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

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
<th>Paper</th>
<th>Time</th>
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<tbody>
<tr>
<td>1.</td>
<td>Apologies and declarations of interest</td>
<td>Chair</td>
<td></td>
<td>10am</td>
</tr>
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</table>
| 2.   | A. Council minutes of 27 June  
     B. Matters arising | to agree | Chair | 1609/2A  
     | | | 1609/2B | 10.00-10.05 |
| 3.   | Chair’s report | to note | Chair | 1609/3 | 10.05-10.15 |
| 4.   | Chief Executive & Registrar’s report | to note | CER | 1609/4 | 10.15-10.30 |
| 5.   | A. Finance report  
     B. Performance report (including business plan update) | to note | CER | 1609/5A  
     | | | 1609/5B | 10.30-11.00 |
| 6.   | GCC Five year strategy 2018-2023 | to approve | CER | 1609/6 | 11.00-11.30 |
| 7.   | Remuneration and Human Resources Committee Terms of Reference | to approve | RemCo Chair | 1609/7 | 11.30-11.40 |
| 8.   | Risk Management Policy and Risk Tolerance statement | to approve | CER | 1609/8 | 11.40-12.00 |
| 9.   | AOB | | Chair | | 12pm |

**Close of meeting: 12.15pm**
MINUTES OF THE MEETING
OF THE GENERAL CHIROPRACTIC COUNCIL
HELD ON 27 JUNE 2018
44 WICKLOW STREET, LONDON WC1X 9HL

Present
Mary Chapman (Chair of Council)
Roger Dunshea
Tom Greenway
Steven Gould
Gareth Lloyd
Sharon Oliver
Ralph Pottie
Liz Qua
Julia Sayers
Carl Stychin
Phil Yalden

Apologies
Gay Swait
Keith Richards

In attendance
Tricia McGregor, Interim Chief Executive and Registrar
Paul Ghuman, Deputy Chief Executive (Director of Resources & Regulation)
Penny Bance, Director of Education, Registration and Standards
Amanda Greenlees, Executive PA
Adam Halsey, in attendance for item 1806/6, 1806/7 and 1806/8

Observers
Marc Muncila, McTimoney Chiropractic Association
John Witt, Capsticks

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**C-1806/1 Apologies and declarations of interest**

The Chair opened the meeting by welcoming both Council and the observers present. Apologies were received from Gay Swait and Keith Richards.

Phil Yalden declared an interest in item C-1806/10 ‘Approval/re-approval of chiropractic degree programmes’ saying that he worked for an education provider that was a competitor. Council agreed he could be present for both the item discussion and the decision-making in relation to that item.

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**C-1806/2 Draft minutes of the meeting of 21 March and matters arising.**

The minutes of 21 March 2018 were agreed as an accurate record of the meeting.

All actions were noted as having been completed, except for the item regarding the report scoping out the feasibility and costs of checking potential misuse of title,
The Chair’s report

The Chair’s report provided an update to Council on the work carried out from March 2018. The Chair’s main priority since March had been to assist with the transition from the previous Chief Executive & Registrar (CER) to the interim CER.

The paper confirmed Phil Yalden’s reappointment as Council member and Sharon Wilson’s formal appointment as member of the Remuneration Committee.

The Chair and the previous CER had met with the new Chair of the Professional conduct and Health Committees and agreed a work plan for appraisals and feedback for PCC members. The Chair said that she had, in April, established three groups of Council members to support the work on three key areas, namely: Values and Behaviours; Business Process and Structures and Risk Assurance; and Financial Strategy and Investment Strategy.

She noted that both she and Tricia McGregor, the new Interim CER, had been added as authorised signatories on the GCC bank account. It was noted that they were also signatories for Cazenove Investment.

The Chair said that, subsequent to writing the report, she had attended the Westminster Health forum. She said that she had also had a helpful discussion there with Marc Seale, Chief Executive of the HCPC, and Peter Dixon, President of the RCC.

Executive report

The CER began by conveying her thanks for the warm welcome she had received by all and also said that the previous CER had provided a good handover for the work. She introduced the executive report, which provided an update on the GCC’s statutory functions since the previous Council meeting as well as updates on external developments in the regulatory environment, including collaborative work with other health and care professions regulators.

The CER said she had conducted a number of external induction meetings with members from the Associations, the PSA and the Department of Health. She said that the PSA were encouraging regulators to work together and said she was pleased to see more evidence of joint working. She said the PSA had commenced their review of the GCC and that they had requested some more information from the GCC. She said the GCC had responded to the PSA’s Duty of Candour questionnaire and would be responding to the PSA’s second consultation document on the revised Standards of Good Regulation. She noted that the PSA planned to add a new standard on Equality and Diversity to the Standards. She said the GCC had attended the PSA presentation on research findings, ‘Sexual Behaviours between Healthcare Professionals: where do the boundaries lie?’ and that the GCC would identify any key learning points from the recently published ‘Lessons Learned Review: The Nursing and Midwifery Council’s handling of concerns about midwives’ fitness to practise at the Furness General Hospital’ review.

She said a representative from the GCC had attended both the International Chiropractic Regulatory Society (ICRS) AGM and the annual European Chiropractor’s Union (ECU) convention.

The CER talked about GCC team development and the work that had been carried
C-1809/2A

| Action: Send Council the link to the PSA presentation ‘Sexual Behaviours between Healthcare Professionals: where do the boundaries lie?’ |

**Performance report**

The DCE introduced the Performance report for May 2018, commencing with the Financial summary as at 31 May 2018.

He said expenditure at the end of May was £7k lower than forecast, with an overall position of a positive £4k variance. Annual retention income and initial registration were up by £12k but investment income was down by £15k so overall there was a negative difference on income of £3k. So far 92% of the year’s budgeted income had been received. The DCE said staff costs were higher by £10k than forecast and that this negative variance was expected to increase as a result of the additional costs of having an interim CER in post and the costs of recruiting a permanent CER later in the year. He said that service fees in relation to accommodation had also been higher than forecast by £3k to date.

FtP costs at the end of May 2018 showed a positive variance of £23k. IC costs had been £9k higher, the IC advertising budget costs were £32k higher than expected due to the expert report that had been commissioned earlier in the year and PCC costs were £70k lower. The DCE said this was due to a lower number of complaints having been received with less referrals to the PCC and consequently less hearings had been held than expected.

Professional fees were higher by £12k and legal fees had also been higher than forecast by £12k.

**Year-end forecast**

The DCE said that there was a deficit forecast of £419k, £225k higher than the original deficit forecast of £194k. He explained that the biggest factor in the deficit was in relation to staffing costs: higher costs on the interim CER contract and CER recruitment costs in 2018. There was also a request for administrative staff to deal with the advertising cases, totaling a difference of £161.

The forecast also predicted a negative variance of £56k on office costs due to the relocation and incurring costs at both premises and dilapidation costs. The year-end estimation for professional fees (legal fees) was higher than forecast by £19k, from £183 to £202.

The DCE noted that the cost of dilapidations on Wicklow street had not been included in the budget.

In discussing the difference between the initial forecast versus the current forecast, the Chair noted that part of the work being carried out in relation to the financial review and strategy would address this issue. Council also suggested a conservative approach might be taken in future in relation to budget forecasting. The Chair also said there would be a need to distinguish between one-off and ongoing costs in order to produce an analysis later in the year.

**Key Performance Indicators (KPIs)**

The DCE said that the KPI of determining IC cases within a median target of 28 weeks from receipt of complaint to determination by the IC had been included for reference purposes only, to show that this target was now being met. Council was very pleased to see this progress and thanked those involved.

He said the current referral rate to the IC was 17%, a percentage that was lower than last year and said this was partly due to the move to frontloading cases. He
said the PCC caseload remained steady at nine cases. Five cases had been determined in 2018.

Council said the information provided was very helpful and confirmed they would like to continue receiving clear assurance on performance.

**Business plan 2018**

The DCE introduced the Business Plan for 2018, asking for any questions from Council.

In response to a question on the tender for provision of external legal services, John Witt from Capsticks (observer) was asked to leave the meeting for the discussion. Council briefly discussed the options open to the GCC on tendering for legal services and potential opportunities to do this collaboratively. Council supported exploring options that gave the GCC the greatest opportunity to receive an effective service at the best price.

Action: Council agreed to continue receiving the improved assurance report on performance including progress on the Investigations KPI.

<table>
<thead>
<tr>
<th><strong>C-1806/6</strong></th>
<th><strong>Audit Committee and Audit Findings report</strong></th>
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<tbody>
<tr>
<td><strong>Audit Committee report</strong></td>
<td>The Chair of the Audit Committee (AC) provided Council with a report from the Audit Committee meeting held on 31 May 2018.</td>
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<td>She said that the Committee had agreed a KPI of 75% of all advertising cases being determined by the IC within 9 months from s20 formal notification to the registrant.</td>
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<td>The AC had reviewed the annual report and annual accounts and recommended the accounts for adoption by Council. The AC had agreed that, given the 2018 deficit budget, the GCC financial strategy should be reviewed, along with a review of the reserves policy and a financial recovery plan. The AC Chair said the Audit findings report had been received and that no new control weaknesses had been identified in 2017: An internal financial procedures manual would be actioned in 2018.</td>
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<td>A specialist report had been received in relation to GDPR and the AC Chair said that all the recommendations had been actioned but that further work on reviewing the data retention and disclosure policy and archiving would be carried out later in the year.</td>
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<td>A FtP targeted review had been carried out and reported on, with no major concerns raised.</td>
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<td>She said the risk register had been further developed and that this would be discussed in the private Council meeting.</td>
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<td><strong>Audit Findings report</strong></td>
<td>Adam Halsey introduced the Audit Findings report saying that overall, there was nothing in the report that needed to be brought to the Council’s attention. He spoke of the financial challenges for regulators in the face of unknown costs year-on-year and said that the report included some information on expected trends going forward. He confirmed that the dilapidations on the building, which would be in the vicinity of £30k, did not need to be included in the financial accounts.</td>
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</table>
He thanked the Audit Committee (AC) and the DCE and his team for all their work on the accounts. The Chair echoed his thanks.

**Audit Committee Terms of Reference**

The Chair explained that the AC Terms of Reference had been redrafted at the time the Governance manual was redrafted last year and were enclosed for Council’s agreement.

**Agreed:** Council agreed the AC Terms of Reference.

**Annual report and accounts**

The DCE introduced the Annual report and Accounts for the 2017 calendar year. He noted that once the accounts and report had been signed, the report would be sent to a design company before publishing.

He said that Council were asked to:
- Agree the Annual report and Accounts for 2017
- Agree that the Chair sign the Annual report and Accounts on behalf of Council
- Agree that the Chair sign the Letter of Representation on behalf of Council

In answer to a query about confidence in the retention numbers and any risk in this area, Adam Halsey said there would need to be an increase in testing to be confident the numbers were complete and that the existence of a reliable reconciliation would provide more assurance and thus have an impact on the testing that the auditors could carry out.

