**General Chiropractic Council**  
**Meeting Agenda**  
**23 September 2020 at 10.00**  
*Virtual Meeting (MS Teams)*

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

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<td>1.</td>
<td>Welcome, apologies and declarations of interest</td>
<td>Chair</td>
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| 2.   | A. Council Minutes of 25 June 2020  
   B. Matters Arising | To approve | Chair | CO200923-02  
   CO200923-02a | 10.05 | 2  
   9 |
| 3.   | Chair’s Report | To note | Chair | CO200923-03 | 10.15 | 10 |
| 4.   | Chief Executive & Registrar’s Report | To note | CER | CO200923-04 | 10.20 | 13 |
| 5.   | Fitness to Practise update | To note | D of FtP | CO200923-05 | 10.40 | 18 |
| 6.   | Finance Update 2020 | To note | D of CS | CO200923-06 | 10.50 | 46 |
| 7.   | Business Plan 2020 Performance Update | To note | BOPM | CO200923-07 | 11.00 | 56 |

**BREAK 11.15 (15 mins break)**

| 8.   | GCC Strategy 2019-2023: Business Plan 2021 (First draft) | To approve | CER | CO200923-08 | 11.30 | 65 |
| 9.   | Review of Equality & Diversity & Inclusion Arrangements | To discuss | D of Dev | CO200923-09 | 12.10 | 82 |
| 10.  | Update report from the Chair of the Education Committee (EC) | To note | Chair, EC | CO200923-10 | 12.25 | 87 |
| 11.  | Any Other Business | Chair | --- | 12.35 |

Close of meeting: 12.40
Minutes of the meeting of the General Chiropractic Council on 25 June 2020 by videoconference

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

Apologies
Ralph Pottie

In attendance
Nick Jones, Chief Executive and Registrar;  Richard Kavanagh, Business and Project Manager;
Penny Bance, Director of Development;  Nirupar Uddin, Director of Fitness to Practise Services;
Joe Omorodion, Director of Corporate Services;  Mary Nguyen, Committee Administrator
Angelica Stoichkov, Policy and Communications Officer

Observers
John Witt - Capsticks
Rebecca Moore - Professional Standards Authority (PSA)

1. **Apologies and declarations of interest**

The Chair opened the meeting by welcoming all Council members, observers and the newly appointed Director of Corporate Services and Committee Administrator to the meeting.

Apologies were received from Ralph Pottie.

No declarations of interest were made.

2. **Draft minutes of the Council meeting of 17 March 2020 and matters arising**

**A. Minutes** (CO200625-02)
Council agreed that the minutes were an accurate record of the meeting.

**B. Matters arising**
There were no matters arising.

3. **Chair’s report, April to June 2020**
| The Chair presented her report of activities since the meeting with Council in March 2020 (CO200625-03). The Chair noted that following a recruitment exercise the recommendation to the Privy Council for the appointment of two new registrant members of Council had been made and a response was awaited.  

The Chair commended the Chief Executive and Registrar for his leadership and the GCC team for their hard work and achievements further to the challenging environment and making the adjustment to home working.  

Council noted the Chair’s report. |
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<td><strong>4. Chief Executive and Registrar’s report</strong></td>
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| The Chief Executive and Registrar (CER) presented his report (CO200625-04), highlighting the business continuity arrangements in place following the impact of restrictions because of COVID-19. He drew attention to the regular communication to stakeholders throughout the period – observing feedback suggesting that some registrants had expectations of a more prescriptive tone.  

The CER also noted the initial assessment of activities that may be affected by restrictions has been adjusted, with virtually all statutory activities in place.  

Council was interested in the learning obtained in working from home, the health and wellbeing of staff and the role of the office and what it meant for conducting hearings and meetings in the future.  

The CER noted the initial priority was ensuring the safety of staff by moving to working from home; ensuring connectivity and access to core systems. Having achieved that the experience of conducting substantive hearings and the Test of Competence (ToC) virtually, amongst other things opportunities to rethink ways of working were opening.  

The CER also noted that alongside the easing of restrictions, a risk assessment of a return to the office environment was starting to be developed. The CER emphasised there would need to be a clear value for staff being in the office given the recent experience of the virtual environment.  

The Chair of the GCC Remuneration and Human Resource Committee (Steven Gould) noted, further to its informal meeting held on 3 June 2020, that matters in relation to staffing – workplace, travel to work, wellbeing and assessment of risk had been helpfully discussed. He further noted that these were not straightforward matters and would need revisiting from time to time as restrictions changed.  

Council noted that the tone of general communications from the GCC as regulator could be problematic in balancing the need to promote the importance of professional judgement and the, sometimes understandable, desire from some for clear instruction – and that it was satisfied that this balance had been successfully achieved. It was suggested that – possibly alongside the other regulatory bodies – that a document be produced for wider circulation on the respective roles of the regulator; professional associations; Department of Health and Social Care; and other parts of the health and care system - to further emphasise the core role of the regulator.  

Council observed that with court hearings and tribunals increasingly being held remotely around the world there would be an opportunity to learn best practice and |
to collaborate with other regulators to develop common processes. The CER welcomed further input in this regard to inform GCC developments.

The CER drew Council’s attention to the PSA’s invitation for feedback on its consultation in relation to Member recruitment and the requirement for anonymisation of information prior to shortlisting – with the intention of avoiding unconscious bias of the panel. Council noted that such an approach was standard and good practice – particular examples were given in the context of Northern Ireland. At the same time some concerns were raised that anonymisation may be a barrier to meeting diversity objectives as regards the composition of the Council. Council noted the process need not be time consuming and expensive, and that when preparing recruitment campaigns and advertising the GCC should communicate and encourage applications as early as possible to maximise the potential for applications from a range of backgrounds. The CER noted the comments and confirmed that a draft response to the consultation would be circulated to Members for comment.

Council noted the CER’s report.

5. A. Director of Fitness to Practise Report

The Director of Fitness to Practise (FtP) presented her report (CO200625-05) giving an update on the four key parts - a narrative to the Fitness to Practise dashboard; an update on COVID 19 on FtP processes and hearings deferral; progress with Electronic-service of documents; and proposed interim arrangements for the recruitment of Members to the Professional Conduct Committee (PCC).

Part A: In providing a narrative on the FtP dashboard, there was discussion regarding the median time of open cases, particularly cases rated as high/severe risk. It was highlighted that the median time of open cases had reduced from 29 to 23 weeks since Council’s meeting in March 2020. The Director of FtP noted this was a result of several high-profile cases that had been in the system for an extensive period being closed during the reporting period. Council members queried whether working from home had affected the ability to conduct the investigation of cases effectively and the team’s access to files. The Director of FtP reported there had been a slight delay in obtaining records from hospitals and GP’s due to the pandemic but that otherwise the progression of cases had been unaffected. The Director of FtP reassured Council that processes were in place to monitor open cases that were rated as severe/high risk by way of 2 weekly updates on the progress of cases to the Manager albeit cases that were rated as severe / high risk often took longer as they were more complex investigations and that those cases would be referred to the Investigation Committee (IC) promptly.

Council suggested the consideration of ‘stopping the clock’ where matters outside of the team’s control (such as obtaining a medical report from GP) affect overall timescales.

Action: The Director of FtP agreed to consider this proposal, as well as the possibility of adding some granularity on the progress of high-risk cases by way of further detail in the narrative report.

Council noted Part A of the report.

Part B: The Director of FtP reported that since the outbreak of COVID-19, meetings of the GCC Investigating Committee and some hearings (notably interim orders and review hearings) had been held using videoconference. In addition, it had been
agreed to hold a substantive hearing, previously adjourned, and which was also concluded using videoconference. It was also noted that a further eight out of 13 PCC substantive cases had been identified as potentially good candidates for such hearings. The team continue to explore how hearings potentially deemed unsuitable, for example due to case type or the involvement of vulnerable witnesses can also be held.

Council noted Part B of the report.

Council enquired how new members of staff who are less experienced adjusted to starting their role from home. The Director of FtP explained that the induction and bedding in period would be necessarily longer. However, the Investigation Manager had spent more time with new members of staff to help them understand processes and other ways of working. The Director of FtP also noted that aspects of induction and training, ordinarily carried out in the office (such as listening into how colleagues managed telephone calls from the public) had been affected – requiring a more protracted induction period.

Part C: The Director of FtP reminded Council that approval of the Council to the electronic-service of documents, and requiring an amendment to Rules of the Council, was sought in correspondence on 20 April 2020; and that in-principle approval had been provided. The Director of FtP noted the Department of Health and Social Care had subsequently advised that the order had been laid before Parliament and that as a result, as from 18 July 2020, the new order will be effective without further approval or action required unless a motion to reject it was made in Parliament.

Council formally approved the making of the General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020.

Part D: The Director of FtP indicated some concerns regarding the number of experienced PCC members due to reach the end of their term of office in May 2021. The Director of FtP noted that a recruitment exercise would begin imminently and that should that exercise be unsuccessful or partially successful, Council agree in principle to extend the terms of some members as appropriate. Council noted the ‘succession’ risk of the situation arising in the future, whereby a bulk of Members retire at the same time, with a resulting loss of experience. The Director of FtP undertook to ensure that as part of the recruitment process the end dates of the new members would be staggered.

