation might be to the Chair of the Council or to the Chief Executive, in his/her capacity as Registrar or as head of the Executive, or to a committee or to an ad hoc working group. The scheme also sets out the authority delegated to committees by the Council, outside of that provided for in the Act.

Other than where functions are specifically delegated to committees, the Council regards the Chief Executive and Registrar as its main point of delegation and holds the
post-holder accountable for implementing the strategic aims set by the Council. The 
Chief Executive and Registrar may delegate functions to other staff but will be held 
accountable by the Council for the discharge of all functions delegated under the 
scheme.

109. The scheme sets out:

- Matters reserved to the Council
- The Council’s functions
- Matters delegated to the Chair of Council
- The Chief Executive and Registrar’s remit and responsibilities
- The statutory and non-statutory committees
- Matters delegated to the Audit Committee or the Remuneration Committee

Withdrawal of delegated power

110. The Scheme remains in force unless it is amended or revoked by Council.

Exercise of delegated power

111. Where power is delegated under this Scheme, the power must be exercised in a 
manner which is consistent with the GCC’s statutory objectives, other relevant 
legislation and the current business plan.

Matters reserved to the Council

112. The Act provides for the Council to:

a. Develop and regulate the profession of chiropractic.

b. Establish committees and regulate their procedure.

c. Appoint the Registrar.

d. Make rules as provided for under the Act in order to discharge its functions.

e. Publish the register.

f. Consider reports of investigations in relation to fraud or error in relation to 
registration.

g. Consult the Education Committee on matters relating to education, training, 
examinations or tests of competence.

h. Determine the standard of proficiency.

i. Recognise qualifications, assign conditions (and withdraw recognition).

j. Prepare and publish and keep under review a Code of Practice.

k. Appoint Legal Assessors, Medical Assessors and members of the statutory 
committees (including the approval of co-options).

l. Consider appeals against decisions of the Registrar.
m. Ensure that accounts are audited.
n. Keep and publish accounts and publish an annual report and strategic plan.
o. Delegate to any of its committees any functions other than any power to make rules.

The table provided in Annex 4 sets out the matters reserved to the Council and those delegated to the Chief Executive and Registrar.

**Matters delegated to the Chair of the Council**

113. The remit of the Chair is (a) to chair meetings of the Council and (b) to manage the affairs of the Council as the governing body of the GCC, within the governance framework established by the Council. In exercising his/her remit the Chair has delegated authority for:

- Determining the general nature and timing of the Council’s business
- Appointing the members and Chairs of the non-statutory committees and working groups of the Council
- Conducting the process for the appointment of the Chief Executive and Registrar.
- Authorising action on minor, non-contentious matters falling within the responsibilities of the Council, on reference from the Chief Executive and Registrar.
- Authorising urgent decisions necessitating a decision outside a Council meeting. In such cases the Chair will consult with the Chief Executive and Registrar and, where relevant, the chair of the committee concerned with the issue. Any action taken will be reported at the next Council meeting and recorded in the minutes.
- Conducting regular appraisals of Council members and other individuals as specified.
- Conducting the annual appraisal of the Chief Executive and Registrar
- Reporting to the Council (or appropriate committee) on each occasion when he/she has exercised delegated authority
Matters reserved to the Education Committee

114. The Act provides for the Education Committee to:

- Advise the Council on the recognition of qualifications in accordance with section 14(6) of the Act.
- Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.
- Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.
- Exercise powers to require information from chiropractic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.

Matters delegated to committees and ad hoc working groups

115. Matters delegated by Council to non-statutory committees are set out in their individual Terms of Reference - see Annex 4.

116. Where any matter is to be delegated to an ad hoc working group it will be set out in the terms of reference of that working group.

Matters delegated to the Chief Executive and Registrar

117. The Chief Executive has responsibility for all matters provided for specifically within the Act in their role as Registrar and additional matters as set out under Role of the Chief Executive and Registrar, as set out above.
Financial Procedures

Financial management

1. The Financial Procedures that the GCC has put in place are a key mechanism for managing the organisation’s key financial risks and establish a framework within which the internal financial control systems are built. They form an essential part of the governance structure, setting out the financial responsibilities, policies and procedures adopted by the GCC. They are designed to ensure that the GCC’s financial transactions are carried out appropriately in fulfilment of the organisation’s statutory duties and in compliance with standards of good governance.

2. The Chief Executive and Registrar is responsible for the day to day management of the GCC’s financial operations in accordance with these procedures, including ensuring value for money, control of gross expenditure and gross income against approved budgets, and compliance with statutory requirements in respect of the keeping and publication of accounts. The Chief Executive and Registrar may delegate responsibility for financial management to a member of staff and for that purpose it shall be the Director of Regulation and Resources.

3. The Director of Regulation and Resources shall ensure there are written policies and procedures in place, and that a robust control framework exists, for the effective management of the financial operation, including controls against inappropriate expenditure and prevention of fraud. The detailed internal financial control systems are set out in separate Financial Regulations which are regularly reviewed (at least annually) by the Director of Regulation and Resources (see Annex 4).

4. Quarterly Management Accounts are prepared by the Director of Regulation and Resources. The Senior Management Team consider the overall financial position of the GCC and any deviations from budget. Council will receive financial management information at every meeting in the form of the Performance Report.

5. Any concern about serious non-compliance with the Financial Procedures or Financial Regulations by a Council Member, GCC Partner, or staff member will be reported immediately to the Chair of the Audit Committee. The Audit Committee requests a report on compliance with the Financial Procedures and Financial Regulations from the Director of Resources and Regulation on an annual basis.

6. The roles of the Audit Committee and the Remuneration Committee are set out above. For their Terms of Reference, see Annex 4.

Accounting

7. The Director of Regulation and Resources is responsible for all accounting procedures and records and shall ensure procedures comply with all current accounting requirements and best practice.

8. The Director of Regulation and Resources will facilitate the annual financial audit and will comply with all reasonable requests from the auditors. The Director of Regulation
and Resources will report to the Chief Executive and Registrar on the progress of the
audit, any issues raised and the proposed methods for resolving such issues.

9. The auditors will produce an Audit Findings Report (AFR), which will be submitted to
the Audit Committee for consideration. Once endorsement from the Audit Committee is
received, the AFR and Letter of Representation will be presented to Council.

10. The GCC’s Annual Report and Accounts shall be published in full on its website.

11. The Audit Committee has responsibility to ensure the external auditors appropriately
scrutinise the financial records and offer value for money. It shall recommend to
Council the appointment or removal of the external auditors.

Annual Business Plan, Budget, and Annual Report and Accounts

12. The Director of Regulation and Resources is responsible for preparing the annual
Business Plan (delivering the aims set out in the Strategic Statement) and all annual
budgets (including a revenue budget and capital programme) and financial forecasts
(including updating the three year annual forecast), as well as monitoring and control of
expenditure against budgets.

13. Council shall receive annually the Business Plan and Budget for consideration, scrutiny
and approval. If any Director believes that an individual budget may be overspent or
underspent, he or she shall inform the Chief Executive and Registrar, who will have
authority to transfer funds between budget allocations. Budget transfers must be
reported to the Council.

The Chief Executive and Registrar is responsible for their being lodged with
Parliament.

Budgetary Control

15. The Director of Regulation and Resources is responsible for monitoring the GCC’s
financial performance against budget regularly and reporting on adverse variances
(and remedial actions) to the Chief Executive and Registrar and to the Council, as set
out in more detail in the Financial Regulations. A management year-end forecast is
provided at each of the second, third and final Council meetings in each year.

Borrowing and lending

16. Funds may only be borrowed with the prior approval of Council, having received details
of the reason for the borrowing, the proposed lender, the sum to be borrowed, the
security provided, the rate of interest and repayment terms.

17. With the exception of staff season ticket loans (repayable in full by the employee), the
GCC shall not lend funds under any circumstances.
Income, banking and investment

18. The Director of Regulation and Resources will ensure that income received is kept secure and promptly banked. The Director of Regulation and Resources is responsible for liaison with the GCC’s bankers in relation to its bank accounts and the issue of cheques. Only the Chief Executive and Registrar may open or close a bank account for dealing with the GCC’s funds.

19. Investments shall be made in accordance with Council’s agreed policy. Council shall receive advice from the Director of Regulation and Resources on investment management and will review its policy annually. The Director of Regulation and Resources will monitor and draft reports on investments for the Council, including quarterly valuation reports on the investment portfolio.

Expenditure

20. Purchase orders shall be raised for all work, goods or services to be supplied to the GCC except for utility services, periodic payments, petty cash purchases or other approved exceptions.

21. Payments to suppliers (including expenses claims to individuals) shall only be made once an invoice has been authorised by an appropriate person. Invoices should be authorised by the SMT member with responsibility for a specific project or work activity, in compliance with the Financial Regulations.

22. Expenses claims for staff members, Council Members and GCC Partners will be authorised by a member of the SMT or by the Chair of the Council in accordance with the Financial Regulations.

23. Expenses claims for members of the SMT will be authorised by another member of the SMT/the Chair of the Council.

24. Cheques and other payments must be signed or authorised in accordance with the payment procedure and the bank mandate. Cheques require authorisation by two bank signatories.

25. Only members of the SMT may sign cheque payments or authorise bank transfers. No Council Members or GCC Partners may expend resources without approval from the Chief Executive and Registrar.

26. One authorised signatory may sign off payments up to £10,000. Payments exceeding this value must have two signatures, one of which must be that of the Chief Executive and Registrar.

27. Payments over £75,000 must be signed off by the Chief Executive and Registrar with either the Chair or any other Council Member authorised for such purposes.

28. A limited number of GCC Corporate Credit Cards exist. Held by SMT members the cards are used for purchasing small items, such as travel tickets, and for expenses while out of the office on business. The reconciled statements must be authorised by another member of the SMT/the Chair of Council.
29. The Director of Regulation and Resources is responsible for ensuring the proper authorisation and collation of information for the GCC’s outsourced payroll service for payment of salaries, allowances and expenses of staff, Council Members and GCC Partners, in accordance with the Financial Regulations, as well as for day to day pension matters.

**Staff expenses**

30. The GCC will reimburse staff for expenses reasonably incurred in the normal course of business, subject to compliance with the expenses policy, including the provision of receipts.

**Systems**

31. The Director of Regulation and Resources shall ensure that there are appropriate computer back-up and disaster recovery procedures in place for the GCC’s systems including the accounting and chiropractic register systems.

**Procurement of services**

32. The GCC has a detailed policy governing procurement and tendering, setting out relevant principles, criteria and appropriate procedures. The primary objective of the GCC’s policy (see Annex 4) is to obtain value for money and comply with the requirement of regularity and propriety. All procurement must comply with the policy.

**Assets**

33. The Director of Regulation and Resources shall keep a register in respect of items of land, buildings, fixed plant, machinery and equipment with a cost of £2,500 or more. The Director of Regulation and Resources shall ensure the safe custody of title deeds and contracts relating to the assets owned.

**Security and fraud**

34. The Director of Regulation and Resources shall ensure procedures exist to control the entry to the GCC’s offices and to keep all occupants safe.

35. The risk of fraud is minimised through a continuous programme of independent audit, including the annual financial audit. Any fraud or suspected fraud must be raised with the Chief Executive and Registrar immediately.

**Insurance**

36. The Director of Regulation and Resources shall ensure the GCC receives appropriate advice, obtains quotes, negotiates claims and maintains the necessary records of insurance. The Director of Regulation and Resources shall ensure that the organisation carries adequate insurance, in accordance with its overall risk management strategy. The current insurance policies cover:

- Professional Indemnity Insurance
• Combined Professional Business Policy
• Internet and Email
• General Liability
• Employers Liability
• Property and Buildings
• Directors and Officers Liability
• Employment Practices Liability
• Terrorism Insurance.

37. Any member of the Executive or non-executive who becomes aware of any event which may give rise to an insurance claim or of any incident or issue that they feel may jeopardise any insurance policy in existence should notify the Director of Regulation and Resources or the Chief Executive and Registrar immediately.
Whistleblowing policy for staff, Council Members and GCC Partners

About this policy

1. The term whistleblowing is used to describe incidents where a member of staff or a member of Council or GCC Partner discloses some alleged wrongdoing within the organisation, publicly or internally but bypassing normal reporting lines.

2. This policy is separate from our policy on how we handle concerns relating to the fitness to practise of individual chiropractors, or complaints about people practising chiropractic while unregistered.

3. The Public Interest Disclosure Act 1998 aims to promote greater openness in the workplace and while it reinforces the obligations for staff not to disclose to external sources any confidential information acquired during the course of their employment, it protects ‘whistleblowers’ from detrimental treatment, such as victimisation or dismissal, for raising concerns about matters when such concerns are raised in the public interest.

4. This policy provides a means by which staff, Council Members and GCC Partners can make a disclosure if they have reasonable grounds for believing there is serious wrongdoing within the organisation. The issues of concern may include:
   - a criminal offence is being committed, or is likely to be committed, including suspected fraud or misuse of funds
   - a person has failed, is failing, or is likely to fail to comply with a legal obligation
   - a miscarriage of justice has occurred, is occurring or is likely to occur
   - an individual’s health or safety, is being, or is likely to be put at risk
   - the environment has been, is being, or is likely to be damaged
   - you have information that any of the above has been, is being or is likely to be deliberately concealed.

5. The policy also aims to ensure that anyone who makes a disclosure in such circumstances will not be penalised or suffer any adverse treatment for doing so, regardless of whether their concern is proved unfounded.

6. The policy does not apply to personal grievances concerning an individual’s terms and conditions of employment or other aspects of the working relationship, complaints of bullying or harassment, or disciplinary matters which are all covered by separate policies.

Raising a concern

Staff members

7. In the first instance, you should normally raise the concern (preferably in writing) with the Chief Executive and Registrar.
8. If the issue concerns the Chief Executive and Registrar you should raise it (preferably in writing) with the Chair of Council. Concerns about the Chair of Council should be raised with the Chair of the Audit Committee.

Council Members and GCC Partners

9. In the first instance you should normally raise the concern with the Chair of the Audit Committee via the following email address [to add].

10. As far as possible you will be assured of confidentiality unless at a later stage this becomes unavoidable (for example where an investigation leads to action under disciplinary procedures or criminal or civil proceedings and your evidence is likely to be required). Remaining anonymous can however, in some cases make any potential investigation more difficult and lengthier.

11. The person receiving the disclosure will be responsible for ensuring that the issue is investigated, if they decide that an investigation is warranted. Before doing so, they will inform the Chief Executive and Registrar, the Chair of Council, or the Chair of the Audit Committee as appropriate. In all cases, an independent person may be appointed to investigate the concerns raised.

12. If the person receiving the disclosure decides there are insufficient grounds to warrant an investigation, they will explain this to you giving reasons for their decision. You may then make the disclosure directly to the Chair of the Council or to the Chair of the Audit Committee and ask them to re-consider the decision not to investigate. In the event that the disclosure is about the Chair of the Council and it was the Audit Committee Chair who decided not to investigate, you may instead make the disclosure directly to the independent member of the Audit Committee and ask them to re-consider the decision not to investigate. The independent member of the Audit Committee can be reached via email: [to add]

Investigating your concerns

13. Any investigation will be handled as sensitively and speedily as possible. You will be notified of the timetable for the investigation. This will depend on the nature of the concern but we will endeavour to complete the investigation within three months. The person or people against whom the disclosure is made will be told at an early stage and will be allowed to respond. Their confidentiality will be respected. The name of the person making the disclosure will not be disclosed at this stage.

14. You will be kept informed of the progress of the investigation and notified if there are delays, with an outline of the reason for the delay. At the end of the investigation (subject to any legal constraints) you will be advised of the outcome in writing.

15. If in the course of the investigation any concern raised appears to the investigator to relate more appropriately to grievance, bullying, harassment or discipline, or a breach of the GCC's Code of Conduct, the relevant procedures will be invoked.

16. The person initiating or undertaking the investigation will ensure that the findings are reported to the Chief Executive and Registrar, Chair of the Council or Chair of Audit
Committee as appropriate, who will determine what action should be taken. The report of the investigation and actions taken will also be reported directly to the Audit Committee, which may meet in private to consider the matter.

17. Any staff member who has made a disclosure and who feels that as a result they have suffered some detriment can submit a formal complaint under the grievance procedure. If it appears there are reasonable grounds for making the complaint the onus will be on the person against whom the complaint of adverse treatment has been made to show that the actions complained of were not taken in retaliation for the disclosure.

18. Any Council Member or GCC Partner who considers that they have suffered some detriment as a result of making a disclosure can make a complaint using the GCC’s corporate complaints procedure. Such complaints should usually be made to the Chief Executive and Registrar directly. In the event that the complaint of detriment concerns actions taken by the Chief Executive and Registrar, the Council Member/GCC Partner may instead make the complaint to the Chair of Council. If the complaint of detriment concerns actions taken by both the Chief Executive and Registrar and the Chair of Council, it can be raised with the Chair of the Audit Committee.

19. If you are considering raising a concern and want to receive independent advice before you do so then you can seek advice from the independent charity Public Concern at Work. You can find details of how they can support you at http://www.pcau.co.uk/individual-advice/advice-line or you can call them on 020 7404 6609.
Appraisal scheme for Council Members and GCC Partners

Introduction

1. The GCC recognises that the non-executive members of its governance structure (the Council Members and GCC Partners) are a most important and valuable resource. The success of the GCC in fulfilling its statutory duties and strategic objectives will depend, to a considerable extent, on the work and expertise of the GCC Partners. Through an effective scheme of annual appraisal the GCC aims to ensure that the efforts of non-executives are effectively aligned with the organisation’s strategic objectives, to provide a means of developing individuals and to enhance overall performance. Gathering feedback from GCC Partners is a valuable part of the process and providing such feedback is part of the role of all GCC Partners.

2. On appointment, Council Members and GCC Partners (other than Legal and Medical Assessors or independent members of non-statutory committees) commit to engaging constructively in the annual appraisal process. The purpose is to:
   a) Give individuals an opportunity to reflect on their achievements and successes
   b) Provide individuals with an opportunity to learn from what has not gone as expected
   c) Give individuals time to agree with their reviewer what they will be doing over the 12 months to follow
   d) Help individuals to identify any development needs to support them in their role.

Responsibility

3. The responsibility for the overall operation of the scheme lies with the Chair of the Council. The Chair’s role in this context is to ensure that all members of Council, committees, fitness to practise panel members and other relevant GCC Partners have an opportunity to discuss their performance annually, receive feedback and, where necessary, are enabled to improve any aspects of their performance that fall below standard.

4. The process is designed to include a full discussion of performance between the reviewer and the individual. It encourages self-reflection on performance. Where performance is judged to be below standard, the individual will be encouraged to improve and, where a development need requiring specific training is identified, the GCC will have a responsibility to provide that training in a timely way.

5. The GCC has developed separate appraisal guidance and forms for completion by Council Members and various categories of GCC Partners.

6. The various guidance and forms can be accessed from Annex 4.

7. It is the responsibility of the individual being appraised to prepare for the appraisal meeting – including obtaining third-party feedback on their performance – and reflect
on their performance in the period under review. The preparation should include consideration of ongoing or new work and development goals so that there can be appropriate discussion and agreement at the meeting. They should seek to vary the individuals they approach for feedback from year-to-year.

Confidentiality

8. The outcome of discussions at appraisal meetings, including all finalised paperwork, will be confidential between the reviewer and the individual and the Chair of the Council who has overall responsibility for the scheme.

9. In circumstances where the removal, termination or suspension from office/appointment is being considered then any matters relating to appraisals may be shared with those considering removal, termination or suspension.

10. The data collected and the records maintained in connection with the appraisal scheme are used solely for the following purposes:

   - Appraisal of performance of individual members and of the organisation as a whole.
   - Training and development: so that appropriate training/development is provided.
   - Reappointment: in cases where the individual is eligible for consideration for reappointment, the outcome of appraisals in each year of the term served by the individual will be a factor in the decision making.
   - Removal or termination and suspension from office/appointment: appraisal documentation may be relevant in circumstances where a member is removed or has their appointment terminated or suspended from office/appointment under the relevant provisions in the Statutory Committee Rules.
   - Monitoring the fair, equitable and appropriate application and administration of the scheme.

11. All finalised appraisal documentation will be held, on behalf of the Chair of the Council, securely at the GCC’s office. All draft documentation (electronic and paper) between the reviewer and individual should be kept by each party securely and destroyed once the final paperwork is completed and has been provided for secure storage on behalf of the Chair of Council.

12. The appraisal records will be accessible to the Chair of Council and to the Chief Executive and Registrar. All reviewers will have access to records relating to those individuals reviewed by them. All individuals will have access to their individual records.

The appraisal meeting

13. The meeting will take place at a mutually convenient time within the relevant period. The meeting will take place at a suitable location, most likely the GCC’s office. The meeting should take place in an atmosphere of mutual respect, cooperation and support.

14. At the discretion of the reviewer and with the consent of the individual concerned, the meeting may be conducted by telephone, Skype or other electronic means.
Appraisal of the Chair of the Council
Remuneration Policy (as at 1 June 2017)

1. The Remuneration Committee advises the Council on the remuneration policy for Council and committee members and the expenses policy. It meets at least once a year and reports to Council once a year.

Fees

Council Members

2. Members of Council are paid an annual salary as set out below:
   - Chair £23,000
   - Council members £6,650

GCC Partners

Committee members

3. Committee members who are not members of Council, and members co-opted to committees are paid £300 per day based on actual attendance.

4. The same rate applies to statutory committee members and to non-statutory committee members (other than the Higher Education consultant member of the Education Committee).

5. No reading fee is payable to any committee members (including Committee chairs).

Chairs of fitness to practise panels

6. Legally-qualified chairs of the Investigating, Professional Conduct or Health Committees are paid £500 per day.

Advisory roles

7. Test of Competence Assessors are paid £300 per day. They are paid for a day’s reading time and for attending a full day panel meeting that takes place the day before each Test of Competence assessment day to prepare for the assessments. Should the Chair of the Test of Competence Assessment panel be required to additional work to review further evidence submitted, they are paid an additional half-day’s fee.

8. Legal Assessors are paid £600 per day, plus a £200 reading fee. Additional time spent outside of a meeting/hearing will be paid at the rate of £85.71 per hour.

9. There is no fixed fee in regard to Medical Assessors. Rates are agreed between the GCC and Medical Assessors on a case by case basis, as the need arises.

Fitness to practise panellists

10. A number of additional policies apply to members of fitness to practise committees as set out in the table below.
Cancellation fees

If fitness to practise panels are cancelled, in respect of each day of the hearing, the following will be reimbursed to those members affected:

Prior to hearing

0-5 working days’ notice: full fee

6-10 working days’ notice: half fee

More than 10 working days’ notice: no fee

Out-of-pocket expenses incurred by a panel member will continue to be reimbursed. For example, if a registrant member has arranged a locum who would in turn have to be paid for the full number of days booked, they should continue to be reimbursed for that expense.

11. All Council Members and GCC Partners may have their expenses reimbursed in accordance with the remuneration policy set out below.

12. Annual fees and daily attendance rates are reviewed annually by the Remuneration Committee, which makes a recommendation to the Council. Expenses are also reviewed by the Committee as required by changes in the external financial environment.

13. A standard system for the payment of allowances and expenses has been implemented via the GCC payroll.

14. Members are responsible for their own tax arrangements and it is recommended that they seek guidance from a financial advisor where appropriate.

15. Travel from the GCC office (or from the location of the GCC committee hearing or Test of Competence Assessment) to other non-GCC business should be paid by the other organisation or at least shared. Please make these arrangements prior to travel. The GCC reserves the right to add an administrative charge if it needs to reclaim from an alternative organisation.

16. Council Members’ and GCC Partners’ expenses will be paid if supported by appropriate receipts in accordance with the Expenses Policy in force at the
time. If no receipt is available, agreement of the Executive is required before a claim can be made:

**Booking arrangements**

17. Hotel accommodation required by Council Members and GCC Partners for the purposes of GCC business must not be arranged independently, but through the appropriate member of GCC staff, who will have access to the GCC’s corporate account.

**Publication policy**

18. The fees and expenses of Council Members and GCC Partners are published in the GCC’s Annual Report.
Register of Interests

Conflicts of Interests Policy

Introduction

1. The Chiropractors Act 1994 requires the GCC to establish and maintain a system for the declaration and registration of the private interests of its members, as well as to publish these interests.

2. Failure to manage conflicts of interests effectively runs the serious risk that the GCC could be perceived to be acting improperly, rendering its actions and decisions vulnerable to legal challenge.

3. The GCC strives to ensure transparency and probity in the fulfilment of its statutory functions. In so doing, it aims to avoid any appearance of impropriety or conflict of interest that would undermine confidence in the regulatory process.

4. Best practice in corporate governance requires that this policy applies not only to Council Members but all those acting on behalf of the GCC, including members of committees who are not Members of Council, co-opted members of committees and working groups, Legal and Medical Assessors, Education Visitors, Test of Competence Assessors, and any other office holders.

5. Members of the Executive are also required to follow the principles set out in this policy and notify the Chief Executive and Registrar of any potential or actual conflicts of interest between their work and any non-work activity.

What is a conflict of interests?

6. A conflict of interests can arise in any situation where the personal interests of an individual (or the responsibilities or allegiances owed by them to another body), may or may appear to influence their personal judgment, actions or decision-making.

7. In UK law the legal test for bias, derived from case law is:

   ‘whether the fair-minded observer, having considered the facts, would conclude that there was a real possibility that the tribunal was biased’ (Porter v Magill [2002] 2 AC 357).

8. A perception of wrongdoing, impaired judgement or undue influence can be just as detrimental as their actual occurrence.

9. Conflicts may be financial as well as non-financial, and may be direct or indirect. So for example, conflicts can arise from an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. preserving the individual’s reputation).

10. Conflicts of loyalty may arise in respect of an organisation of which the individual is a member or with which they have an affiliation, or from personal or professional relationships with others, e.g. where the role or interest of a family member, friend or acquaintance may influence an individual’s judgement or actions, or could be
perceived to do so. Depending upon the individual circumstances, these factors can all give rise to potential or actual conflicts of interest.

11. A conflict of interests may also be anticipatory, where the actions of an individual may be perceived to put them in a more favourable future position in relation to another party.

12. Council Members and all those who act on behalf of the GCC are expected to act impartially and objectively in carrying out the GCC's business.

13. In considering what might constitute a potential conflict, those covered by this policy should bear in mind the seven principles of public life: selflessness; integrity; objectivity; accountability; openness; honesty; and leadership.

14. There is a duty on Council Members and GCC Partners to avoid situations of conflicts of interest between the individual's personal interests and his/her GCC duties.

Procedure for registering interests

15. All those covered by this policy must declare in writing to the Chief Executive and Registrar any professional, personal or business interests which they consider may pose, or might be seen to pose, a conflict with their GCC responsibilities. The interests will then be transferred to a Register of Interests which will be made available on the public website. Annex A provides a list of examples of interests that must be declared although it cannot represent the totality of what should be declared. The Chief Executive and Registrar will be responsible for keeping the Register of Interests which will be published on the GCC website.

16. If any individual is unsure as to whether they need to declare a particular interest, they should discuss it with the Chair of the Council, the relevant committee chair or the Chief Executive and Registrar. The final decision on whether a matter is a conflict of interests is taken by the Chair of the Council.

17. On appointment, all Council Members and GCC Partners are asked to complete a form setting out details of any personal interests. All individuals concerned will be invited to review and update their declared interests on an annual basis and aside from this, are required to amend their entries to reflect any changes as soon as possible.

18. The completed declaration form should be returned to the Chief Executive and Registrar. The form is accessible from Annex 4.

Procedure for declaring interests

19. Where a potential or actual conflict arises in the course of GCC business (for example, in the course of a meeting or when invited to take part in another GCC activity) the individual should declare at that time that they have a potential or actual conflict of interest.
20. The categories of interest, together with their effect on participation in the issue for
discussion/decision are:

**Indirect interests**

21. Interests that do not directly relate to specific issues for discussion. In such
circumstances, while the interest must be declared, there is no reason not to
participate in the discussion or decision.

**Direct interests**

22. Interests with direct relevance to specific items of business such that a fair-minded
observer, having considered the facts, would conclude that there was a real
possibility that the individual was biased in any discussion or decision.

23. In such circumstances it will not normally be permissible to participate in any relevant
discussion or decision and the individual should withdraw from the meeting.

24. Should the Chair of the Council or relevant committee decide, following a
consideration of the likely impact of the interest, that it is appropriate for the
individual to participate in the discussion or decision this must be recorded, with
reasons, in the minutes of the meeting.

25. Where an interest has been declared, the Chair of the Council (or Chair of a
Committee) will decide whether it is appropriate for that Member of Council or office
holder to participate in a relevant discussion or decision.

26. If any member is unsure in advance of a meeting as to whether they need to declare
a particular interest, they should discuss it with the Chair of Council, the relevant
committee chair or the Chief Executive and Registrar. The final decision on whether
a matter is a conflict of interest is taken by the Chair of Council. If there are any
queries over any aspect of this policy please contact the Chief Executive and
Registrar, in the first instance.

**Interests which must be declared**

27. The following interests must be declared:

**Direct Pecuniary Interests**

28. These will arise where there might be a direct bearing on the financial position of the
Council Member or GCC Partner. They are likely to arise in relation to employment
(whether current, recent or anticipated) by a chiropractic educational institution or
payment by an association, company or other body seeking to contract with or
otherwise influence the GCC’s policies.