Council thanked Adam Halsey for all his work over the years and said they looked forward to welcoming Katherine Burton, who would be taking over from Adam Halsey.

**Agreed:** Subject to a final proofread, Council agreed the annual report and accounts, the signing of the report and the accounts by the Chair. They also agreed that the Chair sign the Letter of Representation on behalf of Council.

**Education Committee report**

The Chair of the Education Committee (EC) introduced the EC report from the recent meeting of 18 May 2018.

She said that the Committee had discussed the guidance prepared for Student Fitness to practise and Student Health and Disability and had produced versions for both students and education providers. She said the Committee had discussed and agreed the way in which the documents should read, in addition to the styling and branding of the documents.

The EC had discussed the Continuing Fitness to Practise report and this had led to discussions around the ongoing checks of registrants’ CPD activity and the CPD standards set. She said the Committee had discussed with the Royal College of Chiropractors (RCC) how the process might be less time consuming and more refined, while keeping in line with the current review of GCC processes. The EC supported the GCC’s plan to review CPD processes and approaches.

She said the EC had discussed desk-based versus face-to-face panel visits to
education providers and said that the Committee agreed to proceed on a case-by-case basis and that creating positive ongoing relationships between the GCC team and the education providers was key.

The EC Chair said that the current ToC external examiner’s contract was due to expire. As such, a new recruitment process was underway and interviews would be carried out in the next couple of weeks.

**Action:** Paper on the development of the GCC’s CPD Scheme for Continuing Fitness to Practise to be emailed to Council members.

### C-1806/10 Approval/re-approval of chiropractic degree programmes

**AECC University College – Approval of MSc Chiropractic**

The Chair of the Education Committee (EC) introduced this paper, which both provided the report of the Approval Panel from the approval visit to the AECC University College for the MSc chiropractic degree programme and asked Council to consider the advice from the Education Committee that Council recognise the new programme.

The EC Chair explained that the AECC college was now a University and as such, an independent provider and that the EC was confident in recommending approval of the new programme.

**Agreed:** Council agreed the recommendation made by the EC that the AECC University College MSc programme be recognised as a chiropractic degree.

**London South Bank University – Approval of MChiro**

The Chair of the Education Committee (EC) introduced this paper, which both provided the report of the Approval Panel from the approval visit to the London South Bank University (LSBU) and asked Council to consider the advice from the Education Committee that Council recognise the new programme.

**Agreed:** Council agreed the recommendation made by the EC that the LSBU MChiro programme be recognised as a chiropractic degree, subject to the conditions set out in the Approval Panel’s report.

**Welsh Institute of Chiropractic (WIOC) – Reapproval of MChiro**

The Chair of the Education Committee (EC) introduced this paper, which provided the report of the Approval Panel from the reapproval visit to WIOC and to consider the advice from the Education Committee that Council recognise the programme.

**Agreed:** Council agreed the recommendation made by the EC that the WIOC continues to be recognised by the GCC.

### C-1806/11 Chief Executive & Registrar recruitment

The Chair introduced this item by saying that an Interim CER had been appointed to the GCC in order to provide leadership during a period of significant external and internal change. She then introduced the schedule for the recruitment of a permanent CER and said she intended to have a slightly larger recruitment panel for the longlisting stage and a smaller selection panel for final interviews but that she would communicate further about the composition of the Recruitment Panel before the end of June.

### C-1806/12 AOB
| There was no other business. |
| Date of next meeting: 13 September 2018 |
### JUNE 2018 MATTERS ARISING

<table>
<thead>
<tr>
<th>ACTION</th>
<th>WHO</th>
<th>STATUS</th>
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<tr>
<td><strong>Action 04:</strong> Send Council the link to the PSA presentation ‘Sexual Behaviours between Healthcare Professionals: where do the boundaries lie?’</td>
<td>Executive</td>
<td>completed</td>
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<td><strong>Actions 05:</strong> Council agreed to continue receiving the improved assurance report on performance including progress on the Investigations KPI.</td>
<td>CER</td>
<td>completed</td>
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<tr>
<td><strong>Action 09:</strong> Paper on the development of the GCC’s CPD Scheme for Continuing Fitness to Practise to be emailed to Council members.</td>
<td>Executive</td>
<td>completed</td>
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</table>
Council is asked to note the contents of this paper.

Introduction

My priority since March has been to ensure as smooth a transition as possible during the transition between the previous and the new interim Chief Executive and Registrar. My primary focus has been on internal affairs.

The summer period has been one of intense activity for the GCC as outlined in the interim CER’s report. My focus has been on supporting the CER in taking forward the first part of the GCC transformation programme and in ensuring that the recruitment process for a permanent CER was initiated with appropriate involvement from Council Members.

Change Programme

My regular reviews and discussions with the CER have concentrated on the following aspects of the transformation of the GCC:

1. Structures and staffing.
2. Financial matters, including procurement of the financial consultant, review of the GCC’s financial position and decisions related to the GCC’s investments.
3. Revisions to the Remuneration Committee Terms of Reference, the Risk Strategy and the proposed risk tolerance.
4. Development of the GCC’s strategic thinking.

CER Recruitment

During this period we started our search for a new CER. Activity included:

1. Establishment of the Recruitment Group consisting of Roger Dunshea, Tom Greenway, Sharon Oliver, Keith Richards, Julia Sayers, Carl Stychin and myself.
2. Approval by Council of the revised Job Description and Person Specification.
3. The procurement process to identify Executive Search Consultants to support this process, following which, Odgers Berndtson were appointed.
4. Reviewing example candidate profiles in order to refine the Candidate Brief.
5. Agreeing the project plan and communications to potential candidates.

External Relations

I attended a Council meeting at HCPC in advance of the GCC’s co-location in Kennington. It was an excellent opportunity to meet some of their Council members and to understand more about the challenges they are facing.
In order to gain more clarity about the likely policy environment that would face our new CER, I had a discussion with Claire Armstrong of DHSC regarding the likely timing and direction of the Department’s response to their Consultation. At that stage nothing was formalised or approved. I received some assurance however that major structural reform was unlikely in the near future.

Chair’s Action

I approved for publication the final policy documents relating to Data Protection.
To: The Council, General Chiropractic Council  
From: Tricia McGregor, Interim Chief Executive & Registrar (CER)  
Subject: CER’s Report  
Date: 13th September 2018

1. Purpose
Council is asked to note the contents of the report.

2. Introduction
This report summarises key developments in the period since the Council last met. Performance against key performance Indicators and progress against business plan activities are reported separately in the Performance Report.

3. Leadership and staffing changes
A number of changes have taken place since the last Council meeting. On 16th July Paul Ghuman, Deputy Chief Executive and Director of Resources and Regulation left the GCC after thirteen years service. I would like to formally thank Paul for his hard work and professionalism over the years and give him our very best wishes for the future.

I am pleased to announce that Niru Uddin, our Head of Investigations, agreed to take on the role of interim Head of fitness to Practise following Paul’s departure and has joined the senior management team.

A core team has also been created under my line management to better support the GCC’s work.

Whilst we review our future leadership requirements, Rui Domingues has been appointed as a financial consultant to complete a finance review and support the development of our financial strategy.

4. GCC team development
Team development has continued with day long workshop ‘living our values’ – Accountable, Achievement, Integrity and Togetherness.

This included understanding our personality profiles and our approach to conflict. Once again the team was joined by some Council members and this was very helpful.

We are continuing to focus on our values. This includes a planned session for Council on 12th September on how members will live the values in their approach to working together, to making decisions and in setting and assuring the council’s strategy.
5. PSA Performance Review
I am pleased to announce that the PSA has informed us that we have met all of the standards in the review they have just completed. This covered the period until March 2018. Thanks are due to both Rosalyn Hayles (former CER) and the GCC staff team for their hard work in achieving this outcome. We are awaiting the draft detailed report.

6. Our move to new premises
I am pleased to report that we had a successful move to our new home at the Health and Care Professions Council (HCPC) over the weekend of 29th/30th July. Thanks to a great team effort from the whole staff team, as well as focused work by a small group who led the move, we were up and running by Monday lunchtime 31st July. This helped us minimise disruption to registrants and the public.

We are grateful to the HCPC for their warm welcome and practical support which has helped us settle in quickly.

7. Development work
Our development work continues at pace and includes:

- Continuing work on culture, engagement and HR
- A review of IT and development of a strategy
- A review of communications and engagement and development of a strategy
- Business process reviews of our core areas of work
- Financial review and strategy
- Engagement with the professional bodies

8. Regulatory reform
The PSA has issued a second consultation document on the revised Standards of Good Regulations. This is focused on the detailed wording of the Standards and the evidence that the PSA will need to assess whether regulators are meeting them or not. This is the second stage of the PSA’s work and is crucial if the new Standards are to be implemented successfully. The GCC will be responding in due course with the deadline for responses set as 12th September 2018.

9. TOC
A new External Examiner for the TOC has been recruited, appointed and inducted and will be observing the September Test of Competence. Carol Ward, also a lay member of the Education Committee, will play a key role in quality assuring the Test of Competence and reporting to the Education Committee annually.

The results of the June test were 2 Passes, 2 Insufficient evidence and 1 Fail. We have received four applications for the September TOC.

10. Education Programmes
The GCC has received Privy Council approval for the new programme at London South Bank University, which begins this month. We also received Privy Council re-approval for the programme at the University of South Wales and approval for the new Master of Science programme at AECC University College.

11. Conferences and events

In July Tom Greenway and Penny Bance attended the second Oxford Forum’s Evidence Based Practice Conference. Last year’s inaugural meeting looked at what the chiropractic profession needs to priorities in terms of its research activities given the limitation in terms of size and funding. Representatives from all sections of the profession attended to learn about and debate the role of evidence-based practice in informing contemporary chiropractic education, research and clinical practice.

The Education team attended the University of South Wales Graduation ceremony in July and the Chiropractic Oath Ceremony at AECC University College.

12. Published reports

We have reviewed and considered two reports that have been published:

- The Williams review on gross negligence manslaughter
- The PSA's report on the NMC in relation to issues at Barrow-in-Furness

We have identified areas of learning for the GCC and these, together with a summary of the reports, are set out in Appendix 1 and Appendix 2 of this report.

13. Fitness to practise audit

As part of a planned programme of external audit, a further audit has taken place on FtP processes. I am pleased to report that the results are positive and the executive summary is quoted below:

a. We have not identified any significant concern in the files reviewed that the public is not protected by the GCC's investigation processes or the Investigating Committee's decisions.

b. The improved practice identified in the investigation process over previous reviews has been maintained: in particular with regard to risk assessment, recording of IC Chairs' ISH referral decisions, maintenance of physical files, case planning, case reviews, active supervision and continuity of staff in the FTP team.

c. There has been an overall improvement in the standard of the IC's written determinations.
Appendix 1
Analysis of potential learning for the GCC from ‘Gross negligence manslaughter in healthcare – The report of a rapid policy review’ by Professor Sir Norman Williams

Summary

1. On 6th February 2018 the Secretary of State for health announced a rapid policy review into gross negligence manslaughter in healthcare. The review was set up to consider the wider patient safety impact resulting from concerns among healthcare professionals that simple errors could result in prosecution for gross negligence manslaughter even if they occur in the context of broader organisation and system failings. In particular there was a concern that this fear had a negative impact on healthcare professionals being open and transparent should they be involved in an untoward event, as well as on their reflective practice, both of which are vital to learning and improving patient care.