Council noted the impending recruitment exercise to PCC and agreed in principle to the extension of five existing PCC members for a third term as necessary.

6. **Business Plan 2020 Update**

The Business and Project Manager presented an update on the business plan for 2020 (CO200625-06), noting that due to the consequences of COVID-19, a review of all projects had been undertaken to identify those projects which could continue from an operational feasibility perspective. The Business and Project Manager noted that of the overall programme of projects, it was proposed five projects be deferred, for completion in 2021.

Council acknowledged the reasoning and sought clarification on the impact of the deferral of the development of a case management system, particularly as regards the consequences of its delay on the team’s efficiency in progressing FtP matters.
The Director of FtP noted the team was managing to close investigation cases despite working from home with a priority on concluding them as quickly as possible. The Director of FtP also noted the case management system project would require extensive input from the team and taking into account an inexperienced team it would be difficult to balance investigation work at the same time as the team’s input necessary for successful software deployment.

Council emphasised the importance of not losing sight of long-term strategic goals, for example in maintaining student and public engagement.

Council **approved** the recommendation that five identified projects be deferred to 2021.

### 7. **Finance Update 2020**

The Director of Corporate Services presented the finance update report (CO200625-07).

**Performance in the period to 1 January – 31 May 2020**

The Director of Corporate Services noted that at the end of May 2020 a surplus of £55k compared with a budgeted deficit of £23k is reported. He noted this was achieved through a mix of the savings achieved in office running costs due to staff working from home and balanced against the over-spends in increased volume of hearings and PCC case-loads.

**Proposed forecast for the 2020 financial year**

The Director of Corporate Services noted the forecast surplus for the financial year 2020 was proposed at £28k (compared to the budgeted surplus for the year of £3k). The proposed forecast incorporated those projects agreed in the previous item as regards the now revised Business Plan for 2020.

In response to a question whether capital would need to be drawn from the investment portfolio, the Director of Corporate Services confirmed that this would not need to be considered currently.

The Director of Corporate Services noted that Council would return to the proposed forecast later in its private meeting.

Council **noted** the report with no further questions.

### 8. **Communications Update**

The Director of Development introduced Angelica Stoichkov as the GCC’s recently appointed Policy and Communications Officer.

The Director of Development presented the communications update report (CO200625-08), providing an overview of the activities and communications developed and published during the pandemic to a wide range of stakeholders.

The Director of Development noted the GCC had received and responded to many enquiries from registrants and the public seeking guidance, support and requesting action from the GCC on a broad range of matters. In common with other regulators it appeared that there was a misunderstanding about the role of a statutory regulator or a view that this role should include activities, such as sourcing PPE. It
was noted that communication had to be managed carefully to manage expectations and explain GCC’s role as a regulator.

The Director of Development noted that with the Policy and Communications Officer onboard, there had been work on increasing the GCC social media presence, particularly Twitter and LinkedIn which had seen an increase in followers. It was also noted the website would continue to be improved with the publishing of additional content including blogs, case studies and videos. There had been a high level of readership of the monthly newsletter and there would be further research to how we could streamline all communication channels and build on our engagement with students and patients/public.

Council noted the report and commended the Director of Development and the Policy and Communications Officer for their efforts throughout the pandemic.

9. **Review of the Strategic Plan**

   The CER presented the review of the GCC strategic plan 2019-2023 (CO200625-09). The CER noted that the Executive’s assessment of the GCC Strategic Plan was that it was a good framework and that enough progress is being made to ensure the intended outcomes will be achieved. The CER noted the Plan remains a challenging one; that the business plan achievements in 2019, and those to date in 2020, have been effective in realising the outcomes sought.

   Council agreed the current strategic plan remained fit for purpose and its continuation to enable business planning for 2021.

10. **Committee Chair update**

    **Audit and Risk Committee (ARC)**

   The Chair of the Audit and Risk Committee presented the highlights of the Committee’s meeting on 1 June 2020 (CO200625-10). The key points reported were that:
   - the ARC was pleased to see that the Strategic Risk Register was continuously updated;
   - a reminder to all that travel bookings should be made by Members in advance to reduce costs; and
   - a plan to mitigate the risk of data breaches in future was in place following thorough ‘lessons learned’ reviews.

   The Chair of ARC also reported on the tax and NI settlement liability to be made by the GCC to HRMC for the 2016/2017 – 2019/2020 tax years. The Chair of ARC confirmed that liability did not include consideration of the expenses for Members from Scotland, Wales and Northern Ireland given the statutory nature of those appointments.

   The Chair highlighted the recommendation that, in future, the ARC reviews the management accounts of the GCC at its meetings. The Chair of ARC identified that the rationale for doing so was to ensure the ARC had oversight of the financial position of the GCC during the year, such that its review of the audited accounts at the end of the financial year had more context.

   In discussion, Council emphasised its role as the decision maker as regards all expenditure decisions. The Chair of ARC agreed and assured Council that its role was oversight and assurance. The Director of Corporate Services also noted that
the management accounts report would continue to be circulated to the members of Council.

Finally, Council thanked the Committee for highlighting the importance of staff wellbeing, seeing this as a heightened strategic risk.

Council agreed to the inclusion of a review of the management accounts by the Audit and Risk Committee in its report to Council from September 2020.

| 11. | **Committee Chair update**  
**Education Committee**  
The Chair of the Education Committee presented her report to Council (CO200625-11).  
The Chair of the Education Committee thanked Council for its approval of programmes outside of Council meetings in order to allow time for seeking Privy Council approval, prior to the academic year commencing. The Chair of the Education Committee confirmed at the meeting that both the programmes for Teesside University and AECC University College has been granted approval by the Privy and would proceed in the new academic year - 2020.  
The Chair thanked the Education Committee and their Chair for its work.  
Council noted the report with no further questions. |
|---|---|
| 12. | **Any other business**  
The Chair announced the Director of Fitness to Practise was imminently taking maternity leave and expressed the Council’s best wishes for her continued health and safe delivery.  
The Chair noted, that after 8 years of loyal service, this was Julia (Joolie) Sayers last meeting of the Council. The Chair acknowledged Julia’s valuable contributions, hard work and support over the period. In particular, the Chair noted her service on the Remuneration and HR Committee and her involvement with the GCC culture and values work. The Chair wished Joolie well and hoped that she stays involved with the GCC in the future.  
**Date of next meeting: 23 September 2020**
**Agenda Item:** CO200923-02a  
**Subject:** Matters Arising from 25 June 2020  
**Presenter:** Mary Chapman, Chair GCC  
**Date:** 23 September 2020

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| CO-200625-05 | **FTP Report**  
Regarding the suggestion to ‘stopping the clock’ where matters outside of the team’s control affect overall timescales.  
**Action:** The Director of FTP agreed to consider this proposal, as well as the possibility of adding some granularity on the progress of high-risk cases by way of further detail in the narrative report | Completed – Agenda Item 5 (CO200923-05) |
1. Our meeting in June 2020 was our first since the lockdown restrictions were implemented in late March, and was a virtual meeting, as is this. I am grateful to Members for sharing their feedback on their experience of that meeting, which was mostly positive. There was a consensus around the financial and environmental benefits to virtual meetings and that the meeting papers were clear to inform decision-making. However, some felt it was more difficult to raise points spontaneously – an area we can improve on as we continue to run virtual meetings. It is important for us to ensure that the arrangements for meetings do not hinder the exercise of our governance responsibilities. To date, we seem to have been able to achieve that and I welcome any further suggestions. I am grateful to all those who have made particular efforts to lead other virtual meetings for our committees and to Members of Council who have attended staff virtual coffee mornings.

2. Currently, distancing requirements preclude us meeting as a Council in the GCC offices. We will keep our arrangements under review and take a decision as to our December 2020 meeting closer to the date.

3. We have seen restrictions easing and most clinics have reopened to patients with safety measures in place. The GCC, in line with other healthcare regulators, has published guidance to health and care professionals and the public providing a framework on ethical decision-making to maintain patient’s health and safety. It is a challenging time for the profession; the hard work of registrants is certainly acknowledged; and, as is clear from the report of the CER, we must prioritise our protection of the public duties and the emphasis of our guidance and advice is towards this outcome.

**Governance**

4. Following approval granted by the Privy Council in July 2020, I am pleased to report, following open competition, the appointment of Annie Newsam and Keith
Walker as registrant Council Members, with effect from 1 September 2020 for a period of four years. Annie will act as a member for Wales, providing succession to Gareth whose term of appointment comes to an end next year. Both bring substantial experience of the profession to the Council and their educational and research backgrounds will be highly valuable. They join us today for their first meeting.

5. For the record and following its consideration at Council in June 2020 I wrote, on 14 July 2020, to the President of the British Chiropractic Association (BCA), Catherine Quinn. This was further to the Association’s open letter to the GCC requesting assistance in relation to financial hardships faced by its Members as a consequence of the pandemic. My letter of response was published by the BCA in its weekly newsletter to Members on 17 July 2020. No further feedback from the BCA has been received.

Regulatory reform

6. Updates on the progress with regulatory reform have been a constant feature at Council for several years. At the last meeting of Council, the update indicated the slowing of pace, due primarily to key staff working on the policy being transferred to pandemic related activity.