29. Council Members and GCC Partners should declare any consultancies, directorships
or advisory positions.
**Indirect Pecuniary Interests**

30. An indirect pecuniary interest may arise from connections with persons (e.g. spouses/partners, other close family members, or associates) companies or other bodies that have a direct pecuniary interest.

**Non-Pecuniary Interests**

31. This type of interest may arise in a situation where membership of a club, association or other organisation by the Council Member or GCC Partner or a family member or close associate of them, could give rise to a situation where members of the public might perceive or reasonably infer that the Council Member/GCC Partner’s judgment might be influenced in relation to an item of GCC business, irrespective of any financial impact. Examples include membership or the holding of an office within any professional bodies or specialist societies whether in the public, private or voluntary sector; or membership of a political party or pressure group, or any close personal ties with the GCC’s advisers, Executive or prospective advisers.

‘association’ includes:

- being a trustee, governor, director or other office holder
- being an employee
- any other paid or unpaid association, e.g. as a consultant, adviser or external examiner
- ‘Current, anticipatory or recent’:
  - the individual’s association with the institution is active at the time
  - the individual expects to have a future association with an institution
  - the individual’s association lapsed less than four years ago
- ‘chiropractic educational institution’:
  - an undergraduate chiropractic provider that already offers a course recognised by the GCC
  - an undergraduate chiropractic provider that is known/anticipated to be seeking such recognition
  - a provider of post-graduate or continuing professional development courses in chiropractic.
Complaints about Council Members and GCC Partners

Introduction

1. The General Chiropractic Council (GCC) is committed to providing a high quality, accessible service in accordance with its statutory objective which is ‘to regulate and develop the profession of chiropractic’. Any complaints or concerns raised regarding Members of the GCC’s Council or a GCC Partner, or other individuals acting on behalf of the organisation, and who are covered by the GCC’s Code of Conduct, will be fully investigated and appropriate action will be taken.

Scope

2. The process outlined in this document provides a formal route for complaints to be raised with the GCC. However, those who make a complaint are encouraged, wherever possible, to raise concerns directly with the individual concerned in the first instance, in order to seek an early resolution of the issue. Where this does not resolve the issue, or in situations where this is not appropriate, the process set out in this document may be used.

3. This process is for dealing with complaints against those individuals bound by the GCC’s Code of Conduct. This process is not designed to deal with complaints about a staff member of the GCC. These complaints are dealt with under the GCC’s corporate complaints procedure, details of which can be found on the GCC’s website at https://www.gcc-uk.org/about-us/complain-about-the-gcc/.

4. This document summarises the process that the GCC will follow in relation to formal complaints about Council Members or GCC Partners. A detailed procedure relating to complaints about Council Members is included within Annex 4. In the event of a formal complaint about a GCC Partner (as opposed to a Council Member), the Chair of the Audit Committee will decide upon the process to be followed, as explained below.

5. Complaints by members of staff about a Council Member/GCC Partner should ordinarily be raised under the grievance procedure.

How to make a complaint

6. Complaints should be made in writing where possible, but can also be made by telephone. If a complaint is made in writing, complainants are asked to provide a contact telephone number, if a response by telephone would be convenient. If a written complaint is made by email, complainants are asked to confirm whether an email reply is acceptable and to provide a full postal address. Anyone making a complaint will need to confirm that they have no objection to the individual involved seeing the complaint, and that the information they have given is true and accurate.

7. Complaints about Council Members should be addressed to the Chair of the Council. Any complaint about the Chair of the Council should be addressed to the Chair of the Audit Committee. Complaints about GCC Partners should be addressed to the Chief
Executive and Registrar. Written complaints should be sent to the General Chiropractic Council, 44 Wicklow Street, London WC1X 9HL, marked for the attention of the Chair of the Council/Chair of the Audit Committee/Chief Executive & Registrar, as appropriate.

Any written complaint should include:

- A clear description of the circumstances giving rise to the complaint including details of which provision(s) of the Code of Conduct may have been breached
- Confirmation of whether or not the relevant concern(s) has already been raised with the individual who is or individuals who are the subject of the complaint and if so, what the outcome was
- A description of a satisfactory resolution of the issue for the complainant.
- Confirmation that the complainant has no objection to the individual involved seeing the complaint, and that the information given is true and accurate.
- The complainant’s full postal address and telephone number (and e-mail address if possible).
- The complaint should be signed by the complainant.

8. If a complaint is made by telephone, the information above will be requested. The GCC will make a note of the telephone conversation, which the complainant will be asked to sign to confirm that they have no objection to the individual involved seeing the complaint and that the information given is true and accurate.

9. Complaints should be drawn to the GCC’s attention at the earliest opportunity and ideally within six months of the issue giving rise to the complaint.

Receipt of a complaint

10. Many complaints can be resolved without formal investigation. The procedure following receipt of a complaint is as follows:

11. The GCC will acknowledge receipt of the written complaint (or signed confirmation of our note of a complaint made by telephone) within ten working days of its receipt.

12. Any complaint about a Council Member will be passed to the Chair of the Audit Committee by the Chair of the Council. If the complaint is about the Chair of the Audit Committee, the Chair of the Council will instead pass the complaint to an alternative Council Member. The GCC has a specific procedure for dealing with complaints about a member of its Council. This is set out at Annex 4.

13. Any complaint about a GCC Partner will be passed to the Chair of the Audit Committee by the Chief Executive and Registrar. The Chair of the Audit Committee will decide on the appropriate procedure to adopt in relation to such complaints, depending on the circumstances. They will seek comments from the complainant and from the individual complained about before deciding on the appropriate procedure to adopt in each case.
14. The person investigating any complaint about either a Council Member or GCC Partner will notify the individual complained about and invite him or her to make representations and may seek such other information as they consider necessary (from the complainant, from the individual complained about and/or from others).

15. There are several options open to the Chair of the Audit Committee/other individual who has responsibility for dealing with a complaint about a Council Member/GCC partner:

- Conduct/commission a formal investigation
- Dismiss the complaint without formal investigation
- Take whatever steps he/she considers appropriate to resolve the complaint informally
- Nominate another person to seek informal resolution of the complaint
- The individual dealing with the complaint will notify both the complainant and the individual complained about when they have reached a view about which of these options to pursue. Ordinary this will take place within 28 days of having received the complaint.

Informal resolution

16. If the individual dealing with the complaint reaches the view that it can be dealt with by way of informal resolution, ordinarily they will notify the individual complained about and the complainant of the proposed resolution, and provide them with an opportunity to comment on the proposal. If an informal resolution is reached, the complainant, the individual complained about and the Chair of the Council will be formally notified by the individual dealing with the complaint of that informal resolution. The GCC will note the informal resolution of the complaint on its records relating to the individual complained about.

17. A complaint that is informally resolved will not be reported to the Audit Committee other than in exceptional circumstances.

18. If a complaint that is not dismissed is not capable of informal resolution, it will ordinarily be subject to a formal investigation.

Formal investigation

19. The process that will be followed in formally investigating a complaint about a Council Member is set out in Annex 4. A formal investigation may be conducted by the Chair of the Audit Committee and/or they may instruct other persons to conduct the investigation/assist with the investigation.

20. A formal investigation into a complaint about a GCC Partner is likely to follow a similar process. The Chair of the Audit Committee will decide upon the appropriate process depending on the circumstances. They will seek comments from the complainant and from the individual complained about before deciding on the appropriate procedure to adopt in each case. They will notify the complainant and the individual complained about of the process that will be followed, the potential
outcomes from it, and the extent of any rights of appeal, before the formal investigation commences.

**Outcome of a formal investigation**

21. At the end of the investigation stage, a formal hearing into the complaint will take place. The details of this procedure are set out in Annex 4.

22. If the conclusions from an investigation into a complaint about a Council member are that the Council Member has breached the GCC’s Code of Conduct or their conduct otherwise falls below the standards expected of a Council Member, the available sanctions are:

- instructions or advice to the Council Member regarding their future conduct;
- a warning, short of recommending suspension or removal;
- provisional suspension of the Council Member, and a recommendation to the Privy Council that the Council Member shall be suspended from membership of the Council together with a recommended period of suspension;
- provisional suspension of the Council Member, and a recommendation to the Privy Council that the Relevant Member shall be removed from membership of the Council;
- informal resolution;
- any other sanction which the investigator (or, if the investigator is not a Council Member, the Chair of the Audit Committee) considers appropriate in the circumstances; or
- no sanction.

Further information about these possible outcomes is provided in Annex 4.

23. The potential outcomes of any formal investigation into a complaint about a GCC Partner will vary, according to that GCC Partner’s specific role.

24. Complaints about GCC committee members (including members of both statutory and non-statutory committees) can result in their removal from office by the Council (in accordance with Rules 13 and 14 of the General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009 (as amended)).

25. The Chair of the Audit Committee will notify the complainant and the individual complained about of the potential outcomes from a formal investigation before that investigation commences.

**Appeals**

26. As set out in Annex 4, a Council Member has a right of appeal against the outcome from any formal investigation. The complainant does not have a right of appeal.

27. Ordinarily, any GCC Partner who is the subject of a complaint that is formally investigated will similarly have a right of appeal against the outcome of a formal
investigation. The extent of any right of appeal will be addressed by the Chair of the Audit Committee in the notifications they provide about the investigation process, as set out above.

Notification of final outcome

28. The Chair of the Audit Committee will (subject to any legal constraints) notify both the individual who is the subject of the complaint and the complainant about the final outcome following any formal investigation (once any appeal period has expired, or any appeal has been decided), including a summary of the reasons for that outcome. Ordinarily that notification will be provided in writing within 10 working days of the decision as to the final outcome being reached.

29. Details of the outcome of the investigation will be retained by the GCC and may be referred to, if appropriate, during appraisal and training of the relevant individual. The outcome will also be reported to the Audit Committee.
Gifts and Hospitality

Principles

1. Members of the GCC’s Council and GCC Partners and staff are required to abide by the seven principles of public life, which apply to all in the public sector (these can be found annexed to the Code of Conduct). When applying these principles to the treatment of gifts and hospitality, additional factors need to be taken into account. These include the value of the gift, the hospitality offered, the number of staff or members in receipt of the gifts and hospitality, the circumstances and the frequency of offer.

2. The gifts and hospitality register will be reported annually to the Audit Committee by the Director of Resources and Regulation.

Gifts

3. All gifts should, where possible, be avoided and in all cases be considered very carefully before being accepted. The circumstances in which a gift is received can give rise to concern, particularly where it might be considered that the individual giving the gift was seeking to influence any decision of the GCC Council or a committee.

Hospitality

4. Hospitality should not generally present a problem provided it is recorded and is not out of proportion. For example, invitations to lunch or dinner by a trade representative without reference to any particular piece of business are more likely to be acceptable than an invitation to an event taking place in advance of a tendering exercise in which that representative has an interest.

Small gifts and incidental hospitality

5. Small gifts, such as trade calendars and diaries, and incidental hospitality, such as drinks, are acceptable in most circumstances and do not need to be recorded. But if there is a doubt about the intentions or the circumstances, then the event should be recorded.

General rule

6. The general rule is to use common sense and not put oneself in a situation where one’s integrity could be challenged.

Guidelines for the receipt of gifts

7. All offers of gifts and hospitality to Council Members, GCC Partners and GCC staff, whether accepted or not, must be recorded in the Gifts and Hospitality Register. Council Members and GCC Partners should make relevant declarations to the Director of Resources and Regulation.
8. When deciding whether to accept or decline an offer of a gift or hospitality the matter may be discussed with the Chair of the Council or the relevant committee chair or a staff member’s line manager, as appropriate, and the principles set out above must be followed.

9. The gifts and hospitality form can be found at Annex 4.
## ANNEX 4 – FORMS AND OTHER DOCUMENTS

### Table of matters reserved to the Council

<table>
<thead>
<tr>
<th>Reference</th>
<th>Chiropractors Act</th>
<th>Responsibility</th>
<th>Delegation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(2)</td>
<td>Duty to develop and regulate the profession of chiropractic</td>
<td>Council</td>
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<tr>
<td>1(3)</td>
<td>Council has such other functions as conferred under the Act</td>
<td>Council</td>
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<tr>
<td>1(4) A (and B)</td>
<td>The over-arching objective of the Council in exercising its functions (the protection of the public)</td>
<td>Council</td>
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<tr>
<td>1(5) to 1(9)</td>
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<td>Council</td>
<td>Council</td>
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<tr>
<td>2(1) and (2)</td>
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<td>2(3)</td>
<td>Duty to establish and maintain a register of chiropractors in accordance with the Act</td>
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<td>2(4)</td>
<td>Power to direct the Registrar to undertake other functions</td>
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<td>2(5)</td>
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<td>2(6)</td>
<td>Power to determine pensions, allowances and gratuities to be paid to the Registrar under their terms of office</td>
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<td>3(5)</td>
<td>Power to make rules in relation to the transitional period for registration</td>
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<td>3(6) (6A) and (7)</td>
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<tr>
<td>4 - in particular (4) (9)</td>
<td>Power to make rules in relation to conditional registration and transfer to full registration (including making rules)</td>
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<tr>
<td>Section</td>
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<tr>
<td>4(6)-(8)</td>
<td>Duty to consult the Education Committee in relation to certain categories of application for registration, and to direct the Registrar having undertaken such consultation</td>
<td>Council</td>
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<tr>
<td>5</td>
<td>Power to make rules in relation to provisional registration and conversion to full registration</td>
<td>Council</td>
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<tr>
<td>5(6)</td>
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<td>Council</td>
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<tr>
<td>6(2)-(4)</td>
<td>Power to make rules in relation to registration and the register and payment of fees, including rules about: the form of the register; the form and content of applications for registration; how the Registrar is to reach decisions about matters relevant to registration; conditions that can be imposed and removal from the register for non-compliance; how entries are made/removed from the register; reasons for decisions to make/remove entries from the register; content, assessment and conduct of any test of competence; prescribing the fees chargeable; authorising the Registrar to remove register entries (or not make entries) in the event of non-payment.</td>
<td>Council</td>
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<td>7</td>
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<td>8(8)</td>
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<td>Council</td>
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<tr>
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<tr>
<td>9(2)</td>
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<tr>
<td>9(3)</td>
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</tbody>
</table>

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3 Provisional registration has never been brought into effect.
4 See footnote above
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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</tr>
</thead>
<tbody>
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<td>Council</td>
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<td>10(1)</td>
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<td>Registrar</td>
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<td>10(12)</td>
<td>Power to make additional rules relating to suspension under 10(3), in particular in relation to the duration of any suspension</td>
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<td>11(3)</td>
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<td>12(10)</td>
<td>Power to pay fees, allowances and expenses (or to treat them as staff members) to visitors appointed by the Education Committee</td>
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<td></td>
<td><strong>Chief Executive &amp; Registrar</strong></td>
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<td>13(1)</td>
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<td>13(2)</td>
<td>Duty to publish a statement of the standard of proficiency</td>
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<tr>
<td>14(1)–(3)</td>
<td>Power to recognise qualifications if satisfied that they are/will be evidence of having reached the required standard of proficiency, with the approval of the Privy Council</td>
<td>Council</td>
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<tr>
<td>14(4)</td>
<td>Power to make rules providing for additional conditions for registration to apply (or for modifications to be made) in relation to applicants holding</td>
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<td>Reference</td>
<td>Description</td>
<td>Responsible Authority</td>
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<tr>
<td>14(5)</td>
<td>Duty to publish and maintain a list of the qualifications which are recognised</td>
<td>Council</td>
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<tr>
<td>14(6)</td>
<td>Duty to consult the Education Committee before deciding whether or not to recognise a qualification</td>
<td>Council</td>
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<td>14(7)</td>
<td>Duty to provide specific information to the Privy Council when requesting approval to recognise a qualification</td>
<td>Council</td>
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<td>14(9)</td>
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<td>Council</td>
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<tr>
<td>14(10)(b)</td>
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<td>Council</td>
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<tr>
<td>15(3)</td>
<td>Duty to specify any limitation on recognition of a qualification in the published list</td>
<td>Council</td>
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<tr>
<td>15(4)</td>
<td>Power to direct (with approval of the Privy Council) that recognition is only provided for the period in which there is compliance with any conditions imposed</td>
<td>Council</td>
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<tr>
<td>15(5)</td>
<td>Power to remove any condition at any time (with approval of the Privy Council)</td>
<td>Council</td>
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<tr>
<td>15(7)</td>
<td>Duty to inform as soon as reasonably practicable any institution that is likely to be affected by a direction given under 15(4)</td>
<td>Council</td>
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<tr>
<td>15(8)</td>
<td>Duty to notify the institution applying for recognition as soon as reasonably practicable once the application has been determined</td>
<td>Council</td>
</tr>
<tr>
<td>15(9)</td>
<td>Duty to provide reasons for the refusal of any application for recognition</td>
<td>Council</td>
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<tr>
<td>16(2)</td>
<td>Power to direct that a qualification is no longer recognised in certain circumstances (and with Privy Council approval)</td>
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<td>16(4)</td>
<td>Duty to have regard to the information</td>
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<td></td>
<td>Considered by the Education Committee and any other relevant information in relation to considering the withdrawal of recognition</td>
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<tr>
<td></td>
<td>Duty to provide that information to the Privy Council when requesting approval</td>
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<tr>
<td></td>
<td>Duty to use best endeavours to secure that anyone studying for a qualification when that qualification ceases to be recognised is given the opportunity to study for a qualification that is recognised</td>
<td>Council</td>
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<tr>
<td></td>
<td>Power to make rules requiring chiropractors to do continuing professional development</td>
<td>Council</td>
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<tr>
<td></td>
<td>Rules may include provision for registration to cease, in the event of non-compliance</td>
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<tr>
<td></td>
<td>Duty to take such steps as are reasonably practicable to consult registered chiropractors and other persons the Council considers appropriate, before making or varying rules made under section 17</td>
<td>Council</td>
</tr>
<tr>
<td></td>
<td>Power to refuse or (with Privy Council approval) withdraw recognition of a qualification if the educational institution refuses a reasonable request for information made by the Education Committee</td>
<td>Council</td>
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<td>Professional conduct and fitness to practise</td>
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<tr>
<td></td>
<td>Duty to prepare and from time to time publish a Code of Practice laying down standards and giving advice as to practice</td>
<td>Council</td>
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<td></td>
<td>Duty to keep the Code under review and vary its provisions whenever the Council considers appropriate</td>
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<td></td>
<td>Duty to consult appropriate representatives of chiropractors before issuing or varying the Code</td>
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<tr>
<td></td>
<td>Duty to provide a copy of the Code on request, on payment of a reasonable fee determined by the Council</td>
<td>Council</td>
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<tr>
<td></td>
<td>Duty to refer all allegations to the Investigating Committee</td>
<td>Council/committee</td>
</tr>
<tr>
<td>Clause</td>
<td>Description</td>
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<tr>
<td>20(4)</td>
<td>Power to make rules requiring any allegation referred to the Investigating Committee to be referred for preliminary consideration by a person appointed by the Council in accordance with rules</td>
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<td>20(10)</td>
<td>Duty to make rules as to the procedure to be followed by the Investigating Committee</td>
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<tr>
<td>26</td>
<td>Duty to make rules for the procedure to be followed by the Professional Conduct Committee (PCC) and Health Committee (HC), to include various specified provisions</td>
<td>Council</td>
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<tr>
<td>27 (1)- (2)</td>
<td>Duty to appoint (certain categories of person as) legal assessors to give advice in accordance with the rules to: any person appointed under rules made by virtue of 20(4); the Investigating Committee; the Professional Conduct Committee; the Health Committee; or the Registrar on legal questions arising from any matter under consideration.</td>
<td>Council</td>
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<tr>
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<tr>
<td>28 (1) – (2)</td>
<td>Power to appoint registered medical practitioners as medical assessors to give advice in accordance with the rules to: any person appointed under rules made by virtue of 20(4); the Investigating Committee; the Professional Conduct Committee; the Health Committee; or the Registrar on matters within their professional competence arising from any matter under consideration</td>
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<tr>
<td>28(3)</td>
<td>Power to confer other functions upon the medical assessors</td>
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<tr>
<td>28(4)</td>
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<tr>
<td>30(3)</td>
<td>Duty to make rules as to the procedure to be followed by a tribunal hearing an appeal against a decision of the Health Committee</td>
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<td>30(6)</td>
<td>Duty to make rules regarding the procedure for selection of a chair and tribunal members (selection is not to be by the Council)</td>
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<td>Duty to meet the (reasonably incurred) expenses of any tribunal</td>
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<td>35(2)</td>
<td>Power to make different provision for different cases or classes of case or different categories of chiropractor or registered chiropractor within any rules made under the Act</td>
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<tr>
<td>35(7)</td>
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<td>35(8)</td>
<td>Power to make rules requiring information about indemnity arrangements made by employers</td>
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<tr>
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<td>Duty to keep proper accounts of all sums received or paid and proper records</td>
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<tr>
<td>41A(1)</td>
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<td>41A(2)</td>
<td>Duty to submit copies to the Privy Council</td>
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<td>41(2)</td>
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<tr>
<td>41(4)</td>
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<td><strong>1C(1)</strong> Duty to maintain a system for declaration and registration of private interests of Council Members</td>
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<td>IC(2) Duty to publish entries recorded in the register of private interests</td>
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</tr>
<tr>
<td><strong>1D(1)(a)</strong> Duty to have proper regard, in exercising its functions, to the interests of patients/service users and any differing interests of different categories of chiropractors</td>
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<tr>
<td>ID(1)(b) Duty to cooperate (as appropriate and reasonably practicable) with: public bodies; employers of chiropractors; persons concerned with the education of chiropractors/other health care professionals; persons concerned with the regulation/the co-ordination of regulation of other health care professionals; persons concerned with the regulation or provision, supervision and management of health services.</td>
<td></td>
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<tr>
<td><strong>1D(2)</strong> Duty to have regard in relation to its duty to co-operate to any differing considerations applying to chiropractors practising in each of the 4 countries of the UK.</td>
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<tr>
<td><strong>15(1)</strong> Power (subject to the Act) to do anything calculated to facilitate the discharge of the Council's functions or that is incidental or conducive to the discharge of those functions</td>
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<tr>
<td><strong>15(2)</strong> Powers include: borrowing; appointment and payment of staff and committees; establishing sub-committees; (subject to the Act) regulation of a committee's procedure; to abolish any non-statutory committee; delegation to any committee of any functions of the Council, other than the power to make rules</td>
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<tr>
<td><strong>15(2A)</strong> Power to make standing orders about the provisional suspension of a Council Member</td>
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<td><strong>15(3)</strong> Power to regulate its own procedures, subject to the provisions of/made under the Act</td>
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<tr>
<td>Section</td>
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<tr>
<td>16(1)</td>
<td>Duty to appoint statutory committee members (other than co-opted members)</td>
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<tr>
<td>16(2)</td>
<td>Duty to make rules for the procedure for appointment, suspension and removal of statutory committee members.</td>
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<tr>
<td>16(3)</td>
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<td>17(4)</td>
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<td>20</td>
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<tr>
<td>21</td>
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<tr>
<td>22(1)</td>
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<tr>
<td>22(2)</td>
<td>Power to exercise the power of that committee in certain circumstances.</td>
<td>Council</td>
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<tr>
<td>25</td>
<td>Duty to make rules as to the constitution, including size, membership, chairing and quorum of the Education Committee.</td>
<td>Council</td>
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<tr>
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<td>Duty to make rules as to the constitution including size, membership, chairing and quorum of the Investigating Committee.</td>
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<td>34</td>
<td>Duty to make rules as to the constitution including size, membership, chairing and quorum of the Professional Conduct Committee.</td>
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<tr>
<td>38</td>
<td>Making rules as to the constitution including size, membership, chairing and quorum of the Health Committee.</td>
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</table>
Gifts and hospitality register declaration form

| Name of Council member/GCC Partner/staff member |  |
| Description of gift⁵/hospitality and value |  |
| Reason for gift/hospitality |  |
| Comments e.g. confirmation of discussions about the gift/hospitality, and explanation of how it has been dealt with e.g. shared/returned/retained |  |
| Accepted or declined |  |
| Signed ................................. | Dated ................................. |

⁵ A gift is a personal present with a value in excess of £10. Promotional materials are excluded from this definition.
Non-Statutory Committee Terms of Reference

INSERT LINKS FROM WEBSITE TO TERMS OF REFERENCE OF:

AUDIT COMMITTEE

REGISTRATION APPEALS COMMITTEE

REMUNERATION COMMITTEE

REAPPOINTMENTS COMMITTEE
POLICY ON PROCUREMENT AND TENDERING

The General Chiropractic Council Procurement and Tendering Policy

April 2014

Introduction

1. **Definition**: procurement is the acquisition, whether under formal contract or otherwise, of goods, services and works from third parties.

2. The aim of this policy is to provide guidance to all GCC staff who have operational responsibility for the purchase of goods, services and works on behalf of the GCC.

3. It sets out the fundamental rules and standards applicable to procurement activity across the GCC. This policy should be read in conjunction with the Financial Regulations.

4. The policy aims to ensure that the GCC’s procurement practices:
   - Provide value for money;
   - Comply with all legislation including equality legislation affecting the GCC’s procurement activities;
   - Minimise commercial and contractual risk;
   - Are open and fair to the supplier community including, wherever possible, small local suppliers;
   - Give due consideration to environmental impact; and
   - Promote high ethical standards and financial probity.

Key Principles

5. The primary objective of the GCC’s procurement policy is to obtain value for money and comply with requirement of regularity and propriety. Value for money is the optimum combination of whole life costs and quality to meet the customer’s requirement. Due regard must be given not only to price but also to non-price factors such as:
   - Quality;
   - Delivery times;
   - After-Sales support;
   - Whole lifetime cost of the product including disposal;
   - Financial viability of the supplying company; and
   - Customer satisfaction.

Responsibility

6. Responsibility for overseeing this policy rests with the Chief Executive. The day-to-day operational ability to spend sits with the Director of Resources and Regulation.
Scope
7. This policy applies to, and is mandatory for, all GCC staff. Failure to comply may result in the GCC incurring unnecessary or excessive expenditure and/or be unable to demonstrate adequate governance and accountability for the appropriate management of resources.

8. This policy applies to all purchases of goods, services and works ranging from the purchase of routine supplies or services to formal tendering and placing contracts for large capital and infrastructure projects.

9. Non-compliance with the principles and requirements of this policy may result in disciplinary action.

10. If the GCC employs third parties to undertake procurement on its behalf, the third parties are required to follow this policy. Failure to comply with the policy may result in penalties for the agent. Details of the third parties’ indemnity cover should be sought before entering into a contract.

Roles and Responsibilities of all staff
11. All staff have a responsibility to ensure that the GCC resources are used to the maximum benefit of the GCC in the provision of its services. This means that the purchasing process must be effective and efficient so as not to waste valuable staff time, whilst seeking to achieving best value.

All staff with purchasing responsibility
12. The responsibility for ensuring good practice in purchasing rests with all staff involved in purchasing.

13. All staff with responsibility for purchasing goods, services and works within GCC must take the following steps:
   - Familiarise themselves with this policy; and
   - Promote and ensure good purchasing practice.

Director of Resources and Regulation
14. The Director of Resources and Regulation’s role is to facilitate good purchasing practice to ensure that the GCC receives best value for money for all goods and services acquired and work done.

15. The Director of Resources and Regulation’s specific responsibilities include (but are not limited to) the following:
   - Develop strategy, policy, procedures and systems for procurement in partnership with GCC Senior Executive Team;
   - Provide advice and support to the staff in purchasing activities;
   - Challenge end users’ requirements for cost effectiveness and need, taking account of whole life costs and corporate social responsibility and sustainability issues;
   - Decide requests for non-competitive action (single source);
   - Review and approve requests for new supplier accounts;
- Negotiate corporate purchasing agreements;
- Lead tendering exercises (over £25k) in conjunction with Chief Executive; and
- Review supplier performance on a regular basis.

**Authority to order**

16. Official purchase orders shall only be placed by employees who have been given appropriate delegated authority by the Chief Executive and/or the Director of Resources and Regulation.

17. The signing of contracts applies in the same way. Employees must have relevant authority to sign a contract or order form.

**Requirements for Quotations (informal)**

18. The quotation process is used to obtain written offers from suppliers for the supply of goods and services. The quotation process is used for low value and low risk purchases.

**Purchases up to and including £5,000 (excluding VAT)**

19. For purchases up to and including £5,000 require the issuing of a written specification to obtain a minimum of one email quotation and this must be attached to the purchase order;

**Purchases of £5,001 to £60,000 lifetime contract value (excluding VAT)**

20. A formal specification must be issues for purchases that are over £5,000 and up to £60,000. A minimum of three written quotations must be obtained with email confirmation of proposal and price from suppliers to which the purchase order must be attached. An audit note should be kept explaining how the bids have been evaluated.

**Requirements for Tenders (formal) - Purchases greater than £60,000 (See tender policy (Annex 1).**

21. The tender policy is to be used when it is necessary to obtain written offers from suppliers for the supply of goods and services or for works to be done. Higher value purchases require greater accountability which necessitates more formal tendering procedures.

**Monitoring**

22. Periodically the Director of Resources and Regulation will randomly select approved purchases orders to ensure compliance with the GCC’s procurement policy. Non-compliance with the policy will be formally reported to the Chief Executive.

**Definition of a Contract & Contract Award**

23. A contract is an agreement between two or more parties that is enforceable by law. If the contract contains the essential elements of a legally binding agreement, then
the parties are tied to their contractual obligations and responsibilities except if released by mutual consent.

24. All supplier contracts must be signed by the Chief Executive or the Director of Resources and Regulation. All signed contracts must be placed in the contracts file kept by the Director of Resources and Regulation.