2. The panel heard from many individuals and organisations including bereaved families, healthcare professionals, representative bodies, regulators, lawyers, investigatory and prosecutorial authorities as well as the public.

3. The recommendations in the report aim to support a just and learning culture in healthcare, where professionals are able to raise concerns and reflect openly on their mistakes but where those who are responsible for providing unacceptable standards of care are held to account. This will lead to improved patient safety.

4. Healthcare professionals will see changes:
   - Revised guidance and a clearer understanding of the bar for gross negligence manslaughter should lead to criminal investigations limited to those rare cases where an individual’s performance is so ‘truly, exceptionally bad’ that it requires a criminal sanction and
   - Systemic and human factors will be considered alongside the individual actions of the healthcare professional when errors are made that lead to death

5. Bereaved families will be provided support through:
   - Being informed, in a timely manner, of an untoward incident that might have contributed to a death
   - Being provided with the opportunity to be actively involved throughout investigative and regulatory processes
   - An expectation that, for all bodies with a role in investigation and regulatory action, families and loved ones are supported, treated with respect and receive honest explanations when things have gone wrong

6. Recommendations for regulatory bodies are as follows:
   - The GMC should have its right to appeal fitness to practice decisions by it Tribunal Service removed. This will address mistrust between the GMC and doctors. The PSA will retain its right to appeal.
   - The GMC and GOC will no longer be bale to require registrants to provide reflective material when investigating fitness to practice cases. This will ensure professionals are not afraid to use their notes for open, honest reflection which supports improvements in patient care.
   - Concerns about the over representation of BAME healthcare professionals in fitness to practice cases is to be investigated, understood and addressed.
This document sets out in further detail key issues and recommendations identified by the Williams review that are relevant to the GCC and the initial analysis of GCC’s response to the recommendations.

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<th>Area of concern</th>
<th>Recommendation</th>
<th>Initial GCC response/action</th>
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<tr>
<td>Improving assurance and consistency of expert witnesses in gross negligence manslaughter cases</td>
<td>The Academy of Royal Medical Colleges, working with other regulators, should lead work to promote and deliver high standards and training for healthcare professionals providing an expert opinion or appearing as expert witnesses. This includes setting out what constitutes appropriate clinical experience for professionals in these roles. Healthcare professionals should be supported and encouraged to provide expert opinions and to train to be expert witnesses. Representative bodies and regulators should recognize acting an expert witness as part of a healthcare professional's CPD process. Although the review is focused on gross negligence manslaughter the review heard wider concerns about experts that the Academy’s work should cover</td>
<td>Whilst the recommendations made in relation to gross negligence manslaughter, the review identifies the concerns regarding experts are wider. The GCC should review what it requires from experts in terms of experience and training. We should engage in the work of the Academy as it progresses. The GCC should consider how it can include expert work as part of CPD when it carries out the review of CPD in the coming weeks. The GCC should also work with the professional associations to consider how to encourage chiropractors to train and undertake expert witness work.</td>
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| **Consolidating expertise in relation to investigations of gross negligence manslaughter** | A new memorandum of understanding should be agreed between relevant bodies including the College of Policing, the CPS, the CQC, HSE, HSIB and professional regulators in relation to investigation of deaths in a healthcare setting. This should set out a common understanding of the respective roles and responsibilities, support effective liaison and communication and cover what is expected of expert witnesses especially in relation to systemic and human factors.

Signatories to the MoU should disseminate its contents. | The GCC should ensure it is appropriately involved in this work. |
|---|---|---|
| **Reflective material** | The Royal Colleges and professional regulators working with professional bodies, should review and, if necessary, amend guidance on how healthcare professionals carry out reflection, stressing its value as part of CPD. Guidance on carrying out reflection should be consistent across professional groups.

Professional regulators should clarify their approach to reflective material through guidance. | The GCC should review its approach as part of its wider review of CPD.

The GCC should work with other regulators to achieve consistent guidance and issue appropriate guidance to registrants. |
<table>
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<tr>
<th>Consistency of FtP decisions across regulators – particularly where FtP action is taken on the grounds of securing public confidence</th>
<th>The PSA, working with professional regulators, should review how the impact on public confidence is assessed in reaching FtP decisions and develop guidance to support consistent decision making.</th>
<th>The GCC should be involved in the work that the PSA will be leading.</th>
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<tr>
<td>Diversity in FtP proceedings</td>
<td>Professional regulators should ensure FtP panel members have received equality and diversity training. The PSA should review whether FtP outcomes are affected by the availability of legal representation. Professional regulators should review and, where necessary, improve the support they provide to patients and family members whose care and treatment is an issue in FtP proceedings</td>
<td>The GCC should review the training it provides and take any necessary action. The GCC should contribute data or evidence to the PSA as requested. The GCC should review its support to patients and families as part of the wider review of FtP in the coming weeks.</td>
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Analysis of potential learning for the GCC from the PSA’s investigation into the NMC in relation to events at Barrow-in-Furness General Hospital

Summary

1. Concerns about deaths of mothers and babies at the University Hospitals of Morecambe Bay NHS Foundation Trust (Morecambe Bay) and particularly the Furness General Hospital arose between 2004 and 2014 and were subject to several reports, inquests, police investigations, Ombudsman reports and the NMC’s own reports. An independent investigation conducted by Dr Bill Kirkup CBE concluded in 2015 that poor care was provided in cases that resulted in at least 20 deaths of mothers and babies and in stillbirths at Morecambe Bay and that at least 13 of these were avoidable. A further inquest found that poor care was involved in the death of a baby as late as 2016.

2. Three midwives were erased from the register as a result of NMC investigations. One was erased some seven years after her retirement and eight years after the NMC first received a complaint about her; another some eight years after the initial complaint; and the third some 11 years after she was involved in the first death of the baby investigated by Dr Kirkup. Another midwife was suspended, but her suspension subsequently lapsed. During that time, all but the retired midwife continued to practice and were linked to further deaths.

3. As the final FtP hearing of a Morecambe Bay midwife approached, the Secretary of State for Health asked the Professional Standards Authority (PSA), which oversees the healthcare professional regulators, to undertake a ‘lessons learned’ review of NMC’s handling of concerns about midwives at Morecambe Bay.

4. In May 2018 the PSA published a ‘lessons learned’ review of the Nursing and Midwifery NMC’s handling of those complaints.

5. The PSA reviewed the NMC’s approach to managing complaints; the administration of the cases; and the regulator’s management of relationships with witnesses, registrants and other key stakeholders and found substantial failings in the NMC’s fitness to practice (FtP) processes.

6. In their review the PSA set out a series of ‘lessons learned’ about FtP processes and wider culture within the regulators, to which all regulators, including the GCC should have regard. A number of matters were highlighted as important. These were:

   - Accurate and complete record-keeping to maintain focus on the issues and actions in a case;
   - Access to expertise, clinical advice and support, and adequate time for those who investigate and analyse cases to identifying the concerns and following them through properly;
   - Close working with other regulators and stakeholders to ensure that other investigations don’t cause delays;
   - Looking at all available and relevant information and better sharing of intelligence from any source;
   - Working with other regulators to address concerns about patient safety;
   - Engagement with patients, witnesses and service users, of informing them of the process and of analysing and taking their evidence seriously, to help better identify problems and hold public confidence;
   - Publishing as much information as the regulators legitimately can so that they can improve public confidence through transparency;
   - Working with employers to deal with concerns without FtP procedures and avoid using FtP where this does not compromise patient safety or
the public interest.

7. These will need to be considered by the GCC as part of the wider FTP review which will be taking place in the upcoming months.

8. This document sets out in further detail key failings identified by the PSA in NMC’s processes, lessons drawn by the PSA from their review for all regulators, and the initial analysis of GCC’s response to these lessons.

9.

<table>
<thead>
<tr>
<th>Area of concern</th>
<th>Lessons learned</th>
<th>Initial GCC response/action</th>
</tr>
</thead>
</table>
| Record-keeping  | Accurate and complete record-keeping is essential to keep sight of the issues in a case and its development and to enable the organisation to maintain a full audit trail of actions. | This has been addressed to a significant degree by the GCC through the introduction of better management of files in April 2016. This has been commented on by the GCC’s External Auditor in the most recent audit report of August 2018 in which she has stated “Files continue to be maintained in a reasonably consistent and orderly manner, in accordance with the requirements of the FTP Manual” and “The improved practice identified in the investigation process over previous reviews has been maintained: in particular with regard to risk assessment, recording of IC Chairs’ ISH referral decisions, maintenance of physical files, case planning, case reviews, active supervision and continuity of staff in the FTP team”.

The GCC will need to ensure this is continues to be underlined through FTP procedures, staff training and the development of processes as part of the wider FTP Review. |
| Identification of the issues | Those analysing and investigating complaints need to have the time, expertise and support, including access to clinical advice to enable them to identify the concerns properly and to follow them through. | This has been addressed to in part by the GCC through the introduction of more detailed initial case plans in February 2017 which are signed off by the Head of Investigations either agreeing with or amending the plan, and giving advice to the case worker on how to progress the case. This has been commented on by the GCC’s External Auditor in the most recent audit report of August 2018 in which she has stated that “There has been a significant improvement in this area over the course of our reviews since 2015 and initial case plans are now consistently of a good standard.” In regards to access to clinical advice, the GCC routinely instructs an expert to provide a professional opinion on clinical cases however this is after a case plan has been signed off. As such, the access to clinical advice at an earlier stage (case plan stage) will allow for very early insight and shape to subsequent FtP activities, enabling the GCC to identify the concerns properly. This will need be addressed as a key consideration when undertaking the wider FtP review. |
| Working with third party investigators | Regulators should work closely with other investigators and regulators to ensure that, so far as possible, they are able to act to protect the public and unnecessary delays are not caused by other investigations. | This will need be addressed as a key consideration when undertaking the wider FtP review. |
| Looking beyond the individual cases | Regulators should ensure that their processes enable them to take account of all available and relevant information about cases and that intelligence is properly shared. | Again, this will need be addressed as a key consideration when undertaking the wider FtP review. Further work on the use of intelligence, particularly in feeding learning from FtP back to the profession and using it internally will need to be undertaken as part of the wider FtP review. |
| Working with others | Regulators must work with others in the health and care system to address concerns about patient safety. | This will need be addressed as a key consideration when undertaking the wider FIP review. The GCC will need to consider better partnership working with professional associations and employers which may include development of referral protocols / guidance for employers. |
| The treatment of the families | Regulators must engage with patients and service users, ensure that they are informed of the process and progress, and analyse and take their evidence seriously if they are to properly identify problems and hold public confidence. | This has been addressed to in part by the GCC through the introduction of 3 weekly updates in March 2017 to parties involved in a FtP matter to ensure that they are kept informed of the progress of their complaint. This has been commented on by the GCC’s External Auditor in the most recent audit report of August 2018 in which she has stated that “As reported in all the audits since 2015, there do not appear to be any unnecessary hurdles for complainants to the GCC..the GCC is flexible as to the form in which it accepts complaints. The audit did not have sight of any complaints which were not referred to the IC. No concerns on this issue were found in this review. Overall, appropriate investigation of complaints has been carried out. Complainants are generally provided with clear information, both in the GCC standard template letters and according to the records of telephone communications.” Further it is noted in the report that “Overall, we found the file correspondence with all parties to be of an appropriate standard and polite and professional in tone. The parties are generally promptly advised of relevant developments”. The GCC has commenced a tender process for Communications Consultancy Support to oversee the development of a new communications and engagement strategy and associated activities to support the GCC’s objectives. As part of this work, the GCC will review the information available to members of the public about the FtP process. |
| **Transparency** | Regulators should aim to publish as much as they legitimately can so that they can improve public confidence through transparency. | As part of Communications Consultancy Support work, the GCC will review the information available to members of the public about our processes, possible outcomes and expectations and will seek to address our whole communication strategy including all publicly facing information, our website together with all written and spoken communication to aid transparency. |
| **Flaws in the fitness to practise system** | Regulators should work closely with employers and other stakeholders to deal with concerns which can be remedied without fitness to practise procedures and should avoid those processes where this can be done without compromising patient safety or the public interest. | Again, this will need be addressed as a key consideration when undertaking the wider FtP review. |
1. **Purpose**
The purpose of the report is to present the Management Accounts covering the period to 31 July 2018 and the forecast for the rest of the year.