7. Over the summer the Department for Health and Social Care (DHSC) has shifted from its previous position, which raises some concerns for us. Following the Government’s response to the 2017 consultation, in July 2019, the approach taken was of introducing a series of thematic orders to cover the legislation of all the regulators on the same time frame. However, in the light of difficulties with this approach identified by the DHSC and the impact of its re-prioritising resources to responding to the Covid-19 pandemic, a revised timetable is being developed. The probable consequence of the new approach, which gives precedence to the large regulators, is a delay to the reform proposals as they affect the GCC and the other smaller bodies.

8. As I have emphasised on a regular basis, the GCC has real difficulties with performing its current duties effectively, based on outdated legislation and rules. I have now raised our concerns as to the impact of this change in the implementation plan for regulatory reform with the Deputy Director of Professional Regulations branch at DHSC. Our position was understood and I received a degree of reassurance. It is likely however that further representations will be necessary.

Engagements

23rd July: Eleanor Poole, GCC Director of Fitness to Practise (Maternity Cover)
An introductory meeting to welcome Eleanor Poole to the GCC. Eleanor holds the post as Director of Fitness to Practise, maternity leave cover.

27th July: Ross McDonald, Scotland College Chiropractic Charitable Trust (SCCCT) Chair

The meeting was a welcome opportunity to meet with the leader of the Scottish Chiropractic Association and, through the SCCCT, the proposed new Chiropractic educational programme in Scotland to explore any barriers to the Education Committee’s consideration of the application.

30th July: Nick Jones, CER

Mid-year Review.

14th August: Annie Newsam, GCC Council Member (newly appointed)

An introductory meeting to welcome Annie Newsam to General Chiropractic Council.

25th August: Alan Clamp and Dame Glenys Stacey, PSA CEO and Chair

With the CER, a follow-up meeting with the CEO and recently appointed Chair of the Professional Standards Authority. Unfortunately, Dame Glenys gave apologies and the next day was appointed as Chair, Ofqual and resigned from her position at the PSA. The meeting was an opportunity to share perceptions of the revised implementation strategy for regulatory reform and to understand more about the PSA’s plans for improvements to their oversight regime.

3rd September: Keith Walker, GCC Council Member (newly appointed)

An introductory meeting to welcome Keith Walker to General Chiropractic Council.

4th September: Mark Bennett, Department of Health & Social Care Deputy Director

With the CER, an update meeting with the Deputy Director of the Professional Regulation branch for the DHSC to discuss the prospects for regulation reform, see above.

4th September: James Tickell, Campbell Tickell Partner

A telephone meeting with James Tickell, a partner at Campbell Tickell, to discuss his involvement in facilitating the Council’s Development Day on 24 September 2020.

Mary Chapman,
Chair, GCC
Summary

This regular report summarises key developments in the period since the last Council last met, on 25 June 2020.

Action required: For information.

COVID-19 – business continuity arrangements and engagement

1. Today’s papers for the Council meeting are an indication that whilst COVID-19 continues to affect us all, our business continuity arrangements ensure our core tasks have been maintained to a good standard.

2. There has been some impact on some of our business plan ambitions, with a deferral or delay to some items, albeit that is now correcting, and the paper on performance on the 2020 plan sets that out, and shows progress in pursuing our strategy.

3. Staff and Members continue to work well to the requirements placed upon them. Over the autumn period it looks like we must get used to the continuing uncertainty as infection rates rise and restrictions introduced.

4. From the outset of the pandemic our communication to registrants has been frequent as the need arose. Over the last few months most registrants have resumed services. There has been much work by the Associations and the Royal College of Chiropractors to embed the notion of registrants undertaking assessments of risks, generally in relation to their patient population and individually in the basis of each patient’s presentation. We know that the restrictions as regards necessary infection control measures, cleaning between patients and the wearing of PPE, means that fewer patients are seen albeit the toll on practitioners is a heavy one. We have tried to communicate our sensitivity as to the difficult circumstance’s registrants are operating. We continue to issue bulletins, preferably via the GCC newsletter or as direct communications through the CMS system.
5. We have created a COVID-19 page on the GCC website aimed at all audiences.

6. At the outset of the pandemic we became aware that some chiropractors were making claims, or implied in published material, that spinal adjustment and/or manipulation may protect patients from contracting COVID-19, boosting the immune system or aiding recovery. In March 2020 we issued a statement making it clear there is no credible scientific evidence that supports this and chiropractors must not make such a claim, or link treatment to COVID-19, in any way, and endorsed by each of the professional associations and the Royal College of Chiropractors. Since my last update, we have seen a significant reduction in the number of such complaints received and is a reflection of the cross-profession commitment and the efforts made by the Associations to communicate this obligation – albeit for the attention of a small minority of potential transgressors.

Staffing and workplace

7. The GCC staff team continues to work well, and working from home. We were pleased to welcome Eleanor Poole, Director of Fitness to Practise (maternity leave cover), starting with us on 13 July 2020 and joining us on secondment from Social Work England.

8. The staffing reorganisation, starting in January 2020, is now complete. We have substantive and permanent postholders in all posts and for the first time in a very long time we do not have temporary, consultancy or staff on fixed term contract within the establishment workforce.

9. We continue to consider what is looking like a phased return to the workplace over what could be prolonged periods. Our guiding principle in doing so is taking care of our people, safeguarding their health and well-being. We continue to assess risks and do so in collaboration with colleagues in HCPC facilities management. The senior team recently attended the office, and we were impressed by the COVID-secure arrangements put in place by HCPC, including the use of screens, one-way systems, sanitising stations, rigorous cleaning protocols, obligatory survey completion before access to the building is granted and so on. External accreditation of the COVID-secure standard has been achieved. The consequence of the distancing requirements in the GCC space means that no more than eight desks are available at any one time. Similar spacing arrangements are in place in HCPC offices, and its experience is that given deep cleaning of all desk spaces occurs at the weekend it is establishing a ‘week one’ and ‘week two’ team for the (small number of) staff currently making use of the offices.

10. The primary concern of staff in the GCC as to any sort of routine and regular return to the office is (in common with staff in many workplaces in London) the risks of travel. All staff are reliant on public transport where distancing is proving to be challenging. I have informed staff that we will continue to develop and refine our risk assessment but that in any event we are not planning on any return to the office prior to October 2020 – and that we will keep this under
11. As a staff team, amongst other things we continue to meet three times a week to maintain team ethic, contact, and to communicate on a range of work and social matters. Staff are doing well, adapting to the different expectations of them and are engaged. I have some concerns as to the continued impact of current working arrangements (more generally, and in the GCC) on colleagues’ resilience and levels of anxiety.

12. I am grateful to Members that have participated in our weekly coffee-morning sessions, which have been welcomed and well-received.

Other matters

Professional Standards Authority (PSA) annual review of GCC

13. Our annual review of performance (for 2019) is nearing completion. We supplied additional information to the PSA team subsequent to the update provided at the previous meeting of Council. The final draft report has been submitted to us for our consideration of factual errors and so on. We will be discussing the draft report on our performance later today.

European Union exit

14. The main impact on the GCC as regards EU exit is in relation to the recognition of professional qualifications of overseas practitioners seeking to join the Register. While the UK has technically left the EU, we are in a transitional period until 31 December 2020 whereby the same registration rules apply as before. In the event of no deal on the withdrawal agreement, from 1 January 2021 all applicants from the EU, except Swiss nationals who can apply under the current rules until 1 January 2025, will have to apply under the GCC’s international registration route and undertake the Test of Competence. This may not be the case if a deal is reached.

15. It is the case that a different category of automatic, as opposed to general, entry applies to some professions and regulators – doctors, dentists, nurses/midwives and pharmacists. The general requirements affect the GCC along with other bodies. The GCC is working with DHSC and other regulators to produce a statement setting out how the changes will impact on applicants and registrants. Each year around four to six chiropractors join the Register through the EU recognition of qualifications route.

The recognition of professional qualifications and regulation of professions

16. The Department for Business, Energy and Industrial Strategy (BEIS) is consulting on this. The aim of the call for evidence (closing date of 23 October 2020) is to gather insights to inform the development of the UK’s long-term approach to the way professional qualifications from outside the UK are recognised and professions are regulated. The consultation is aimed at professionals, although regulators are also invited to respond with their
experience. It invites evidence from both regulators and professional associations on three main policy themes:

- How the UK recognises professional qualifications from other countries, to inform the UK’s future approach. After the end of the transition period the UK will have the opportunity to amend or replace its system of qualification recognition as it applies to EU, EEA EFTA and Swiss professionals.
- Experience of professionals moving and operating within the UK internal market, to support the UK Government’s thinking in relation to the effective operation of the UK’s internal market.
- How professions are regulated in the UK, both professions that are regulated by law and those that are voluntarily regulated.

17. We have been in touch with our main stakeholders to bring to the attention of their members, and we will highlight in the October edition of the GCC newsletter.