25. In accordance with the Payment Card Industry Data Security Standard, the GCC will ensure that any contract which is entered into with a service provider will contain an acknowledgement by the service provider that the service provider is responsible for the security of any cardholder data that they possess. This requirement is overseen by the GCC’s Registered Data Controller.

New Suppliers

26. The Director of Resources and Regulation will review and approve requests for set up of new suppliers after carrying out an analysis of requirements and other supplier checklist items. A list of approved suppliers will be updated by adding or removing suppliers as required.

Payment

27. All valid invoices should be paid in accordance with agreed payment terms with the supplier to ensure that a claim for interest on late payments is not made under the Late Payment of Commercial Debts (Interest) Act 1988.

Freedom of Information

28. The GCC is subject to the Freedom of Information Act 2000. This means that any person who makes a valid request for recorded information held by the GCC is entitled to receive it unless all or part of that information can justifiably be withheld under the Act’s exemptions.

Equality Act

29. The GCC is bound by the Equality Act 2010 which makes unlawful, but is not limited to, discrimination based on age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex or sexual orientation.

30. The procurement process must consider the requirements of the Equality Act when agreeing a contract. These issues must be considered at the start of the procurement exercise such as the specification, supplier selection, evaluation criteria and contract terms. An example of a contract where the Act’s provisions might apply is the GCC contracting with a third party to conduct recruitment on behalf of the GCC.

Ethics

31. All staff involved in purchasing activities are expected to act ethically at all times. All staff shall be open, honest, fair and impartial in their dealings with suppliers.
Declaration of Interest

32. All staff engaged in procurement activities must declare and record any personal interest that might influence, or be seen by others to influence, their impartiality in arriving at a purchasing decision. Those who have business or personal relationships with, or friends/relatives employed by, potential bidders for GCC contracts must inform the Director of Resources and Regulation at the outset of the procurement exercise so that a decision can be made as to whether that particular members of staff should remain on the evaluation panel.

Personal Gain and Gifts

33. The confidentiality of information received in the course of employment should be respected and never used for personal gain.

34. Staff involved in procurement activity, or others who may be perceived to be in a position of influencing procurement decisions, may not solicit or accept contributions or hospitality of any kind from suppliers or those bidding for GCC contracts.

35. All staff must comply with the requirements of the GCC’s the associated anti-bribery and anti-fraud and corruption policies.

Risk Analysis

36. All contracts with a value above £25,000 must have a robust Risk Analysis attached containing appropriate arrangements for on-going risk management including how they will be monitored throughout the lifetime of the contract. Any areas of concern must reported to the Director of Resources and Regulation.
Annex 1

**Tender policy**

**Requirements for Tenders (formal)**

1. The tender policy is to be used when obtaining written offers from suppliers for the supply of goods and services or works. For higher value purchases which require greater accountability, these more formal tendering procedures are used in consultation with the Director of Resources and Regulation.

2. All tenders should cover the business case for the contract, supplier sourcing rationale, specification of requirements and any timelines, pre-agreed evaluation criteria and weightings if required, tender receipt process, evaluation and analysis process, award of contract and ensuring legal input, where required. If in doubt, the Director of Resources and Regulation should be consulted.

**Purchases of £60,001 to financial threshold determined by European procurement Regulations**

3. Staff must obtain a minimum of three formal tenders and, where the lowest quotation is not selected, the basis for that decision should be documented on the purchase order which must be signed and approved by the Director of Resources and Regulation.

**European Thresholds - Goods and services and works contracts**

4. Where a tender is required and the value of the order exceeds the threshold of £173,934 for goods and services and £4,348,350 for works contracts (excluding VAT), the procurement process should be accordance with the requirements of equal treatment and transparency imposed by the Public Contracts Regulations 2006.

5. Due to the inherent complexities in such procurement processes, the Director of Resources and Regulation will take the lead in the process.

6. The European thresholds are updated regularly. Current figures can be found at: [http://www.ojec.com/Thresholds.aspx](http://www.ojec.com/Thresholds.aspx)

**Single Tender Action (STA)**

7. In certain circumstances there may be goods, services or works which can only be provided by one supplier. In these circumstances justification for this route must be recorded and approved by the Chief Executive irrespective of the value. Shortage of time is not a sufficient justification for a STA. All single tenders over £5,000 must be reported in the Finance reports to the Council.

8. Examples of when a STA may be appropriate include:
   - Technical necessity due to compatibility with the GCC systems and processes;
   - Monopolistic supply situation e.g. Microsoft;
   - Health and Safety reasons; and
   - Limited number of suppliers offering the required service/goods.

**Tender Evaluation Methodology**

9. The purpose of the evaluation criteria is to achieve transparent, effective and objective evaluation of the tenders submitted.
10. The main methods accepted for evaluation purposes are either lowest price, such as for the supply of goods, or the most economically advantageous tender.

11. The selection of evaluation criteria and weightings requires careful consideration so that the weightings reflect the key aspects of a particular good, service or works. These will vary per requirement, and are the responsibility of the tender evaluation panel to agree in consultation with the Director of Resources and Regulation, if required.

12. If the tender selected is not that of the lowest price or with the highest technical score, or if the outlined evaluation criteria are disregarded, then before awarding the contract the panel must seek clarification from the Chief Executive who will report the matter to the Council’s attention.
REGISTER OF COUNCIL MEMBERS’ AND GCC PARTNERS’ INTERESTS

Excerpts from the Council’s Statement on Council Members’ and GCC Partners’ Interests

Indirect pecuniary interests arise from connections with bodies that have a direct pecuniary interest or from being a business partner of, or being employed by, a person with such an interest. Non-pecuniary interests include those arising from membership of clubs or other organisations. Close family members include spouses or partners, parents, children (adult and minor), brothers, sisters and personal partners of any of these.

The GCC’s register of interests will be open to the public. Details of how access can be obtained will be given in information leaflets or included in annual reports. Council members and GCC Partners are required to update their entry as changes occur.

Please complete and return this form to the Chief Executive and Registrar no later than

23rd January 2018
Members of Council and GCC Partners are required to complete and maintain a declaration of their interests, and those of any family members. They are required to declare three main forms of interest:
- a direct pecuniary interest
- an indirect pecuniary interest
- a non-pecuniary interest
- a close family interest

Although declarations of interest must be made at least once each year, Council Members and GCC Partners are also required to ensure that their declarations are kept up to date and any changes notified to the office immediately.

Failure to maintain an accurate declaration of interests constitutes a breach of the Code of Conduct and may result in action being taken under the relevant statutory rules or GCC procedures.

In making declarations individuals are advised to err on the side of caution and to declare any matter that may be perceived by a third party as an interest.

**Direct Pecuniary Interest**

A direct pecuniary interest arises from a situation where a decision of Council/the relevant committee might have a direct bearing on the financial position of the Council Member/GCC Partner concerned, and will include such matters as employment by an accredited educational institution or payment\(^6\) by an association, company or other body seeking to contract with or otherwise influence the policies of the Council.

Council Members/GCC Partners who are chiropractors should declare any directorships or partnerships in companies or businesses relating to their practice of chiropractic.

**Indirect Pecuniary Interest**

An indirect pecuniary advantage arises from connections with persons (e.g. spouses, partners, other close family members, associates), companies or other bodies which have a direct pecuniary interest.

**Non-Pecuniary Interest**

A non-pecuniary interest arises in any situation where membership of a club, association\(^7\) or other organisation by the Council Member/GCC Partner, or a family member or close associate, could give rise to a situation where members of the public may perceive or reasonably infer that the

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\(^6\) Individuals should declare all such payments that have been received since their last declaration of interests. Please give the date, nature (e.g. reimbursement of expenses, attendance allowance) and amount of such payments (other than for salaries). Although details of direct pecuniary interests will be published, the details of payments received will not.

\(^7\) Members of Council/GCC Partners who are chiropractors must declare any membership of a chiropractic professional association, whether UK based or international. If they or a family member or close associate hold any office in such an association this should also be declared.
individual’s judgement might be influenced when considering an item of Council/committee business, irrespective of whether or not such an item related to financial matters.

**Close Family interests**
These include all financial and non-financial interests of close family members and persons living in the same household as the board member that could be thought of as relevant to GCC activity. Close family members include personal partners, parents, children (adult and minor), brothers, sisters and the personal partners of any of these.

**Section A: DIRECT PECUNIARY INTERESTS (DPI)**

*Description of DPI*

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«NAME»

**Section B: INDIRECT PECUNIARY INTERESTS (IPI)**

*Description of IPI*

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<th>Nature of Payment, Goods or Services</th>
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Please continue on a separate sheet if necessary.
Section C: NON-PECUNIARY INTERESTS (NPI)

Description of NPI

Please continue on a separate sheet if necessary

Section D: CLOSE FAMILY INTEREST (CFI)

Description of CFI

Please continue on a separate sheet if necessary

Section E: DECLARATION

I hereby declare that, to the best of my knowledge, the interests outlined above are all those that may be relevant to my role as a Member of the General Chiropractic Council/GCC Partner.

I undertake to notify the Chief Executive and Registrar of any changes to my declared interests during the forthcoming year.

I understand that failure to declare any relevant interest may render me liable to proceedings under the relevant statutory provisions/GCC procedures.

Name of Member: «NAME»

Signature: _______________________________ Date: ____________
Appraisals: Guidance for Council members

1. Introduction

1.1. The appraisals process provides a framework for:
   • holding all Council members to account for their performance;
   • setting appropriate objectives; and
   • identifying learning and development needs.

1.2. As a minimum, appraisals will be carried out annually throughout the term of appointment. This may be supplemented by interim review(s) where necessary and appropriate.

1.3. All appraisals must be formally recorded.

1.4. Evidence that an appraisal has taken place and details of the performance assessment made must be recorded on the appropriate form provided for this.

1.5. Information obtained and recorded through the appraisal process will be held by the GCC.

1.6. Information from the appraisal will be used to support decisions about reappointment. It should be noted that there can be no guarantee of reappointment.

2. Key principles for effective appraisals

2.1. Research conducted by the Chartered Institute of Personnel and Development (and others) indicates that the following points contribute towards effective appraisals:
   • The appraisal should be mainly developmental and future-oriented, not focused on a catalogue of failures and omissions.
   • The aim of the review meeting is to encourage the member of Council to do most of the talking and the Chair most of the listening. It is the quality of that dialogue that creates an effective appraisal.
   • Two-way constructive feedback should be encouraged, allowing both the Council member and the Chair to gain insights and awareness.
   • Feedback given should relate to the whole period covered by the review, not just recent or isolated events. There should be no surprises for the Council member in terms of feedback.
   • The Chair should assess performance, not personality, and recognise and value the diversity of the individual being appraised.

2.2. The content of the appraisal will remain confidential as far as possible.

3. Roles and responsibilities in the appraisal process

3.1. The responsibilities of the Council member are:
   • to agree a date for the appraisal with the Chair;
   • to prepare for the meeting and send completed paperwork to the Chair prior to the meeting;
   • to participate in a frank and constructive discussion on performance of the past year;
   • To discuss, negotiate and agree a set of objectives with the Chair;
   • To agree a mid-term progress review if necessary/ desired; and
   • to consider the Chair of Council ’s completed member appraisal form on the Council member’s performance.
4. The framework for appraisals
This section provides some useful checklist questions, hints and tips to help you to get the most out of your appraisal.

4.1. Preparation

4.1.1. A Council member has a right to an effective appraisal. Ideally, sufficient time should be allowed between arrangement of the meeting and the meeting date. The meeting should be arranged by the Chair, in consultation with you.

4.1.2. Preparation requires time and is essentially an opportunity to reflect on and review achievements and performance over the last year.

4.1.3. Make sure you have reviewed relevant documentation and collected any data that will “evidence” your achievements over the past year. This could include:
- Progress towards any previously set objectives.
- Records of attendance at and contribution to Council meetings, non-statutory committees etc.
- Evidence of fulfilment of special responsibilities such as Audit Committee etc.

This information can be shared with the Chair of Council in advance. You may also wish to consider and outline what new objectives might be appropriate for you and prepare to discuss them with the Chair.

4.1.4. Different people require different methods of reflection. Some people will jot down ideas, whilst others may write more formally. Some people will talk things over with colleagues or with their partner, while others may sit and think. Whichever method suits you, remember that good preparation will help you to contribute clearly and with confidence in all stages of the meeting.

4.2. The appraisal meeting

4.2.1. The appraisal meeting will typically cover:
- A review of your achievements and performance over the year, including a review of any objectives that were set;
- Setting new objectives for the forthcoming year;
- Identification of any learning and development needs; and
- The completion of a personal development plan.

4.2.2. The appraisal will usually begin with a review of the past year and a discussion of key contributions and challenges. This should be an open and honest discussion to explore, identify and consider in what way internal and external factors contributed to these key elements.

» At this stage you should be doing most of the talking and the Chair will be listening, asking appropriate questions to ensure he/she has understood fully what you are saying.

» If you are describing problems and barriers, be prepared to discuss possible solutions and ask for the Chair’s input if you feel it would be helpful. The preparation you have done will assist with this.

4.2.3. The next part of the appraisal is based around agreeing what should happen in the future. This involves agreeing a set of objectives for the year ahead.

4.2.4. The final part of the meeting includes identifying any learning and development needs. Typically, learning and development needs arise from:
• a need to develop some aspect of your performance;
• new objectives that have been agreed which require the individual to ‘refresh’ or develop particular knowledge, skills or behaviours; and
• the aspiration of the individual to take on new roles e.g. Chair of Council or Chair of the Audit Committee.

4.2.5. Learning and development needs are recorded and prioritised so that progress against meeting those needs can be reviewed.

4.3. **Assessment of performance**

4.3.1. The appraisals process includes an assessment of achievement and performance by the Chair. This will be based partly on achievement against objectives, overall contribution to the Council and its committees and the competences and behaviours used by the individual. The competency framework for Council members is used to assist in this. A copy of this is attached as Appendix A and if you are not familiar with it, you might find it useful to study it as part of your preparation for the appraisal.

4.3.2. An overall performance rating is awarded as follows:
   - **Fully Satisfactory**
   - **Generally Competent with Areas for Improvement**
   - **Significant areas of weakness**

4.4. **Completing documentation**

4.4.1. At the end of the appraisal meeting there is some necessary documentation to be completed and signed off by the Chair and yourself. The original documentation is retained by your Chair with copies provided for yourself.

4.4.2. A Summary Form should also be completed and signed.
COUNCIL MEMBER APPRAISAL
For the period of 1 January 2016 to 31 December 2016

NAME:
APPRAISAL DATE:

Self appraisal
Please refer to Appendix A, ‘Competencies for members of Council’ to help complete this form.

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# Self Assessment

Consider each area of skills/knowledge below and mark an ‘x’ in the box you feel best represents your current level, ranging from 1 (basic knowledge) to 5 (expert knowledge).

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OBJECTIVE SETTING AND LEARNING & DEVELOPMENT FOR 2017

Please outline plans for personal contribution to the work of the Council in the year ahead.

NB It is suggested that no more than five objectives will be necessary, which preferably should be linked to one or more of the objectives in the Council’s Strategic Statement.

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<td>5</td>
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</tbody>
</table>

Please identify any learning and development needs and link these to the objectives above, if appropriate.

<table>
<thead>
<tr>
<th>Development needs</th>
<th>Action to be Taken</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>3</td>
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</tbody>
</table>

Objectives agreed

<table>
<thead>
<tr>
<th>Member of Council</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair of Council</td>
<td></td>
</tr>
<tr>
<td>Date</td>
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</tr>
</tbody>
</table>
Competences for members of Council

1.1 Public interest/involvement focus
- demonstrates adherence to the Nolan principles of public life (a guide is attached as Annex A)
- demonstrates commitment to protecting patients and the public
- demonstrates commitment to securing public/patient involvement

1.2 Strategic direction
- demonstrates a comprehensive understanding of the GCC and the context in which it performs the full range of its statutory duties and responsibilities
- thinks and plans based on the long view, balancing needs and constraints
- demonstrates sound judgement

1.3 Intellectual flexibility
- thinks clearly, analytically and creatively
- sees the big picture as well as the detail
- makes sense of complexity
- weighs up other people’s ideas and has own ideas

1.4 Team working
- prepares well for meetings
- builds constructive relationships and works effectively in a team
- accepts and supports/promotes all decisions of Council and any Council committees or working groups of which they are members
- understands and maintains the separation between the non-executive and executive function
- allows the executive to carry out the operational work

1.5 Holding to account
- accepts own accountability while holding others to account for their performance
- probes and challenges constructively
- contributes to effective governance

1.6 Effective influencing and communication
- respects the views of others
- able to influence and persuade others
- debates cogently
- uses evidence to support views
- is not resistant to change

1.7 Self belief and drive
- is motivated to improve the performance of the GCC
- has confidence to take on challenges
- is enthusiastic to achieve a proper outcome
Appraisal of Investigating Committee, Professional Conduct Committee and Health Committee

Up to date information about the relevant appraisal framework for fitness to practise panellists and chairs can be accessed from the GCC’s website at: http://www.gcc-uk.org/about-us/committee-surveys/
Appraisal of members of the Education Committee who are not GCC Council Members

Process for appraisals of members of Education Committee

1. Appraisal interviews with the Chair for all members who are not Council members will be held in the last quarter of the calendar year, to reflect performance during that year.

2. Finalised appraisal forms, agreed by both parties, will be completed by the end of the calendar year.

3. The Chair, in consultation with the confidential secretary, will set aside days on which appraisals will be held, either at the GCC offices. If members are not available on the days designated by the Chair, another suitable time must be agreed between the Chair and the member so that the interview can take place in a timely manner.

4. Before the appraisal meeting each Committee member is required to:
   a. Complete the Self-Appraisal form
   b. Complete the Objective Setting form
   c. Arrange for their peer assessment by two other members of the Education Committee.

5. Peer assessors should complete forms for their colleagues as requested and send the completed form to them. However:
   a. Peer reviewers for each member should change every year
   b. No member may undertake more than four peer reviews in any one year.

6. The appraisee is responsible for providing the Chair with copies of the above forms and peer assessment forms prior to the appraisal meeting.

7. At the meeting, the Chair will complete the Appraisal Summary Form in light of the completed forms and peer assessments in discussion with the appraisee. If there are any points of disagreement, these will be recorded on the form.

8. The draft Appraisal Summary Form including the proposed final rating will then be circulated to both appraiser and appraisee by the confidential secretary for their agreement after which it will be signed. If there are points of disagreement at this stage they will be recorded on the form prior to signature.

9. The confidential secretary will then return one copy of the signed appraisal summary form to the member for their records and place a second copy securely on file in the office together with copies of the forms addressed at the appraisal meeting, i.e. the self-appraisal, objective setting and peer assessment forms.

10. Once forms have been completed, the office will collate training needs for members of the Committee and action these.
SELF APPRAISAL FORM

NAME

APPRAISAL DATE:

In the boxes below, in relation to each competency, please explain how you think you have performed as a committee member over the past year including any areas for improvement.

<table>
<thead>
<tr>
<th>Public interest/involvement focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Demonstration of understanding of the value of patient/ public/ lay perspective in decision making.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explanation of how you have contributed to the decisions of the committee and recommendations made to Council.</td>
</tr>
</tbody>
</table>
### Intellectual flexibility
- Demonstration of thinking creatively and constructively

### Team working
- Showing respect for the opinion of others
- Sharing knowledge and experience without dominating

### Holding to account
- Honesty about any shortcomings in performance
- Understands and respects the boundaries between non-executive and executive
- Makes the required time commitments and adopts modern working methods.
### Effective influencing and communication

- Constructively and effectively challenging and probing to achieve the best outcome for the organisation.
- Contributing to the provision of clear advice to the Council when any changes are required.

### Self belief and drive

- Demonstration of conviction and confidence in your opinions and ability to share your opinions with committee members.
- Enthusiasm in committee meetings

### What improvements can you identify for the way in which the Committee functions?
OBJECTIVE SETTING

Member’s Objective Setting and Learning development needs.

Please outline plans for personal contribution to the work of the Committee in the year ahead. *It is suggested that no more than three objectives will be necessary.*

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<td>3</td>
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</tbody>
</table>

Please identify any learning and development needs. Please link to the objectives above if appropriate.

<table>
<thead>
<tr>
<th>Development needs</th>
<th>Action to be Taken</th>
<th>Timescale</th>
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<tbody>
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<td>3</td>
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</tbody>
</table>

*Please complete this section and send to the Chair of Education Committee prior to appraisal meeting.*

Objectives agreed

<table>
<thead>
<tr>
<th>Member of Committee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair of Committee</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
Appraisal process for Test of Competence Assessors

Test of Competence

Guidance on the appraisal of TOC assessors

Introduction

1. The Test of Competence (TOC) is the process by which the GCC assesses whether applicants to join the register are fit to practise as a chiropractor in the UK.

2. Assessment of the TOC is carried out by TOC assessment panels formed of three chiropractors, one of whom is an educationist. Individuals who serve on TOC assessment panels play a key role in contributing to the quality and integrity of decisions made by the Registrar in relation to those applicants for registration who have not graduated from a GCC recognised course.

Purpose

3. The purpose of appraising individuals who serve on TOC assessment panels is to:
   a. enable these individuals to develop over time to be as effective as possible in their role
   b. provide assurance to applicants to the register who use the TOC route that the individuals involved in their assessment have been trained and have their performance assessed
   c. contribute to assuring the quality of the TOC assessment process as a whole
   d. provide assurance to the GCC and its stakeholders that there is consistency of process and outcomes across the TOC process.

Responsibilities

4. Individuals who serve on TOC assessment panels are responsible for:
   - participating openly, honestly and constructively in the appraisal process
   - contributing to feedback on each TOC assessment panel day by completing the feedback form on the TOC assessment process and panel – form TOCAp1
   - preparing for their annual TOC appraisal interview by:
     — reflecting on their own performance in the light of their own evaluation and feedback from others – see form TOCAp2 in appendix 2
     — identifying how their performance might be improved
   - discussing and reviewing their performance and its improvement with the GCC’s TOC External Examiner.
   - taking an active role in their development as a TOC panel member.

5. The TOC External Examiner is responsible for:
• making themselves available and ready to appraise all of the TOC assessors in the final quarter of the calendar year
• facilitating a reflective conversation on the performance of individuals who serve on TOC assessment panels and the further development and support that may be offered
• signing the completed appraisal form
• drawing to the attention of the Director of Education, Registration and Standards any overall issues with the TOC assessment process that have emerged across all of the appraisals and which have implications for the TOC assessment process as a whole

6. The Director of Education, Registration and Standards is responsible for:
• obtaining and collating feedback on individuals serving on TOC assessment panels following each TOC sitting
• providing feedback on members of TOC assessment panels to the individuals concerned and the chair of the Education Committee in time for the appraisal interviews
• working with the TOC External Examiner to ensure that appraisals for all of the TOC assessors are scheduled and completed in the final quarter of each calendar year
• taking action where feedback from other members of the TOC assessment panel indicates that an individual might be struggling with aspects of the role and in need of immediate further support
• ensuring that all appraisees and the TOC External Examiner complete the appraisal process by the end of the calendar year
• answering any questions about the TOC assessment process.

Process

7. The TOC assessment year runs from January – December.

8. As the TOCs take place on set assessment days throughout the year and TOC assessment panels are formed from different combinations of individuals, feedback on each TOC assessment day will be gathered from TOC panel members following each TOC using form TOCAp1 (see appendix 1).

9. Appraisal interviews bringing together all of the feedback on an individual’s performance throughout the year will take place between October – December of each year.

10. The TOC External Examiner, in consultation with the GCC’s Director of Education, Standards and Registration, will set aside days on which appraisals will be held, either at the GCC’s offices or on other suitable premises. If TOC panel members are not available on the days designated, another suitable time must be agreed between the chair and the panel member so that the interview can take place in a timely manner.

11. Before the appraisal meeting each panel member must self-assess their performance and propose development objectives by completing form TOCAp2 – see Appendix 2.

12. Panel members must submit their completed form TOCAp2 to the TOC External Examiner at least 7 days prior to the appraisal interview taking place.

13. At the appraisal interview, the TOC External Examiner will lead the discussion with the TOC panel members reviewing their self-assessment and the feedback from other
members of TOC assessment panels that they have served with during the year.

Appraisal interviews will last about an hour.

14. At the conclusion of the interview the TOC External Examiner will summarise what has been discussed and complete the appraisal summary form TOCAp3 – see appendix 3. If there are any points of disagreement, these will be recorded on the form.

15. Following the appraisal interview, the office will process the completed form TOCAp3 and send it to the TOC External Examiner and the appraisee for their agreement, after which it will be signed by both parties. If there are points of disagreement at this stage they will be recorded on the form prior to signature.

16. The office will then:
   a. return one copy of the signed appraisal summary form to the TOC panel member for their records
   b. place a second copy securely on file in the office together with copies of the forms addressed at the appraisal meeting (ie the self-appraisal and objective setting form TOCAp2 and form TOCAp1 giving feedback on each TOC assessment day.

17. Once all the appraisals have been completed, the office will collate the training and development needs for all TOC panel members and make these available to the Director of Education, Registration and Standards for the appropriate action to be taken.

Confidentiality

18. The appraisal, including all preparatory and finalised paperwork, will be confidential to the appraisee (i.e. the individual member of the TOC assessment panel to whom the appraisal relates), the chair of the GCC’s Education Committee and Director of Education, Registration and Standards.

19. Records of the appraisal will be stored securely consistent with the human resources policies of the GCC. The appraisal records will only be accessible to the appraisee, the TOC External Examiner, the Director of Education, Registration and Standards and HR personnel.

20. Information from the appraisal will be used for the following purposes only:
   a. appraising the performance of individual members of TOC assessment panels
   b. training and development - of individual panel members and, if a collective need is identified, training and development of all panel members
   c. reviewing the appraisal process
   d. monitoring the fair, equitable and appropriate implementation of the TOC assessment process.
Appendix 1:

Test of Competence

Form TOCAp1: Feedback form on the assessment process and panel following each assessment day

Introduction

The purpose of this form is to gain information from individual members of the TOC assessment panel about:

- how you felt the TOC assessment day went as a whole
- how the panel worked together as a whole
- feedback on the performance of the other panel members you were working with on the day
- areas for improvement in the process of the TOC.

This information will be used to:

- inform the evaluation of the TOC – this is particularly important in its pilot year
- feed into the appraisal process of each TOC assessor.

Please complete this form within one week of the date of the TOC assessment panel. Once completed it should be emailed to the Director of Education, Registration and Standards - p.bance@gcc-uk.org

<table>
<thead>
<tr>
<th>TOC Assessment Panel information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name</td>
</tr>
<tr>
<td>Date of TOC asst. panel</td>
</tr>
</tbody>
</table>
| Who were the other two people on the assessment panel with you | 1.  
|                                 | 2. |

How you found the TOC Assessment day as a whole

<table>
<thead>
<tr>
<th>On a scale of 1 – 5, where 1 is excellently and 5 is badly, how well did you think the TOC Assessment day ran as a whole?</th>
<th>Please indicate (by circling / highlighting) the one which best applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The day went extremely well – everything ran really well</td>
<td>1. The day went extremely well – everything ran really well</td>
</tr>
<tr>
<td>2. The day went pretty well – nearly everything worked well and there were no major issues</td>
<td>2. The day went pretty well – nearly everything worked well and there were no major issues</td>
</tr>
</tbody>
</table>
3. The day went okay but there are a few minor areas which could be improved
4. The day did not go that well – no real disasters but I had some concerns and want to see improvements
5. The day went badly and I found it quite stressful – we need to make some definite improvements

Please briefly describe what you think went well on the day

Please briefly describe any problems you found and how they might be addressed

<table>
<thead>
<tr>
<th>How the TOC Assessment Panel worked together as a whole</th>
</tr>
</thead>
<tbody>
<tr>
<td>On a scale of 1 – 5, where 1 is excellently and 5 is badly, how well did you think the TOC Assessment Panel worked together as a team.</td>
</tr>
<tr>
<td>Please indicate (by circling / highlighting) the one which best applies</td>
</tr>
<tr>
<td>1. The TOC assessment panel worked extremely well together and formed a coherent team</td>
</tr>
<tr>
<td>2. The TOC assessment panel worked quite well together and formed a pretty good team</td>
</tr>
<tr>
<td>3. The TOC assessment panel worked okay together and but there are some areas for improvement</td>
</tr>
<tr>
<td>4. The TOC assessment panel struggled to work as an effective team and I would wish to see improvements</td>
</tr>
<tr>
<td>5. The TOC assessment panel probably did not look at all like a team but a group of individuals who did not work coherently – we need to make some definite improvements</td>
</tr>
</tbody>
</table>

Please briefly describe what the TOC assessment panel did well on the day

Please briefly describe any problems that the TOC assessment panel had and how they might be addressed
Feedback on the performance of panel members

In this section we would like your thoughts on the performance of the other panel members. These will be collated throughout the year and used to inform the appraisal process. Please distinguish your two other panel members in the left hand column before providing your comments.

TOC assessor 1 – name:

What do you see as the strengths of this person in the TOC assessment panel?

Are there any areas of weakness in this person’s role on the TOC assessment panel that you think would be a focus for improvement?

TOC assessor 2 – name:

What do you see as the strengths of this person in the TOC assessment panel?

Are there any areas of weakness in this person’s role on the TOC assessment panel that you think would be a focus for improvement?

TOC assessor 3 – you:

What do you see as being your strengths in this TOC assessment panel?

Are there any areas of weakness in your performance on the TOC assessment panel that you think would be a focus for improvement?