2. **Background**
Due to the timings of this Council meeting being earlier in the month, it has not been possible to produce the August management accounts for this meeting. This report therefore covers the period to July 2018.

3. **Action required**
To note the financial position.

4. **Financial implications**
These are highlighted in the report, but the key financial impact is the effect that the 2018 deficit will have on the currently strong financial Balance Sheet strength of the GCC. This strength will not be damaged in the short-term, but deficits positions have been reported since 2012 (apart from 2013, when the Wicklow St property was sold) and this is obviously not sustainable. Therefore, the new financial strategy will include a sustainability plan.

5. **Legal or Risk Implications**
These are highlighted in the report.

6. **Equality Implications**
There are no equality implications arising from this paper.

7. **Communications Implications**
There are no communications implications arising from this paper.
Executive Summary

July shows a deficit position of £408k against a budgeted deficit of £222k. This is a worse position than budgeted, but some exceptional items in month have contributed to this. The Year to Date (YTD) position is a surplus of £833k against a budget of £971k. Some of the variances can be explained by exceptional items which have been discussed and agreed by Council (e.g. extra resources for advertising cases and changes to the senior management team).

YTD Income for 2018 is behind budget by £49k, mainly as a result of investment income being £42k behind budget. As the investment landscape is not expected to significantly change over the rest of 2018, we are not expecting this to recover in the remaining months, so income is forecast to be £2.696m, which is £68k down against budget.

YTD Expenditure for the year is worse than budget by £138k. Main reasons for this are around senior management change costs and increased costs of dealing with the advertising cases. These negative variances are offset by lower costs on PCC, as case volumes have been lower than budgeted.

The forecast outturn for 2018 is now at a deficit of £370k, which is higher than the approved deficit of £183k by £188k. The YTD variances feed through to this increased deficit position. In addition, the costs of business process and It reviews, as well as additional support for the advertising cases work (all discussed and agreed at the July Council meeting) have increased the forecast deficit. Therefore, the underlying forecast performance is in line with the original budget for 2018.

July 2018 Figures

<table>
<thead>
<tr>
<th></th>
<th>Month</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Forecast</td>
</tr>
<tr>
<td>Expenditure</td>
<td>Core</td>
<td>300,168</td>
<td>217,581</td>
<td>-182,606</td>
<td>786,426</td>
<td>584,583</td>
<td>201,903</td>
</tr>
<tr>
<td></td>
<td>Governance</td>
<td>10,755</td>
<td>18,617</td>
<td>7,862</td>
<td>87,801</td>
<td>96,889</td>
<td>9,088</td>
</tr>
<tr>
<td></td>
<td>Fitness to Practice</td>
<td>105,767</td>
<td>110,938</td>
<td>4,471</td>
<td>657,639</td>
<td>750,694</td>
<td>93,059</td>
</tr>
<tr>
<td></td>
<td>Education &amp; Registration</td>
<td>22,741</td>
<td>23,777</td>
<td>1,036</td>
<td>193,034</td>
<td>201,484</td>
<td>8,450</td>
</tr>
<tr>
<td></td>
<td>Surplus/Deficit</td>
<td>408,033</td>
<td>221,713</td>
<td>-186,320</td>
<td>833,088</td>
<td>970,984</td>
<td>-137,996</td>
</tr>
</tbody>
</table>

25
## Analysis of Major YTD Variances

Narratives for positive and negative YTD variances above £10k are outlined below.

### Income

<table>
<thead>
<tr>
<th>Item</th>
<th>Variance</th>
<th>Management action/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income</td>
<td>- £42k</td>
<td>A review meeting was held with Cazenove (investment managers) on 22 August. Performance for the year has been difficult, but the long-term portfolio performance is still above benchmarks. The investment policy will need to be reviewed after the financial strategy is approved in December. With the current economic climate unlikely to change significantly through the rest of 2018, it is unlikely that this income line will improve over the remaining 5 months.</td>
</tr>
<tr>
<td>TOC Income</td>
<td>- £14k</td>
<td>From known volumes of bookings for Test of Competence exams, this income line will not improve in 2018.</td>
</tr>
</tbody>
</table>

### Expenditure – Core

<table>
<thead>
<tr>
<th>Item</th>
<th>Variance</th>
<th>Management action/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Team</td>
<td>- £135k</td>
<td>The majority of the variance on this line is due to the changes that have taken place in the senior team, which have been discussed and approved by Council.</td>
</tr>
<tr>
<td>Office costs</td>
<td>- £16k</td>
<td>Extra, unbudgeted rent and service charge on Wicklow Street, as we had to stay in the offices for longer than was planned.</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>- £70k</td>
<td>Legal fees in connection with senior staff changes and a significant data subject access request.</td>
</tr>
</tbody>
</table>

### Expenditure – Governance

<table>
<thead>
<tr>
<th>Item</th>
<th>Variance</th>
<th>Management action/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>N/A</td>
<td>None</td>
</tr>
</tbody>
</table>

### Expenditure – Fitness to Practice

<table>
<thead>
<tr>
<th>Item</th>
<th>Variance</th>
<th>Management action/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Cases</td>
<td>- £46k</td>
<td>Higher expert advice and legal costs are the main differences in this area. These were expected and set out in the paper to Council in July 2018, as the pace of dealing with the cases needed to faster.</td>
</tr>
<tr>
<td>PCC costs</td>
<td>+ £151k</td>
<td>Volumes of cases are lower in 2018 than had been budgeted. This saving is likely to map through for the rest of the year, and may even be higher.</td>
</tr>
<tr>
<td>IC costs</td>
<td>- £15k</td>
<td>The difference here is to do with a higher than budgeted cost on independent professional opinions.</td>
</tr>
</tbody>
</table>

### Expenditure – Education & Registration

<table>
<thead>
<tr>
<th>Item</th>
<th>Variance</th>
<th>Management action/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test of Competence</td>
<td>+ £10k</td>
<td>As mentioned in the income analysis, volumes of people taking ToC exams is much lower than expected, therefore there have been cost savings so far this year. This is expected to continue for rest of year and will be an area of saving at year end.</td>
</tr>
</tbody>
</table>
To: General Chiropractic Council
From: Tricia McGregor, Interim CER
Subject: Performance Report and business plan update
Date: 13th September 2018

1. Purpose

The purpose of the report is to present to Council the performance report and business plan update covering the period to 31st August 2018.

Items in the business plan update that are in progress are colour coded orange. There are no red rated items.

2. Action required

Council is asked to note the report and progress being made in progressing the business plan.

3. Financial implications

There are no financial implications arising from this paper

4. Legal Implications

There are no legal implications arising from this paper

5. Risk Implications

There are no risk implications arising from this paper

6. Equality Implications

There are no equality implications arising from this paper

7. Communications Implications

There are no communications implications arising from this paper
Performance Management and monitoring of the business plan

September 2018

Prepared by the Business Information Officer
Key Performance Indicators (reported by exception)

<table>
<thead>
<tr>
<th>Fitness to Practise</th>
<th>Status</th>
<th>Exception Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine IC cases within a median target of 28 weeks from receipt of the complaint to determination by the IC.</td>
<td>Actual rate</td>
<td>The median target for cases determined by the IC for the last 12 months is <strong>26 weeks</strong>. This follows on from the reduction in previous reports. The KPI is now being met and is shown for reference only as this has been reported for some time. The mean of IC cases for the same period is 30 weeks.</td>
</tr>
</tbody>
</table>

Investigating Committee (IC) caseload

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases b/f (at 1st of the month)</td>
<td>38</td>
<td>41</td>
<td>41</td>
<td>42</td>
<td>33</td>
<td>30</td>
<td>28</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Number of new cases in month</td>
<td>7</td>
<td>6</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>2</td>
<td><strong>35</strong></td>
</tr>
<tr>
<td>Number of cases determined in period</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td><strong>41</strong></td>
</tr>
<tr>
<td>Number c/f (at the end of the month)</td>
<td>41</td>
<td>41</td>
<td>42</td>
<td>33</td>
<td>30</td>
<td>28</td>
<td>35</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>% cumulative change in caseload since start of year</td>
<td>+8%</td>
<td>+8%</td>
<td>+11%</td>
<td>-13%</td>
<td>-21%</td>
<td>-26%</td>
<td>-8%</td>
<td>-16%</td>
<td>-16%</td>
</tr>
<tr>
<td>Number of IC days</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td></td>
<td><strong>14</strong></td>
</tr>
<tr>
<td>Total Cases Considered</td>
<td>4</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td><strong>46</strong></td>
</tr>
</tbody>
</table>
Current IC open cases

<table>
<thead>
<tr>
<th>Length of open cases</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 4 months</td>
<td>14</td>
<td>44%</td>
</tr>
<tr>
<td>Within 6 months</td>
<td>7</td>
<td>22%</td>
</tr>
<tr>
<td>Within 9 months</td>
<td>6</td>
<td>19%</td>
</tr>
<tr>
<td>9 + months</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>32</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

IC DETERMINATIONS in 2018

There have been 41 determinations in the first 8 months of 2018.

Of these, 34 cases were determined as a no case to answer. There were 7 referrals to the Professional Conduct Committee which represents a referral rate of 17%.