Consultation on draft Welsh language standards regulations for healthcare regulators and the Professional Standards Authority

18. The Welsh Government is now extending its language requirements to healthcare regulatory bodies. We are currently subject to the requirements of a Welsh language scheme and the extension of obligations to us in line with other public bodies has been under discussion for several years. The focus has now switched from a general application to the way in which the public interact with us, individually, such that individual members of the public are able to use Welsh when dealing with us, in particular when making a complaint, accessing information regarding complaining, or accessing information on what to expect from a healthcare professional.

19. As, ever our concern will be one of ‘proportionality’ given the few registrants and therefore patients in Wales and will respond as such. Nevertheless, we see the inevitability of the regulations being introduced and will ensure their sensible application.

Meetings and engagements (all virtual)

- 7 July 2020 - attended the meeting of the GCC Education Committee
- 9 July 2020 - with the Director of Development, met with the CEO and President of the Royal College of Chiropractors to discuss respective areas of interest
- 10 July 2020 - spoke to the graduating class at the Welsh Institute of Chiropractic (WIOC) as to their transition from student to registered professional
- 10 July 2020 - attended a workshop at the GCC on Equality and Diversity given by Rob Neil OBE
- 15 July met with Matthew Redford, CER GOsC for a catch-up
- 24 July 2020 - attended the monthly meeting of the Chief Executive of Regulatory Bodies (CEORB)
• 31 July 2020 – attended an additional meeting of CEORB to discuss public sector exit payments
• 25 August 2020 - with the Chair met with the PSA CEO, Alan Clamp
• 26 August 2020 - attended the monthly meeting of the Chief Executive of Regulatory Bodies (CEORB)
• 3 September 2020 – met with HCPC colleagues to discuss COVID-secure arrangements at the GCC office
• 21 September 2020 – attended the quarterly meeting of the Chief Executives of Health & Social Care Regulators Steering Group (CESG)

Nick Jones
Agenda Item: CO200923-05  
Subject: Director’s report  
Author(s): Eleanor Poole, Director of Fitness to Practise  
Date: 23 September 2020

<table>
<thead>
<tr>
<th><strong>Summary</strong></th>
<th>This paper provides Council with an update on the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A – Commentary on the Fitness to Practise (FtP) dashboard</td>
<td></td>
</tr>
<tr>
<td>Part B – Electronic service change to Rules</td>
<td></td>
</tr>
<tr>
<td>Part C – Update on regulatory committee member recruitment</td>
<td></td>
</tr>
<tr>
<td>Part D – Update on lessons learnt recommendations further to the advertising cases</td>
<td></td>
</tr>
<tr>
<td>Part E – Policy on handling whistleblowing concerns</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Action</strong></th>
<th>The following action is asked of Council:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A – To note</td>
<td></td>
</tr>
<tr>
<td>Part B – To note</td>
<td></td>
</tr>
<tr>
<td>Part C – To note</td>
<td></td>
</tr>
<tr>
<td>Part D – Approve</td>
<td></td>
</tr>
<tr>
<td>Part E – To note</td>
<td></td>
</tr>
</tbody>
</table>

| **Recommendations** | Council is asked to note this report and approve the proposed changes to actions relating to Part D |

| **Annexes** | Annex A: FtP dashboard  
Annex B: The General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020  
Annex C: Advertising lessons learnt recommendations  
Annex D: Policy on handling whistleblowing concerns |
Part A: Commentary on FtP dashboard

1. The *dashboard* at Annex A covers the period of operational performance from 1 June 2020 to 31 August 2020.

2. We saw 23 new complaints in the performance period¹, compared to 20 complaints in the same period in 2019.

3. Whilst there was an influx of Covid-19 related cases around claims chiropractic adjustment boosted immunity and complaints regarding chiropractors staying open during Government mandated ‘lockdown’, these appear now to have tailed off. Equally, we are now seeing complaints regarding infection control practices and PPE use. We have produced further content on our [website](#) and recent [newsletters](#), both outlining our expectations of chiropractors and encouraging patients and chiropractors to work together to resolve complaints at a local level wherever possible on the basis of that information.

4. The risk rating of all open cases is set out in the FtP dashboard². Of the 23 complaints received in this quarter, the risk rating ('RR') of these complaints is as follows:

<table>
<thead>
<tr>
<th>RR1 Low</th>
<th>No injury has taken place and/or issues have been addressed</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR2 Moderate</td>
<td>Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed</td>
<td>0</td>
</tr>
<tr>
<td>RR3 High</td>
<td>Sexual misconduct, issues complained of remain unresolved, ongoing risk to patients / public from the chiropractor's clinical practice / behaviour, conduct is persistent and / or deliberate</td>
<td>8</td>
</tr>
<tr>
<td>RR4 Severe</td>
<td>Sexual misconduct, life may be in danger, risk of major injury or serious physical or mental ill health. The conduct is increasing in frequency and/or severity</td>
<td>0</td>
</tr>
</tbody>
</table>

The makeup of the cases received in the period is more complex and high risk than those received in the earlier quarter.

---

¹ Annex A – item 1
² Annex B – item 5
5. At 1 September 2020, the pre-Investigating Committee (IC) caseload was 73 open cases\(^3\), compared with 64 open cases pre-IC at the same point last year – a 14% increase.

6. Of the total open cases pre-IC, the median age of those complaints is currently 18 weeks\(^4\), from the date a case was opened (the date of the s.20 decision).\(^5\) This is within target and demonstrates that once the team is in a position to progress the case, it does so quickly.

7. In the last quarter, four IC meetings were held remotely considering a total of 24 cases and two preliminary matters. Of the cases considered, all 24 were closed. This brings the total number of closed cases to date in 2020 to 57\(^6\) – a 54% increase in productivity at the same point last year. It was reported at your last meeting that the team are working hard and pleasingly the data continues to show their substantial efforts in progressing cases, working in different and sometimes difficult remote working environments and with an increasing caseload. The IC is also supporting this effort and the benefits of members meeting virtually are also being felt.

8. The median time to close cases in the last 12 months was 34.5 weeks\(^7\). The target is 28 weeks, although some improvement is seen against the last quarter\(^8\), it will take time for the improvement (above) to feed through to the median time to close a case.

9. The number of referrals to the Professional Conduct Committee (PCC) this year remains at seven cases with ‘no case to answer’ decisions at 50 cases\(^9\). Whilst the number of ‘no case to answer cases’ is high (the conversion rate to PCC is currently 12%) this is likely to be due to the high volume of Covid-19 cases received since March 2020, none of which have warranted referral to PCC.

10. Two interim suspension hearings were held, neither resulting in an interim suspension being imposed\(^10\). The median time taken from when we identified the need for an interim suspension hearing to the actual hearing taking place was four weeks.

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\(^3\) Annex A – item 4
\(^4\) Annex A – item 6
\(^5\) The data appears to show a considerable improvement in performance since last quarter (23 weeks reported in June 2020) but the data set has been reframed to not take into account time before the concern was formally a case which had been disproportionately impacting on the true median case age.
\(^6\) Annex A – item 7
\(^7\) Annex A – item 8
\(^8\) As discussed in footnote 5, the reframing of the data set has shown improvement on the median closure age (39 weeks reported in June 2020) by not taking into account time before the concern was formally a case and capable of being progressed.
\(^9\) Annex A – item 10
\(^10\) Annex A – item 11
11. There are 12 cases awaiting a PCC hearing\(^\text{11}\), a reduction of two cases\(^\text{12}\). The target to list a PCC matter is nine months from IC referral to the matter being listed. There are two cases where the target has not been met and two cases where the target is no longer applicable as the hearing has started, but not completed.

12. On my arrival, an in depth review of all PCC matters was undertaken with monthly review and progress meetings established with our external legal providers. Listing windows have been identified for almost all cases and the Committee Administrator is working to fix the remaining cases as a priority. Council is aware that hearings were stayed during the pandemic. All appropriate measures are in place to progress most matters using virtual arrangements and we aim to do that now at pace.

13. Much work has been undertaken in the period to review and progress our protection of title cases (s.32 complaints). As of 1 September 2020, we are currently handling 38 active cases\(^\text{13}\), relating to 18 individuals\(^\text{14}\). This is an increase from last reporting period which was 33 cases and 17 individuals. The number of pre-2019 ‘backlog’ cases has however reduced in the last reporting period from 12 complaints down to 11 complaints\(^\text{15}\). The number of complaints received after 1 January 2019 is 27\(^\text{16}\) increasing from 21 in the last reporting period. The total number of complaints closed since the start of 2020 is up from 13 complaints in the last reporting period to 19 complaints year to date\(^\text{17}\).

14. The internal target here for complaints received after 1 January 2020 has been set at 16 weeks. The average time it is taking to close cases (discounting backlog cases) is 21 weeks, down from 24 weeks in the last reporting period\(^\text{18}\).

15. The in-depth review undertaken has allowed for progression plans to be put in place for all backlog cases, several of which will require support from our external legal providers to progress, potentially to prosecution. We anticipate there will be a solid and positive reduction in this caseload over the coming quarters, particularly of the older cases where the caseload can be brought down to a steady state of cases under 12 months old.