Signature

Date form completed

Many thanks for your help in taking forward the continual improvement of the TOC.
Appendix 2:

Test of Competence

Form TOCAp2: Self-appraisal and objective setting

Please complete this form and send it to the Chair of the Education Committee at least 7 days prior to your appraisal interview taking place.

<table>
<thead>
<tr>
<th>TOC Assessment Panel member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Appraisal date</td>
</tr>
</tbody>
</table>

**Assessment of performance**

*In the boxes below, please explain how you think you have performed over the past year against each of the competencies of being a TOC panel member. Please include in your explanation any areas you think you need to improve.*

<table>
<thead>
<tr>
<th>Assessment of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective team worker</td>
</tr>
<tr>
<td>Holds self to account</td>
</tr>
<tr>
<td>Intellectual flexibility and sound judgment</td>
</tr>
</tbody>
</table>

**Objective setting and development needs**

*Please outline below any objectives you wish to achieve over the coming year related to your role as a TOC panel member followed by the development needs you think you have and how these can best be addressed.*

<table>
<thead>
<tr>
<th>Objectives I would like to achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Please set out opposite what you think your development needs are in the role and how they might best be addressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>
## Appendix 3:

### Test of Competence

**Form TOCAp3: Summary of appraisal for TOC panel member**

<table>
<thead>
<tr>
<th>TOC Assessment Panel member</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of appraisal</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment of performance

<table>
<thead>
<tr>
<th>Overall - The performance of the individual in their role has been assessed through a formal appraisal process as (indicate with an ‘x’)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully satisfactory</td>
<td></td>
</tr>
<tr>
<td>Generally competent with areas for improvement</td>
<td></td>
</tr>
<tr>
<td>Significant areas of weakness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific strengths</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identified areas of weakness</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Learning and development needs</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Learning interests / aspirations</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any further comments</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Learning objectives agreed for action in the coming year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.</td>
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<tr>
<td></td>
<td>2.</td>
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<td></td>
<td>3.</td>
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<td></td>
<td>4.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appraisee’s comments (if any) on the appraisal</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appraiser – signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Date</td>
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</table>

<p>| Chair of Education |  |</p>
<table>
<thead>
<tr>
<th>Committee - signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Date</td>
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</tbody>
</table>

This form must be completed annually and retained in the personnel file of the TOC Assessment Panel member.
## Test of Competence

### External Examiner Form

**Summary of TOC Assessor appraisal**

<table>
<thead>
<tr>
<th>TOC Assessment Panel member</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of appraisal</td>
<td></td>
</tr>
</tbody>
</table>

### Assessment of performance

<table>
<thead>
<tr>
<th>Overall - The performance of the individual in their role has been assessed through a formal appraisal process as (please tick)</th>
<th>Fully satisfactory</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Generally competent with areas for improvement</td>
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</tr>
<tr>
<td></td>
<td>Significant areas of weakness</td>
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</tr>
</tbody>
</table>

### Specific strengths

|  |
|  |

### Identified areas of weakness

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|  |

### Learning and development needs

|  |
|  |

### Learning interests / aspirations

<p>| |
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<table>
<thead>
<tr>
<th>Any further comments</th>
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</thead>
<tbody>
<tr>
<td>Learning objectives agreed for action in the coming year</td>
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<td>5.</td>
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<tr>
<td>6.</td>
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<tr>
<td>7.</td>
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<tr>
<td>8.</td>
</tr>
<tr>
<td>Appraisee’s comments (if any) on the appraisal</td>
</tr>
<tr>
<td>External Examiner’s – signature</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Chair of Education Committee - signature</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Date</td>
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</tbody>
</table>
PROCEDURE FOR DEALING WITH COMPLAINTS AGAINST MEMBERS OF THE COUNCIL OF THE GCC

A: General principles

1 This procedure is intended to deal with any complaints raised against any Council Member(s) ("the Relevant Member"), whether by any other Member(s), any employee(s) or officer(s) of the GCC, or any third party or parties. It is designed to establish the facts promptly and to deal consistently with complaints that may arise.

2 Time limits stated in this procedure are for guidance only and may be extended if the person leading the relevant stage (such as informal resolution, formal investigation, formal hearing or appeal) considers it appropriate to do so.

3 In this section 3, Council** means the Council without the Relevant Member, any Accompanying Member and any Appeal Accompanying Member. The term "Member" means a member of Council.

4 A Relevant Member must take all reasonable steps to attend any meetings to which they are invited under this procedure.

5 Any complaints and details of any informal resolutions should be placed on file along with a record of any decisions taken, any appeal notice, the outcome of any appeal, and any relevant notes or other documents compiled during the complaint process. These will be kept and processed in accordance with our Data Protection Policy, but subject to:

(a) any legal or regulatory requirements, and/or

(b) the Chair of the Audit Committee, the Chair of Council or the Council** reasonably considering that any details should be disclosed to one or more third parties.

6 In the event of any formal hearing and/or any appeal hearing under this procedure, these will normally be held in private unless determined otherwise (acting reasonably) by whoever is leading that particular aspect of the process (namely the Investigator or whoever is hearing the appeal).

B: Receipt of a complaint against a Member

7 Any complaint against a Member should be made in writing to the Chair of Council. If a complaint is received by another Member, or an officer or employee of the GCC, it should be forwarded to the Chair of Council as soon as reasonably practicable.

8 Alternatively, if the complaint is about the Chair of Council, it should be addressed or forwarded to the Chair of the Audit Committee.

9 If an oral complaint is received, the complainant should be asked to put this in writing. If the complainant is unable or unwilling to do so, the person receiving the complaint should make a note of it which will then be sent to the complainant who will be asked to sign it before it is then taken forwards as the written complaint.

C: Passing to the Chair of the Audit Committee

10 Upon receiving a written complaint about a Member, the Chair of Council will pass it to the Chair of the Audit Committee.
11 Alternatively, if the complaint is about the Chair of the Audit Committee, the Chair of Council will pass it to another Member chosen by the Chair of Council. If this occurs, the references (below) to “the Chair of Audit Committee” which are marked * shall be taken to refer to that alternative Member.

D: Approach to complaint

12 The Chair of the Audit Committee* will pursue whichever of the following approaches they consider, at their discretion, to be appropriate:

(a) adopt the formal process set out in section 3E onwards, below;
(b) dismiss the complaint;
(c) take whatever steps he/she considers appropriate, to seek to resolve the complaint informally; or
(d) nominate another Member, a GCC employee, or an external person to seek an informal resolution of the complaint.

13 In choosing between options (a) - (d), the Chair of the Audit Committee* may seek further information from the complainant and/or the Relevant Member.

14 The Chair of the Audit Committee* will notify the Chair of Council, the Relevant Member, and the complainant of the chosen course of action.

15 If options (c) or (d) are pursued, and are unsuccessful, the Chair of the Audit Committee* will choose again from options (a) and (b).

16 Discussions to reach an informal resolution would normally be held in private.

17 If an informal resolution is reached, the Relevant Member, the complainant and the Chair of Council will be informed in writing.

18 Ordinarily details of an informal resolution will not be reported to Council unless the Chair of Council considers it necessary in the circumstances.

19 In what he/she reasonably considers to be exceptional circumstances, the Chair of the Audit Committee* may vary this section 3D as appropriate to a particular case, in relation to matters over which they have responsibility.

E: Formal investigation

20 The Chair of the Audit Committee* will investigate the complaint, or will appoint an external Investigator to do so. In either case, the person investigating is referred to below as “the Investigator”.

21 The Investigator may, at his or her discretion, appoint others to assist the investigation, such as another Member, an employee or officer of the GCC, or a third party.

22 The purpose of an investigation is to establish a fair and balanced view of the facts relating to the complaint. This may involve reviewing any relevant documents and emails, interviewing the relevant individuals, taking witness statements, and such other enquiries as the Investigator considers appropriate. The nature and extent of the investigation will depend on the nature of the allegations and will vary from case to case. It is likely to include a meeting with the Relevant Member. It may also include meeting or speaking with the complainant.
23 The Relevant Member must co-operate fully and promptly with any investigation. This will include informing the Investigator of the names of any witnesses, disclosing any relevant documents, and attending investigative meetings if requested to do so by the Investigator.

24 In what he/she reasonably considers to be exceptional circumstances, the Investigator may vary this section 3E as appropriate to a particular case.

F: Formal hearing

25 The Investigator will conduct a formal hearing. The purpose of the formal hearing is to review the evidence and enable the Relevant Member to respond formally to the allegations. The Investigator will also discuss other relevant aspects of the investigation, and the evidence this has produced, to the extent that the Investigator considers it appropriate to do so.

26 In advance of the formal hearing, the Investigator shall formally notify the Relevant Member in writing of the allegations and the basis for those allegations. This may include, at the Investigator's discretion, such material as:

(a) a summary of relevant information gathered during the investigation;

(b) documents which will be relied on at the formal hearing; and/or

(c) witness statements which will be used at the formal hearing, except where the Investigator considers it appropriate to keep the witness’s identity confidential (in which case the Investigator will give the Relevant Member as much information as possible while maintaining that confidentiality).

27 The Investigator will give the Relevant Member written notice of the date, time and location of the formal hearing. The Relevant Member will be given no less than five working days to prepare their case, based on the information which the Investigator has provided.

28 The Investigator may decide to ask any other relevant person whom they consider appropriate to attend the formal hearing, and the Investigator may question them and discuss the complaint with them. The Relevant Member may advise the Investigator of issues to raise with others, and the Investigator may, at his/her discretion, do so.

29 If the Relevant Member would like particular people to attend the formal hearing, he/she can propose this to the Investigator, but must do so at least two working days in advance of the formal hearing, and their attendance will be at the discretion of the Investigator.

30 The Relevant Member will have a right to be accompanied at the formal hearing by another Member who has not been involved in the complaint or process to date ("an Accompanying Member"). The Accompanying Member will not act as an advocate nor speak on the Relevant Member's behalf. That Accompanying Member may not be a person whom either the Relevant Member or the Investigator regards as being a material witness to the relevant events. In the event that there is no Council Member available to act as an Accompanying Member, with the agreement of the Investigator, the Relevant Member may be accompanied by an external person, subject to their entering into appropriate arrangements as regards confidentiality.
31 The Investigator may adjourn the formal hearing at any time, for example if the Investigator considers it appropriate to carry out further investigation in the light of points that have arisen.

32 If there is an adjournment of the formal hearing, and further investigation, the Relevant Member will be given such details of that investigation as the Investigator considers appropriate and necessary for the satisfactory completion of the formal hearing process. The Relevant Member will also be given a reasonable amount of time, usually not less than five working days, to prepare their case based on that further information, before the formal hearing reconvenes.

33 In what he/she reasonably considers to be exceptional circumstances, the Chair of the Audit Committee* or the Investigator may vary this section 3F as appropriate to a particular case. An example of such a variation which they may consider, would be a request by the Relevant Member to be legally represented (in place of the Accompanying Member), and in considering such a request, the Chair of the Audit Committee* and the Investigator will take account of such issues as they consider relevant (which may include the seriousness of the allegations against the Relevant Member and whether these could have significant implications for the Relevant Member's career or professional standing).

G: Finding

34 The Investigator will reach a provisional decision about the complaint, and will do so on the balance of probabilities. The Investigator will record this decision in a draft report.

35 If the draft report upholds all or any aspects of the complaint, it will also specify a proposed sanction to be applied, from the list (a)-(g) in clause 3.40 below.

36 A copy of the draft report will be sent to the Chair of Council, the Relevant Member and (if the Investigator considers it appropriate, due to exceptional circumstances) the complainant. If the Investigator is not the Chair of the Audit Committee*, a copy will also be sent to the Chair of the Audit Committee*.

37 The complainant (if he/she is sent a copy) and the Relevant Member will be given five working days in which to make written comments or representations to the Investigator about the contents of the draft report.

38 The Investigator will consider any such comments or representations received from those to whom the draft report has been given, and finalise his/her decision, the report and the proposed sanction(s) (if any), and send it to the Chair of Council and (if the Investigator is not the Chair of the Audit Committee*) to the Chair of the Audit Committee*.

39 In what he/she reasonably considers to be exceptional circumstances, the Chair of the Audit Committee* may (for example, upon a request by the Investigator) vary this section 3G as appropriate to a particular case.

H: Sanctions

40 If the Investigator finds that a Relevant Member has breached the GCC’s Code of Conduct or their conduct otherwise falls below the standards expected of a Member, the available sanctions are:

(a) instructions or advice to the Relevant Member regarding their future conduct ("Sanction (a)");
(b) a warning to the Relevant Member, short of recommending suspension or removal as a Member ("Sanction (b)"); 

(c) provisional suspension of the Relevant Member, as provided for by section 2 above and article 7 of the Order, and a recommendation to the Privy Council that the Relevant Member shall be suspended from membership of the Council in accordance with article 7 of the Order, together with a recommended period of suspension ("Sanction (c)"); 

(d) provisional suspension of the Relevant Member, as provided for by section 2 above and article 7 of the Order, and a recommendation to the Privy Council that the Relevant Member shall be removed from membership of the Council in accordance with articles 6 and 7(5) of the Order ("Sanction (d)"); 

(e) informal resolution, as referred to in 3.12(c) or 3.12(d), above; 

(f) any other sanction which the Investigator (or, if the Investigator is not a Member, the Chair of the Audit Committee*) considers appropriate in the circumstances ("Sanction (e)"); or 

(g) no sanction. 

41 In what they reasonably consider to be exceptional circumstances, the Chair of the Audit Committee* or the Council** may vary this section 3H as appropriate to a particular case. 

I: Right of appeal 

42 If the Relevant Member is dissatisfied with the findings of the report and/or the sanction(s), the Relevant Member may appeal in writing within five working days after he/she has received both the report and notification of the sanction(s). In doing so, the Relevant Member should detail the reason(s) for the appeal. 

43 For the avoidance of doubt, the complainant has no right of appeal. However, if they are a GCC employee, they have access to the GCC grievance procedure. 

44 In what he/she reasonably considers to be exceptional circumstances (for example, reasonable grounds for delay by the Relevant Member in lodging an appeal), the Chair of Council may vary this section 3I as appropriate to a particular case. 

J: Appeal process 

45 Subject to paragraph 3.46 below, the appeal will be heard by the Chair of Council. He/she may decide instead that the appeal will be heard by an appeal panel, consisting of another Member (who has not been materially involved in the complaint) and an external third party, both of whom shall be chosen by the Chair of Council. 

46 If the complaint is against the Chair of Council, the appeal will be heard by a three-person panel consisting of the longest serving Member (ignoring the Chair of Council, the Chair of the Audit Committee and any Member who has been materially involved in the complaint), and that Member’s chosen other Member (who has not been materially involved in the complaint) and chosen external third party. 

47 Whoever is hearing the appeal will decide what form the appeal hearing will take, such as a re-hearing, a paper consideration, or otherwise. Generally an appeal will at least entail a meeting with the Relevant Member, although this is not essential. In exercising their discretion on format, whoever is hearing the appeal will take note of the grounds of the appeal, the circumstances of the case and any new information that has come to light.
since the original decision. An example of a change in format which they may consider, would be a request by the Relevant Member to be legally represented (in place of the Appeal Accompanying Member, as defined below), and in considering such a request, whoever is hearing the appeal will take account of such issues as they consider relevant (which may include the seriousness of the allegations against the Relevant Member and whether these could have significant implications for the Relevant Member's career or professional standing).

48 Whoever is hearing the appeal may choose to take further evidence from whoever they wish and consider any other evidence which they consider appropriate.

49 The Relevant Member will have a right to be accompanied at the appeal hearing, by "an Appeal Accompanying Member", who can be the Accompanying Member or another Member who has not been involved in the complaint or process to date. The Appeal Accompanying Member will not act as an advocate nor speak on the Relevant Member's behalf.

50 Whoever hears the appeal will reach a decision on the balance of probabilities, to:

(a) confirm the original decision and sanction(s);
(b) increase the sanction(s);
(c) reduce the sanction(s);
(d) reverse the finding against the Relevant Member, in whole or part;
(e) make detail corrections to the original decision, such as correcting dates or other obvious factual errors, without altering the outcome or sanction;
(f) send the matter back to the Investigator for further or fresh consideration;
(g) or decide such other outcome as whoever hears the appeal considers appropriate.

51 Unless there are exceptional circumstances (such as an appeal process which reveals a need for further extensive investigations by those deciding the appeal) the Relevant Member will be informed in writing of the decision of the appeal hearing within ten working days of the appeal hearing. However, this timescale is indicative only. Ordinarily the complainant will be formed of the outcome at the same time.

52 The written decision of the appeal is final, and no further appeal may be made. The only exception to this principle is if the appeal decision was to send the matter back for further consideration by the Investigator: in those circumstances, any revised decision by the Investigator will be subject to a fresh right of appeal under this section 3J.

53 In what they reasonably consider to be exceptional circumstances, the Council** may vary this section 3J as appropriate to a particular case.

K: Implementation of any penalty against a Relevant Member

54 If the Investigator is the Chair of the Audit Committee* and he/she decides upon Sanction (a), Sanction (b) or Sanction (e), he/she will impose this sanction once the deadline for an appeal has passed without any appeal being received.

55 If the Investigator is not the Chair of the Audit Committee* and he/she decides upon Sanction (a), Sanction (b) or Sanction (e), the Chair of the Audit Committee* will impose this sanction once the deadline for an appeal has passed without any appeal being received.
56 If an appeal hearer decides to impose or approve Sanction (a), Sanction (b) or Sanction (e), he/she will impose this sanction once the appeal process is complete.

57 If the Investigator is the Chair of the Audit Committee* and he/she decides upon Sanction (c) or Sanction (d), then once the deadline for an appeal has passed without any appeal being received he/she will notify the Chair who will ask the Privy Council to suspend (in the case of Sanction (c)) or remove (in the case of Sanction (d)) the Relevant Member from the Council.

58 If the Investigator is not the Chair of the Audit Committee* and he/she decides upon Sanction (c) or Sanction (d), then once the deadline for an appeal has passed without any appeal being received, the Chair of the Audit Committee* (unless he/she considers there to be exceptional circumstances warranting informal resolution or a different Sanction, in which case he/she will attempt that informal resolution, impose that different Sanction or notify the Relevant Member that he/she is unilaterally granting an extension to the deadline for appealing) will notify the Chair who will ask the Privy Council to suspend (in the case of Sanction (c)) or remove (in the case of Sanction (d)) the Relevant Member from the Council.

59 If an appeal hearer decides to impose or approve Sanction (c) or Sanction (d), then once the appeal process is complete he/she will notify the Chair who will ask the Privy Council to suspend (in the case of Sanction (c)) or remove (in the case of Sanction (d)) the Relevant Member from the Council.

60 In what they reasonably consider to be exceptional circumstances, the Chair of the Audit Committee* or the Council** may vary this section 3K as appropriate to a particular case.
Examples of application of the seven principles of public life

Selflessness

1. Holders of public office should act solely in terms of the public interest.
   - Members of the public and members of the chiropractic profession are entitled to expect that you make decisions based on your conscientious assessment of what is in the public interest, without regard to your own interests of those of other organisations or individuals.
   - Do not exploit your association with the GCC for your own gain or that of others, and avoid any situation in which you might, even accidentally, given the impression that you are in a position to trade influence or access.
   - If you have any involvement with a chiropractic business or organisation whose value, prospects or well-being might be affected by GCC decisions or policies, take responsibility for ensuring that your motivation and actions could not be challenged.

Integrity

2. Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
   - Do not accept payments, gifts, hospitality or favours where the nature of the person or organisation concerned or the circumstances of the exchange could give rise to a concern about your integrity. Always comply with GCC requirements around appropriate declarations.
   - Do not put yourself- or allow others to put you – in a position in which your advancement of personal interests, or those of anyone close to you, could be seen as being linked to any decisions or actions you might take in the course of your GCC work. For example, if you are approached by someone about a professional conduct/fitness to practise matter, do not comment or express any views or agree to assist them other than to provide them with the contact details for the GCC staff team.
   - Assess your own behaviour by reference to these standards and make sure that you are seen to be following them.

Objectivity

3. Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
   - When making recommendations and decisions, do not allow any non-GCC interests to influence the choices you make.
   - Consider available options on their merits. Do not allow yourself to confuse the interests of the chiropractic profession, or any other particular section of society, with the public interest.
   - Take full account of all available evidence which is relevant to the decision you have to make in the course of your GC work. This can include evidence of the opinions,
wishes and concerns of people who may be affected by the decision. Make sure that you can distinguish clearly between the weight which is properly given to such evidence, and any undue, inappropriate or undeclared influence.

Accountability

4. Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. You have a responsibility to explain your actions when asked. Engage constructively and positively with appropriate opportunities to explain the ways in which you have managed your interests.

6. If you are asked about an interest, or the way in which you have managed it, avoid taking a defensive or narrowly legalistic approach.

Openness

7. Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

8. Take responsibility for checking that the minutes of Council and committee meetings in which you participated contain an adequate and clear explanation of the decisions taken and the reasoning behind them.

9. Make a full and open declaration of interests when asked to do so. If in doubt about whether or not you need to declare an interest, err on the side of openness and let others make an assessment of relevance. Perceptions vary, and you may not be best placed to make an objective assessment in your own case.

10. Complying with the formalities is important but is not enough on its own. Take active steps to assure yourself that those who need to know about your interests on any particular occasion are aware of the situation.

11. Demonstrate that you are open not only to disclosing any interest you may have but also that you are open to discussing their significance. Reflect on any feedback and advice you receive and act on any learning points that emerge from your experience and the views of others.

Honesty

12. Holders of public office should be truthful.

13. In all that you do on behalf of the GCC, demonstrate the same high standards of professionalism and personal probity that the GCC expects of registered chiropractors.

Leadership

14. Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
15. Let your approach to managing your interests provide an example of good practice within the GCC, enhancing the GCC’s standing as a model of good practice for the chiropractors we regulate.

16. Provide leadership by ensuring that your actions match the words which we have agreed to live up to. Speak and act in ways which promote and encourage a culture of open discussion about issues concerning interests. Help promote a culture of accountability, in keeping with the spirit of this guidance.

17. Support others who have leadership roles within the GCC, so that they are empowered and supported to fulfil their responsibilities on behalf of the whole organisation, in the public interest.
Annex 5 - Legislation governing the work of the General Chiropractic Council

TO BE ADDED
<table>
<thead>
<tr>
<th>Document History Version</th>
<th>Date</th>
<th>Description of Change</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May 2017</td>
<td>Draft produced for Audit Committee consideration, following review of GOSC Handbook and substantive re-working of previous GCC draft</td>
<td>RH</td>
</tr>
</tbody>
</table>
About us

The General Chiropractic Council (GCC) develops and regulates the practice of chiropractic in the United Kingdom. By law chiropractors must be registered with the GCC in order to practise in the UK.

The over-arching objective of the GCC (as set out in statute) is the protection of the public. This involves the pursuit of the following objectives:

a) protecting, promoting and maintaining the health, safety and well-being of the public;

b) promoting and maintaining public confidence in the profession of chiropractic; and

c) promoting and maintaining proper professional standards and conduct for members of that profession.

What we do

• The GCC maintains the register of all those permitted to practise chiropractic in the UK.

• We set, maintain and develop the standards of proficiency and to, standards of practice and conduct.

• We investigate complaints [insert link] that chiropractors have been guilty of unacceptable professional conduct or professional incompetence, or convicted of a criminal offence. We can also take action in respect of any chiropractor whose fitness to practise is seriously impaired due to physical or mental ill-health.

• We recognise and assure qualifications in chiropractic granted by UK education institutions and ensure that chiropractors undertake continuing professional development [insert link] and have appropriate indemnity arrangements in place.

In this section

The ‘About Us’ section of our website outlines what we do and contains links to our Mission, Vision and Strategic Aims. It also includes links to information about certain aspects of our work.

In the ‘Council’ section of our website there is further information about the structure and governance [insert link] of the GCC and details of Council meetings, as well as the meeting papers and minutes.

Details of our staff team can be found in the “Staff” section, information about how to contact us can be found under “Contact us” and information about any recruitment vacancies can be found in the “Vacancies” section.

Annual Report

Each year, we produce a formal report outlining the work we have done in the preceding year. These reports are available in the “Publications” section of our website, under “Corporate Publications”. Other reports about our work, as well as our Business Plans are also available in that section of our website.

Feedback

We welcome comments and feedback about this website and the information on it. If you have any comments or if you have not been able to find the information you want in this section or on the website as a whole, please contact us by emailing enquiries@gcc-uk.org.
The organisation

The General Chiropractic Council (GCC) consists of a Council, its committees, and a small team of staff.

How we work together

The Council is responsible for ensuring that the GCC fulfils its statutory objectives. It sets the strategic direction for the organisation and oversees the implementation of that strategy. The role of the Council is set out in full in the Governance Manual [insert link].

Various committees implement the policies of Council and exercise delegated authority for some statutory and regulatory roles.

Complaints about unacceptable professional conduct, professional incompetence, a chiropractor with a conviction or impaired fitness to practise are decided by statutory committees that are operationally separate from the Council (in order to ensure their decision-making is independent).

[Roger Dunshea], a lay Council Member, is the Acting Chair of the Council. The Council’s work is supported by a small team of staff headed by the Chief Executive and Registrar, Rosalyn Hayles. The Chief Executive and Registrar is accountable to the Council for ensuring that the GCC staff team implements the policies set by the Council.

Governance

The Council Code of Conduct sets out the standards that Council members must meet in carrying out their roles. It also applies to others who carry out various work for the GCC, including members of statutory and non-statutory committees, Test of Competence assessors and Visitors appointed by the Education Committee, and others such as Legal and Medical Assessors appointed to assist the Investigating, Professional Conduct and Health committees. We call these individuals “GCC Partners”.

All Council Members, GCC Partners and GCC staff must declare and register any interests they have outside of the GCC.

The Governance Manual [insert link] contains information about how the GCC is structured and managed as well as GCC policies on remunerating Council and GCC Partners.
To: The Council, General Chiropractic Council  
From: Paul Ghuman, Director of Resources and Regulation  
Subject: Annual report and Accounts  
Date: 15 June 2017

Purpose

1. To agree the Annual report and Accounts for the year ended 31st December 2016. It should be noted that once the Annual Report and Accounts have been agreed and signed, a design version of the Annual Report and Accounts will be prepared.

Recommendation

2. Council is asked to:
   2.1. Agree the Annual report and Accounts for 2016
   2.2. Agree that the Chair signs the Annual report and Accounts on behalf of Council.
   2.3. Agree that the Chair signs the Letter of Representation on behalf of Council.

Background

3. The GCC is required to produce an Annual Report and Accounts that has been audited under s41(2) of the Chiropractors Act (the Act).

4. The Annual Report & Accounts must be laid in Parliament on an annual basis.

5. The draft Annual report and Accounts for 2016, (attached as Annex A), was considered by the Audit Committee at its meeting 8 May 2017 and is recommended by the Committee for adoption.

6. Through discussions with the external auditor and the Director of Resources and Regulation, the Audit Committee satisfied itself that the accounts were properly prepared and were in accordance with applicable law, regulations and accounting standards.

7. The external auditor, haysmacintyre, who audited the accounts have confirmed that they provide a true and fair view of the GCC’s affairs for the year ended 31st December 2016.

8. The Council is required to sign a Letter of Representation, (attached at Annex B), covering Council Members’ responsibilities in producing the financial statements.

9. An additional note in respect of post balance sheet event has been added following receipt of formal notification that the lease will now expire in April 2018.
Report on the key financial information included in the 2016 Annual Report and Accounts

10. Income had increased by £88K to £2.49M (2014: £2.37M). This is an increase of 4.9%.

11. There was an overall increase in income of £88K. The increase in income is primarily as a result of the increase in registration income of £69K. Investment income has increased by £9K and Test of competence fees have increased by £10K.

12. The Investment portfolio market value had increased by £431K to £4,670K (2015: £4,239K). The initial investment was £4M.

13. Expenditure has increased by £318K in the year to £2,808K (2015: £2,490K).

14. This is as a result of an increase of £228K in staffing costs which include £70K on restructuring costs and £80K increase in temporary costs to cover unplanned vacancies, long term sickness cover and also dealing with an increase in complaints.

15. Council and Committee appointment costs increased by £45K. This increase was as a result of an appointment process for 5 members of Council including the Chair of Council and 12 appointments to the Investigating Committee.

16. There was an increase in Investigating Committee costs of £118K as cases were more regularly supported by expert opinions and also in considering advertising cases.

17. The overall surplus for the year is £159K (after taxation) which increases from a surplus of £38K in 2015.

18. Council reviewed its reserves policy in December 2015 and agreed on a reduction in the level of reserves to £2.9M. The current reserves level is £3.76M. The reduction in reserves level was agreed to fund a reduction in the retention fee to £750 from its current level of £800. We are awaiting legislation for this change to be enacted. The accounts show that the Council had just over 16 months of reserves at the end of 2016.

19. Council will note that during the year there were a number of governance issues that necessitated unbudgeted expenditure to be agreed during the year.

20. The main reporting change is that the Annual Report and Accounts are prepared under FRS102 this year.

21. There are no strategic risks that would impact on the view that the GCC remains a going concern.

22. No significant changes in accounting treatment and policies have been made.

Proposals

23. The Council is requested to agree and adopt the Annual Report and Accounts for 2016 and the letter of representation.

Financial implications

24. The cost of publishing and communicating the annual report and accounts will be covered by existing budgets.
Legal Implications

25. There are no legal implications arising from this paper

Risk Implications

26. The GCC is required to submit a copy of the annual report and accounts to the Privy Council Office for laying in each House of Parliament.