<table>
<thead>
<tr>
<th></th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCTA</td>
<td>34</td>
</tr>
<tr>
<td>PCC</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>
## Professional Conduct Committee (PCC) caseload

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PCC cases b/f</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>New Referrals from the IC</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>PCC Cases Closed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Cumulative PCC</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Cases c/f</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>% cumulative change in caseload since start of year</td>
<td>+11%</td>
<td>+22%</td>
<td>+11%</td>
<td>+11%</td>
<td>0%</td>
<td>-11%</td>
<td>-11%</td>
<td>0%</td>
</tr>
<tr>
<td>Activity ongoing or to be initiated in Quarter 1</td>
<td>Progress/ delivery measures</td>
<td>Estimated initiation by quarter</td>
<td>Estimated completion by quarter</td>
<td>Inter-dependencies with other GCC activity</td>
<td>SMT member accountable for delivery</td>
<td>RAG rating</td>
<td>Comments re amber/red status including mitigations put in place</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Publication of Graduate Preparedness for Practice research report</td>
<td>Publication of report and subsequent discussion with education providers (Education Committee)</td>
<td>Quarter 1 2018</td>
<td>Quarter 1 2018</td>
<td>none</td>
<td>PB</td>
<td>Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing guidance for continuing fitness to practise, based on outcomes of pilot study</td>
<td>Publication of guidance and subsequent consideration of feedback</td>
<td>Quarter 1 2018</td>
<td>Quarter 3 2019</td>
<td>None</td>
<td>PB</td>
<td>Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of registrations processes to check compliance with legal requirements, good practice and efficiency, and report on recommended actions</td>
<td>Report to Council on any significant changes recommended to be made to the registrations processes. Guidance to be published on the website once finalised, and its publication highlighted to registrants, professional associations (and applicants for registration).</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>May have implications for GDPR review and IT strategic review. Important to complete by end Quarter 2 in order to tie in with workload pressures for registrations team.</td>
<td>CER and PB</td>
<td></td>
<td>Review of registration processes is scheduled for a full business process review in Q4.</td>
<td></td>
</tr>
<tr>
<td>Development of further guidance about how we reach registrations decisions (e.g. in relation to English language).</td>
<td>Guidance to be published on the website once finalised, and its publication highlighted to registrants, professional associations (and applicants for registration).</td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Additional areas for development of guidance likely to emerge from review of registrations processes</td>
<td>CER and PB</td>
<td>Guidance completed. Ready for dissemination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of 2 new UK chiropractic education programmes (AECC and LSBU)</td>
<td>Education Committee advises Council on whether/not to recognise each programme</td>
<td>Already underway-submissions received in 2017.</td>
<td>Quarter 3 2018</td>
<td>none</td>
<td>PB</td>
<td>Completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>Description</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>Quarter 3 2018</td>
<td>Quarter 4 2018</td>
<td>Progress</td>
<td>Notes</td>
<td></td>
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<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
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<tr>
<td>Revision of guidance for education providers and students concerning student fitness to practise and student health and disability</td>
<td>Publication of guidance and consideration by the Education Committee of feedback received about its impact on providers/students.</td>
<td>Already initiated and progressing</td>
<td>Quarter 4 2018</td>
<td>none</td>
<td>PB</td>
<td>Completed</td>
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<tr>
<td>Upgrade to Registrations database, to support registrants’ use of online services</td>
<td>Report to Council on successful completion of work, and communication about it to the profession. Any feedback received from registrants to be reported to Council later in 2018.</td>
<td>Quarter 1 2018</td>
<td>Quarter 1 2018</td>
<td>IT Strategic review</td>
<td>PG</td>
<td>Completed</td>
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<tr>
<td>Implementation of external advice on FTP processes already received including: finalisation of Investigating Committee Guidance document and revision of FTP team procedures manual</td>
<td>Investigating Committee members and others to be consulted about key aspects of draft Guidance. Investigating Committee Guidance document to be considered by Council prior to finalisation. Report to Council on completion of revision to manual and any significant changes made.</td>
<td>Quarter 1 2018</td>
<td>Quarter 3 2018</td>
<td>Impact on ongoing investigations will need to be carefully considered. Amendment to policies agreed by Council in 2015 around investigation of allegations may be required, in light of the external advice received.</td>
<td>RH</td>
<td>Project plan in development. Review in progress and detailed business process review planned.</td>
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<tr>
<td>Maintenance/improvement of performance against investigations KPI</td>
<td>Performance against the KPI is reported to Council each quarter as part of the performance report.</td>
<td>Quarter 1 2018</td>
<td>Quarter 3 2018</td>
<td>Work on advertising cases and implementation of process changes may impact on staff time available to improve performance against the KPI.</td>
<td>PG</td>
<td>No project plan required as this falls within the remit of the Audit Committee to monitor. Progress reported in the quarterly Performance Reports to Council.</td>
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<tr>
<td>Revision of Disclosure Policy (to take account of GDPR)</td>
<td>Report to Council on changes recommended to the current Policy. Publication of revised Policy on the website</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>GDPR compliance review</td>
<td>PG</td>
<td>Consultation planned end Sept/Oct.</td>
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<td>Task</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Task</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
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<tr>
<td>Review of all processes to establish GDPR compliance</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Revision of Disclosure Policy</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Revision of Disclosure Policy</td>
<td></td>
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<tr>
<td>Report to Council on recommendations for changes to processes, timescale for implementation, and anticipated impact.</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Review of registrations and other processes</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Review of registrations and other processes</td>
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<td>Quarter 2 2018</td>
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<td>Quarter 2 2018</td>
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<td>Quarter 2 2018</td>
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<td>(end)</td>
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<td>Revision of Disclosure Policy</td>
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<td>Revision of Disclosure Policy</td>
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<tr>
<td>Revision of Disclosure Policy</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Quarter 2 2018</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018 (end)</td>
<td>Quarter 2 2018</td>
<td></td>
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<tr>
<td>Reporting to Council on progression of cases to conclusion at PCC hearings. Recruitment of additional registrant members for PCC, appointment of additional PCC panel chairs, and co-option of additional PCC lay members. Implementation of appraisal/development processes for PCC and CER</td>
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<tr>
<td>Appointment recommendation to be made to Council by Quarter 2 2018</td>
<td>Quarter 1 2018</td>
<td>Quarter 1/Quarter 2 2018</td>
<td>Reporting to Council on progression of cases to conclusion at PCC hearings. Recruitment of additional registrant members for PCC, appointment of additional PCC panel chairs, and co-option of additional PCC lay members. Implementation of appraisal/development processes for PCC and CER</td>
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<tr>
<td>Appointment of overall Chair of PCC and HC</td>
<td>Quarter 1 2018</td>
<td>Quarter 1/Quarter 2 2018</td>
<td>Reporting to Council on progression of cases to conclusion at PCC hearings. Recruitment of additional registrant members for PCC, appointment of additional PCC panel chairs, and co-option of additional PCC lay members. Implementation of appraisal/development processes for PCC and CER</td>
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<tr>
<td>CER</td>
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<td>Completed</td>
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<td>Completed</td>
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<tr>
<td>Publication of revised Indicative Sanctions Guidance for PCC and HC</td>
<td>Ongoing</td>
<td>Quarter 3</td>
<td>None</td>
<td>Ongoing</td>
<td>Quarter 3</td>
<td>None</td>
<td></td>
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<tr>
<td>Council to consider document at end of (current) public consultation, prior to finalisation. Finalised Guidance to be published on the website and communicated to all relevant stakeholders.</td>
<td>Ongoing</td>
<td>Quarter 3</td>
<td>None</td>
<td>Ongoing</td>
<td>Quarter 3</td>
<td>None</td>
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<tr>
<td>CER</td>
<td></td>
<td></td>
<td>Completed</td>
<td></td>
<td></td>
<td>Completed</td>
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<tr>
<td>Planning effectively for the office move.</td>
<td>Activities reported to Council quarterly. Significant developments reported to Chair of Council in the interim.</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>n/a</td>
<td>CER and PG</td>
<td>Completed</td>
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<tr>
<td>Tender for provision of external legal services</td>
<td>Initial advice as to format of tender process to be obtained. Progress on finalisation of tender process and timeframes to be reported to Council. Outcome of tender to be reported to Council</td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Maintenance of current progression of cases to conclusion at PCC hearings</td>
<td>CER and PG</td>
<td>On hold pending review of legal services requirements and procurement options.</td>
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</tr>
<tr>
<td>Review potential for cost savings in areas other than in relation to external legal services</td>
<td>Report to Council on any areas where potential cost savings are identified.</td>
<td>Quarter 1 2018</td>
<td>Quarter 4 2018</td>
<td>n/a</td>
<td>ALL SMT</td>
<td>Financial review in progress.</td>
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<tr>
<td>Embedding shared values and behaviours across the staff team</td>
<td>Activities and expected outcomes from it to be reported to Council. Competency framework to be developed will be essential for modernised job descriptions.</td>
<td>Ongoing</td>
<td>Quarter 4 2018</td>
<td>Work to strengthen capacity and capability of staff.</td>
<td>CER</td>
<td>Second workshop 'living our values' held. Council workshop on 12/10/18.</td>
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<tr>
<td>Preparation of Annual Report and Accounts</td>
<td>Reported to the Audit Committee and to Council</td>
<td>Quarter 1</td>
<td>Quarter 2</td>
<td>Day to day financial administration</td>
<td>PG</td>
<td>Completed.</td>
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<tr>
<td>Reporting on performance to the PSA</td>
<td>The Executive report to Council at each meeting will contain updates as to progress of the PSA performance review once the annual cycle begins. Audit Committee considers any action to be taken in respect of failure to meet any of the Standards of Good Regulation, as reported on by the PSA.</td>
<td>Quarter 1 2018</td>
<td>Quarter 2 2018</td>
<td>n/a</td>
<td>PG</td>
<td>Completed and met all PSA Standards</td>
<td></td>
<td></td>
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<tr>
<td>Finalising a strategy about the GCC’s role in “developing” the profession</td>
<td>Council working group to take forward development of the strategy. Strategy to be published and communicated to the profession and key interest groups.</td>
<td>Quarter 2 2018</td>
<td>Quarter 4 2018</td>
<td>Strategy in relation to use of investment funds</td>
<td>CER</td>
<td>CER has met with all professional associations and the RCC. A workshop/meeting is booked to jointly consider the development of the profession.</td>
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<tr>
<td>Progression of advertising caseload to Investigating Committee – increase to number of Committee meetings to accommodate increased workload:  · Committee members fees  · Legal Assessor fees  · Committee members expenses  · Expert reports  · 6-month administrator position</td>
<td>Majority of cases to be concluded by the Investigating Committee during 2018. Progress reported to Council as part of Executive Report each quarter.</td>
<td>Quarter 2 2018</td>
<td>Quarter 4 2018/Quarter 1 2019</td>
<td>May impact on rest of investigation caseload if not adequately resourced</td>
<td>PG</td>
<td>Revised project plan agreed with Council in June is on target.</td>
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<td>Task Description</td>
<td>Status</td>
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<tr>
<td>Redevelopment of senior FTP team lead role – including effective management of external legal suppliers and provision of legal advice internally across all functions. Recruitment</td>
<td>Interim Head of FtP in place pending wide review of processes and structures</td>
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<tr>
<td>Focused FTP audits</td>
<td>A targeted FTP audit was carried out as requested by the Audit Committee in February 2018 and reported to them on 31 May 2018. An update is included in the Sept CER report.</td>
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<tr>
<td>Reappointment process for 1 registrant Council member</td>
<td>Completed.</td>
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<tr>
<td>Appointment process for 1 registrant Council member vacancy</td>
<td>Privy Council has confirmed the GCC can run with one or more vacancies, so this project is no longer required during 2018.</td>
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<tr>
<td>Periodic review and updating of Governance Manual</td>
<td>Governance manual will be updated as required as 2018 work plan progresses.</td>
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<tr>
<td>Planning for implementation of previously developed PCC and HC appraisal/development processes, involving overall Chair of PCC and HC</td>
<td>Report to Council by Quarter 4 2018 on outcome of planning process.</td>
<td>Quarter 2 2018</td>
<td>Quarter 4 2018</td>
<td>See above</td>
<td>PG</td>
<td>CER/PCC Chair meeting held to agree approach for Q3&amp;Q4. Work has commenced led by PCC Chair.</td>
<td></td>
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<tr>
<td>Implemention of redeveloped appraisal/development processes – additional fees for Chair’s time and expenses.</td>
<td>Report to Council on progress in implementation at end of 2018</td>
<td>Quarter 4 2018</td>
<td>Ongoing</td>
<td>See above</td>
<td>PG</td>
<td>Included in the budget.</td>
<td></td>
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<tr>
<td>Appointment of additional registrant PCC members</td>
<td>Recommendation of candidates to Council, following recruitment process (managed in-house).</td>
<td>Quarter 2 2018</td>
<td>Quarter 3 2018</td>
<td>Failure to do this would impact on ability to maintain progress of PCC hearings. PCC Chair appointment must be made first.</td>
<td>PG</td>
<td>CER/PCC Chair meeting held to agree approach Q3&amp;Q4. Plan to co-opt members whilst fuller review of requirements takes place.</td>
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<tr>
<td>Co-option of additional lay PCC members (e.g. from adjudicating panels at other regulators in the sector)</td>
<td>Proposal for co-opting additional lay members to be considered by Council Quarter 2. If proposal is approved, recommendation of candidates to be made to Council in Quarter 2/Quarter 3</td>
<td>Quarter 2 2018</td>
<td>Quarter 2/3 2018</td>
<td>If current lay members successfully apply to also be eligible to sit as chairs, that would diminish the lay pool – see below. PCC Chair appointment must be made first.</td>
<td>PG</td>
<td>CER/PCC Chair meeting held to agree approach Q3&amp;Q4. Work to co-opt members is commencing in September.</td>
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<tr>
<td>Appointment of additional PCC panel chairs from the current pool of lay PCC panellists (provided that Council agrees to remove the requirement for PCC panel chairs to be legally qualified, put in place in June 2014 on the erroneous basis that it would remove the requirement for a Legal Assessor to be present at PCC hearings)</td>
<td>Proposal to be considered by Council (Quarter 1/Quarter 2). If approved, recommendation of candidates to be made to Council by Quarter 3.</td>
<td>Quarter 2 2018</td>
<td>Quarter 3 2018</td>
<td>We anticipate some current lay PCC members applying to become panel chairs, if Council lifts the requirement for legal qualification. The overall PCC Chair should be involved in the selection process.</td>
<td>CER and PG</td>
<td>CER/PCC Chair meeting held to agree approach Q3&amp;Q4. PCC Chair reviewing options.</td>
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<tr>
<td>Work to strengthen capacity and capability of staff team – including review of job descriptions and staffing structure, alongside review of key policies e.g. rewards and remuneration</td>
<td>Council to receive reports at each meeting on the progress and outcomes of the work to review job descriptions and staffing structure once initiated. Remuneration Committee to consider key policies on reward and remuneration.</td>
<td>Quarter 2 2018</td>
<td>Quarter 4 2018</td>
<td>Implementation of any changes recommended from reviews in key functional areas</td>
<td>CER</td>
<td>All HR policies are being reviewed by end September. First stage role reviews are taking place alongside mid year appraisals.</td>
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<tr>
<td>IT Strategic review - Appointment of review supplier to be reported to Council, along with the scope of the work to be done. Progress to be reported at each Council meeting. Recommendations from review to be reported to and considered by Council, with a view to strengthening the functionality of the GCC’s systems for the future.</td>
<td>To provide recommendations to be used to improve the functionality of the GCC’s IT systems (and consistency of data held on them) for the benefit of both internal and external users.</td>
<td>Quarter 3 2018</td>
<td>Quarter 4 2018</td>
<td>Recommendations made in reviews of key functional areas e.g. registrations. Essential - current systems are impeding staff efficiency.</td>
<td>CER</td>
<td>IT review is in progress</td>
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<tr>
<td>Identifying opportunities to improve the efficiency of our processes by better use of technology.</td>
<td>Report to Council if any opportunities are identified separately from the IT strategic review.</td>
<td>To improve efficiency.</td>
<td>Quarter 4 2018</td>
<td>CER</td>
<td>This work is included in the business process review that has commenced.</td>
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<tr>
<td>Sourcing expertise (internal or external) to undertake communications/engagement improvement work (from 2019) in relation to: 'Tone of voice' review of correspondence and recommendations for change Introducing customer service standards Engagement with registrant, patient and education/accreditation stakeholders and others Effective use of stakeholder feedback Quality and accessibility of GCC reports (annual and other) Communications with registrants and members of the public</td>
<td>Report to Council on the scope of the work to be undertaken and the outcomes expected from each element of it. Council's approval to be sought of proposed methods of undertaking the work in late 2018/early 2019. Improving the quality and extent of the GCC's engagement and communications activity with its key stakeholders.</td>
<td>Quarter 3 2018</td>
<td>Quarter 4 2018</td>
<td>Work to develop capacity of staff team (including review of JDs and staffing structure)</td>
<td>CER</td>
<td>Communications and engagement review is in progress.</td>
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<tr>
<td>Task</td>
<td>Description</td>
<td>Frequency</td>
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<tr>
<td>Preparation of monthly newsletters and updating GCC website</td>
<td>Reporting not required as all Council members have access.</td>
<td>ongoing</td>
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<tr>
<td>Engagement with chiropractic, patient and educator stakeholders.</td>
<td>Reported on within the Executive report to Council, quarterly. Work with education providers also initiated by (and reported to) the Education Committee at its meetings.</td>
<td>ongoing</td>
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<tr>
<td>Dealing with enquiries/complaints about the GCC</td>
<td>Themes arising from enquiries/complaints to be reported to Audit Committee annually so that the Committee can ensure the Executive takes appropriate action.</td>
<td>ongoing</td>
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To: General Chiropractic Council