\(^{11}\) Annex A – item 12  
\(^{12}\) Annex A – item 14  
\(^{13}\) Annex A – item 16  
\(^{14}\) Annex A – item 17  
\(^{15}\) Annex A – item 18  
\(^{16}\) Annex A – item 19  
\(^{17}\) Annex A – item 20  
\(^{18}\) Annex A – item 22


Changes to FtP data set

16. Council will be aware that over the last few meeting cycles, and with the help of a Member sub-group) we have arrived at a dashboard showing performance more clearly – supplemented by our report, above. Whilst we wish to maintain the integrity of the time-series as far as possible we will also wish to tweak the definitions of measures where it is sensible to do so. An illustration of this is, simply put, ‘when does the clock start in handling complaints?’ and we see benefits in making a change here, albeit the extant method is respectable.

17. To date, the starting point was ‘date of receipt’ of information. This method causes no issue when the complaint received is capable of being progressed without any further intervention.

18. For complaints where the complainant refuses to give consent for information to be shared with the registrant; wishes to be anonymous (and evidence cannot be sourced via other means) or tells us of a concern but does not want to engage further - the complaint is placed in the enquiries stage and held until the matter can be progressed or ultimately closed before entering the fitness to practise process.

19. The duration of such an enquiry can be many weeks, months or in extreme examples, over a year. The team continue to liaise with the potential complainant to explain process and that we are unable to progress the matter without their engagement or wait whilst the individual considers their position on consent or anonymity.

20. When a complaint becomes capable of progressing, it is promoted into the fitness to practise process and progressed as usual. Hitherto, for cases that start as an enquiry the ‘date of receipt’ of information has been recorded as when we first received the information; not the date it becomes capable of progressing (which is the difference of between 60-500 days on the current data). This is having an adverse and significant impact on the median age of the caseload and does not demonstrate the true performance of the regulator and its ability to progress complaints in a timely manner.

21. From now, our intention is to record the date the case becomes ready to progress providing a more balanced data set and picture of performance. Whilst other regulatory bodies have different rules (for example around triage) this approach is consistent with elsewhere and we will be careful to alert the PSA to these changes.

22. Whilst what happens at that enquiries stage is not formally part of the fitness to practise process, performance data about that provides a useful indicator to the team and Council on our operational efficiency; we propose providing data relating to enquiries as part of the dataset at the December 2020 meeting of
Council and thereafter. Further work and analysis of enquiries stage throughput will be undertaken over the next quarter to speed up the churn of enquiries; categorise them; and record the ‘promotion date’ for those that proceed.

Part B: Electronic service change to Rules

23. At its last meeting Council was informed about progress with the Department for Health and Social Care for emergency changes to our legislation as part of the Coronavirus Act 2020. Specifically, changes to our powers to serve statutory notices electronically, via email.

24. These changes came into effect on 18 July 2020 via statutory instrument - The General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020\(^\text{19}\). This legislation has been added to our website so patients and the public can access it accordingly.

25. Our regulatory committees have been appraised, along with our operational team and external legal providers.

Part C: Update on regulatory committee member recruitment

26. At its meeting in June 2020, Council was informed that the terms of 10 regulatory committee members were due to expire in May 2021. Council agreed to the extension of five member’s terms for 12-18 months from May 2021.

27. The annual appraisal of members is due to conclude later this month, when members will be approached for expressions of interest in an extension of their term. That process is due to be completed by December 2020.

28. The main recruitment campaign for the new cohort of regulatory committee members is underway. The candidate pack has been produced and is being reviewed with the Chair of Chairs. The outline timetable established is:

\(^\text{19}\) Annex B
Agenda Item: CO200923-05  
Meeting: Council Meeting September 2020

### Part D: Update on advertising cases recommendations

29. We propose updating Council at its future meetings until the reappointment / recruitment process has concluded.

30. We committed to progressing the advertising lessons learnt recommendations as part of the 2020 Business Plan. Formulation of the 2021 Business Plan and budget prompted a review of the outstanding recommendations.<sup>20</sup>

31. Recommendations six and seven are large undertakings and time has been spent scoping that work in conjunction with a working group. Following discussions and reflecting on the size of the undertaking and the significant initial and continual annual funding it would require, it is proposed that the work outlined in recommendations six and seven is not taken forward.

32. Whilst the proposed work is comprehensive, the investment to start the group and keep it running for an infinite time period is a disproportionately large investment of registrant funds and may not be in line with our operational priorities. We feel there are more proportionate and cost effective activities that can be carried out that would achieve a similar impact.

33. In order to keep advertising concerns current, further areas of work have been identified for completion throughout the remainder of 2020 and onwards into 2021.

34. The new workstreams identified are:

   34.1. a review and update of both our advertising and social media guidance to ensure it is clear on subjects like the use of the ‘Dr’ title and use of patient testimonials;
   34.2. a joint agreement between the GCC and other relevant stakeholders about how advertising concerns will be investigated and who will take the lead;

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<sup>20</sup> Annex C – Advertising lessons learnt recommendations
34.3. quarterly communications about advertising to ensure there is regular and engaging content being shared with the profession;  
34.4. development of an FAQ section to highlight common enquiries and areas of concern; and  
34.5. creation of a 'digital toolkit' for advertising that will host the above outputs as well new and varied content.

35. These further areas of work are felt to be more proportionate and workable. Activity has been captured in the draft 2021 Business Plan to reflect this commitment.

36. Council is asked to formally agree that:
   
   36.1. The original lessons learnt recommendations have been advanced as far as possible.  
   36.2. The new workstreams will be taken forward.

**Part E: Policy on handling whistleblowing concerns**

37. In line with the commitment in the GCC Business Plan for 2020 a policy has been developed on dealing with ‘whistleblowing’ concerns raised with us in accordance with our statutory role as a 'prescribed person'\(^\text{21}\).

38. We sought feedback and incorporated changes prior to finalisation from the Royal College of Chiropractors, United Chiropractic Association, British Chiropractic Association, Scottish Chiropractic Association and the McTimoney Chiropractic Association.

39. The policy will be made available on the website on its own dedicated page and promoted in the GCC newsletter. We also intend to ensure our people are aware of the policy and its implications, ensuring that lines of reporting and escalation are clear.

40. We have considered the impact of the policy on those with protected characteristics as part of an assessment on the impact on equality. We took the decision to invite concerns of a whistleblowing nature to be raised with us via email, in writing via post and via telephone to make sure it is as accessible as possible. Other than these accessibility arrangements, no other equality impacts were identified. In line with our Equality, Diversity and Inclusion policy we will monitor referrals and outcomes.

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\(^{21}\) Annex D – Policy on handling whistleblowing concerns
New and open cases

1. New complaints received per month

2. Average new referrals per month over last 12 months
   6

3. Average new referrals per month over last 5 years
   5

4. Complaints currently open
   73 (+14% vs September 2019)

Open cases at the start of the month

5. Risk rating of open complaints

6. Median time cases have been open for
   18 weeks
   Target = <20 weeks
7. Number of complaints closed by the Investigating Committee in 2020

57  (+54% vs Year previous)

8. Median time taken to close cases in last 12 months

34.5 weeks ▲

Target = <28 weeks

9. Number of cases not closed within target timeframe in last quarter (Jun – Sept)*

<table>
<thead>
<tr>
<th>Number of cases not closed within target timeframe in last quarter (Jun – Sept)*</th>
<th>Number of cases not closed within target that are categorised as severe or high risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>

*based on decision to proceed date

10. Decisions of the IC in 2020

- No case to answer, 50
- PCC, 7

11. Interim Suspension hearing decisions in 2020

- 2 (0 suspended)

Median time from date complaint received to hearing = 18 weeks
Median time from date enough information received to hearing = 4 weeks
12. **Cases awaiting a PCC hearing**

<table>
<thead>
<tr>
<th>Case</th>
<th>Date referred from IC</th>
<th>Date listed for hearing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>16/07/2019</td>
<td>Not Listed</td>
<td>Currently part heard</td>
</tr>
<tr>
<td>Case 2</td>
<td>23/07/2019</td>
<td>25/01/2021</td>
<td></td>
</tr>
<tr>
<td>Case 3</td>
<td>20/08/2019</td>
<td>Not Listed</td>
<td></td>
</tr>
<tr>
<td>Case 4</td>
<td>22/10/2019</td>
<td>24/09/2020</td>
<td></td>
</tr>
<tr>
<td>Case 5</td>
<td>11/12/2019</td>
<td>Not Listed</td>
<td>Currently part heard</td>
</tr>
<tr>
<td>Case 6</td>
<td>28/01/2020</td>
<td>Not Listed</td>
<td></td>
</tr>
<tr>
<td>Case 7</td>
<td>25/02/2020</td>
<td>Not Listed</td>
<td></td>
</tr>
<tr>
<td>Case 8</td>
<td>20/03/2020</td>
<td>Not Listed</td>
<td></td>
</tr>
<tr>
<td>Case 9</td>
<td>02/04/2020</td>
<td>Not Listed</td>
<td></td>
</tr>
<tr>
<td>Case 10</td>
<td>21/04/2020</td>
<td>Not Listed</td>
<td></td>
</tr>
<tr>
<td>Case 11</td>
<td>21/05/2020</td>
<td>08/10/2020</td>
<td></td>
</tr>
<tr>
<td>Case 12</td>
<td>21/05/2020</td>
<td>Not Listed</td>
<td></td>
</tr>
</tbody>
</table>