Equality Implications

27. There are no equality implications arising from this paper

Communications Implications

28. The annual report and accounts will be published on the GCC website. The version that is laid in parliaments will be in a format acceptable to the Privy Council.

29. The Letter of Representation, once signed, is to be sent to the auditors, Haysmacintyre.
The General Chiropractic Council

Audit Findings Report

Partner: Adam Halsey; ahalsey@haysmacintyre.com
Manager: Varsha Patel; vpatel@haysmacintyre.com

Year Ended 31 December 2016
The General Chiropractic Council – Audit Findings Report

1. Introduction and Executive Summary

This report summarises our key findings in connection with the audit of the financial statements of The General Chiropractic Council for the year ended 31 December 2016.

We would like to take this opportunity of thanking you and your staff for the assistance and co-operation we have received during the course of our work.

Our audit approach

Our work was planned and performed in order to issue an audit opinion on the financial statements in accordance with International Standards on Auditing (UK and Ireland) (“ISAs”) and the terms of our letter of engagement.

Limitations

Our audit procedures, which have been designed to enable us to express an opinion on the financial statements, have included an examination of the transactions and the controls thereon.

Our audit included consideration of internal controls relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of internal control or to identify any significant deficiencies in their design or operation.

We have included in this report only those matters that have come to our attention as a result of our normal audit procedures and, consequently, our comments should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

Overall conclusion and opinion

At the time of issuing this report we anticipate issuing an unqualified opinion, without modification on the financial statements. This is subject to satisfactory completion of the matters set out below:

- Further post balance sheet events review up to the signing of the financial statements;
- Final annual report; and
- Latest management accounts.
The General Chiropractic Council – Audit Findings Report

We look forward to discussing this report with your Audit Committee. This letter is for your private use only. It has been issued on the understanding that it will not be disclosed to any third party without our prior written consent and no responsibility is assumed by us to any other person other than the Council Members of the General Chiropractic Council.
The General Chiropractic Council – Audit Findings Report

2. Audit risks and key judgement areas identified during planning

We set out below the key areas of focus for our audit identified at the planning stage and the conclusions of our audit work:

<table>
<thead>
<tr>
<th>Audit risk/key judgement area</th>
<th>How we addressed this</th>
<th>Commentary</th>
</tr>
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<tbody>
<tr>
<td>Presumed risk in revenue recognition</td>
<td>We are required to consider and respond to the risks of improper revenue recognition. There is a risk that registration and retention fee income are recorded in the wrong period. Detailed testing was performed on the revenue recognised in the period covering the accuracy of completeness, occurrence and cut off.</td>
<td>Our audit work on revenue recognition did not identify any material issues.</td>
</tr>
<tr>
<td>Presumed risk of management override</td>
<td>We are required to consider and respond to the risks arising from management override of controls. Accounting estimates were reviewed for potential bias. We reviewed the appropriateness of general journal entries posted throughout the year and at the period-end for the preparation of the financial statements. The business rationale for unusual or significant transactions outside the normal course of business for the Council were evaluated. We considered the need to perform additional audit procedures where appropriate.</td>
<td>Planned audit work was considered to be satisfactory in this area.</td>
</tr>
</tbody>
</table>
3. Accounting and Audit Matters

3.1 Qualitative aspects of accounting practices and financial reporting

i. Report of the Council changes:

In common with other health care regulators, the Council have considered the Report of the Council and we understand you are intending to include the following disclosures (marked @). However, some of these disclosures are required under FRS 102 (marked with *). Please find our comments under each section.

- @ Governance Statement
  This section has been included in the Annual Report.
- Remuneration report
  This section has been included in the Annual Report.
- * @ Risk Statement - a description of the principle risks and uncertainties facing the Council and stating steps taken to mitigate them.
  This section has been included in the Annual Report.
- * @ A fair review of the Council’s activities. This can be split into categories below. The review is a balanced and comprehensive analysis of the development and performance of the Council’s activities during the financial year and the position at the end of the year. The review must to the extent necessary for the understanding of the development of the, performance of the business include analysis such as financial key performance indicators and where appropriate other key performance indicators such as Fitness to Practice.
  a. Fitness to Practice
  b. Education
  c. Standards
  d. Continuing professional education
  e. Registration
  f. Communications

This section has been included in the Annual Report.

- * @ Financial review, which includes objectives, set at the beginning of the year and the results achieved.
  We note this section has been updated.
- * @ Remuneration policy for key management
  We note this section has been updated and reflect the requirements of FRS 102.
- Reserves Policy
  This section has been included in the Annual Report.
- *Future plans
  This section has been included in the Annual Report.

We understand the Council Members have considered the disclosures in the Annual Report and Financial Statements and decided to amend them to reflect the changes needed under FRS 102.

ii. Investment review

In the prior year audit, the Council requested that we review the investment portfolio managed by Cazenove Capital Management to ensure that stated objectives are being met as set out in the statement of investment principles (SIP). The portfolio was established in late 2013 and the review covers the 2016 & 2015 year.

Underlying portfolio objectives, risk & management
During the review in the 2015 audit, it was brought to our attention that Cazenove’s “attitude to risk” did not align with the GCC investment policy. Where the Council’s policy requests a ‘balanced’ attitude to risk but can tolerate short volatility if necessary, Cazenove had stated that a “specialist mandate with a ‘high’ attitude to risk has been agreed”. Cazenove attended the Council meeting in September 2016, however, upon review of their suitability update, it was clear that a ‘high’ attitude to risk was still evident.

**Primary Investment Objective**
The primary objective established with Cazenove on the investment portfolio is to distribute a return of 4% per annum (after fees) generated mainly from income (capital can also be used) on the funds invested.

This objective was met by Cazenove in 2014, with the portfolio generating a return of £218,399 (after fees) on £4,106,531 invested as of 1 January 2014.

The primary objective was not met in 2015, however, with a return of £151,679 (after fees) generated on the opening portfolio value of £4,209,798, a return of 3.60% (3.5% prior to a grossing up of tax deducted at source).

In 2016, the primary objective was exceeded with returns of £560,981 which represents 13% of the GCC’s total opening portfolio valuation of £4,237,882.

**Secondary Investment Objective**
The secondary objective of maintaining the real value of the Capital invested after any distribution was met in both 2015 and again in 2016 with the portfolio increasing from £4,238k at 31/12/15 to £4,670k at 31/12/16.

### Asset Allocation and Liquidity
The investment portfolio has continued to maintain a “wide and diverse” selection of investments throughout 2015 and 2016.

<table>
<thead>
<tr>
<th></th>
<th>Bench Marks</th>
<th>Ranges</th>
<th>As per 31 December 2016 valuation (%)</th>
<th>As per 31 December 2015 valuation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK Equities</td>
<td>40</td>
<td>30 - 50</td>
<td>38.9</td>
<td>39.6</td>
</tr>
<tr>
<td>Overseas Equities</td>
<td>20</td>
<td>10 - 30</td>
<td>22.8</td>
<td>20.4</td>
</tr>
<tr>
<td>Fixed Income</td>
<td>20</td>
<td>10 – 30</td>
<td>13.9</td>
<td>13.7</td>
</tr>
<tr>
<td>Multi Asset Funds</td>
<td>-</td>
<td>-</td>
<td>12.3</td>
<td>12.1</td>
</tr>
<tr>
<td>Property Alternatives</td>
<td>10</td>
<td>5 – 15</td>
<td>8.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Other Alternatives</td>
<td>-</td>
<td>-</td>
<td>2.9</td>
<td>3</td>
</tr>
<tr>
<td>Absolute Return</td>
<td>10</td>
<td>5 – 15</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Cash</td>
<td>-</td>
<td>-</td>
<td>0.7</td>
<td>1.7</td>
</tr>
</tbody>
</table>

**Ethics & Investment Restrictions**
A review of all asset holdings since inception of the investment portfolio did not give rise to any indication that Cazenove had made any “direct investments in “armaments” or “tobacco production companies”. This directive is also documented on Cazenove’s records.
3.2 Audit matters

i. Council, Staff and Committee Expenses

One of our main focuses during the 2016 audit was to check if expenses incurred were in line with expense policy for the Council Members, staff members and Committee Members. We performed extensive testing in this area and this highlighted a few areas documented where improvements can be made.

Only one expense policy entitled “Council Expenses Payments”

The Council has only one policy headed “General Chiropractic Council Expenses Payments” Policy. This policy is followed by Council Members, Staff and Committee Members. Although we were assured that anyone claiming expenses was required to follow this policy, we recommend that it is more clearly stated that the policy applies to everyone to ensure implementation is effective.

Oyster cards topped up using petty cash

During the year the GCC started using Oyster Cards for business travel. However, the controls over whether the user was claiming for travel exclusively for the purpose of business could be made more robust. In addition a staff member would have to top up the travel card at a tube station. To ensure that there is appropriate control and review of topping up the travel cards we suggest that the GCC set up an online account so the cards can be topped up in house using an approved credit card rather than petty cash. In addition the on-line account will allow the finance team to print out the history of travel journeys where spot checks can be carried out against the logs made.

Controls over first class travel

We noted that there was ambiguity over the policy for Council Members, Staff and Committee Member’s mode of transport. We recognise that the current expense policy outlines that the claimant should select the form of travel which is the most economical for the GCC, however, during our audit work we picked up on one instance where a Council Member was claiming for first class travel totalling £112 but provided no evidence or explanation as to why it was considered necessary for them to be travelling first class.

We recommend that before any expenses are signed off any variations in the applications of the policy are investigated and documented as to why such expenditure has been approved.

Controls over air travel

We also noted that there is no policy for additional costs for ‘express fee / PLUS fee / choice of seat fee / lounge fee’. We recommend that current policy is made clear as to what is allowed and what is not.

Various breaches of policy

We discovered that there were various breaches of the expense policy, mainly in the area of providing evidence to support claimed expenses. During our testing we highlighted a number of expense claims where supporting documentation was missing or not sufficiently documented. For instance lack of car parking receipts, mileage details, underground travel and taxi receipts.

We also discovered instances where alcohol had been claimed for where the policy outlines that this is not allowable. During our testing we found two instances where this happened, one related to a Committee Member claim where £5.35 was claimed and another related to a credit card...
expense where £86.95 related to the purchase of alcohol for a Council Meal.

We recommend that the GCC follow up on any deviations from the set policy in order to ensure appropriate compliance.

ii. **Misstatements**

The Council has requested that any misstatements detected which are > £1,000 in value be reported.

*Correction of prior year misstatements relating to the opening value of the investment portfolio*

During our work surrounding the GCC’s investments, there was an issue surrounding a brought forward error relating to the opening balance of the portfolio which resulted in a balance included within debtors as at 31 December 2016. This is because in 2015, the financial statements were over stated by £1,464. This was due to the fact that in 2015 initial report was not stated at bid-price (as required by FRS 102) and the error noted upon receipt of a revised report. No adjustment was required in respect of this as the error was immaterial to the 2015 Financial Statements.

It was agreed with management that the balance of £1,464 would be written off to the P&L to ensure the correct treatment going forward.

*Prepayments included as a debit balance within the accruals listing*

During our testing we noted four prepaid invoices were included within the accruals listing which resulted in inappropriate netting off of the creditor balance. As a result, an adjustment was made to move the £6,924 into the prepayments listing.

*Pension Deficit*

It was noted that the liability relating to the GCC’s defined benefit pension scheme had not changed since the previous year valuation of £13,210.

An adjustment was made in order to recognise total payments made during the year of £1,928 and reduce the liability to £11,388

*Debit balances included within trade creditors*

It was noted that an overpayment of £1,100 to a supplier was included within the trade creditor listing. An adjustment was made in order to recognise the amount as a debtor. This was a historic balance which was picked up in the 2015 audit. The amount was repaid to the GCC in 2017.

There were no other significant adjustments made to the financial statements.

iii. **Disclosures**

*Correction of key management personnel disclosure for 2015*

During the year we have had further clarity that employers national insurance should be included in the calculations for remuneration of key management personnel. The 2015 accounts, disclosure for key management personnel did not include employers’ national insurance. The 2016 financial statements have been updated to ensure the appropriate disclosure for both the 2016 and 2015 years.

iv. **ii. Letter of representation**

International Standards on Auditing require us to obtain written representations from the directors when you approve the accounts. The letter contains only standard matters with no additional items specific to the General Chiropractic Council. We would be grateful if you could arrange for the text to be inserted into a letter to us on the Council’s letter headed paper and for the letters to be signed when the accounts are approved at the Council meeting.
4. Financial review

The purpose of this section of the report is to set out the key financial trends and to provide our perspective on the overall financial position.

Income and Expenditure Accounts

<table>
<thead>
<tr>
<th></th>
<th>2016 £’000</th>
<th>2015 £’000</th>
<th>2014 restated £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration/Retention Fees</td>
<td>2,356</td>
<td>2,284</td>
<td>2,211</td>
</tr>
<tr>
<td>Investment income</td>
<td>141</td>
<td>132</td>
<td>126</td>
</tr>
<tr>
<td>Other income</td>
<td>79</td>
<td>72</td>
<td>35</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td>2,576</td>
<td>2,488</td>
<td>2,372</td>
</tr>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>1,290</td>
<td>1,048</td>
<td>923</td>
</tr>
<tr>
<td>Regulatory Costs</td>
<td>729</td>
<td>665</td>
<td>733</td>
</tr>
<tr>
<td>Grant Revalidation</td>
<td>12</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Council Expenses</td>
<td>212</td>
<td>180</td>
<td>191</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>170</td>
<td>151</td>
<td>176</td>
</tr>
<tr>
<td>Premises</td>
<td>218</td>
<td>263</td>
<td>274</td>
</tr>
<tr>
<td>Depreciation</td>
<td>28</td>
<td>39</td>
<td>36</td>
</tr>
<tr>
<td>Investment Manager Fees</td>
<td>18</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Other Costs</td>
<td>131</td>
<td>116</td>
<td>129</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>2,808</td>
<td>2,490</td>
<td>2,481</td>
</tr>
<tr>
<td><strong>Net expenditure</strong></td>
<td>(232)</td>
<td>(2)</td>
<td>(109)</td>
</tr>
<tr>
<td>Net Gain on investments</td>
<td>445</td>
<td>43</td>
<td>113</td>
</tr>
<tr>
<td>Tax Charge in the year</td>
<td>(53)</td>
<td>(4)</td>
<td>(3)</td>
</tr>
<tr>
<td><strong>Surplus in the year</strong></td>
<td>159</td>
<td>37</td>
<td>1</td>
</tr>
</tbody>
</table>

**Income and expenditure highlights**

Overall total income had increased by £88k (3.5%).

The increase in income is due to the rising number of registrants. The GCC has seen a rise in retention numbers year on year with the total number of registrants rising from 3,109 at the end of 2015 to 3,150 at the end of 2016 (2,808 at the close of 2012).

A small increase in the number of people taking a test of competence has also generated a £11k increase in other income.

There has also been a significant increase in realised and unrealised gains on investments from £44k in 2015 to £444k in 2016.

Expenditure has increased disproportionately to income with an increase of £318k (12.8%) in the year. This is primarily due to an increase in staff costs by £77k, a £80k increase temporary staffing costs relating to cover for a senior member of staff and other staff, as well as a £70k settlement which was provided for at the end of the year.

In addition, staff expenses increased by £14k with Council Members expenses increasing by £32k.

Regulatory costs also increased by £96k compared to 2015 with a increase in investigating committee costs by £118k and a reduction of £50k within professional conduct committee costs.

There was a number of legal fees and recruitment fees surrounding the staff turnover in the year resulting in a £16k increase in professional fees.
### Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>2016 £'000</th>
<th>2015 £'000</th>
<th>Restated £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Fixed Assets</td>
<td>118</td>
<td>114</td>
<td>130</td>
</tr>
<tr>
<td>Investments</td>
<td>4,670</td>
<td>4,239</td>
<td>4,210</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors &lt; 1yr</td>
<td>40</td>
<td>38</td>
<td>22</td>
</tr>
<tr>
<td>Cash</td>
<td>1,795</td>
<td>1,831</td>
<td>1,858</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors &lt; 1yr</td>
<td>(2,772)</td>
<td>(2,569)</td>
<td>(2,602)</td>
</tr>
<tr>
<td><strong>Provisions</strong></td>
<td>(76)</td>
<td>(36)</td>
<td>(36)</td>
</tr>
<tr>
<td><strong>Non-Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors &gt; 1yr</td>
<td>(10)</td>
<td>(11)</td>
<td>(13)</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td>3,766</td>
<td>3,569</td>
<td>3,569</td>
</tr>
</tbody>
</table>

**Represented by:**

- Department of Health Grant: 57, 70, 77
- Revaluation reserve: 670, 239, 209
- General Reserves: 3,038, 3,297, 3,283

---

### Balance sheet highlights

The most significant movements on the balance sheet in the year relate to the large amount of provisions included within short term creditors which has resulted in an increase of £203k. These relate to the settlement cost provisions for three staff members in the year (£70k), as well as legal costs (£13k) that result from this. In addition, £55k also related to rental costs.

Provisions have also increased by £40k, which reflect the deferred tax adjustment in the year. This is in relation to timing differences associated mainly in the movements in the unrealised element of the investments portfolio gain.

The investment portfolio has increased significantly from £4,239k to £4,670k due to a large increase in realised and unrealised gains following market rises compared with last year.
## 5. Detailed control points

During the course of our audit we identified a number of detailed control points that we feel need to be brought to the attention of the Council. These points are set out below, along with certain recommendations for improvements or corrective action as well as an update on the status of matters identified in previous years’ audits:

### Current year

<table>
<thead>
<tr>
<th>Issue</th>
<th>Risk</th>
<th>Our comments</th>
<th>Management response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breach of expense policy on credit cards and expense claims</strong>&lt;br&gt;During our work on expenses we noted that the policy was not being adhered to and needs to be updated to be more detailed.</td>
<td>There is a risk that expenses are paid and authorised which do not relate to expenses incurred in the interest of the GCC.</td>
<td>We recommend that both the expense policy and the process for authorising expenses be reviewed by the Council to ensure that all deviations from the policy are detected and appropriate action is taken. However we do understand that management are in the process of updating the current policy.</td>
<td>The expenses policy is currently under review and will take into account your recommendations in this report.</td>
</tr>
<tr>
<td><strong>Reconciliations between performed between the MTL database and sage</strong>&lt;br&gt;We noted that there is no formal reconciliation performed between the MTL database and Sage in order to reconcile membership numbers to income recognised.</td>
<td>There is a potential risk that income could be misstated.</td>
<td>We recommend that reconciliations are prepared on a regular basis to ensure that differences between the database and the accounting system are analysed and resolved. We also recommend that these reconciliations are reviewed and authorised.</td>
<td>We agree that half yearly reconciliations will be carried out and be reviewed. The first reconciliation will be carried out at the end of June 2017.</td>
</tr>
</tbody>
</table>
### The General Chiropractic Council – Audit Findings Report

<table>
<thead>
<tr>
<th>Issue</th>
<th>Risk</th>
<th>Our comments</th>
<th>Management response</th>
</tr>
</thead>
</table>
| **The GCC financial procedures manual**  
We recognise that the GCC has a financial procedures manual, we noted that at the time of the audit it had not been fully updated for all current processes. | There is a risk that the financial procedures manual does not reflect the GCC’s current processes and that there is consequently a lack of transparency surrounding important financial processes as approved by the Council Members. | We recommend that the financial procedures manual be updated with all of the changes that have been made along with the information gathered from the governance review and our audit findings report. | This is currently being updated as part of the review of the governance manual. This will be updated by the end of September 2017. |

### Prior year

<table>
<thead>
<tr>
<th>Issue</th>
<th>Risk</th>
<th>Comments</th>
<th>Current year update</th>
</tr>
</thead>
</table>
| **Council Member Expenses**  
We note two Council Member expense forms which were reviewed during the audit were found to have no receipts attached to support the expense claim. The nature of expenses were in relation to train and taxi fares as well as car park receipts for attendance at Council meetings. | This increases the risk of non-business expenses being incurred. It also makes it difficult for finance staff to allocate costs accordingly on the ledger. | We recommend that supporting documents for all expenses are submitted and all staff including Council Members follow the documented procedures. Additionally all supporting documentation should be submitted on a timely basis allowing them to be reviewed, approved and allocated to the appropriate cost codes. | Council member expenses were tested extensively during our audit and it was found that there were still a number of receipts missing. Please refer to section 3.2 i |

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6. Emerging issues

1. **HMRC iXBRL compliance**

   HMRC has increased the iXBRL tagging requirements with the need to tag the detailed profit and loss account, either in the financial statements or within the tax computation itself. Whilst the requirement to prepare the profit and loss account in a specific iXBRL format is relaxed, the number of tags that may need to be applied has increased from 30 to almost 160 with an inevitable increase in the compliance work required for each and every organisation that requires a corporation tax return.

2. **Employment Tax issues**

   The following are the key areas where changes have been introduced with effect from 6 April 2016.

   **Business expense payments exemption**

   P11D Dispensation Agreements will no longer apply and is being replaced by the Business Expense Payment Exemption. Employers will be required to “self-assess” the tax and National Insurance treatment of benefits and expense payments they meet on behalf of their employees. HMRC has recently published their guidance which sets out the basis upon which employee expenses will need to be reviewed. Four different models are being introduced and the model to be adopted will be dependent upon staff numbers. The following is are key controls that HMRC would expect you to have in place and we can advise you as to the basis upon which the independent checking will need to be undertaken:

   - You have an up to date expenses policy.
   - There is no self-authorisation of expenses.
   - Independent checking of expenses is undertaken.
   - Your records enable you to distinguish those expenses which have been incurred “wholly, exclusively and necessarily” in the performance of the employee’s duties.

   A deduction can be claimed where there is a matching tax deduction available in respect of the expense incurred. Without these controls HMRC can seek to recover any underpaid tax and National Insurance together with interest and penalties.

   **Summary of additional changes from 6 April 2016**

   - Abolition of the £8,500 threshold for lower paid employment and form P9D;
   - Introduction of a statutory exemption for trivial benefits; and
   - Voluntary pay-rolling benefits in kind.
Consultations

The following is the current position in respect of recent consultations:

a) Employer provided living accommodation

We are still waiting for a formal consultation to be published by HMRC following their “Call for evidence” which was concluded earlier this year. It is our understanding that new legislation will be introduced from 6 April 2018.

b) Termination payments

Draft legislation has been published as part of a further consultation paper. From 6 April 2018 secondary National Insurance contributions will be payable in respect of any termination payment which is paid in excess of £30,000. Furthermore, all payments in lieu of notice (“PILON”) will be subject to tax and National Insurance in full regardless as to whether there is/is not a contractual right to make a PILON. HMRC is also consulting in respect of changes to the termination payments exemption, specifically in respect of any past foreign services performed by the employee whose employment is being terminated.

c) PAYE Settlement Agreements (“PSA”)

HMRC is seeking, via a consultation published in August 2016, to simplify the PSA process. A PSA is used where the employer pays the tax and National Insurance liabilities due on items which are by strict definition taxable on the employee. Part of the proposal is considering the nature of the benefits and expenses which can be included within a PSA. The proposal is to only permit those items where it is deemed either impractical for the liabilities to be passed on to the employee(s) or the expenditure is provided on an irregular basis and the employee has no contractual right to receive the benefit. Currently there is a third test which is considered to determine whether a benefit or expense can be included within a PSA and that is whether the expense is minor in nature. However, following the introduction of the Trivial Benefits Exemption, with effect from 6 April 2016, it is envisaged this exemption will make the “minor” test redundant. Further administrative changes are being considered including:

- the need to do away with a contract to be renewed with HMRC each year;
- a statutory submission date for the tax and National Insurance calculations of 6 July following the end of the tax year; and
- the PSA will form part of the Government’s digital strategy.

No date has yet been suggested as to when the proposed changes will apply

d) Alignment of Income Tax and National Insurance

The Office of Tax Simplification published their initial report on 7 March 2016 and further developments are awaited.

Salary sacrifice

On 5 December 2016 Finance Bill 2017 was published which contains the provisions which are intended to eliminate the tax advantages previously obtained by entering into a salary sacrifice. Where an employee enters into any salary sacrifice a tax charge will be based upon the greater of:
The salary sacrifice; or
The cost to the employer in providing the benefit.

It has also been confirmed that the provision of the following favourable benefits will be outside the scope of the “Optional remuneration arrangements”:

- pension contributions;
- pension advice;
- childcare arrangements;
- cycle to work schemes; and
- ultra-low emission cars.

It will be possible for the above benefits to continue to be provided as part of a salary sacrifice arrangement and not be subject to the new legislation. Employers can proceed with a degree of certainty and the ability to adopt salary sacrifice for employee pension contributions for those employees who do not participate in a defined benefit pension scheme.
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<td>Notes to the Accounts</td>
<td>36</td>
</tr>
</tbody>
</table>
Annual Report 2016

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

Our statutory functions are to:
- Set the standards of chiropractic education, conduct, and practice
- Recognise chiropractic degree programmes that achieve our standards
- Maintain the Register of individuals who meet our requirements in respect of character, health, competence and continuing professional development
- Investigate and determine all complaints against our registrants.

Chair and Chief Executive's Foreword

Welcome to the annual report 2016 of the General Chiropractic Council. The past year has been one of change and achievement. We have made progress on a number of fronts in the delivery of our strategic aims, which are to:
- protect patients and the public;
- uphold and improve professional standards;
- engage effectively and have constructive dialogue with our stakeholders;
- improve our effectiveness, ensuring our systems are cost effective and fit for purpose

Our highest priority is to ensure patient and public protection is at the very core of all our work. Our performance across our key regulatory functions is reviewed each year by the Professional Standards Authority for Health and Social Care (the body that oversees the work of the nine UK regulators of health and care professionals). Their report on our performance in 2015/16 (which was published in March 2017) commented that we had achieved a notable improvement in 2016 compared to the previous year. We met all bar one of the Standards for Good Regulation. Actions that should improve performance against the one Standard that was not met were initiated in autumn 2016.

Health care professionals aspire to do the best for their patients; and this is the focus of the Codes of Ethics/Practice they are required to observe, as well as their continuing professional development activities. During the past year, we launched the Code: Standards of conduct, performance and ethics for chiropractors (June 2016) which is focused on patients’ expectations and requirements. In April 2016 we published separate supplementary guidance documents, to assist registrants in applying the requirements of the new Code in relation to six key topics: advertising; candour; confidentiality; consent; maintaining sexual
boundaries; and the use of social media. The guidance documents explain best practice and provide information about which processes to follow, relevant legislation and where additional support and advice can be found. In support, we have also consulted on changes to the requirements for continuing professional development and have begun to review our approach to approval of UK chiropractic training programmes. Alongside that work we have begun a project to review and re-develop our processes for quality assuring the chiropractic training programmes recognised by the GCC, to ensure that our processes are up to date and proportionate. We would like to thank the various educational institutions who worked with us on both these projects during 2016.

We regularly meet and exchange ideas with our key stakeholders, including bodies that represent patients and professionals, as well as other health & care professions regulators. Our meetings with Department of Health officials have included valuable discussions on the future options for regulation in the sector. Along with others, we have also turned our thoughts to the potential impact on professional regulation of the UK’s departure from the EU in light of the referendum outcome in June 2016.

We started the year with a review of our governance, with recommendations now implemented. We remain concerned by the comparatively high annual registration fees charged to chiropractors. We have reduced our costs and we aim to consult on a fee reduction in 2017. At the end of the year, we completed a review of our strategy and agreed it remained fit for purpose, at least in the short term.

We welcomed Steven Gould as a new lay member of Council and with great appreciation for their contribution said farewell to Roger Creedon and Marie Cashley as members of Council.

During the year, David Howell who had been Chief Executive and Registrar since November 2011, indicated that he would be leaving the GCC at the end of 2016. The Council put in place a rigorous open competition and Rosalyn Hayles was appointed in December. The Council thanked David wholeheartedly for his hugely important contribution to our work.

As in any regulatory organisation there is a lot of care and attention given by individuals, whether in committees or administration, that forms the basis of our success; these contributions are all greatly appreciated by the Council. We would like to thank all our colleagues in the office, and the Council and committee members/advisers for all their hard work and support over the past year.

Roger Dunshea, Acting Chair
Rosalyn Hayles, Chief Executive and Registrar
15 June 2017
About the GCC

The GCC is a body corporate set up by an Act of Parliament, namely the Chiropractors Act 1994. Although set up by an Act of Parliament, we remain independent of government and the profession that we regulate.

Our Vision

• We aim to deliver effective regulation for the protection of patients and the public and to do so in a fair, proportionate and objective manner.

Strategic Aims 2015-2017

We aim to:

• protect patients and the public;
• uphold and improve professional standards;
• engage effectively and have constructive dialogue with our stakeholders;
• improve our effectiveness, ensuring our systems are cost effective and fit for purpose.

* Council agreed to add a further aim which is “We aim to collaborate effectively with other health and care profession regulators in the UK” at its meeting in March 2017.

In 2016 the Health and Care (Safety and Quality) Act 2015 implemented a new over-arching objective across the health and care professions regulators. That over-arching objective is the protection of the public, which involves the pursuit of the following objectives:

• to protect, promote and maintain the health, safety and well-being of the public;
• to promote and maintain public confidence in the profession of chiropractic; and
• to promote and maintain proper professional standards and conduct for members of that profession.
Governance framework

The Council

The Council is the governing body of the GCC. It consists of 14 Council Members, who appointed by the Privy Council for periods of up to 8 years in total. The legislation\(^1\) requires an equal split of lay (non-chiropractic) and registrant members. The legislation also requires that there is at least one Council Member who lives or works mainly in each of Northern Ireland, Scotland, England and Wales. There must be at least 8 members of Council present for the meetings to be quorate.