From: Tricia McGregor, Interim CER

Subject: GCC’s Strategy 2019 - 2023

Date: 7th September 2018

1. Purpose

The purpose of this paper is to set out the GCC’s strategic direction over the five year period 2019 – 2023 and to seek approval from Council.

2. Background

The healthcare and regulatory environment is subject to current and future change. A number of public reports indicate that regulation needs to reform. Feedback we receive indicates that the GCC could develop its role and its approaches.

We have undertaken a review of our current strategic statement 2018 – 2020 and have concluded that full refresh of our strategy is appropriate.

This work has been undertaken by the full staff team, and includes feedback from face to face meetings with professional associations and stakeholders.

3. Proposals

We are proposing a five year strategy as this allows sufficient time for meaningful change. We are intentionally setting out to be more proactive, engage and collaborate more, increase satisfaction with our services, deliver cultural and process improvements and support the development of the profession.

The strategic statement sets out four strategic aims each with a number of more detailed strategic objectives.

4. Action required

Council is asked to approve the context and approach being taken and the four strategic aims. Council is asked to discuss and shape the strategic objectives so that further work can be completed on these, including further engagement internally and externally.
5. **Financial implications**

There will be financial implications arising from this paper as the refreshed strategy will require a financial strategy and plan to support it. This work is in progress.

6. **Legal Implications**

There are no legal implications arising from this paper.

7. **Risk Implications**

There are risk implications arising from this paper. The refreshed strategy will be delivered in a period of wider system reform; will require the appropriate funding as well as staffing capacity and capability. Work on risk management is in progress.

8. **Equality Implications**

There are no equality implications arising from this paper.

9. **Communications Implications**

There are communications implications arising from this paper. The agreed strategy requires further engagement as it is finalised and once finalised it needs to be communicated effectively.
1. Context and approach

The regulatory and healthcare environment is changing. The Government’s consultation ‘Promoting professionalism, reforming regulation’, and the Professional Standards Authority consultation ‘Right touch reform’, will inform and develop the way we work. There have been a number of reports over the years with important recommendations for regulators.

Several common themes emerge that are relevant to the GCC’s strategy including:

- the concept of ‘right touch’ regulation based on a proper evaluation of risk, proportionality and a focus on outcomes
- the importance of regulators using their wealth of knowledge, experience and capacity as a regulator to approach patient safety from a wider, more holistic perspective
- the opportunity for regulators to place a higher priority on prevention, learning and support
- an increasing benefit to regulators of working, learning and sharing together.

We are also listening carefully to the formal and informal feedback we receive from the public, patients, registrants, professional associations and stakeholders. This tells us we need to do some things differently.

In response, our strategy intentionally sets out to:

- move to being less reactive and more proactive in our regulatory work
- increase our activity in enabling the development of the profession
- place stronger focus on engagement and collaborative working
- emphasise our commitment to ensure the public, patients, registrants, associations and stakeholders are satisfied with the service we provide
- deliver cultural improvement to the way we work alongside core regulatory process changes

To achieve this we are agreeing a five year strategy giving us the right amount of time to deliver meaningful change.

2. Our vision and purpose as a regulator

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

Our purpose as set out in The Health and Social Care (Safety and Quality) Act 2015 is to:

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

We also have a statutory duty set out in the Chiropractors Act (as amended), to “develop the profession of chiropractic”.

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3. Our strategic aims and objectives for 2019-2023

During 2019-2023 we will deliver on four key strategic aims. We will:

1. **Promote standards**
2. **Develop the profession**
3. **Investigate and act**
4. **Deliver value**

1. **We will promote standards** by strengthening our support and assurance of high quality education, professional standards and continuing professional development so that patients and the public are safe and have confidence in chiropractors.

2. **We will develop the profession** by enabling collaborative strategic development work and effective support to registrants so that chiropractors and professional associations are engaged and feel the benefits of registration and regulation.

3. **We will investigate and act** by taking right touch action on complaints, or where the title ‘chiropractor’ is misused or where registration standards are not met so that the public and patients are safe and protected and the profession is assured standards are being maintained.

4. **We will deliver value** by being a great place to work, by being collaborative and engaging, using financial and technological resources effectively, delivering on core standards and building our capability and agility so that the public, patients, registrants and stakeholders are confident the GCC adds value.