13. **Target**

All cases to be listed for a hearing within 9 months of being referred by IC

⚠️ Target not met

14. **Recent hearings activity**

- Number of PCC hearings held in last quarter: 3
- Number of hearings concluded in last quarter: 2
- Number of adjournments/case going part heard in last quarter: 1

15. **Decisions of the PCC in 2020**

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struck off</td>
<td>0</td>
</tr>
<tr>
<td>Suspended</td>
<td>0</td>
</tr>
<tr>
<td>Conditions of Practice</td>
<td>0</td>
</tr>
<tr>
<td>Admonishment</td>
<td>1</td>
</tr>
<tr>
<td>No UPC</td>
<td>2</td>
</tr>
<tr>
<td>No Evidence Offered</td>
<td>0</td>
</tr>
</tbody>
</table>
16. Total number of current Section 32 complaints
   38 (-42% vs September 2019)

17. Total number of current Section 32 individuals being investigated
   18

18. Number of open complaints received before 1 Jan 2019 (‘backlog’)
   11

19. Number of open complaints received after 1 Jan 2019
   27

20. Complaints closed in 2020
   19

21. Open cases at the start of the month

22. Median time taken to close cases in 2020
   21 weeks

   Target = <16 weeks
At the Council Chamber, Whitehall the 5th day of June 2020
By the Lords of Her Majesty’s Most Honourable Privy Council

The General Chiropractic Council has made the General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020, which are set out in the Schedule to this Order, in exercise of the powers conferred by sections 20(10) and 26 of, and paragraph 15(2)(h) of Schedule 1 to, the Chiropractors Act 1994(1).

By virtue of section 35(1) of that Act, such Rules must be approved by the Privy Council, and by virtue of section 36(1) of that Act such approval must be given by an order made by the Privy Council.

Citation and commencement

1. This Order may be cited as the General Chiropractic Council (Coronavirus) (Amendment) Rules Order of Council 2020 and shall come into force on 18th day of July 2020.

Privy Council Approval

2. Their Lordships, having taken these Rules into consideration, are pleased to and do approve them.
Richard Tilbrook
Clerk of the Privy Council
SCHEDULE

General Chiropractic Council (Coronavirus) (Amendment) Rules 2020

The General Chiropractic Council makes the following Rules in exercise of its powers under sections 20(10) and 26 of, and paragraph 15(2)(h) of Schedule 1 to, the Chiropractors Act 1994.

PART 1

Preliminaries

Citation and commencement

1. These Rules may be cited as the General Chiropractic Council (Coronavirus) (Amendment) Rules 2020 and shall come into force on the 18th day of July 2020.

PART 2

Amendment to the General Chiropractic Council (Investigating Committee) Rules 2000

Amendment to the General Chiropractic Council (Investigating Committee) Rules 2000

2. In Rule 8(1) (service of notices) of the General Chiropractic Council (Investigating Committee) Rules 2000(2), after “sending the same” insert “to an electronic mail address that the chiropractor has notified to the Council as an address for communications or”.

PART 3

Amendment to the General Chiropractic Council (Professional Conduct Committee) Rules 2000

Amendment to the General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000

3. In Rule 21(1) (service and giving of documents) of the General Chiropractic Council (Professional Conduct Committee) Rules 2000(3), after the first “by sending it” insert “to an electronic mail address that the chiropractor has notified to the Council as an address for communications or”.

Given under the official seal of the General Chiropractic Council this 21st day of April 2020.

Mary Chapman
Chair of the General Chiropractic Council

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EXPLANATORY NOTE

(This note is not part of the Order)

This Order made under the Chiropractors Act 1994 amends the rules contained in the General Chiropractic Council (Investigating Committee) Rules 2000 and in the General Chiropractic Council (Professional Conduct Committee) Rules 2000. This Order permits service by electronic mail.
## Lessons learned timeline

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Publication of GCC's lessons learned report.</td>
<td>Completed</td>
</tr>
<tr>
<td>2. Liaising with the Expert with a view to making the report publicly available.</td>
<td>Completed</td>
</tr>
<tr>
<td>3. Consultation on amendments to GCC code B3.</td>
<td>Completed</td>
</tr>
<tr>
<td>4. On completion of current advertising caseload, the March 2015 policy paper be superseded by operational arrangements in place.</td>
<td>Completed</td>
</tr>
<tr>
<td>5.1 Engagement with the following:</td>
<td></td>
</tr>
<tr>
<td>1. Complainant to provide feedback on complaints closed;</td>
<td>1. Completed</td>
</tr>
<tr>
<td>5.2 2. ASA/CAP to update list of conditions and agree MOU.</td>
<td>2. Abandoned as contingent on 6 below.</td>
</tr>
<tr>
<td>6. Consideration of establishing steering group to monitor scientific publications and maintain a profession-wide, up-to-date shared database of level one and other scientific evidence in support of various treatment modalities and conditions treated.</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Considered and won’t be taken forward.</td>
</tr>
<tr>
<td>7. Consideration of traffic light system of conditions which chiropractors can claim to treat.</td>
<td>Completed</td>
</tr>
<tr>
<td></td>
<td>Considered and won’t be taken forward.</td>
</tr>
<tr>
<td>8. GCC/ASA/CAP guidance on three areas, namely:</td>
<td></td>
</tr>
<tr>
<td>1. level/nature of scientific guidance required to substantiate claims of effectiveness;</td>
<td>Abandoned as contingent on 6 &amp; 7 above.</td>
</tr>
<tr>
<td>2. use of patient testimonials;</td>
<td>To be completed</td>
</tr>
<tr>
<td>3. use of the courtesy title “Dr”;</td>
<td>To be completed</td>
</tr>
</tbody>
</table>
Policy on handling whistleblowing concerns

1. Purpose of this policy

1.1. Whistleblowing has been defined as the raising of a concern, either within the workplace or externally, about a danger, risk, malpractice or wrongdoing which affects others.¹ Whilst the concern will have originated in the workplace, it can be raised either internally through channels laid down by the employer or externally with a recognised body.

1.2. ‘Whistleblowers’ are protected by UK legislation² and the General Chiropractic Council (GCC) is a recognised body to which whistleblowing concerns can be raised³. Under the legislation, the GCC is referred to as a ‘Prescribed Person’.

1.3. Under the Public Interest Disclosure Act 1998 (PIDA), it is unlawful for an employer to dismiss or victimise a worker for having made a ‘qualifying disclosure’ of information. The protections afforded by PIDA apply to a worker from their first day of employment, and there is no minimum qualifying period of employment. The protections also apply to agency workers and people who are training with an employer. However, PIDA does not cover the self-employed or volunteers.

1.4. The Act also provides protection if individuals have difficulty gaining a reference from an employer because they have raised a concern and it makes it clear that any clause in a contract that seeks to prevent an individual from raising a concern that would be protected under the Act, is void.

1.5. A ‘qualifying disclosure’ is ‘any disclosure of information which, in the reasonable belief of the worker making the disclosure, is made in the public interest and tends to show that one or more of the following has occurred, is occurring or is likely to occur:

² Public Interest Disclosure Act 1998 (PIDA) as amended and Public Interest Disclosure (Northern Ireland) Order 1998 as amended. More information on PIDA can be found at Annex A to this policy.
• a criminal offence (this may include types of financial crime such as fraud);
• a breach of a legal obligation;
• a miscarriage of justice;
• danger to health or safety of an individual;
• damage to the environment; or
• the deliberate covering up of wrongdoing in the above categories.²

1.6. We understand that raising any concerns, particularly workplace concerns can be difficult. If you are an employee and are considering raising a concern with the GCC, this policy will explain:

• the types of concern that we can consider as whistleblowing (a protected disclosure);
• how we will deal with that concern once it has been reported to us; and
• what action we will take and when.

2. Concerns that can be considered under this policy

2.1. The statutory duty of the GCC, as laid out in the Chiropractors Act 1994, is to ‘develop and regulate the profession of chiropractic’. The over-arching objective of the GCC in exercising its functions is the protection of the public.

2.2. Whistleblowing legislation, as outlined at 1.5 above covers matters which can be reported to the GCC as a whistleblowing concern.

2.3. Under this policy, the GCC can only consider matters relating to our statutory functions:

• the registration and fitness to practise of chiropractors registered with us; and
• any other activities that fall under the GCC’s function such as approval of courses at educational institutions or the operations of our Council.

2.4. Unfortunately, if your concern is not covered by any of these categories, the GCC will not be able to consider it under this policy.

3. Concerns that cannot be considered under this policy

3.1. The GCC cannot consider complaints under this policy relating to:

- employment issues;
- contractual disputes about business arrangements as part of providing chiropractic services such as room hire or partnership agreements;
- disputes about providing chiropractic services within a certain locality or proximity to an existing chiropractor;
- ownership of websites, domain names or other digital estate; or
- complaints about soliciting patients/clients from another chiropractor or chiropractic practice.

4. Confidentiality and anonymous concerns

4.1. We would prefer that you raise concerns with us openly and in your own name as it assists with the investigation process. However, we appreciate that that can sometimes be difficult.

4.2. If you decide to raise a concern with us anonymously, the GCC will not disclose your identity without your consent to do so, unless there are legal reasons that mean we must share your identity.