The Council is responsible for ensuring that the GCC carries out its core functions and sets the longer term strategy to fulfil its statutory duties as defined within the Act. The annual business planning process identifies the activities that will be undertaken in order to meet the Council’s strategic aims, over and above the daily operational activities, as well as the resources that will be required.

The Chief Executive and Registrar is appointed by the Council and accountable to it for the delivery of the strategy and the business plan.

Council met five times during the year.

Delegation to non-statutory Committees

The Council has delegated some of its functions to 4 non-statutory committees.

The Re-Appointments Committee

The primary role of the Re-appointments Committee is to assess candidates against the agreed criteria, to ensure the correct process is followed and to decide whether or not the candidate for re-appointment should be recommended for re-appointment to the Privy Council.

Council has delegated authority to the Chair of Council to decide who will sit on the Re-appointments Committee for a particular re-appointment. If the Chair of Council is applying for re-appointment, the Re-appointments Committee must include a Chair of another regulatory body selected by the Chair of the Audit Committee who will also appoint the two other members of that panel;

\(^1\) The General Chiropractic Council (Constitution) Order 2008
The Registration Appeals Committee

The function of the Registration Appeals Committee is to determine Appeals from registration decisions by the Registrar. The composition of the Registration Appeal Committee will be decided by the Chair of Council. It must contain at least one independent member.

Remuneration Committee

The Remuneration Committee operates a power delegated by the Council to decide upon the remuneration, benefits, and terms of service for the Chief Executive, Deputy Chief Executive and any GCC Director and to set the overall remuneration framework for the rest of the GCC staff.

The Committee also advises Council on remuneration policy for the Chair and members of the Council and members of our statutory and non statutory committees.

The Committee meets at least once a year and last met in November 2016. The Chair of the Committee reports to Council on the Committee’s activities annually. The membership consists of 4 members, comprising at least 1 registrant and 1 lay member of the Council and 1 independent member. Meetings are quorate if 2 Council members and the independent member are present.

Remuneration Report

Council member remuneration was last reviewed in November 2015 and the rates were not changed. The Chair’s annual remuneration is £23,000 per annum and Council member’s remuneration is £6,650 per annum. The details for fees and expenses paid in the year are set in note 18 of the annual accounts at page 38.

The Remuneration Committee met once in 2016 and agreed the cost of living award effective from January 2017 and the implementation of a staff healthcare cover scheme.

Remuneration policy for key management

The detail on the remuneration for key management is included in the annual accounts in note 4 and at page 32.

The Audit Committee

The Council has delegated to the Audit Committee operation of some of its powers in respect of the appointment of the GCC’s external auditors. The Audit Committee also
advises the Council about internal controls and risk management systems within the GCC and keeps the strategic risk register under review. The Chair of the Committee reports in to each Council meeting.

The Committee met three times in 2016. The membership is decided by the Chair of the Council and consists of up to 4 Council Members, as well as one independent non-Council Member. For a meeting of the Committee to be quorate, 3 members must be present, one of whom must be the independent member.

Activities
During the year the Committee reviewed the following:

- audit findings report
- defining scope of the external audit
- strategic risk register
- changes to reporting of financial statements under FRS102 and approval of Accounts for 2015
- PSA annual performance review
- assurance audits covering Fitness to practice and Registrations
- the Committee’s terms of reference and membership

Risk register

The risk register clearly defines the risks associated with each of the GCC’s Strategic Plan objectives. These are identified by the executive, the Committee, and Council. Evaluation and control of risk is undertaken by defining the risk and its consequences, then assessing the controls and actions to mitigate or transfer the risk. The Committee considers any new or revised risks at each meeting and Council reviews the complete register on at least an annual basis. The Committee has, through this process, reduced the number of major risks that the organisation faced at the start of the year. These include the “failure to maintain the confidence of stakeholders” and the “failure of Council to work effectively and make policy decisions in the public interest”.

Annual accounts

The Committee satisfied itself in May 2016 that:

- the accounts for the year ended 31 December 2015 were properly prepared, in accordance with applicable accounting standards: and
- the accounting adjustments used in preparing the accounts were appropriate.
This was the first accounts prepared since the new FRS102 was introduced and the GCC sought to incorporate a number of changes in compliance with the new standard.

The Committee was assured of the adequacy of the internal controls by reference to the fact that there were no major concerns raised by the external auditors in this respect. The auditors also commented positively on the quality of the systems and the work of the Council's finance staff.

Although there are no significant weaknesses in its system of internal controls, the Committee along with the executive are determined to ensure that a programme of continuous improvement takes place in line with changing processes and procedures.

The year ahead

The Audit Committee will:
- further review the risk register and amend the action plan to mitigate any current and future risks identified
- continue to seek assurances that the internal controls are both suitable and effective
- review the accounting policies and the format of the accounts with the auditors to ensure that the reporting document remains both transparent and relevant to stakeholders and seek full compliance with FRS102.

Risk Statement

The Audit Committee meet three times in the year and the Council reviewed the strategic risk register twice in the year.

The Council have agreed the organisation’s risk appetite, approved a risk management policy and has scrutinised the management of strategic risks.

The only risk with a score over 10 was “Failure to uphold stakeholders’ confidence in the GCC’s governance arrangements”. There was a large degree of work carried out in 2016 including a governance review carried by an external firm of solicitors, training for Council members, enhanced procedures for dealing with complaints against council members, regular meeting between the GCC Acting Chair and the Department of Health officials. The governance manual has been reviewed by haysmacintyre. A further internal review has taken place more recently and the manual will be presented to Council in June 2017. Further training will be provided to all Council members, specifically as there are a number of changes in membership during 2017.
The Statutory Committees

The legislation provides for several statutory committees which have specific functions: the Education Committee, the Investigating Committee, the Professional Conduct Committee, Health Committee and the Health Appeals Tribunal. While some members of the Education Committee are also Council Members, membership of the other committees is independent of the Council.

The main functions of these committees are as follows:

Education Committee

The Education Committee’s general duty as set out in the legislation is to promote high standards of education and training in chiropractic and to keep that provision made for that education and training under review.

The Committee approves (or “recognises”) UK based chiropractic courses, and advises the Council on matters relating to education, training, examinations or tests of competence.

The Committee met 3 times in 2016.

The Education Committee membership consists of 5 Council Members and 5 members who are not Council Members but who are appointed by the Council. Other members can also be co-opted onto the Education Committee. The quorum for the Education Committee is 5, at least 2 of whom must be Council Members. The Chair of the Education Committee is elected by the Council, and a Deputy Chair is nominated by the Council.

Investigating Committee

It is the Investigating Committee (IC)’s statutory role to decide whether or not there is a “case to answer” in respect of any complaint made to the GCC about a registered chiropractor. If the IC decides that there is a case to answer it will refer the complaint for a formal hearing before either the Professional Conduct Committee or the Health Committee (depending on the nature of the complaint).

If a chiropractor represents a particular danger to the public, then the IC can issue an Interim Suspension Order which prevents the chiropractor from practising while the complaint against them is investigated.
At least two lay and one registrant members are present at each IC meeting. The panel chairs are lay members. A legal assessor also attends each meeting in order to provide advice to the IC on points of law and assist with the drafting of allegations for consideration by the Professional Conduct or Health Committees. All meetings are held in private.

IC members are appointed by the Council, following the recommendations made by an arm’s length panel as the result of a public recruitment process.

**Professional Conduct Committee**

The Professional Conduct Committee (PCC) adjudicates on complaints against chiropractors that are referred to it by the IC. If it decides that a complaint against a chiropractor is well founded, the PCC may take one of the following steps:-
- admonish the chiropractor
- impose a conditions of practice order
- suspend the chiropractor’s registration for a specified period
- remove the chiropractor’s name from the register

Each PCC panel is made up of one registrant and two lay members, and is chaired by one of the lay members who has been appointed by the GCC as panel chairs. A legal assessor is present to advise the PCC on points of law, and a transcript of the case is recorded by a stenographer.

PCC members are appointed by the Council, following the recommendations made by an arm’s length panel as the result of a public recruitment process.

**Health Committee**

The Health Committee (HC) considers any allegation referred to it by the IC that a chiropractor’s fitness to practise is seriously impaired because of their physical or mental condition.

If the HC decides that such an allegation is well founded, the Committee will take one of the following steps:-
- impose a conditions of practice order
- suspend the chiropractor’s registration for a specified period

HC members are appointed by the Council, following the recommendations made by an arm’s length panel as the result of a public recruitment process.
Health Appeals Tribunal

A registrant may appeal against a decision of the Health Committee to the Health Appeals Tribunal.

Oversight of our work

Our work as a regulator is subject to oversight by the Professional Standards Authority for Health and Social Care (PSA). Each year the PSA assesses our performance against the Standards of Good Regulation across each of our regulatory functions: standards; education, registration and fitness to practise.

The PSA performance review for 2015/16 was a significant improvement since last year. In the 2014/15, the GCC did not meet 5 of the 24 Standards and in 2015/16 the GCC had failed just one of the 24 standards. The 2015/16 report can be found at http://www.gcc-uk.org/UserFiles/Docs/Publications/PSA%20reports/2016%20PSA%20performance%20review.pdf.

The PSA also reviews all final adjudication decisions made by “fitness to practise” panels across the health and care professions regulators. This includes final decisions made by our PCC or HC. If the PSA considers that the decision made in a particular case is insufficient for public protection, it can refer the case to the High Court.
Our main functional areas of work are:

- Fitness to Practise
- Registration
- Continuing Professional Development and Continuing Fitness to Practise
- Education
- Standards

A separate section detailing our performance and activities in these areas follows.

Fitness to Practise

The main purpose of fitness to practise ("FtP") processes operated by the health and care professions regulators is to protect the public and to maintain public trust in the relevant profession.

The GCC does not operate a “fitness to practise” legislative framework as most of the other regulators in the sector do, as our founding legislation (the Chiropractors Act) has not been modernised by the Department of Health. Nevertheless, we refer to the processes that we operate in relation to complaints that are made to us about chiropractors as “FtP” processes, and we aim to achieve compliance with recognised good practice across the sector in terms of FtP processes where we can do so within the limitations of our legislation.

The GCC has an online portal which complainants can use to make complaints about chiropractors. It is hosted on the GCC website at https://www.gcc-uk.org/concerns/make-a-complaint/online-complaints.aspx.

Further information on FtP data and statistics can be found in the Annual FtP report as presented to the Council in March 2017. This can be found at http://www.gcc-uk.org/UserFiles/Docs/FTP%20Annual%20Report%202016%20FINAL.pdf

We set out below some of the key data for the period.

Source of complaints

An analysis of the 37 complaints that we received in 2016 shows that most complaints were made by a patient or by a relative of a patient\(^2\). These accounted for 68% of all complaints received in 2016. This figure is not dissimilar to the figure for 2015.

\(^2\) This does not include just over 300 cases relating to complaints about the content of chiropractor’s websites.
The split of the complaints is as follows:

<table>
<thead>
<tr>
<th>Source of Complaint</th>
<th>2016</th>
<th>2015 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Relative of</td>
<td>25</td>
<td>68%</td>
</tr>
<tr>
<td>Registrar</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Chiropractor/Clinic where worked</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Member of public/private organisation</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Public Sector Organisation (e.g. Police)</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Anonymous</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Self referral</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37</strong></td>
<td></td>
</tr>
</tbody>
</table>

It is worth noting that the number of complaints has reduced to 37 in 2016. This continues a year on year reduction since 2013 when the GCC received 80 complaints.

Nature of complaints

The nature of each complaint can be difficult to categorise as in some cases multiple issues may be raised by the complainant. In the table below we have categorised by reference to the primary aspect of each complaint.

<table>
<thead>
<tr>
<th>Nature of Complaint</th>
<th>2016</th>
<th>2015%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care (substandard treatment) etc.</td>
<td>21</td>
<td>57%</td>
</tr>
<tr>
<td>Conviction/criminal offence</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Relationships with patients (communication issues/sexual boundaries) etc.</td>
<td>3</td>
<td>8%</td>
</tr>
<tr>
<td>Probit (relating to patient data/deception) etc.</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Advertising (non-website)</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Working with colleagues</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37</strong></td>
<td></td>
</tr>
</tbody>
</table>

The Investigating Committee

In 2016 the Investigating Committee reached decisions on 43 complaints. Of the 43, 15 were referred on to the Professional Conduct Committee (35%). The table below sets out the decisions the IC reached during 2016.

<table>
<thead>
<tr>
<th>Decision of the IC</th>
<th>2016</th>
<th>%</th>
<th>2015</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Case to Answer/Closed</td>
<td>28</td>
<td>65%</td>
<td>28</td>
<td>68%</td>
</tr>
<tr>
<td>Referred to PCC</td>
<td>15</td>
<td>35%</td>
<td>13</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>100%</strong></td>
<td><strong>41</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
The Professional Conduct Committee

In 2016 the PCC held 11 hearings involving a total of 13 complaints (as two hearings related to multiple complaints).

The PCC imposed sanctions at the end of two of the 11 hearings. In one case it ordered the removal of the chiropractor’s name from the register. In the other, it imposed a conditions of practice order. In three cases the PCC decided that the allegation was not well founded, i.e. that the chiropractor was not guilty of unacceptable professional conduct. In the other six cases the PCC heard in 2016, the GCC offered no evidence at the hearing\(^3\) and the PCC therefore concluded that the relevant allegation was not well founded.

<table>
<thead>
<tr>
<th>PCC decision</th>
<th>2016</th>
<th>%</th>
<th>2015</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
<td>1</td>
<td>9%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>(2 complaints)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Conditions of Practice</td>
<td>1</td>
<td>9%</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Admonishment</td>
<td>0</td>
<td>0%</td>
<td>5</td>
<td>23%</td>
</tr>
<tr>
<td>No UPC</td>
<td>3</td>
<td>27%</td>
<td>8</td>
<td>36%</td>
</tr>
<tr>
<td>GCC offered no evidence</td>
<td>6</td>
<td>55%</td>
<td>6</td>
<td>27%</td>
</tr>
<tr>
<td>(7 complaints)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>100%</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>(13 complaints)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Advertising allegations

In 2016 we received 300 allegations from one organisation about claims made on registered chiropractor’s websites, which the organisation alleged breached both the Advertising Standards Authority’s guidance and the GCC’s Code of Practice. We also received a further 3 allegations relating to websites from other sources (members of the public).

Analysing and processing such a large volume of advertising claims, over and above the volume of complaints we would usually expect to receive, presented a considerable resourcing challenge for the GCC which remains ongoing.

These figures are not included in the data tables above.

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\(^3\) The GCC would only offer no evidence at a hearing in circumstances where it has received external advice that the evidence it has would be insufficient for the PCC to find key factual aspects of the allegation proved. This could be for one of a number of reasons, including the content of expert evidence received after the IC referral was made and/or a change of account by a key witness.
Registration

The title of ‘chiropractor’ is protected by law, and anyone referring to themselves as a chiropractor, whether expressly or by implication, must be registered with us.

Applicants for initial registration must provide documentation giving details of their:

- chiropractic education
- character
- physical and mental health
- Indemnity arrangements.

Those applying as holding a relevant unrecognised chiropractic qualification must also pass the Test of Competence.

A decision as to whether to register an applicant or refuse to register is then made based on the information provided.

Should a decision be made to refuse registration, the applicant has access to a process to appeal the Registrar’s decision.

Up-to-date information for the public

It is essential for public protection that members of the public have easy access to relevant and helpful information about registered chiropractors.

The GCC hosts a search facility on its website so that members of the public can check the registration status of chiropractors. The information is updated automatically throughout the day and includes:

- Chiropractors’ names, registration numbers, registered addresses, phone numbers and email addresses if in practice
- Any sanction imposed by the PCC or HC;
- The existence of any current interim suspension order.

There were 3,150 registered chiropractors on 31 December 2016 - 2,873 had paid the practising fee, while 277 had paid the non-practising fee.

During 2016 the GCC welcomed 166 new registrants to the Register, 139 of these individuals either held UK chiropractic qualifications approved by the GCC or were entitled to entry under the EU General Directive. The remaining 27 applicants were overseas qualified and had to pass our Test of Competence before being allowed to register.
Test of Competence

We require any applicant for registration who does not hold a UK chiropractic qualification approved by the GCC and who is not entitled to entry onto the register under the EU General Directive, to pass our Test of Competence before they apply for registration with us.

The Test of Competence (ToC) requires candidates to provide evidence of their past practice (either in student clinic or as part of their work outside of the UK) and details of their primary chiropractic qualification. The evidence is then reviewed by an expert panel of ToC assessors appointed by the GCC, who subsequently interview each candidate to assess whether they meet the standards set out in the Code and fully understand the responsibilities of chiropractors in the UK. In 2016, 32 candidates took the ToC, 19 passed on their first attempt, a further 9 went on to pass following the submission of additional evidence and 1 candidate resat the assessment and passed on their second attempt.

The current ToC process was first implemented in 2015. In April 2016, the Education Committee considered two reports on the ToC. One of these was a formative evaluation which had the aim of addressing any issues with the initial implementation of the new process in order to shape it into an efficient and effective method of assessing candidates for registration. The evaluation concluded that the process was both appropriate and proportionate and that the standard of assessment had been maintained from the previous system administered by the University of South Wales. The second report considered by the Education Committee was an annual report produced by the External Examiner appointed by the GCC. The External Examiner’s report concluded that the ToC was a highly professional operation; with all procedures and processes working smoothly.

In November 2016 we reviewed the ToC process to ensure it remains effective and proportionate. That review involved the ToC assessors, the Chair of the Education Committee, and the External Examiner. As a result, it was agreed that minor changes to the process would be implemented in time for the March 2017 ToC interviews. A similar review will be carried out annually.

Assessment of applicant’s standard of proficiency

The European Union (Recognition of Professional Qualifications) Regulations 2015 came into force on 18 January 2016. The Regulations empower the GCC to ensure that EU applicants’ education and skills are similar to those expected of graduates from UK approved chiropractic courses. As a result we changed our processes and now require applicants for first registration to provide documentation on their chiropractic education and skills, which we then map against the Degree Recognition Criteria in order to assure ourselves that their qualifications have the necessary equivalence to a UK approved chiropractic qualification.

Further information
Further information on Registration data and statistics can be found in the Annual Registrations report as presented to the Council in March 2017.
Continuing Professional Development (CPD) and continuing fitness to practise

Each registrant has a requirement each year to complete 30 hours of CPD each CPD year (1 September to 31 August), 15 of which must include learning with others. In addition, at least one learning cycle must be completed, consisting of a learning need, a plan of how the learning need will be met, details of learning activities undertaken and an evaluation of their learning. A CPD summary is required before 30 September giving the information above.

During autumn 2016 the GCC commenced a project to review the quality of registrants’ CPD submissions in greater depth than in previous years. The aim of this exercise was twofold: to generate feedback for registrants that would assist them to improve the quality of their CPD submissions; and to provide the GCC with data that we could use to extend or improve the guidance we produce for registrants about CPD.

Prior to 2016 the GCC had never given feedback to registrants about their CPD submissions provided that they had evidenced that they had done the minimum amount of CPD. The decision to undertake such an exercise in 2016 was prompted by an audit conducted by the Royal College of Chiropractors following checks of 2014/15 CPD record summaries. As at the end of 2016 the exercise was ongoing, and it was anticipated that it would be completed in time to provide feedback both to individual registrants and to the profession generally in advance of the due date for submission of CPD returns in 2017.

In 2016 we continued to explore how our CPD system can be developed further to assure the continuing fitness to practise of registrants in future.

We began to pilot completion of the three new elements that we are proposing should form part of our continuing fitness to practise scheme. These elements are:-

- A structured discussion about CPD
- An objective activity (such as peer observation and feedback, patient feedback or a clinical audit),
- A mandatory subject (i.e. a CPD activity chosen by the registrant in a subject identified by the GCC as important.)

It is proposed that registrants will be required to complete these components over a three year period, in addition to the current requirements of completing an annual CPD cycle.

Registrants who volunteered and attended the Continuing Fitness to Practise Development group meetings throughout 2015 and 2016 were invited to take part in this pilot, alongside registrant members of Council. We also included registrant members of the Education Committee and Test of Competence assessors. The pilot was ongoing at the end of 2016 and it was anticipated that it would end in early 2017.
Education

Quality assurance of chiropractic qualifications

To ensure that education providers continue to maintain the standards we expect them to meet in relation to approved UK chiropractic programmes each one is required to submit an annual monitoring return. Following submission of the returns for the 2014/15 academic year, in April 2016 the education providers attended the Education Committee’s meeting in order to answer any queries and to share best practice.

New Education Standards and Quality Assurance Process

In 2015 we appointed a contractor to carry out a review of the 2010 Degree Recognition Criteria (which were last updated in 2012) to bring them into alignment with the 2016 Code of Practice and with the criteria used by other health and care professions regulators. It was agreed by the Education Committee that the Degree Recognition Criteria would, in future, be referred to as our Education Standards and that we would develop a separate handbook to set out in detail the process we use to quality assure the UK chiropractic programmes that we recognise.

In Spring 2016, we launched an online consultation on the draft Education Standards, targeted at registrants, chiropractic students and members of the public, which generated positive feedback from all involved. Detailed interviews with other stakeholders such as education providers and representatives of professional associations were also carried out. The responses and feedback received from these activities were taken into consideration by the Education Committee.

During 2016 we worked closely with the education institutions that run chiropractic programmes approved by the GCC on the draft Education Standards. We have also scheduled a workshop with the education providers for early 2017, to review both the draft Education Standards and the proposed quality assurance process, in advance of asking the Education Committee to finalise the proposed documents for consideration by the Council in 2017.

Student Professionalism

In April 2016 the Education Committee considered the results of two online surveys designed to identify lapses in professional behaviour by students which were undertaken during 2015. The Committee agreed that these surveys should be repeated during 2016, in order to create a more robust data set before we begin to develop any support or guidance documents based on the outcomes of the surveys.
Standards

The Code


Further information

The Annual report of the Education Committee can be found at http://www.gcc-uk.org/UserFiles/Docs/Council%20Meetings/2016/December%202016%20open%20papers.pdf
Financial statements

Status

The General Chiropractic Council is a body corporate established under the provisions of the Chiropractors Act 1994 (enacted on 5th July 1994). The Council is governed by the rules and regulations set down in the Chiropractors Act 1994.

The Members of the Council

The following individuals served as the Members of the Council during the period 1st January 2016 to the 31st December 2016. During the year, one lay member, Stephen Gould, was appointed and Julia Sayers was re-appointed for a further period of 4 years.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of member</th>
<th>Date of appointment</th>
<th>End of office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl Stychin</td>
<td>Lay</td>
<td>31st January 2015</td>
<td>31st January 2018</td>
</tr>
<tr>
<td>Elizabeth Qua</td>
<td>Lay</td>
<td>6th June 2011</td>
<td>5th June 2019</td>
</tr>
<tr>
<td>Gabrielle Swait</td>
<td>Chiropractor</td>
<td>1st April 2013</td>
<td>31st March 2021</td>
</tr>
<tr>
<td>Gareth Lloyd</td>
<td>Chiropractor</td>
<td>1st April 2013</td>
<td>31st March 2021</td>
</tr>
<tr>
<td>Grahame Pope</td>
<td>Lay</td>
<td>9th February 2009</td>
<td>8th February 2017</td>
</tr>
<tr>
<td>Julia Sayers</td>
<td>Chiropractor</td>
<td>1st July 2012</td>
<td>30th June 2020</td>
</tr>
<tr>
<td>Julie McKay</td>
<td>Chiropractor</td>
<td>1st May 2009</td>
<td>30th April 2017</td>
</tr>
<tr>
<td>Marie Cashley</td>
<td>Chiropractor</td>
<td>1st July 2012</td>
<td>Resigned 31st December 2016</td>
</tr>
<tr>
<td>Philip Yalden</td>
<td>Chiropractor</td>
<td>1st June 2015</td>
<td>31st May 2018</td>
</tr>
<tr>
<td>Roger Creedon</td>
<td>Lay</td>
<td>9th February 2009</td>
<td>8th February 2016</td>
</tr>
<tr>
<td>Roger Dunshea</td>
<td>Lay (Acting Chair from December 2015)</td>
<td>1st April 2013</td>
<td>31st March 2021</td>
</tr>
<tr>
<td>Sophia Adams Bhatti</td>
<td>Lay</td>
<td>1st April 2013</td>
<td>31st March 2017</td>
</tr>
<tr>
<td>Steven Gould</td>
<td>Lay</td>
<td>1st June 2016</td>
<td>31st May 2020</td>
</tr>
<tr>
<td>Tom Greenway</td>
<td>Chiropractor</td>
<td>1st January 2014</td>
<td>31st December 2020</td>
</tr>
</tbody>
</table>
Report of the Council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council ("GCC") for the year ended 31st December 2016.

Objectives

The Council was established to develop and regulate the chiropractic profession within the United Kingdom.

Principal activities

The Council’s principal activities are:

- to protect the public by establishing and operating a scheme of statutory regulation for chiropractors similar to the schemes for other health professionals such as medical doctors and dentists;
- to set the standards of chiropractic education, practice and conduct; and
- to develop the profession of chiropractic.

Financial Review

Income

There was an overall increase in income of £88k. The increase in income is primarily as a result of the increase in registration income of £69k. Investment income has increased by £9k and Test of Competence fees has increased by £10k.

Investments

There has been a significant increase in both realised and unrealised gains on investments from £44k in 2015 to £445k in 2016.

Expenditure

Expenditure has increased by £318k in the year. This is as a result of an increase of £228k in staffing costs which include £70k on restructuring costs and £80k increase in temporary costs to cover unplanned vacancies and long term sickness cover and also dealing with an increase in complaints.

Council and Committee appointment costs increased by £45k. This increase was as a result of an appointment process for 5 members of Council including the Chair of Council and 12 appointments to the Investigating Committee.

There was an increase in Investigating Committee costs of £118k as cases were more regularly supported by expert opinions and also in initial assessment of advertising cases.

Surplus

The overall surplus for the year is £159k which increases from a surplus of £37k in 2015.
Reserves Policy

Council reviewed its reserves policy in December 2015 and agreed on a reduction in the level of reserves to £2.9M. The current reserves level is £3.7M. The reduction in reserves level was agreed to fund a reduction in the retention fee to £750 from its current level of £800. We are awaiting legislation for this change to be enacted.

Future Plans

The activities planned for 2017 over and above the day to day statutory duties are contained within the Business plan 2017. This can be found at www.gcc-uk.org/UserFiles/Docs/BusinessPlan2017.pdf.

Some of the key activities planned for 2017 are;

- implement the new Education Standards and revised quality assurance processes for current and new degree programmes
- carry out research into student professionalism, student preparedness for practice and work with CQC on issues relating to IR(ME)R
- implement our case management system
- review our accommodation strategy to ensure that we maintain our standards of staff accommodation in line with the needs of the organisation.

We have received formal notification from the landlord that they will be enacting the break clause in the lease and that the lease will now expire in April 2018. The GCC will now have to source, secure and move into new premises in that timeframe.

Auditor

Statement as to disclosure of information to the Auditor

The members of the Council at the date of approval of this report of the Council confirm that, so far as each of them is aware, there is no relevant audit information of which the Council’s auditor is unaware and the members of the Council have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.
Members’ Responsibilities Statement

The members of the Council are responsible for preparing the Report of the Council and the Financial Statement in accordance with applicable law and regulations.

The Chiropractors Act 1994, as amended requires the Members of the Council to prepare financial statements for each financial year, which give a true and fair view of the General Chiropractic Council’s state of affairs at the year-end and of its surplus or deficit for the financial year. In preparing those financial statements the Members are required to:

a) Select suitable accounting policies and then apply them consistently;

b) Make judgments and estimates that are reasonable and prudent; and

c) Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation.

The Members are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Council and to enable them to ensure that the financial statements comply with the requirements of the Chiropractors Act 1994, as amended. They are also responsible for safeguarding the assets of the Council, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Members have sought assurance from the Chief Executive that there are no other matters which require disclosure in relation to these statements.

The Members are responsible for the maintenance and integrity of the corporate and financial information on the Council’s website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the Council on 15 June 2017 and signed on its behalf by:

Roger Dunshea

Acting Chair
Independent Auditor’s report to the Members of the General Chiropractic Council

We have audited the financial statements of the General Chiropractic Council for the year ended 31 December 2016 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the Members, as a body, in accordance with the Chiropractors Act 1994. Our audit work has been undertaken so that we might state to the Members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the General Chiropractic Council and the Members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Members of the Council and auditors
As explained more fully in the Members’ Responsibilities Statement set out on page 29 the Members of the Council are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditors under the Chiropractors Act 1994 and report in accordance with that Act.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the financial statements
A description of the scope of an audit of financial statements is provided on the Financial Reporting Council’s website at www.frc.org.uk/auditscopeukprivate.