Each of our four aims is supported by a number of strategic objectives and these are set out below.

**Strategic aim 1:** We will **promote standards** by strengthening our support and assurance of high quality education, professional standards and continuing professional development so that patients and the public are safe and have confidence in chiropractors.

To achieve this, our strategic objectives are to:

a. enhance assurance approaches on the quality of education to reflect developments and best practice in education and healthcare.
b. support newly qualified practitioners’ transition into practice with greater involvement of registrants and the profession.
c. support those developing additional numbers of training places.
d. build our approach to CPD so that it supports professional reflection, learning, candour and feedback with peers and patients in line with best practice.
e. ensure our registration standards, and their application, are transparent and effective to the public, patients and registrants.
f. clearly promote to the public and patients that there is a safety benefit in using registered chiropractors.
g. keep under review our ethical and professional standards, working with other regulators to share best practice.

**Strategic aim 2:** We will **develop the profession** by facilitating collaborative strategic development work and effective support to registrants so that chiropractors and professional associations are engaged and feel the benefits of registration and regulation.
To achieve this, our strategic objectives are to:

a. facilitate collaborative work across the profession to develop a clearer identity for the profession, encourage further research and evidence based practice, support a culture of clinical governance and promote the value of chiropractic treatment.

b. assist the profession and education providers to address the strategic oversight of workforce and education in the longer term.

c. ensure chiropractors value the benefits of registration and regulation.

d. work with registrants to provide proactive, relevant support and guidance and promote shared learning.

e. support work across the profession to further equality and diversity.

Strategic objective 3: We will investigate and act by taking right touch action on complaints, or where the title ‘chiropractor’ is misused or where registration standards are not met so that the public and patients are safe and have confidence and the profession is assured standards are maintained.

To achieve this, our strategic objectives are to:

a. deliver a fitness to practise approach that is right touch.

b. share our learning and intelligence, acting jointly with others to deliver guidance/support as a preventative measure.

c. be explicit and strengthen our approach to protect the title ‘chiropractor’.

d. be explicit and strengthen our approach when registration standards are not met.

Strategic objective 4: We will deliver value by being a great place to work, using financial and technological resources effectively and building capability and agility so that the public, patients, registrants and stakeholders are confident the GCC adds value.

To achieve this, our strategic objectives are to:

a. be an employer of choice with a culture where staff feel engaged and valued

b. collaborate effectively built on strong, trusting relationships

c. engage and communicate meaningfully, demonstrating openness and transparency

d. meet the regulatory standards by which we are measured

e. achieve financial balance

f. make effective use of IT/digital technology to improve our efficiency and the experience for the public, patients, registrants and stakeholders

g. build the GCC’s capability in terms of knowledge, skills and capacity ensuring that we are agile in learning, responding and changing

h. develop performance measures that strengthen our governance, provide greater early insight and cover the full range of our work

Our strategic aims and objectives will be refreshed annually as a matter of course. We recognise they may also need to be reviewed at other times, in particular when the final outcome of the Government’s consultation ‘Promoting professionalism, reforming regulation’ is published.

Using the strategic aims and objectives as a template, an annual business plan will be agreed by Council. The delivery of the annual business plan and the strategic aims and objectives will be monitored and assured at each Council meeting using a range of metrics and measures.
To: General Chiropractic Council  
From: Steven Gould, Chair of the Remuneration Committee  
Subject: Terms of Reference – Remuneration and Human Resources Committee  
Date: 13th September

1. Purpose

The purpose of this paper is to seek Council’s agreement to the revised Terms of Reference.

2. Background

The GCC’s terms of reference for its Remuneration Committee provided for limited delegated powers with responsibility for setting:

- CER and director level pay
- Overall remuneration framework
- Remuneration for Council members and partners
- Expenses policies

The GCC’s current programme of development and its draft strategy includes being an employer of choice with an engaged and valued workforce. It is therefore appropriate to review the terms of reference to support this.

The revised terms of reference increase the scope of the committee to include broader oversight of HR policies and a broader oversight of pay and benefits. There is also the addition of the GCC chair as ex officio member.

It is also proposed that the committee revises its name to better reflect its remit.

3. Action required

Council is asked to approve the revised terms of reference.

4. Financial implications

There are no implications arising from this paper.

5. Legal Implications

There are no legal implications arising from this paper.

6. Risk Implications

There are no risk implications arising from this paper.

7. Equality Implications

There are no equality implications arising from this paper.

8. Communications Implications

There are no communications implications arising from this paper.
Remuneration and Human Resources Committee

Terms of Reference

The Remuneration Committee is a committee of the Council of the GCC. Its purpose is to support the Council in matters concerning remuneration policy for staff, GCC partners and Members of Council and to advise Council on issues related to the GCC’s people strategy.

The Remuneration Committee also has delegated powers from Council for decisions in specific areas, as set out below.

1. Responsibilities in support of the Council

   1.1. At the appointment of a new Chief Executive and Registrar, the Committee is responsible for proposing to Council the remuneration, benefits and terms of service which will apply.

   1.2. For the appointment of new members of the senior management team (SMT), the Committee will provide assurance to Council that the roles have been effectively benchmarked before authorisation of the CER’s remuneration recommendation.

   1.3. The Committee will ensure that the GCC has an overarching people strategy. This must include the GCC’s approach to remuneration, reward and benefits and be taken to Council for approval. The people strategy should be reviewed/refreshed annually in line with any changes to the GCC’s overarching strategy.

2. Under delegated powers from Council, the Remuneration Committee will determine:

   2.1. The annual review of the CER’s remuneration, taking account of the performance review carried out by the Chair.

   2.2. The starting remuneration of new members of the SMT, in response to a proposal from the CER.

   2.3. The annual review and settlement of remuneration for members of the SMT, taking account of the recommendations of the CER and the performance reviews.

   2.4. The overall pay framework for the remainder of the GCC’s employees. This will take into account any job evaluation structure and the relationship of performance to pay as well as other elements of total reward benefits including pension, health cover and any other benefits.

   2.5. Approval of any financial settlement related to termination of an employment. For the CER this would be following a proposal from the Chair. For all other staff it would be following a proposal by the CER.

   2.6. Approval of all new HR policies and revisions to policies that alter terms and conditions/benefits as proposed by the CER to include (though not limited to) health and safety, inclusion and diversity, performance review, sickness absence, training and development.

   2.7. Routine changes to policies on matters of practical process or updating to comply with changes in guidance or law should be noted by the committee for information.
2.8. In carrying out the above, the Committee will have regard to:

- The GCC’s overarching strategy and its people strategy, including the approach to remuneration, reward and benefits.
- Remuneration and other trends and policies across other regulators both in health and more generally and will consider the scope and scale of role responsibility.
- The need to recruit and retain staff of an appropriate quality to deliver Council’s plan effectively.
- The overall financial plan of the GCC and Council’s view of affordability in any given year.

3. Responsibilities relating to non-executives

3.1. Supporting the Chair and Council in matters to do with development and succession planning. This includes reviewing the skill mix of Council members prior to any new appointment or reappointment process and advising on the framework of annual reviews of non-executives.

3.2. Reviewing and, where appropriate, proposing changes to the remuneration policies for Council Members and GCC “Partners” (Partners comprise all independent committee members and chairs, legal and medical assessors, Test of Competence assessors and education visitors).

3.3. Addressing any other matter referred to it by Council.

4. Under delegated powers from Council the Remuneration Committee will:

4.1. Approve the expenses policies for GCC staff, Council Members and Partners.

5. Composition, frequency and Reporting

5.1. The Committee is accountable to Council. The committee will comprise at least four members and no more than five. The members and the Chair shall be appointed on the recommendation of the Chair of Council. The Chair of Council is ex-officio a member of the Committee but must not be appointed as the Chair.

5.2. The Committee must include one registrant, one lay member and an independent member who will be selected because of their expertise in this area of work.

5.3. Meetings will be quorate if attended by a minimum of two Council members and the independent member. Meetings may be held in person or remotely.

5.4. The Chief Executive or his/her nominee will act as the Secretary to the Committee which will meet at least twice a year.

5.5. The Chair of the Remuneration Committee will report to Council following each meeting. The Committee will present an annual written report to Council both on its activities and on the effectiveness of those aspects of GCC business for which it has responsibility. This report will not include any information on individual remuneration. He/she may use this report to highlight any issues the Committee considers require further work and/or potential changes in policy. He/she may also raise issues with Council at any other time if the Committee consider them to be urgent.
To: General Chiropractic Council
From: Tricia McGregor, Interim CER
Subject: Risk Management Policy and Risk Tolerance Statement
Date: 13th September 2018

1. Background

A significant amount of work has been completed this year on reviewing the GCC’s approach to risk management. The Audit and Risk Committee has been overseeing this work. In June, Council met in private to review and agree a revised risk management approach and register.

Further work has now taken place to draft a risk management policy and tolerance statement. The Audit and Risk Committee has been involved in shaping this work. This final draft has the support of the Committee and is recommended to Council for approval.

2. Action required

Council is asked to approve the Risk management policy and risk tolerance statement.

3. Financial implications

There are no financial implications arising from this paper

4. Legal Implications

There are no legal implications arising from this paper

5. Risk Implications

There are risk implications arising from this paper. The new policy and statement strengthens the GCC’s approach to risk. It creates a framework to monitor, challenge and assure the management of risk both strategically and within day to day operations.

6. Equality Implications

There are no equality implications arising from this paper

7. Communications Implications

There are communications implications arising from this paper. It is important that the revised approach is shared internally and used as part of day to day business. This builds a stronger culture of risk assessment and management. Including the revised approach in the public Council meeting also communicates to a wider audience that the GCC has a clear approach to risk management and tolerance.
Risk Management Policy and Risk Tolerance Statement

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

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

a. To protect, promote and maintain the health, safety and well-being of the public;

b. To promote and maintain public confidence in the profession of chiropractic;

c. To promote and maintain proper professional standards and conduct for members of the chiropractic profession.

As a statutory body the GCC seeks to balance opportunities to innovate and improve with our responsibilities in terms of accountability, propriety and value for money. There is a balance between the natural risk aversion of regulation and the opportunities that innovation and development bring.

Accountability and risk

The GCC has a governance framework within which risk is managed. The governance framework maintains internal control to support the organisation to achieve its aims and objectives. This framework includes the Council itself and the committee structures, internal and external audit, performance reporting and risk registers.

The ownership and management of risk is the responsibility of Council, its committees, the senior management team and staff, as well as GCC partners.

Council holds the overarching and ultimate responsibility for risk and assurance in the GCC. To do this it:

- Ensures there is an effective programme for managing all types of risk via a broad range of assurance.
- Sets risk tolerance and organisational culture.
- Analyses the environment and agrees risks to strategic objectives.
- Seeks assurance that appropriate audit, control and assurance systems are in place and holds the Chief Executive to account for risk mitigation.
- Completes a full review of risk at least annually in the context of the annual strategy review and business planning cycle.
- Receives a report on strategic risks from the Audit Committee three times a year.
- Receives a report at every Council meeting regarding risks rated red.
Receives an annual report from the Audit Committee reviewing its work to give assurance to Council as to the efficacy of the risk management systems and processes.