4.3. If the concern you are raising relates to a vulnerable adult or child at risk of harm or where the concern identifies a possible criminal offence, we may have to disclose your identity if ordered to do so by a Court.

4.4. Despite that, in order for us to properly investigate your concerns and for us to be able to provide cogent evidence to those who might make a decision about that disclosure, we really need your continued support, engagement and the ability to openly share that information with the chiropractor to which it relates.

4.5. If you do not provide your consent, regrettably, we may not be able to investigate your concern properly or at all. If information is disclosed anonymously to us, for example, we may not be able to contact you to clarify that information, seek further information or evidence, take a witness statement or provide our decision makers with best evidence to take the appropriate action.
4.6. Unless we consider that evidence or information might be available from other sources, we may have to close your concern or decide not to take it forward at all.

5. **What happens when a concern is received?**

5.1. Where we have your contact details, we will acknowledge receipt of your concern in writing within 5 working days, including seeking further information from you if we cannot establish the full extent of your concern or we feel more information may be available.

5.2. Where we have sufficient information, we will make a preliminary assessment of your concern.

5.3. If we consider that the matter should be dealt with under our fitness to practise process, we will inform you of this and send further information about how that process works.

5.4. If we decide that your concern raises issues that the GCC is not able to deal with, we may refer the matter to another body or provide you with information about where to redirect your concern.

5.5. If we consider that your concerns should be investigated under our whistleblowing policy, we will confirm this and provide you with an estimate of how long we think the investigation might take.

5.6. Wherever possible, we will inform you of the outcome of our investigation and any action we have taken or recommendations we have made to third parties.

5.7. We could take a number of actions under this policy in relation to your concern:

- adding your concerns to the information we hold about institutions our legislation requires us to ‘approve’ and using your information when deciding whether to approve or renew our approval of them;
- raising your concern directly with the institution or person involved if appropriate;
undertaking visits to institutions that we approve under our legislation and seeking information and documentation from them;

identifying learning points from your concerns and feeding these back to the organisation and individuals that we regulate or amending our own policies and procedures;

seeking further information about your concerns from other sources;

if your concern relates to an individual chiropractor, dealing with the matter in accordance with our fitness to practise procedures; and/or

referring the matter to another regulator, official body or the police.

6. Further sources of information and support

6.1. We would always encourage you to seek independent advice and support before raising a concern with the GCC. You may want to source that through your professional association, trade union or independent legal assistance.

6.2. If you work in the NHS, you can get free, independent and confidential advice from the Whistleblowing Helpline for the NHS and social care on 0300 311 2233.

6.3. You can also call the independent whistleblowing charity Protect for free and confidential advice on 0203 117 2520.

7. How to report a whistleblowing concern to the GCC

7.1. Firstly, we would always encourage concerns to be raised internally within the workplace before approaching the GCC using the appropriate mechanisms as laid down by the employer. This is so the employer is given an opportunity to address the concern.

7.2. If you have raised your concern within the workplace and you are not satisfied with the response, or if you just don’t feel able to raise a concern with your workplace directly, you are able to contact us under this policy.

7.3. Whistleblowing legislation requires that you must reasonably believe your concern to be true and capable of proof, although you don’t have to be able to prove it.

7.4. You must also have a reasonable belief that the disclosure will be in the public interest.
7.5. You can raise a concern with the GCC in the following ways:

By telephone: 0207 713 5155

By post: The Whistleblowing Officer
General Chiropractic Council
Park House
186 Kennington Park Road
London
SE11 4BT

By email: whistleblowing@gcc-uk.org

7.6. If contact is made by telephone, we will talk you through our process and take a record of the information you provide to us. We will then send you a copy of the information we noted from the call and ask you to confirm it is correct in writing, either by post or email.

7.7. To reiterate, any concerns you report to us must relate to the GCC’s statutory functions, otherwise we won’t have the ability to consider them. Those functions are laid out in section 2 of this policy above.

7.8. The GCC regulates individual chiropractors. If you have wider concerns about the standards of quality and safety of healthcare offered by a healthcare provider, it will be more appropriate to contact the relevant regulator directly. The organisations that regulate healthcare providers are the Care Quality Commission (England), the Regulation and Quality Authority (Northern Ireland), Healthcare Improvement Scotland and Healthcare Inspectorate Wales.

7.9. Additionally, in England, you can also contact NHS Improvement.

7.10. If your concern relates to a healthcare professional who is not a registered chiropractor, you should raise that concern with the relevant regulator for that profession. You can find out who regulates various health and social care professionals by contacting the Professional Standards Authority.
8. Responsibilities under this policy

<table>
<thead>
<tr>
<th>Person/Group</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whistleblowing Officer</td>
<td>The Director of Fitness to Practise will act as the Whistleblowing Officer. The Whistleblowing Officer will acknowledge concerns raised with the GCC, assess the concerns and decide on the appropriate action, referring the matter to other departments and bodies where necessary.</td>
</tr>
<tr>
<td>Chief Executive and Registrar</td>
<td>The Chief Executive and Registrar will provide a yearly report to the Audit &amp; Risk Committee about:</td>
</tr>
<tr>
<td></td>
<td>a. The number and type of concerns raised by whistleblowers to the GCC.</td>
</tr>
<tr>
<td></td>
<td>b. The number of fitness to practise matters that have been instigated or contributed to by whistleblowers.</td>
</tr>
<tr>
<td>Audit &amp; Risk Committee</td>
<td>The Audit &amp; Risk Committee will monitor the operation of this policy; consider a yearly report on any whistleblowing activity and make recommendations to Council where required.</td>
</tr>
<tr>
<td>Council</td>
<td>Council will consider recommendations from the Audit &amp; Risk Committee and keep this policy under review.</td>
</tr>
<tr>
<td>Staff</td>
<td>All staff will be responsible for following the policy, being alert to when a concern could constitute a whistleblowing concern and be responsible for referring it on to the Whistleblowing Officer.</td>
</tr>
</tbody>
</table>
9. Review and monitoring of this policy

9.1. This policy will be reviewed annually or earlier if legislation, best practice or contact information changes.

General Chiropractic Council
1 October 2020\footnote{First published 1 October 2020.}
What the law says…

1. Under the Public Interest Disclosure Act 1998 (PIDA), it is unlawful for an employer to dismiss or victimise a worker for having made a ‘qualifying disclosure’ of information. The protections afforded by PIDA apply to a worker from their first day of employment, and there is no minimum qualifying period of employment. The protections also apply to agency workers and people who are training with an employer. However, PIDA does not cover the self-employed or volunteers.

2. The Act also provides protection if individuals have difficulty gaining a reference from an employer because they have raised a concern and it makes it clear that any clause in a contract that seeks to prevent an individual from raising a concern that would be protected under the Act, is void. Protect provide more information on the law along with lots of other helpful resources.

3. For a disclosure to be protected, the worker who made it must have a reasonable belief that:
   
   a. the disclosure was made in the public interest; and

   b. the disclosure tends to show one or more specified categories of wrongdoing.

4. These categories are set out in section 43B of the Employment Rights Act 1996 (as amended by PIDA) that:

   a. a criminal offence has been committed, is being committed or is likely to be committed;

   b. a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject;

   c. a miscarriage of justice has occurred, is occurring or is likely to occur;

   d. the health or safety of any individual has been, is being or is likely to be endangered;

   e. the environment has been, is being or is likely to be damaged; or
f. information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.

5. However, the disclosure will not be protected if, by making the disclosure, the worker commits an offence such as misconduct in public office.

6. Under PIDA, disclosure of information by a worker will be protected if the worker makes a qualifying disclosure to a ‘prescribed person’, reasonably believing that the information and any allegation contained within it are substantially true.

7. Under the Public Interest Disclosure (Prescribed Persons) (Amendment) Order 2014, the General Chiropractic Council (GCC) is a ‘prescribed person’ to which qualifying disclosures may be made.

8. However, the disclosures that can be considered by the GCC are limited to:

   ‘Matters relating to:
   (a) the registration and fitness to practise of a member of a profession regulated by the Council; and
   (b) any activities not covered by (a) in relation to which the Council has functions.’

9. Where an individual is subjected to a detriment by their employer for raising a concern, or is dismissed in breach of PIDA, they can bring a claim for compensation in the Employment Tribunal (or the Industrial Tribunal in Northern Ireland).

10. In Northern Ireland, Part 5A of the Employment Rights (Northern Ireland) Order 1996 (the ‘1996 Order’) gives protection to ‘whistleblowers’, who raise concerns by making a protected disclosure about dangerous or illegal activity that they are aware of in the workplace. The disclosures qualifying for protection are listed at Article 67B of the 1996 Order, which can be viewed via the attached link: https://www.legislation.gov.uk/nisi/1996/1919/article/67B.