Opinion on financial statements
In our opinion the financial statements:

• give a true and fair view of the state of the General Chiropractic Council’s affairs as at 31 December 2016 and of its incoming resources and application of resources, for the year then ended;
• have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
• have been prepared in accordance with the requirements of the Chiropractors Act 1994.

haysmacintyre
Statutory Auditor

26 Red Lion Square
London
WC1R 4AG

15 June 2017
## Income and Expenditure Account for the year ended 31st December 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>Year ended 31st December 2016</th>
<th>Year ended 31st December 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration fees – New registration</td>
<td>122,600</td>
<td>125,050</td>
</tr>
<tr>
<td>Annual retention</td>
<td>2,233,200</td>
<td>2,158,800</td>
</tr>
<tr>
<td>Other income</td>
<td>29,650</td>
<td>32,750</td>
</tr>
<tr>
<td>Bank interest receivable</td>
<td>7,931</td>
<td>7,648</td>
</tr>
<tr>
<td>Investment Income</td>
<td>133,572</td>
<td>124,820</td>
</tr>
<tr>
<td>Test of Competence fees</td>
<td>49,500</td>
<td>39,000</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>2,576,453</td>
<td>2,488,068</td>
</tr>
<tr>
<td><strong>EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>1,250,918</td>
<td>1,022,838</td>
</tr>
<tr>
<td>Staff expenses</td>
<td>39,620</td>
<td>25,772</td>
</tr>
<tr>
<td>Regulatory costs</td>
<td>729,410</td>
<td>665,259</td>
</tr>
<tr>
<td>Grant Expenditure re Revalidation</td>
<td>12,349</td>
<td>7,120</td>
</tr>
<tr>
<td>Council expenditure</td>
<td>211,620</td>
<td>179,599</td>
</tr>
<tr>
<td>Professional fees</td>
<td>187,434</td>
<td>171,770</td>
</tr>
<tr>
<td>Publicity</td>
<td>4,653</td>
<td>7,030</td>
</tr>
<tr>
<td>Printing</td>
<td>9,761</td>
<td>3,342</td>
</tr>
<tr>
<td>Postage</td>
<td>18,212</td>
<td>15,058</td>
</tr>
<tr>
<td>Stationery</td>
<td>10,982</td>
<td>11,821</td>
</tr>
<tr>
<td>Telephone</td>
<td>10,213</td>
<td>10,445</td>
</tr>
<tr>
<td>Office costs</td>
<td>18,142</td>
<td>12,835</td>
</tr>
<tr>
<td>Accommodation costs</td>
<td>200,129</td>
<td>250,901</td>
</tr>
<tr>
<td>Computer costs</td>
<td>38,557</td>
<td>33,633</td>
</tr>
<tr>
<td>Insurance</td>
<td>32,783</td>
<td>31,979</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>1,367</td>
<td>-</td>
</tr>
<tr>
<td>Sundry</td>
<td>2,202</td>
<td>-</td>
</tr>
<tr>
<td>Bank charges</td>
<td>1,931</td>
<td>1,896</td>
</tr>
<tr>
<td>Depreciation</td>
<td>28,235</td>
<td>38,644</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>2,808,518</td>
<td>2,489,942</td>
</tr>
<tr>
<td><strong>OPERATING (DEFICIT)/SURPLUS BEFORE TAXATION AND MOVEMENT ON INVESTMENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realised gains / (losses) on investments</td>
<td>10,989</td>
<td>(135)</td>
</tr>
<tr>
<td>Unrealised gains / (losses) on investments</td>
<td>433,971</td>
<td>43,922</td>
</tr>
<tr>
<td><strong>SURPLUS BEFORE TAXATION</strong></td>
<td>212,895</td>
<td>41,913</td>
</tr>
<tr>
<td>Taxation</td>
<td>8,14</td>
<td>(53,371)</td>
</tr>
<tr>
<td><strong>SURPLUS FOR THE PERIOD</strong></td>
<td>159,524</td>
<td>37,762</td>
</tr>
</tbody>
</table>

The operating surplus for the period arises from the Council’s continuing activities.

The notes on pages 33 to 44 form part of the financial statements.
Balance Sheet as at 31st December 2016

<table>
<thead>
<tr>
<th>Notes</th>
<th>31st December</th>
<th>31st December</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2016</td>
<td>2015</td>
</tr>
<tr>
<td>FIXED ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>9</td>
<td>50,540</td>
</tr>
<tr>
<td>Leasehold premises</td>
<td>9</td>
<td>67,581</td>
</tr>
<tr>
<td>Investments</td>
<td>10</td>
<td>4,670,073</td>
</tr>
<tr>
<td>CURRENT ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>12</td>
<td>40,046</td>
</tr>
<tr>
<td>Cash at bank</td>
<td></td>
<td>1,795,702</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,835,748</td>
</tr>
<tr>
<td>CREDITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>13</td>
<td>(2,772,337)</td>
</tr>
<tr>
<td>NET CURRENT LIABILITIES</td>
<td></td>
<td>(936,589)</td>
</tr>
<tr>
<td>TOTAL ASSETS LESS CURRENT LIABILITIES</td>
<td></td>
<td>3,851,605</td>
</tr>
<tr>
<td>CREDITORS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions and other liabilities</td>
<td>14</td>
<td>(86,020)</td>
</tr>
<tr>
<td>TOTAL ASSETS LESS TOTAL LIABILITIES</td>
<td></td>
<td>3,765,585</td>
</tr>
<tr>
<td>FUNDS OF THE COUNCIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General reserves</td>
<td>17</td>
<td>3,038,163</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>17</td>
<td>670,073</td>
</tr>
<tr>
<td>Department of Health Grant</td>
<td>2 &amp; 17</td>
<td>57,349</td>
</tr>
<tr>
<td>TOTAL FUNDS</td>
<td></td>
<td>3,765,585</td>
</tr>
</tbody>
</table>

Approved and authorised for issue by the Members of Council on 15 June 2017, and signed on their behalf by:

Roger Dunshea

Acting Chair

The notes on pages 33 to 44 form part of the financial statements.
## Statement of Cash Flows

For the year ended 31 December 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Cash flows from operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surplus for financial year</td>
<td>159,524</td>
<td>37,762</td>
</tr>
<tr>
<td>Adjustments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation of tangible assets</td>
<td>28,235</td>
<td>38,644</td>
</tr>
<tr>
<td>Movement on revaluation of investments</td>
<td>(444,960)</td>
<td>(43,787)</td>
</tr>
<tr>
<td>Dividends and interest receivable</td>
<td>(141,503)</td>
<td>(132,468)</td>
</tr>
<tr>
<td>Taxation charge</td>
<td>53,371</td>
<td>4,151</td>
</tr>
<tr>
<td>(Increase) / decrease in debtors</td>
<td>(7,570)</td>
<td>(15,112)</td>
</tr>
<tr>
<td>Increase / (decrease) in creditors</td>
<td>191,842</td>
<td>(39,846)</td>
</tr>
<tr>
<td><strong>Net cash generated from operating activities</strong></td>
<td>(161,061)</td>
<td>(150,656)</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities** |       |       |
| Purchase of tangible fixed assets | (32,048) | (22,954) |
| Sale of investments                | 264,434 | 239,732 |
| Purchase of investments            | (288,029) | (274,842) |
| Interest received                  | 141,503 | 132,468 |
| **Net cash from investing activities** | 85,860 | 74,404 |

| **Net decrease in cash and cash equivalents** | (75,201) | (76,252) |
| Cash and cash equivalents at beginning of year | 1,902,721 | 1,978,523 |
| **Cash and cash equivalents at end of year** | 1,827,070 | 1,902,271 |

| **Cash at bank and in hand** |       |       |
| Balance at bank               | 1,795,702 | 1,831,191 |
| Balance held by investment managers | 31,368 | 71,080 |
| **Cash and cash equivalents at end of year** | 1,827,070 | 1,902,271 |

The notes on pages 33 to 44 form part of the financial statements.
Financial statements for the year ended 31st December 2016

Accounting policies

Basis of accounting
The financial statements have been prepared under the historical cost convention and in accordance with Financial Reporting Standard 102 ("FRS 102"), the Financial Reporting Standard applicable in the United Kingdom and the Republic of Ireland.

In preparing these financial statements, management has made judgements, estimates, and assumptions that affect the application of the GCC’s accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

The financial statements have been prepared on a going concern basis.

Income
Registration fees, annual retention fees, and other income are recognised on an accruals basis according to the period to which it relates.

Bank deposit interest is credited on a received basis.

Financial instruments
The GCC only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Debtors
Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Basis for recognising liabilities
Resources expended are included on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the organisation to that expenditure.

Provision for liabilities
Provisions are recognised when the organisation has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

Tangible fixed assets
Tangible fixed assets are stated at historical cost less depreciation.

Depreciation
Depreciation is provided on all tangible fixed assets, other than freehold land, at rates calculated to write each asset down to its estimated residual value evenly over its expected useful life, as follows:

- Computer equipment: over 3 years
- Furniture & office equipment: over 5 years
- Leasehold: over a period of lease which is 10 years

All assets are written off a year after they have been fully depreciated.
Current and Deferred taxation
The GCC is assessed to corporation tax on its investment income including gains on disposals of securities. All other surpluses are exempt from tax under the mutual trading rules.

Deferred tax is recognised in respect of all timing differences that have originated, but not reversed at the balance sheet date, where transactions or events that result in an obligation to pay more tax in the future, or a right to pay less tax in the future, have occurred at the balance sheet date. Timing differences are differences between the GCC’s taxable profits and its results as stated in the financial statements.

Deferred tax is measured at the average tax rates that are expected to apply in the periods in which timing differences are expected to reverse, based on tax rates and laws that have been enacted, or substantially enacted, by the balance sheet date. Deferred tax is measured on a non-discounted basis.

Investments
Investments are a form of basic financial instruments and are initially shown in the financial statements at fair value. Movements in the fair values of investments are shown as unrealised gains and losses in the income and expenditure account.

Employee benefits

- **Short term benefits**
  Short term benefits including holiday pay are recognised as an expense in the period in which the service is received.

- **Employee termination benefits**
  Termination benefits are accounted for on an accrual basis and in line with FRS 102.

- **Pension contributions**
  The GCC makes payments on behalf of certain employees into defined contribution pension schemes. The assets of the schemes are held separately from those of the Council, being invested with independent insurance companies.
Notes to the Financial Statements for the year ended 31st December 2016

1 OTHER INCOME

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restoration fee</td>
<td>10,450</td>
<td>19,150</td>
</tr>
<tr>
<td>Non-practising to practising fee</td>
<td>19,200</td>
<td>13,600</td>
</tr>
<tr>
<td></td>
<td><strong>29,650</strong></td>
<td><strong>32,750</strong></td>
</tr>
</tbody>
</table>

2 DEPARTMENT OF HEALTH GRANT

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance brought forward</td>
<td>69,698</td>
<td>76,818</td>
</tr>
<tr>
<td>Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Expenditure</td>
<td>(12,349)</td>
<td>(7,120)</td>
</tr>
<tr>
<td>Balance carried forward</td>
<td><strong>57,349</strong></td>
<td><strong>69,698</strong></td>
</tr>
</tbody>
</table>

3 INVESTMENT INCOME

Investment income relates to dividends, bank interest and other receivables from the investment portfolio. The initial investment of £4 million was made in 2013. The investment managers are investing in line with the Council’s investment strategy. The market valuation as at 31st December 2016 was £4,670,073 (2015: £4,239,344).

4 STAFF COSTS

The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.5</td>
<td>13.5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs for the above persons:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wages and salaries</td>
<td>808,202</td>
<td>758,229</td>
</tr>
<tr>
<td>Social security costs</td>
<td>94,610</td>
<td>88,633</td>
</tr>
<tr>
<td>Other pensions costs</td>
<td>88,128</td>
<td>66,500</td>
</tr>
<tr>
<td>Temporary staff costs</td>
<td>160,564</td>
<td>80,207</td>
</tr>
<tr>
<td>Staff recruitment costs</td>
<td>29,640</td>
<td>29,269</td>
</tr>
<tr>
<td>Redundancy Fees</td>
<td>69,774</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>1,250,918</strong></td>
<td><strong>1,022,838</strong></td>
</tr>
</tbody>
</table>

There was an increase in staff costs as the Council recruited more staff in 2015 and the results for 2016 contain full year costs for these individuals. In 2016, two members of staff were on long term sick leave and this led to an increase in temporary costs to cover these absences along with additional workloads from an increase in complaints received in the year.

The Council delegates the day to day running of the Council to the senior management team which is made up of 3 individuals. These individuals are considered as key management and their total remuneration and benefits for the year was £350,966 (2015: £336,178), and also pensions paid to them in the year of £30,512 (2015: £20,972). These figures also include the cost of the incoming Chief Executive who joined in December.

The Council also carried out a restructuring process at a cost of £69,774.
Notes to the Financial Statements for the year ended 31st December 2016

5 REGULATORY COSTS

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>16,894</td>
<td>16,128</td>
</tr>
<tr>
<td>Education Committee</td>
<td>8,120</td>
<td>16,796</td>
</tr>
<tr>
<td>Investigating Committee</td>
<td>203,258</td>
<td>84,661</td>
</tr>
<tr>
<td>Professional Conduct Committee</td>
<td>440,722</td>
<td>490,992</td>
</tr>
<tr>
<td>Test of Competence</td>
<td>52,376</td>
<td>46,664</td>
</tr>
<tr>
<td>Committee Social security costs</td>
<td>8,040</td>
<td>10,018</td>
</tr>
<tr>
<td></td>
<td>729,410</td>
<td>665,259</td>
</tr>
</tbody>
</table>

Professional Conduct Committee costs have decreased by £50,270 in 2016 and follow a reduction in 2015 of £133,489. These reductions are as a result of efficiency savings. Test of competence fees are costs associated with the test for those individuals who have qualified outside Europe and are wishing to register with the GCC. Those taking the test are required to pay a fee of £1,500 and the total income in 2016 was £49,500 and with costs in year of £52,376 leads to a loss of £2,876. Investigating Committee costs rose in 2016 as a result of front-loading cases by taking statements and obtaining expert reports at an earlier stage of the investigation. A large proportion of these costs were in relation to initial assessment of complaints in relation to chiropractor’s websites.

6 COUNCIL EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members’ fees</td>
<td>101,636</td>
<td>109,450</td>
</tr>
<tr>
<td>Social security costs</td>
<td>2,092</td>
<td>2,060</td>
</tr>
<tr>
<td>Expenses</td>
<td>31,053</td>
<td>38,107</td>
</tr>
<tr>
<td>Council member training</td>
<td>1,500</td>
<td>-</td>
</tr>
<tr>
<td>Committee and Council appointments</td>
<td>75,339</td>
<td>29,982</td>
</tr>
<tr>
<td></td>
<td>211,620</td>
<td>179,599</td>
</tr>
</tbody>
</table>

Since February 2013, Council members have been remunerated by way of an annual salary of £6,650 with the Chair of Council being remunerated at £23,000 per annum. The reduction in member’s fees costs in 2016 is as a result of vacancies that existed in the year. The large increase in Council and Committee appointments is as a result of an appointment process for 5 members of Council including the Chair and also recruiting 12 members of the Investigating Committee.
Notes to the Financial Statements for the year ended 31st December 2016

7  PROFESSIONAL FEES

<table>
<thead>
<tr>
<th>Services</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal fees</td>
<td>77,423</td>
<td>45,717</td>
</tr>
<tr>
<td>Auditors’ remuneration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit fees (excluding VAT)</td>
<td>11,150</td>
<td>11,500</td>
</tr>
<tr>
<td>Accountancy services</td>
<td>5,230</td>
<td>-</td>
</tr>
<tr>
<td>Other advisory services</td>
<td>6,531</td>
<td>6,423</td>
</tr>
<tr>
<td>Database design, development, and support</td>
<td>7,205</td>
<td>9,954</td>
</tr>
<tr>
<td>Human resources and job evaluation</td>
<td>2,043</td>
<td>2,001</td>
</tr>
<tr>
<td>Website design and development</td>
<td>-</td>
<td>2,190</td>
</tr>
<tr>
<td>Project costs</td>
<td>53,062</td>
<td>60,137</td>
</tr>
<tr>
<td>Investment Manager fees</td>
<td>17,539</td>
<td>21,055</td>
</tr>
<tr>
<td>Professional Standards Authority (PSA) levy</td>
<td>7,216</td>
<td>4,012</td>
</tr>
<tr>
<td>Data protection and FOIA advice</td>
<td>35</td>
<td>8,781</td>
</tr>
<tr>
<td>Total</td>
<td>187,434</td>
<td>171,770</td>
</tr>
</tbody>
</table>

There is an increase in legal fees of £31,706 in 2016 as the Council took a larger degree of legal advice in relation to a number of matters. Project costs are specific additional activities agreed by Council in achieving the business plan. The increase in the levy to the Professional Standards Authority (PSA) as the oversight regulator is as a result of showing a full year cost in 2016.

8  TAXATION

It is the understanding of the Members that the Council is only subject to UK Corporation Tax on its investment income, which includes bank interest receivable.

<table>
<thead>
<tr>
<th></th>
<th>Year ended 31 December 2016</th>
<th>Year ended 31 December 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current year tax:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UK corporation tax (current tax charge)</td>
<td>13,196</td>
<td>3,966</td>
</tr>
<tr>
<td>Deferred tax – origination and reversal of timing differences</td>
<td>42,190</td>
<td>3,794</td>
</tr>
<tr>
<td>Effect of tax rate change on opening balance</td>
<td>(2,015)</td>
<td>(3,609)</td>
</tr>
<tr>
<td>Tax charge per the income and expenditure account</td>
<td>53,371</td>
<td>4,151</td>
</tr>
<tr>
<td>Factors affecting the tax charge for the year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating surplus/(deficit) before taxation</td>
<td>212,8956</td>
<td>41,913</td>
</tr>
<tr>
<td>Tax on loss on ordinary activities at the relevant rate of UK corporation tax of 20% (2015: 20%)</td>
<td>42,579</td>
<td>8,383</td>
</tr>
<tr>
<td>Effects of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Asset differences</td>
<td>5,647</td>
<td>7,729</td>
</tr>
<tr>
<td>Elements of the operating surplus that are not taxable</td>
<td>553,891</td>
<td>485,211</td>
</tr>
<tr>
<td>Income not taxable for tax purposes</td>
<td>(568,574)</td>
<td>(483,063)</td>
</tr>
<tr>
<td>Dividend and distribution income</td>
<td>(20,347)</td>
<td>(17,746)</td>
</tr>
<tr>
<td>Chargeable gains/(losses)</td>
<td>49,635</td>
<td>7,668</td>
</tr>
<tr>
<td>Utilisation of tax losses brought forward</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deferred tax not recognised</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Movement in deferred tax not recognised</td>
<td>(9,460)</td>
<td>(4,031)</td>
</tr>
<tr>
<td>Current tax charge</td>
<td>53,371</td>
<td>4,151</td>
</tr>
</tbody>
</table>
Notes to the Financial Statements for the year ended 31st December 2016

9 FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Leasehold</th>
<th>Computer equipment</th>
<th>Furniture &amp; office equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st January 2016</td>
<td>107,717</td>
<td>72,561</td>
<td>36,345</td>
<td>216,623</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>27,818</td>
<td>4,230</td>
<td>32,048</td>
</tr>
<tr>
<td>Disposals and write offs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>31st December 2016</strong></td>
<td>107,717</td>
<td>100,379</td>
<td>40,575</td>
<td>248,671</td>
</tr>
</tbody>
</table>

**Depreciation:**

<table>
<thead>
<tr>
<th></th>
<th>Leasehold</th>
<th>Computer equipment</th>
<th>Furniture &amp; office equipment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st January 2016</td>
<td>29,364</td>
<td>58,321</td>
<td>14,630</td>
<td>102,315</td>
</tr>
<tr>
<td>Charge for the period</td>
<td>10,772</td>
<td>9,592</td>
<td>7,871</td>
<td>28,235</td>
</tr>
<tr>
<td>Disposals and write offs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>31st December 2016</strong></td>
<td>40,136</td>
<td>67,913</td>
<td>22,501</td>
<td>130,550</td>
</tr>
</tbody>
</table>

**Net book value:**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>31st December 2016</td>
<td>67,581</td>
<td>32,466</td>
<td>18,074</td>
<td>118,121</td>
</tr>
<tr>
<td>31st December 2015</td>
<td>78,353</td>
<td>14,240</td>
<td>21,715</td>
<td>114,308</td>
</tr>
</tbody>
</table>

10 FIXED ASSET INVESTMENT

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Market Value: 1st January 2016</td>
<td>4,165,219</td>
<td>4,086,322</td>
</tr>
<tr>
<td>Additions at cost</td>
<td>288,029</td>
<td>274,842</td>
</tr>
<tr>
<td>Disposal proceeds</td>
<td>(264,434)</td>
<td>(239,732)</td>
</tr>
<tr>
<td>Unrealised Gains/(losses)</td>
<td>433,971</td>
<td>43,922</td>
</tr>
<tr>
<td>Realised Gains/(losses)</td>
<td>10,989</td>
<td>(135)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,633,774</strong></td>
<td><strong>4,165,219</strong></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>31,366</td>
<td>71,080</td>
</tr>
<tr>
<td>Accrued Income</td>
<td>4,931</td>
<td>3,045</td>
</tr>
<tr>
<td><strong>Market Value: 31st December 2016</strong></td>
<td><strong>4,670,073</strong></td>
<td><strong>4,239,345</strong></td>
</tr>
</tbody>
</table>

The net increase in the market valuation of the portfolio is £430,728 and the initial investment in the portfolio was £4M. The historic cost of investments was £3,896,379 (excluding cash and accrued income) as at 31 December.
Notes to the Financial Statements for the year ended 31st December 2016

11 OPERATING LEASE COMMITMENTS
At 31st December 2016, the Council had a single non-cancellable operating lease in respect of a leasehold premise for office accommodation. This lease was granted in April 2013 with an annual rental value of £100,800. The future minimum lease payments are as follows:

<table>
<thead>
<tr>
<th>Expiring:</th>
<th>2016 Building</th>
<th>2015 (restated) Building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>100,800</td>
<td>100,800</td>
</tr>
<tr>
<td>Between 2-5 years</td>
<td>403,200</td>
<td>403,200</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>126,000</td>
<td>226,800</td>
</tr>
<tr>
<td></td>
<td>630,000</td>
<td>730,800</td>
</tr>
</tbody>
</table>

*In June 2017, the landlord gave formal notice to enact a break clause in the lease term and the lease will now expire on 11 April 2018. The GCC will secure new accommodation during this period.

12 DEBTORS:

<table>
<thead>
<tr>
<th>Due within one year:</th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>3,400</td>
<td>900</td>
</tr>
<tr>
<td>Other debtors</td>
<td>11,596</td>
<td>10,763</td>
</tr>
<tr>
<td>Prepayments and accrued income</td>
<td>25,050</td>
<td>22,699</td>
</tr>
<tr>
<td>Corporation Tax</td>
<td></td>
<td>3,023</td>
</tr>
<tr>
<td></td>
<td>40,046</td>
<td>37,385</td>
</tr>
</tbody>
</table>

13 CREDITORS:

<table>
<thead>
<tr>
<th>Amounts falling due within one year:</th>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>73,460</td>
<td>98,147</td>
</tr>
<tr>
<td>Retention fees in advance</td>
<td>2,329,950</td>
<td>2,267,050</td>
</tr>
<tr>
<td>Other taxes and social security</td>
<td>43,595</td>
<td>46,388</td>
</tr>
<tr>
<td>Other creditors</td>
<td>122,251</td>
<td>27,644</td>
</tr>
<tr>
<td>Accruals</td>
<td>193,068</td>
<td>127,450</td>
</tr>
<tr>
<td>Defined benefit pension liability</td>
<td>1,822</td>
<td>1,822</td>
</tr>
<tr>
<td>Corporation tax payable</td>
<td>8,191</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>2,772,337</td>
<td>2,568,501</td>
</tr>
</tbody>
</table>

14 PROVISIONS AND OTHER LIABILITIES

<table>
<thead>
<tr>
<th>2016 £</th>
<th>2015 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred tax liability</td>
<td>76,454</td>
</tr>
<tr>
<td>Defined benefit pension liability</td>
<td>9,566</td>
</tr>
<tr>
<td></td>
<td>86,020</td>
</tr>
</tbody>
</table>

The deferred tax liability comprises potential capital gains tax on investments.

Notes to the Financial Statements for the year ended 31st December 2016
15. FINANCIAL INSTRUMENTS – ASSETS & LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Financial assets measured at fair value (a)</td>
<td>4,670,073</td>
<td>4,239,344</td>
</tr>
<tr>
<td>Financial assets measured at amortised cost (b)</td>
<td>1,810,698</td>
<td>1,842,854</td>
</tr>
<tr>
<td>Financial liabilities measured at amortised cost (c)</td>
<td>(2,738,308)</td>
<td>92,533,501</td>
</tr>
<tr>
<td>Net financial assets measured at amortised cost &amp; fair value</td>
<td>3,742,463</td>
<td>3,548,697</td>
</tr>
</tbody>
</table>

(a) Financial assets measured at fair value include investments.
(b) Financial assets at amortised cost include cash, trade debtors, other debtors and accrued income.
(c) Financial liabilities include trade creditors, retention fees in advance, other creditors, accruals and pension liabilities.

16 FUNDS

<table>
<thead>
<tr>
<th></th>
<th>B/B/F</th>
<th>Income</th>
<th>Expenditure</th>
<th>Gains, losses, &amp; Transfers</th>
<th>B/C/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Reserves</td>
<td>3,297,018</td>
<td>2,576,453</td>
<td>(2,849,540)</td>
<td>14,232</td>
<td>3,038,163</td>
</tr>
<tr>
<td>Revaluation Reserve</td>
<td>239,345</td>
<td>-</td>
<td>-</td>
<td>430,728</td>
<td>670,073</td>
</tr>
<tr>
<td>Department of Health Grant</td>
<td>69,698</td>
<td>-</td>
<td>(12,349)</td>
<td>57,349</td>
<td></td>
</tr>
<tr>
<td><strong>Total Funds</strong></td>
<td><strong>3,606,061</strong></td>
<td><strong>2,576,453</strong></td>
<td><strong>(2,861,889)</strong></td>
<td><strong>444,960</strong></td>
<td><strong>3,765,585</strong></td>
</tr>
</tbody>
</table>

General Reserves – The Council has no restrictions on the use of these funds for the carrying out its statutory duties. General Funds comprise all of the assets and liabilities of the Council except for those that are held in cash and form the assets of the Department of Health Grant Fund as explained below.

Revaluation Reserve – The investments are shown at market value on the balance sheet and the revaluation reserve identifies the difference between the book value and market value on the last day of the financial year.

Department of Health Grant - The General Chiropractic Council received a grant from the Department of Health to enable the Council to develop a risk proportionate system of Continuous Fitness to Practice (revalidation) for chiropractors.

17 PENSION COMMITMENTS

The Council makes payments on behalf of employees into defined contribution pension schemes. The assets of the schemes are held separately from those of the Council, being invested with independent insurance companies. The pension charge for the period is shown in note 3 to the financial statements.
## Notes to the Financial Statements for the year ended 31st December 2016

### 18 COUNCIL MEMBERS’ FEES AND EXPENSES

<table>
<thead>
<tr>
<th>Name</th>
<th>Fees (1)</th>
<th>Expenses paid (2)</th>
<th>Fees (1)</th>
<th>Expenses paid (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophia Adams Bhatti</td>
<td>6,650</td>
<td>6,650</td>
<td>6,650</td>
<td>176</td>
</tr>
<tr>
<td>Marie Cashley</td>
<td>6,650</td>
<td>1,439</td>
<td>6,650</td>
<td>2,101</td>
</tr>
<tr>
<td>Roger Creedon</td>
<td>707</td>
<td>-</td>
<td>6,650</td>
<td>-</td>
</tr>
<tr>
<td>Christina Cunliffe</td>
<td>-</td>
<td>-</td>
<td>3,027</td>
<td>249</td>
</tr>
<tr>
<td>Roger Dunshea</td>
<td>23,000</td>
<td>5,097</td>
<td>6,650</td>
<td>3,028</td>
</tr>
<tr>
<td>Tom Greenway</td>
<td>6,650</td>
<td>152</td>
<td>6,650</td>
<td>94</td>
</tr>
<tr>
<td>Gareth Lloyd</td>
<td>6,650</td>
<td>1,193</td>
<td>6,650</td>
<td>1,133</td>
</tr>
<tr>
<td>Suzanne McCarthy</td>
<td>-</td>
<td>-</td>
<td>23,000</td>
<td>618</td>
</tr>
<tr>
<td>Julie McKay</td>
<td>6,650</td>
<td>1,700</td>
<td>6,650</td>
<td>1,072</td>
</tr>
<tr>
<td>Steven Gould</td>
<td>3,879</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Graham Pope</td>
<td>6,650</td>
<td>186</td>
<td>6,650</td>
<td>1,236</td>
</tr>
<tr>
<td>Elizabeth Qua</td>
<td>6,650</td>
<td>3,995</td>
<td>6,650</td>
<td>2,837</td>
</tr>
<tr>
<td>Julia Sayers</td>
<td>6,650</td>
<td>454</td>
<td>6,650</td>
<td>297</td>
</tr>
<tr>
<td>Gabrielle Swait</td>
<td>6,650</td>
<td>1,281</td>
<td>6,650</td>
<td>1,103</td>
</tr>
<tr>
<td>Carl Stychin</td>
<td>6,650</td>
<td>102</td>
<td>6,096</td>
<td>390</td>
</tr>
<tr>
<td>Philip Yalden</td>
<td>6,650</td>
<td>1,699</td>
<td>3,880</td>
<td>484</td>
</tr>
</tbody>
</table>

The table above shows the fees payable for work done in the year and actual reimbursed expenses only.