The **Audit and Risk Committee** holds delegated authority from Council for the oversight and assurance of the risk management strategy. It is the overarching committee with responsibility for the overseeing, recording and reporting of key strategic risks and assurances by CER/senior team. The Committee:

- Reviews the GCC’s Strategic Risk Register and report to Council any significant changes to the Risk Register.
- Keep under review and advise Council about the effectiveness of the assurance systems in place within the organisation for the identification and management of risks.
- Presents the Strategic Risk Register to Council three times a year.
- Will, at every meeting of Council, report to Council every risk scoring over 15 on the Risk Register.

The **Chief Executive and Registrar (CER)** holds overall accountability and responsibility for delivery of the strategy and the associated risk management system of control. The CER:

- Leads the review and assurance of the risk register at senior management meetings, ensuring that new or changed risks are communicated to the Audit Committee in a timely fashion.
- Ensures overall mitigation is in place.
- Presents the risk register at each Audit Committee meeting and provides substantiation for the mitigating actions which have been agreed.
- Supports the Council in the annual review of strategic risks in the light of the new business plan.

The **Senior Managers** are collectively responsible for the delivery of the strategy and management of risks, with additional specific responsibilities according to service area. The Senior Managers therefore:

- Provide evidence of sound risk management and review and update the strategic risk register.
- Identify strategic and operational risk, ensuring mitigations are appropriate and executed in a timely fashion.
All **Staff** are accountable for their own working practices. They are responsible for following the GCC’s risk management processes e.g. identifying operational risks, reporting incidents, taking reasonable care for safety of self/ others. They monitor operational risks in team meetings and in day to day work and escalate as required.

All **Partners** are responsible for their own working practices and for following the GCC’s risk management processes where appropriate e.g. identifying risks, reporting incidents, taking reasonable care for safety of self and others.

**The Risk Register**

The GCC uses a **standard risk rating matrix** as set out in Appendix A. This identifies how a risk can be scored for both its impact and likelihood of occurrence. The GCC’s scoring approach is to place additional emphasis on the impact of risk. The scoring calculation in use is as follows:

\[(\text{Likelihood} \times \text{Impact}) + \text{Impact}\]

Risks will be collated onto a **standard risk register template** as set out in Appendix B. Strategic and operational risks will be collated into separate risk registers.

These processes enable the GCC to:

- Identify relevant risks.
- Analyse them for impact and likelihood.
- Profile risks according to the score pre and post mitigation.
- Prioritise actions towards those risks with the highest post mitigation (residual) scores.
- Ensure actions and controls are identified to manage risk.
- Assign a responsible owner to the rated risks.

**Risk Appetite and Tolerance**

In seeking to maintain a balance between mitigation of risk and the desire to seize opportunities, it is important to define the GCC’s risk appetite and tolerance. This provides direction and boundaries on the risk that can be accepted at various levels and activities within the organisation. It guides the GCC in decisions related to the costs of mitigation and priorities for risk management.

**Defining the GCC's risk appetite**

The GCC has defined its risk appetite/tolerance to assist with:

a. Managing risks on the risk register – the risk appetite/tolerance may assist in determining the level of effort or resource that could be committed to mitigation.
b. Conducting day to day business – it is helpful for staff and the senior team to consider risk appetite/tolerance as they deliver the GCC’s core business.

c. Strategic planning – it is important to set and deliver strategic plans, including the level of ambition and innovation, in the context of risk appetite and tolerance.

d. When defining the GCC’s risk appetite, a number of factors need to be considered, including the perceived impact that a materialised risk would have on:
   - the delivery of statutory duties and other operational processes;
   - assets (whether financial, physical or informational); and
   - reputation.

The cost and benefits of taking mitigating actions must also be taken into account.

The GCC, although a small organisation, is involved in a wide range of activities and therefore does not have a generic risk tolerance. In some areas, particularly in regard to the protection of the public, the GCC must be more risk averse. In other areas, where the GCC’s strategy is to be more forward looking and to modernise its work in line with government policy, it would expect to be more willing to tolerate risk to achieve the outcome of public protection.

For the different types of activity the risk tolerance levels have been identified as:

1. Averse – preference for ultra-safe options that are low or no-risk.

2. Conservative – preference for safe options that have a low degree of risk.

3. Willing – eager to be innovative and to choose options offering potentially improved outcomes, despite greater inherent risk.

The GCC has a number of core areas of activity and for each it has identified types and levels of risk appetite.

a. Maintenance of the register

The integrity of the Register is at the core of our regulatory functions. In matters relating to the addition and removal of registrants, maintenance of data quality and availability of the register to the public, the GCC is risk averse.

With regard to the introduction of new systems and processes for registration, the GCC’s normal approach is to be conservative but willing to tolerate risk in circumstances where the integrity of the Register itself is not threatened.

b. Fitness to practise and protection of title

The GCC’s fitness to practise processes provides assurance to the public that their concerns and complaints are dealt with appropriately, and they are also key to protecting the public from harm. The GCC’s approach to the delivery of our fitness to
practise function is risk averse.

The GCC seeks to be innovative and proportionate in how it operates the fitness to practise process, but working within a framework of statutory rules and case law means we must take a conservative approach to risk.

Protection of title actions are subject to a more discretionary approach than fitness to practice and depend on more analysis of the costs and benefits of individual cases. This is an area where the GCC considers itself to be willing to tolerate risk in taking action to protect the integrity of the register.

c. Maintenance of educational and practice standards

While the maintenance of educational and practice standards is an area of central importance to the GCC, it is prepared to take considered risks in how these are developed and improved, particularly where a partnership approach is required. A risk averse approach from the GCC might be considered overly constraining on chiropractic educational institutions, professional groups and others who are seeking to innovate or develop practice, and thus limit public protection.

However, within the context of public protection, there must be a balance between innovation and the maintenance of high standards, and therefore in this area the GCC would consider itself to have a conservative to willing approach to risk, particularly willing when improved outcomes can be identified.

d. Developmental activities

The developmental activities of the GCC are not statutorily defined. Activities in this area, while having a potentially positive impact on patients and the quality of chiropractic practice, are less likely to have any inherent risk to patients and the public. In this area of work the GCC is willing to tolerate risk.

e. Governance, finance and accountability

Public confidence in the GCC’s ability to undertake its statutory duties depends on high standards of propriety, financial conduct and governance. In all of these areas it is risk averse.

f. Service delivery and internal systems.

As an organisation the GCC strives to deliver a high standard of customer service and to operate effective internal systems.

While it seeks to be innovative in its approach, the role as a regulator leads it to a conservative approach to risk in these areas. The GCC is willing to tolerate risk in circumstances where the delivery of public protection is not threatened or where clear benefits can be demonstrated.
Risk scoring matrices

Scoring formula:

**Likelihood x Impact + Impact**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Improbable</td>
<td>• Has not occurred before&lt;br&gt;• Has not occurred at other Regulatory bodies&lt;br&gt;• Extremely unlikely to occur (less than 10% chance)</td>
</tr>
<tr>
<td>2  Remote</td>
<td>• Remote risk but could happen within next 3 to 10 years&lt;br&gt;• Has not occurred at GCC but isolated cases have occurred at other Healthcare Regulators</td>
</tr>
<tr>
<td>3  Possible</td>
<td>• Could happen at least once every 1 to 3 years&lt;br&gt;• New circumstances with little data to indicate the likelihood of occurrence&lt;br&gt;• 50 / 50 chance of it happening</td>
</tr>
<tr>
<td>4  Probable</td>
<td>• More likely to happen than not&lt;br&gt;• Could occur within next 3 – 12 months&lt;br&gt;• Has occurred in the last five years&lt;br&gt;• Has occurred at some other Healthcare Regulator</td>
</tr>
<tr>
<td>5  Almost certain</td>
<td>• Has occurred in the last two years&lt;br&gt;• Has occurred at many other Healthcare Regulators&lt;br&gt;• More than an 80% chance of it happening&lt;br&gt;• Likely to happen within next three months or is occurring at present</td>
</tr>
<tr>
<td>Impact</td>
<td>Description</td>
</tr>
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<td>--------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **1 Insignificant** | - Negligible impact on achievement of service objectives/delivery  
- Negligible impact on delivery of project – slight slippage or reduction in quality/scope with no overall impact  
- Negligible financial impact  
- Limited impact on staff and culture  
- Minor legal/regulatory impact – no sanction or legal action likely  
- No damage to reputation or will not result in adverse media comment |
| **2 Minor** | - Moderate impact on service objectives/delivery - only partially achievable without additional time/resources  
- Some impact on project – slight slippage against targets  
- Likely to affect motivation of small groups of staff  
- Some legal/regulatory impact – could lead to warnings/threats of sanctions/ legal action  
- Some public embarrassment but no damage to reputation or standing in the community  
- Financial impact can be contained within budget |
| **3 Moderate** | - Service objectives/delivery not achievable without considerable additional time/resources  
- Moderate effect on project timetable and significant elements of scope or functionality may not be available  
- Moderate impact on staff motivation within particular service(s)  
- Significant legal/regulatory impact leading to reprimand, sanctions or legal action  
- Some public embarrassment leading to limited reputational damage (adverse local press) – short term impact  
- The financial impact cannot be contained within budget and needs additional resourcing. |
| **4 Major** | - Significant impact on achievement of service objectives/delivery even with additional resources  
- Failure to meet key project deadlines or project fails to meet needs of proportion of stakeholders  
- Significant impact on employee motivation generally  
- Serious legal/regulatory impact leading to sanctions or legal action with significant consequences  
- Loss of credibility and public confidence in the service / Council (of interest to the national press)  
- Significant financial impact (>£250,000) |
| **5 Disastrous** | - Unable to achieve corporate objective or prolonged closure/withdrawal of service  
- Major project’s viability jeopardised through delay or level of quality makes it effectively unusable  
- Severe impact on staff motivation generally, leading to dissatisfaction and industrial unrest  
- Major legal/regulatory impact leading to sanctions or legal action with substantial financial or other consequences  
- Highly damaging to reputation with immediate impact on public confidence  
- Severe financial impact |
<table>
<thead>
<tr>
<th>IMPACT</th>
<th>Insignificant</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Disastrous</th>
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<tr>
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<td>12</td>
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<tr>
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<td>12</td>
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<tr>
<td>Probable</td>
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<td>25</td>
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<tr>
<td>Certain</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>24</td>
<td>30</td>
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</table>

The table represents a risk assessment matrix with likelihood and impact ratings. The ratings range from Improbable to Certain and from Insignificant to Disastrous, with corresponding numerical values for each category.
Risk register template

<table>
<thead>
<tr>
<th>Risk ID no.</th>
<th>Risk Event</th>
<th>Risk Owner</th>
<th>Inherent Score</th>
<th>Controls in operation</th>
<th>Gaps in controls</th>
<th>Residual score</th>
<th>Further actions planned to reduce the risk to a tolerable level and progress to date</th>
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