There was a total of £502 paid in 2017 for Council member expenses relating to the 2016 expenses

(1) Fees

Members of Council are remunerated on a salary of £6,650 per annum. The Chair’s remuneration is £23,000 per annum. These payments are subject to tax and National Insurance.

(2) Expenses

Expenses were claimed by members for travel, accommodation, and subsistence, and reimbursed by the GCC. With regard to accommodation, some members book and pay for accommodation requirements directly and these expenses are reimbursed by the GCC in line with the expenses policy. For most members, the GCC will book accommodation requirements and make payments directly to the hotel for the accommodation.
Notes to the Financial Statements for the year ended 31st December 2016

18 COUNCIL MEMBERS’ ATTENDANCE

The Council met on five occasions in 2016.

<table>
<thead>
<tr>
<th>Name</th>
<th>Jan</th>
<th>Mar</th>
<th>Jun</th>
<th>Sep</th>
<th>Dec</th>
<th>Total number of eligible meetings attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophia Adams Bhatti</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>3/5</td>
</tr>
<tr>
<td>Marie Cashley</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>4/5</td>
</tr>
<tr>
<td>Roger Dunshea</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>4/5</td>
</tr>
<tr>
<td>Tom Greenway</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5/5</td>
</tr>
<tr>
<td>Gareth Lloyd</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5/5</td>
</tr>
<tr>
<td>Julie McKay</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5/5</td>
</tr>
<tr>
<td>Steven Gould</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>2/2</td>
</tr>
<tr>
<td>Grahame Pope</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>4/5</td>
</tr>
<tr>
<td>Elizabeth Qua</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>4/5</td>
</tr>
<tr>
<td>Julia Sayers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5/5</td>
</tr>
<tr>
<td>Gabrielle Swait</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5/5</td>
</tr>
<tr>
<td>Carl Stychin</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>3/5</td>
</tr>
<tr>
<td>Philip Yalden</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>5/5</td>
</tr>
</tbody>
</table>

Steven Gould was appointed in June 2016.

18 POST BALANCE SHEET EVENT

The Council has received formal notification that the landlord has enacted the break clause on the lease and that the current lease will terminate on 11 April 2018. This now requires the GCC to source, secure and move into alternative accommodation by the lease termination date.
Legal and administrative details

Chief Executive & Registrar
David Howell (up to 31 December 2016)
Rosalyn Hayles (from 1 January 2017)

Principal address
44 Wicklow Street London WC1X 9HL

Solicitors
Field Fisher Waterhouse
35 Vine Street
London EC3N 2AA

Bankers
Santander Bank
Bridle Road
Bootle
Merseyside
L30 4GB

Allied Irish Bank GB
PO Box 52496
London
NW3 9ED

Investment Manager
Cazenove Capital Management
Schroder & Co Ltd
12 Moorgate
London
EC2R 6DA

Auditors
Haymacintyre
26 Red Lion Square
London
WC1R 4AG
Dear Sirs

During the course of your audit of our financial statements for the year ended 31 December 2016, the following representations were made to you by management and the Council Members on behalf of the General Chiropractic Council.

1. We have fulfilled our responsibilities as Council Members for preparing financial statements, in accordance with the applicable financial reporting framework UK Generally Accepted Accounting Practice (UK GAAP) that give a true and fair view and for making accurate representations to you as auditors.

2. We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the Council have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Council Members’ meetings, have been made available to you. We have given you unrestricted access to persons within the company in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.

3. We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

4. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with UK GAAP.

5. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.

6. We confirm that we are aware that a related party of the General Chiropractic Council is a person or organisation which either (directly or indirectly) controls, has joint control or significantly influences the General Chiropractic Council or vice versa and as a result will include: Council Members, other key management, close family and other business interests of the previous. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.

7. We confirm that all related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and the transactions have been accounted for and disclosed in accordance with UK GAAP.

8. We confirm that the financial statements correctly disclose the Council Members’ remuneration and reimbursement of expenses.

9. We confirm that the organisation has not contracted for any capital expenditure other than as disclosed in the financial statements.
10 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the organisation conducts its business and which are central to the organisation’s ability to conduct its business.

11 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with the latest copy of our risk assessment. We confirm that we have considered the risk of fraud and disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.

12 We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the General Chiropractic Council is a going concern.

13 The effects of unadjusted misstatements are immaterial, both individually and in aggregate, to the financial statements as a whole.

14 We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the Council Members during the course of your audit.

Yours faithfully,

------------------------------------------
Signed on behalf of the Council

Council Member:...............................................................
To: General Chiropractic Council
From: Paul Ghuman, Director of Resources and Regulation
Subject: Performance report for April 2017
Date: 15 June 2017

Purpose

1. The purpose of the report is to present to Council the Performance report covering the period to 30 April 2017.

Background

2. Council agreed 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 within 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

April 2017

Prepared by the Deputy Chief Executive (Director of Resources and Regulation)
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 target of determining 90% of IC cases from receipt of the complaint. The current level is 68% which is an increase on the figure quoted in the February report. Of the cases determined to date in 2017, 13 were within the KPI target and 6 were outside the required KPI.

Financial
The net positive difference on income is £103k to date. There is a positive difference on annual retention income of £48k and a further positive difference of £37k on investment income to date.

Expenditure at the end of the April 2017 is lower than forecast by £11K. This is primarily as a result of not having spent as much as forecast on staffing costs (£39K). However, this is offset by additional expenditure on FtP costs (£12K), Council costs (£8K) and Professional fees (£14K).

The overall surplus at the end of April 2017 is £114K.
# Financial Summary – As at 28 April 2017

## Income

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Difference</th>
<th>2017 Budget</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sales</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Registration</td>
<td>42,200</td>
<td>31,500</td>
<td>10,700</td>
<td>119,250</td>
<td>1</td>
</tr>
<tr>
<td>Non practising to practising</td>
<td>4,800</td>
<td>4,000</td>
<td>800</td>
<td>16,000</td>
<td>1</td>
</tr>
<tr>
<td>Restoration</td>
<td>12,300</td>
<td>6,000</td>
<td>6,300</td>
<td>9,000</td>
<td>1</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>2</td>
</tr>
<tr>
<td>Retention - Non Practising</td>
<td>27,000</td>
<td>30,000</td>
<td>-3,000</td>
<td>30,000</td>
<td>2</td>
</tr>
<tr>
<td>Investment Income</td>
<td>79,245</td>
<td>42,038</td>
<td>37,207</td>
<td>120,000</td>
<td>3</td>
</tr>
<tr>
<td><strong>Income (A)</strong></td>
<td>2,439,145</td>
<td>2,335,938</td>
<td>103,207</td>
<td>2,516,650</td>
<td></td>
</tr>
</tbody>
</table>

## Expenditure

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Difference</th>
<th>2017 Budget</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Costs</td>
<td>376,220</td>
<td>415,157</td>
<td>38,937</td>
<td>1,260,471</td>
<td>4</td>
</tr>
<tr>
<td>IT costs</td>
<td>18,031</td>
<td>22,767</td>
<td>4,736</td>
<td>62,000</td>
<td></td>
</tr>
<tr>
<td>Office Costs</td>
<td>39,727</td>
<td>39,973</td>
<td>246</td>
<td>124,620</td>
<td></td>
</tr>
<tr>
<td>Accommodation Costs</td>
<td>72,720</td>
<td>73,667</td>
<td>947</td>
<td>221,000</td>
<td></td>
</tr>
<tr>
<td>Finance costs</td>
<td>1,788</td>
<td>1,833</td>
<td>46</td>
<td>21,500</td>
<td></td>
</tr>
<tr>
<td>Professional fees</td>
<td>43,852</td>
<td>29,399</td>
<td>-14,453</td>
<td>197,717</td>
<td>5</td>
</tr>
<tr>
<td>Council costs</td>
<td>52,850</td>
<td>45,083</td>
<td>-7,767</td>
<td>164,000</td>
<td>6</td>
</tr>
<tr>
<td>Communication</td>
<td>858</td>
<td>667</td>
<td>-191</td>
<td>9,000</td>
<td></td>
</tr>
<tr>
<td>Registrations</td>
<td>1,142</td>
<td>500</td>
<td>-642</td>
<td>16,000</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>8,158</td>
<td>9,400</td>
<td>1,242</td>
<td>23,366</td>
<td></td>
</tr>
<tr>
<td><strong>Expenditure (B)</strong></td>
<td>840,806</td>
<td>851,946</td>
<td>11,140</td>
<td>2,783,674</td>
<td></td>
</tr>
<tr>
<td><strong>Surplus / (Deficit)</strong></td>
<td>1,598,338</td>
<td>1,483,992</td>
<td>114,346</td>
<td>-267,024</td>
<td></td>
</tr>
</tbody>
</table>

## Grant Funding - Earmarked for Revalidation

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

## Test of Competence

<table>
<thead>
<tr>
<th></th>
<th>Income</th>
<th>Expenditure</th>
<th>Balance c/f</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30,000</td>
<td>23,780</td>
<td>6,220</td>
</tr>
</tbody>
</table>
April 2017 Performance report

Note 1:
Registration figures are higher than forecast by £18K.

Note 2:
Annual retention income figures are higher than forecast by £48k. This is a positive variance of 2%.

Note 3:
Investment income performance is higher than forecast by just over £37K to date. The main investment income is from income distributions from the investment portfolio with the remainder from bank interest.

Note 4:
Staffing costs are lower than forecast at this point in the year. Following a restructuring process, two members of staff have left and we have also two other vacancies at present. Of these posts, two were advocates in the FtP team and the GCC has now outsourced this work to external solicitors and counsel. The cost saving on these two posts will be offset by the additional legal fees in instructing solicitors and counsel. One of the other posts was made redundant and we have decided not to recruit to the other post at present.

Note 5
Professional fees are higher than forecast at this point in the year primarily as a result of the level of legal advice sought on a number of matters.

Note 6
Council costs are higher as a result of appointment costs. The Council increased the number of Council members to be recruited at the start of the year from 3 to 5.

Note 7:
FtP costs are now slightly higher than forecast and this trend will continue as we receive invoices for work outsourced to external solicitors and counsel as per note 3.

Portfolio Valuation
The portfolio valuation was £4,805,546 as at 30 April 2017.
April 2017 Performance report

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 90% of IC complaints within nine months of referral</td>
<td>Actual rate</td>
<td>68% of cases determined by the IC have been determined within 9 months of receipt. There are 13 cases within the target and 6 which have exceeded the target. This percentage has dropped below the standard required.</td>
</tr>
<tr>
<td></td>
<td>Reason</td>
<td>This is primarily as a result of staffing changes throughout 2016, front loading of cases by taking witness statements and expert opinions where necessary at this initial stage of the investigation. We have also implemented a new case management system</td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td>Monitoring arrangements put in place mid way 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 remain low.</td>
</tr>
</tbody>
</table>

In 2017, the GCC has received 24 (section 20) complaints to be determined by the IC. During the same period in 2016, we had received 12 complaints.

This KPI has been reviewed by the Audit Committee. The Committee are putting forward to Council a revised manner of calculating this performance KPI. The proposed KPI is more in line with the manner in which other regulators are presenting their performance in this area.

Staff Turnover

GCC Turnover at the end of April is 18.75%. Three employees left during this period, two as a result of redundancy.

It should be noted that a further three members of staff have tendered their resignation, two will leave in June and one will leave in July.

We have agreed that one of the temporary paralegals will join on a contract basis until late 2018 and that we are currently recruiting for another paralegal.

The solicitor in charge of initial advertising cases decisions is among those leaving and we will also need to fill this position.
Operational 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.
April 2017 Performance report

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- Seeking Council approval in June.

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
- 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 was updated on the pilot of the proposed CPD scheme. The Committee was informed that engagement and participation by volunteers for the pilot had progressively declined and therefore the GCC would need to re-evaluate the plans for the pilot as a result of the lack of participation from registrants
- Carry out research into student professionalism - Student Professionalism research disseminated to education institutions after Education Committee review.
- 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 to June Council meeting

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>CER has done an internal review of the manual and this has been reviewed by the Audit Committee.</td>
<td>On agenda for Council meeting in June.</td>
<td>June/Aug 17</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 is under way.</td>
<td>December 17</td>
<td>RH</td>
</tr>
</tbody>
</table>
# April 2017 Performance report

## PSA dataset for the period 2016/2017

The below table contains the data provided to the PSA on a quarterly basis covering the period 1 April 2016 to 31 March 2017.

<table>
<thead>
<tr>
<th>Registration</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>1 APR - 31 MAR 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2736</td>
<td>2819</td>
<td>2755</td>
<td>2793</td>
<td>2793</td>
</tr>
<tr>
<td>UK graduate</td>
<td>19</td>
<td>22</td>
<td>24</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>EU/EEA graduate</td>
<td>395</td>
<td>401</td>
<td>371</td>
<td>382</td>
<td>382</td>
</tr>
<tr>
<td>Non-EU/EEA graduate</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Premises (GOC and PSNI)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Bodies corporate (GPhC)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Students</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>87</td>
<td>24</td>
<td>22</td>
<td>143</td>
</tr>
<tr>
<td>UK graduate</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>EU/EEA graduate</td>
<td>1</td>
<td>8</td>
<td>6</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Non-EU/EEA graduate</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Received</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Concluded</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Upheld</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Number of registrants (including where applicable students, premises and bodies corporate) in the following categories:

Number of new registration applications received (including where applicable students, premises and bodies corporate) in the following categories:

Number of registration appeals:

Of those concluded, the number of registration appeals:
### April 2017 Performance report

<table>
<thead>
<tr>
<th>Rejected</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Of those appeals concluded, and where no new information was presented by the applicant, the number of appeals:**

<table>
<thead>
<tr>
<th>Upheld</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Median time (in working days) taken to process initial registration applications for:**

<table>
<thead>
<tr>
<th>UK graduates</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU (non-UK) graduates</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>International (non–EU) graduates</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**The number of rejected applications, broken down into the following types:**

| Application for registration | 0 |
| Application for restoration | 0 |
| Application for renewal      | 0 |

**The number of rejected applications, broken down into the following reasons for rejection:**

<p>| Failure to demonstrate indemnity insurance in place or due to be in place | 0 |
| Concerns relating to conduct and/or competence | 0 |
| Concerns relating to health | 0 |</p>
<table>
<thead>
<tr>
<th>Fitness to practise</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
<th>Quarter 4</th>
<th>1 APR - 31 MAR 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases considered by an Investigating Committee/Case Examiner:</td>
<td>6</td>
<td>16</td>
<td>20</td>
<td>15</td>
<td>57</td>
</tr>
<tr>
<td>Number of cases concluded by an Investigating Committee/Case Examiner:</td>
<td>4</td>
<td>14</td>
<td>16</td>
<td>15</td>
<td>49</td>
</tr>
<tr>
<td>Number of cases considered by a final Fitness to Practise Committee/Case Examiner:</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Number of cases concluded by a final Fitness to Practise Committee/Case Examiner:</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Time from receipt of initial complaint to the final Investigating Committee/ Case</td>
<td>Median</td>
<td>20</td>
<td>36</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Examiner decision:</td>
<td>Longest case</td>
<td>35</td>
<td>89</td>
<td>157</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Shortest case</td>
<td>4</td>
<td>28</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>28</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Median time to interim order committee decision:</td>
<td>From receipt of complaint</td>
<td>6.5 weeks</td>
<td>5 weeks</td>
<td>8 weeks</td>
<td>13 weeks</td>
</tr>
<tr>
<td></td>
<td>From decision that there is information indicating the need for an interim order</td>
<td>4.5 weeks</td>
<td>4 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
</tr>
<tr>
<td>Number of open cases (at the end of the quarter) which are older than:</td>
<td>52 weeks</td>
<td>1</td>
<td>8</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>104 weeks</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>156 weeks</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total number of registrant appeals in the quarter which are:</td>
<td>Ongoing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outcomes of registrant appeals against final fitness to practise decisions:</td>
<td>Opened</td>
<td>Concluded</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upheld and outcome substituted</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upheld and case remitted to regulator for re-hearing</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settled by consent</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Number of cases that are closed due to the referrer being anonymous: | 0      | 0      | 0      | 0      | 0      |

| Number of occasions a case has been referred to another investigating body/regulator: | 0      | 0      | 0      | 6      | 6      |

<table>
<thead>
<tr>
<th>Number of cases concluded by an Investigating Committee/Case Examiner with the following outcome:</th>
<th>NCTA and Withdrawn/Closed</th>
<th>Advice</th>
<th>Warning/caution (not published on the register)</th>
<th>Warning/caution published on register</th>
<th>Referral to Fitness to Practise Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>8</td>
<td>12</td>
<td>11</td>
<td>34</td>
</tr>
</tbody>
</table>

| Median time taken from final Investigating Committee decision to final Fitness to Practise Committee decision or other final disposal of the case in weeks | 31 weeks |
| Time from receipt of initial complaint to final Fitness to Practise Committee | Median | 64 weeks |
### April 2017 Performance report

<table>
<thead>
<tr>
<th>determination/or other final disposal of the case:</th>
<th>Longest case</th>
<th>82 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortest case</td>
<td>28 weeks</td>
<td></td>
</tr>
</tbody>
</table>

Number of cases referred by the Investigation Committee/Case Examiner for a substantive Fitness to Practise Committee hearing and that hearing has not yet begun: 11 cases.

Total number of hearing days: 61 days.

% of final hearings that conclude within their original hearing day allocation: 73%.

<table>
<thead>
<tr>
<th>Other</th>
<th>Quarter 1²</th>
<th>Quarter 2³</th>
<th>Quarter 3⁴</th>
<th>Quarter 4⁵</th>
<th>1 APR - 31 MAR 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of data breaches reported to the Information Commissioner's Office</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of judicial review applications (where leave has been given) relating to:</td>
<td>Registration processes and decisions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Education quality assurance processes and decisions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>FTP processes and decisions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of successful judicial review applications</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staff turnover (%)</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
<td>31%</td>
</tr>
</tbody>
</table>
Purpose

1. The purpose of this paper is to report on the findings of a light-touch review of data published about each registered chiropractor on the GCC website search function.

Background

2. A paper taken to the March 2017 Council meeting advised Council that the office would be conducting a light-touch review of the registration information it publishes online for each registrant. The purpose of the review is to give the GCC some assurance that the information being published is useful to the public and patients in seeking a chiropractor or checking their credentials.

The process

3. The review has included the following elements:
   • reviewing legislation to determine the data the GCC is legally required to publish;
   • reviewing the data fields published by other healthcare regulators against those the GCC publishes; and
   • obtaining the views of stakeholders, including professional associations and patient groups.

The purpose of the online register search facility

4. The purpose of the register is to give patients and members of the public confidence that all of those listed meet GCC standards and, where they do not, this is clearly flagged.

5. However, the information we publish is not solely for members of the public to check a registrant’s status. The information published includes contact details and addresses at which the registrant practises. The register is also therefore a way for members of the public to find a chiropractor who meets the standards expected of them for registration with the GCC.

6. Registered chiropractors largely work in private practice and outside the NHS, so the register forms the definitive list of UK chiropractors for the public to be able to find someone from whom to seek treatment. The register is therefore dual purpose, providing a facility to find a chiropractor as well as to verify the details of an individual already known.
What the GCC publishes

7. The GCC is obligated to publish specific data fields on each registrant under The Chiropractors Act, 1994 ('The Act'), which is referred to as the 'published register'. The range of information the GCC publishes can be split between that which forms part of its legislation and that which it chooses to publish.

8. The Act requires the GCC to publish data from the register, and includes:
   - Name
   - Registered address

9. The GCC (Registration) Rules 1999 ('The Rules') go further, requiring that the additional information is published:
   - Registration number
   - Whether male or female
   - The qualification held that led to registration

10. Also, over time, Council has decided that the following information is published:
    - Registration start date
    - Whether the registrant paid the practising or non-practising fee
    - Telephone number of principle practice address. The telephone number of a registrant who paid the non-practising rate is not published
    - Additional practice addresses and telephone numbers on an optional basis
    - Email address on an optional basis.

11. Only those data fields shown in point 10 above can be amended by Council without a variation to GCC legislation.

What other regulators publish

12. Annex A shows the information published by other UK healthcare regulators against the information published by the GCC. While all regulators publish information around fitness to practice matters there is a difference in relation to other data fields. The HCPC, for example, take a minimalist approach to the information they publish giving only name, registration number, location, status and registration start and end dates. Other regulators, including the GMC, NMC and the GPharmC publish enough details for a member of the public to be able to verify a registrant’s status but do not provide contact details. This is largely due to the nature of the professions they regulate, for example, many of the professions the HCPC regulate along with the GMC and NMC work within the NHS and it is unlikely that someone would legitimately seek an individual for anything other than verifying their credentials. Indeed the GMC website refers to checking a doctor’s registration status and not to finding a doctor.

13. Conversely, the GOsC, GOC and GDC publish more registrant information, including practice addresses, since those registers are aimed at both finding and verifying a registrant’s credentials. The information published by the GCC therefore follows closely that published by other regulators covering professions practising largely outside the NHS but in private practice.
14. The GOsC, like the GCC but unlike other regulators, publish an email address for registrants. The GOsC register is annotated to show if a registrant is non-practising in the same way as the GCC annotates its own register to show if an individual has paid the non-practising fee.

Our stakeholders’ views

15. We have sought views from professional associations and also patient groups and appreciate the time they took in responding to this review. The responses we received were largely positive about the information we currently publish.

16. There were two points on which there was not agreement and they were:
   • Whether the registrant is male or female. The majority view is that this information is useful; however one of the responses felt it was not useful. It is a legal requirement for us to publish whether a registrant is male or female and would require a change of legislation for this to be removed.
   • The chiropractic qualification that led to registration. Although the majority view was that this was useful, a respondent questioned whether the public were particularly knowledgeable about qualifications, wondering if it caused confusion. They questioned whether the fact someone had attained registration and therefore met the GCC’s standards should be enough.

17. The GCC is obligated by virtue of its rules to publish both of the above data fields and therefore cannot decide not to do so without amending those rules. Given that these were not widely questioned there does not appear any utility in pursuing a change of legislation to remove these fields from the data we are obligated to publish, but may wish to conduct a fuller review, including a consultation with the public, at a point in the future when there is a possibility for a variation to the rules.

18. Also, most respondents were of the view that we should not publish the registered addresses of those registrants not practising. However, it is a requirement of GCC legislation that we publish the registered address of all registrants, whether or not they are actively practising and so a change of legislation would be required.

19. It was expressed that the home address of someone not practising should be excluded from publication where there was a risk to their or their family’s safety. Although the GCC has an obligation to publish the registered address of every registrant, it has always taken seriously any exceptional circumstances that mean someone may be at risk because of the information it publishes. In these circumstances the Registrar may agree that the GCC will instead publish the Wicklow Street address as an individual’s registered address to ensure their safety is not compromised.

20. With little to suggest that the information we are currently publishing is not of benefit or not required for those seeking the services of a chiropractor, it is recommended that no changes are made at this point. Where there may be a rationale for not publishing some data in certain circumstances, such as an address for someone who is not practising, our legislation effectively rules this out. This is because of the current status of the online register search facility.

The ‘published register’

21. An issue has risen during this review as to what constitutes the ‘published register’. It used to be the case, until 2006, that the GCC published a hard copy of the register
fulfilling the legal requirements of being the ‘published register’ in accordance with The Act. Council agreed to cease production because of the associated cost and the usefulness of the data, as it was out of date by the time the document reached publication.

22. Recent legal advice suggests that, as the only information published meeting the requirements of GCC legislation is the online search facility, by default, it is the ‘published register’. This presents a problem as not all of the data fields listed in The Act and The Rules are currently published online for all registrants. For example, the registered address of those non-practising registrants does not appear on the website list and while we are content that its omission is justifiable, recently assuring the PSA that we would not do so to prevent confusion with those who are practicing, it is not in strict compliance with GCC legislation.

Proposal

23. It is therefore proposed that an online pdf document is published annually with data collected following completion of the retention cycle in early January. This will include all of the required data and will be collated into one document which will be the GCC’s “published register” and published on the GCC website, along with details of how to access it (either via the website or by inspecting it in the office, or by asking for a copy of it).

24. This will ensure compliance with legislation and allow the GCC to tailor the information published as part of the online search facility should we need to do so.

Communications implications

25. The findings of the review will be published on the GCC website shortly.

26. We will notify stakeholders that we will be publishing a pdf version of the ‘published register’; when and how to access it.

Equality and diversity implications

27. We do not consider that there are any equality and diversity implications.

Action required

28. Council is asked to agree:
   • To the publication of a document that will form the ‘published register’ and which will be available as an online pdf document.
   • That given the lack of evidence to suggest any issues with the information we currently publish, the Council is asked to note this report and that no further action is needed.
Annex A - Data published by healthcare regulators compared to the data published by the GCC

<table>
<thead>
<tr>
<th>Data fields published by the GCC</th>
<th>General Osteopathic Council</th>
<th>General Medical Council</th>
<th>General Dental Council</th>
<th>General Pharmacological Council</th>
<th>General Optical Council</th>
<th>Pharmacological Society of Northern Ireland</th>
<th>Health Care Professions Council</th>
<th>Nursing and Midwifery Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrants full name</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Registration number</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Whether male or female</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Qualification</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Principal practice address</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Registration start date</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Whether practising or non-practising</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Additional practice addresses and phone numbers</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To:   General Chiropractic Council  
From:  Jamie Button, Registrations Manager  
Subject: Registrations Key Performance Indicator  
Date:  15 June 2017  

Purpose  
1. Council is asked to consider amending the Key Performance Indicator (KPI) currently in place with regard to the Registrations team, as set out in the paper.

Background  
2. The Registrations team currently has a KPI ‘To ensure 100% of chiropractors are registered (from the day application is complete) within 2 working days’. Where this is not met Council is notified. It has been consistently met in the last 12 months.
3. The Audit Committee at its meeting in May 2017 approved a change to the KPI in place for fitness to practise investigations, which means that performance in FTP investigations will be measured in future by reference to a median period of time, rather than by reference to compliance in 100% of cases with a fixed maximum period.
4. In light of that change, and in light of the fact that the GCC reports its median registration processing times to the Professional Standards Authority as part of the annual performance review process, the Registrations Manager has therefore given consideration to the ongoing usefulness of the Registrations KPI and whether it would be appropriate to replace the current KPI with the median processing time.

Proposed change to KPI  
5. The Registrations Manager has also reviewed the approach taken to measuring performance in handling of registrations applications by some other regulators in the sector. While there is no single consistent approach, it appears that several regulators refer either to average or to median figures:
   • The Professional Standards Authority currently assesses performance across all nine regulators of the health and care professions by reference to median time periods, rather than by reference to compliance with a fixed number of days per application.
   • The General Dental Council has used average processing times (linked to their internal service level agreements) as their key performance indicators for processing registration applications for some time (it is currently reviewing its performance reporting measures).
   • The General Pharmaceutical Council’s registration KPIs focus on median processing time for registration applications.
   • The General Osteopathic Council, while it reports against compliance with fixed maximum periods, also reports on its performance by reference to median times for processing of different registration applications.
6. In general, reporting of median timeframes can give a clearer picture of performance - rather than simply confirming whether or not compliance with a set maximum timeframe has been achieved in all cases. It can enable better oversight of any fluctuations that occur in performance over a period of time – and thereby facilitate early intervention to address any developing problem before it leads to an unacceptable dip in performance\(^1\).

7. As a result of that review, it is proposed that the GCC replaces the current KPI and from 1 July 2017 onwards simply reports to Council on the median timeframes for processing registration applications (once each application is complete), as per the figures already supplied each quarter to the PSA.

**Matter for Council to decide**

8. Should Council agree to the amendment proposed above, it should be used from 1 July 2017.

9. If Council consider that further analysis is required before an amendment to the KPI can be agreed, it is invited to delegate detailed consideration of this matter to the Audit Committee.

**Resource implications**

10. We do not consider that there are any resources implications.

**Communications implications**

11. We do not consider that there are any communications implications, although it may be helpful to provide information in the monthly newsletter and/or in the annual Registrations report about what the KPI is, as part of providing sufficient information to registrants about the work of the Registrations team.

**Equality and diversity implications**

12. We do not consider that there are any equality and diversity implications.

**Action required**

13. Council is asked to decide whether to amend the KPI for the Registrations team as proposed in this paper, or alternatively to delegate further consideration of revision of the KPI to the Audit Committee.

---

\(^1\) This is of more demonstrable benefit in relation to processes that vary more in length e.g. if measuring the time taken from receipt of each application to registration.
<table>
<thead>
<tr>
<th></th>
<th>March 2017</th>
<th>June 2017</th>
<th>September 2017</th>
<th>December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Council work plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Update report from the Audit Committee</td>
<td>Update report from the Audit Committee</td>
<td>Review of retention fees</td>
<td>Update report from the Audit Committee</td>
<td></td>
</tr>
<tr>
<td>Review of Strategic Risk Register</td>
<td>Review of Strategic Risk Register</td>
<td>Strategic Risk Register - any items scoring over 15</td>
<td>Review of Strategic Risk Register</td>
<td></td>
</tr>
<tr>
<td>- Annual Registration Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Equality and Diversity Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Annual FtP Report and statistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Communications Annual Report</td>
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<td>Agree Standing Orders</td>
<td>Education Standards/QA processes</td>
<td>Review Strategic Statement</td>
<td>Remuneration Committee's report</td>
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<td>Communications Plan 2017</td>
<td>Auditors Management letter</td>
<td>Draft Business Plan and budget (closed)</td>
<td>Draft business plan and budget (open)</td>
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<tr>
<td>Financial Statements</td>
<td>Presentation from Cazenove</td>
<td>Education Committee annual report</td>
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