11. The 1996 Order ensures that protection is provided against any consequent victimisation or dismissal and is contingent on the whistleblower having acted in a responsible way in dealing with their concerns. Disclosures can be made to a person or body which has been prescribed by the Public Interest Disclosure (Prescribed Persons) Order (Northern Ireland) 1999 (the ‘1999 Order’), for which the Department for Employment and Learning has responsibility.
12. Further information about whistleblowing in general, can be found at https://www.gov.uk/whistleblowing.
## Agenda Item: Finance Update 2020
### Subject:
Finance Update 2020
### Author:
Joe Omorodion, Director of Corporate Services
### Date:
23 September 2020

### Summary
This paper provides an update to Council on the:
- financial performance against the 2020 forecast in the period 1 January – 31 August 2020; and

### Action
To note.

### Recommendations
The Council is asked to note this report.

### Annex
Annex 1 – Management Accounts for the period to 31 August 2020
Performance in the period 1 January – 31 August 2020

1. The summary financial performance figures for the period to 31 August 2020 are presented in the table below. The surplus for the period to 31 August 2020 is £145k (column A), compared with a forecast surplus of £43k for the same period (column B). The variance between the actual and forecast surplus in the period is £102k (column C).

<table>
<thead>
<tr>
<th>£'000s</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YTD Actual</td>
<td>YTD Forecast</td>
<td>YTD Variance</td>
<td>Full Year Forecast</td>
<td>Full Year Budget</td>
</tr>
<tr>
<td>Income</td>
<td>1,871</td>
<td>1,844</td>
<td>26</td>
<td>2,778</td>
<td>2,736</td>
</tr>
<tr>
<td>Expenditure</td>
<td>1,725</td>
<td>1,801</td>
<td>76</td>
<td>2,750</td>
<td>2,733</td>
</tr>
<tr>
<td>Surplus / (Deficit)</td>
<td>145</td>
<td>43</td>
<td>102</td>
<td>28</td>
<td>3</td>
</tr>
</tbody>
</table>

2. The main reasons for the income variance (£26k) and expenditure variance (£76k) in the period are as follows:

a. Income – more than forecast by £26k

This is because income from new registrants is more than forecast as more students registered than we expected. This may be influenced by the current working climate.

b. Expenditure – under-spent by £76k

This is due to a mix of the timing of expenditure and the savings made in the period:

The following under-spent budget lines relate to the timing of planned expenditure (i.e. amounts not spent as planned in the period but likely to be spent by the end of this financial year):

- FtP – Investigations Committee (£27k) – recruitment of new IC member is yet to take place; more IC sittings and cases are planned to be held later in the year.
- FtP Investigations (£15k) – though the Steering Group and whistleblowing legal policy work meetings will not now take place, the expenditure is committed to conducting a second IC audit, progressing more IC cases and the production of expert reports in support.
- FtP – Interim suspension hearings (£6k) – reduced expenditure on legal fees in the period (based on work done and fees are caseload driven)
- FtP – S.32 (£4k) – reduced expenditure on legal fees in the period (based on work done and charges are case load driven but plans in place to spend this money later in the year).
• PCC hearings (£18k) – driven by the caseload and number of hearings fixed in the in the period.
• Business plan 2020 delivery (Development team, £9k) – work on surveying the public was deliberately delayed but has commenced.
• Communications (Development team, £3k) – driven by the timing of website refreshment work.
• Shared office costs over-spend (-£16k) – relates to the unbudgeted CRM database annual charge which was identified after the forecast was agreed.

We achieved some savings in the following budgets in the period:
• Governance (£2k) – from office costs due to pandemic-imposed working from home arrangements.
• Education Visitors and ToC (Development team, £8k) – from attendance allowances not paid in the period.

3. Further details of the income statement and the commentary on the variances are provided in Annex 1.

4. Despite the better than expected financial position, the underlying cost pressures and unpredictability of expenditure items remain – essentially relating to PCC hearing costs; and particularly, legal and counsel fees driven by the number of PCC cases we can bring to hearing and the number of IC referrals. Our management of these unpredictable costs is a day-to-day activity and the achievement of the 2020 forecast is similarly challenging. However, based on the information we have now, we remain confident that the forecast surplus of £28k for the 2020 financial year (surplus margin of 1%) will be achieved by year-end. This compares favourably with the budgeted surplus of £3k (surplus margin of 0.1%) at the start of the year.

Investment Portfolio Performance

5. The coronavirus pandemic continues to impact negatively on our investments. The value of the investments was £4.1m as at 31 August 2020. The value of the portfolio fell by 2.1% (£359,986) between 1 January and 31 August 2020 (see below). Consequently, the performance of the funds against the benchmark continues to be disappointing in the period under review. We are working closely with the managers, by reviewing the assets ranges and regions in which to invest, to ensure that the yields on the investments are fully maximised.

<table>
<thead>
<tr>
<th></th>
<th>£4,480,144</th>
<th>£4,120,158</th>
<th>-359,986</th>
<th>-2.1%</th>
<th>3.8% (0.8% CPI plus 3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portfolio value – Start 31 Dec 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portfolio value – End 31 August 2020</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase /Decrease in value in period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year to date return</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term(ongoing) benchmark return</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Implications

6. The performance in the period to 31 August 2020 and the forecast surplus for the 2020 financial year indicate that plans to ensure the GCC’s financial sustainability are on track.
1. Income Statement for the period to 31 August 2020;
2. Balance Sheet as at 31 August 2020; and
3. Recommendation.

1. INCOME STATEMENT FOR THE PERIOD TO 31 AUGUST 2020

The actual surplus for the period to 31 August 2020 is £145k (column A of the table below), compared with the forecast surplus of £43k (column B) for the same period. The variance between the actual and forecast surplus in the period is shown in column C. A detailed breakdown of these figures can be found on pages 4 and 5 of this report.

<table>
<thead>
<tr>
<th></th>
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<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>YTD Actual</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
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<td>26</td>
<td>2,778</td>
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<td>28</td>
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<td></td>
</tr>
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**Income – more than forecast by £26k**

This is because income from new registrants is more than forecast as more students registered than we expected. This may be influenced by the current working climate.
**Expenditure – under-spent by £76k**

This is due to a mix of the timing of expenditure and the savings made in the period.

The following under-spent budget lines relate to the timing of planned expenditure (i.e. amounts not spent as planned in the period but likely to be spent by the end of this financial year):

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We achieved some savings in the following budgets in the period:

- **Governance (£2k)** – from office costs due to pandemic-imposed working from home arrangements.
- **Education Visitors and ToC (Development team, £8k)** – from attendance allowances not paid in the period.

**2. BALANCE SHEET AS AT 31 AUGUST 2020:**
A summary of the GCC’s assets, liabilities and reserves is presented on the "Balance Sheet” page of this report.

**2.1 Investments performance as at 1 January 2020 and 31 August 2020**
The coronavirus pandemic continues to impact negatively on our investments. The value of the investments was £4.1m as at 31 August 2020. The value of the portfolio fell by 2.1% (£359,986) between 1 January and 31 August 2020 (see below).

Consequently, the performance of the funds against the benchmark continues to be disappointing in the period under review. We are working closely with the managers, by reviewing the assets ranges and regions in which to invest, to ensure that the yields on the investments are fully maximised.
2.2 Working capital
The current ratio shows that the GCC has £0.38 (July ‘20: £0.41) available to settle every £1 owed to its short-term suppliers/creditors. The ratio is below the standard level of at least 1/1, and this is largely due to the registrant fees which we received in advance in the prior year. Therefore, this is not considered to be a serious solvency issue but only a technical accounting one, given that the amounts deferred from last year into this year’s accounts will be released into the income statement by the end of this financial year.

2.3 Total net assets
The total net assets of £3.3m are represented by the General and Designated reserves.

3. RECOMMENDATION:
Council is asked to note this report.

Joe Omorodion
Director of Corporate Services
### General Chiropractic Council
### August 2020 Management Accounts

#### Overview Report
**Key Income Statement**

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Actual</th>
<th>Forecast</th>
<th>Variance</th>
<th>Var %</th>
<th>Actual</th>
<th>Forecast</th>
<th>Variance</th>
<th>Var %</th>
<th>Full Year Forecast '20</th>
<th>Full Year Budget '20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrant fees</td>
<td>228,754</td>
<td>222,087</td>
<td>6,667</td>
<td>3%</td>
<td>1,754,883</td>
<td>1,728,748</td>
<td>26,135</td>
<td>2%</td>
<td>2,616,978</td>
<td>2,576,000</td>
</tr>
<tr>
<td>Investments</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td>0%</td>
<td>80,000</td>
<td>80,000</td>
<td>0</td>
<td>0%</td>
<td>120,000</td>
<td>120,000</td>
</tr>
<tr>
<td>Test of Competence (ToC)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>30,000</td>
<td>32,000</td>
<td>-2,000</td>
<td>-6%</td>
<td>37,200</td>
<td>40,000</td>
</tr>
<tr>
<td>Other Income</td>
<td>266</td>
<td>0</td>
<td>266</td>
<td>100%</td>
<td>5,625</td>
<td>3,747</td>
<td>1,878</td>
<td>50%</td>
<td>3,747</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>239,020</td>
<td>232,087</td>
<td>6,933</td>
<td></td>
<td>1,870,509</td>
<td>1,844,495</td>
<td>26,014</td>
<td></td>
<td>2,777,925</td>
<td>2,736,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Full Year Forecast '20</th>
<th>Full Year Budget '20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance costs¹</td>
<td>9,346</td>
<td>10,337</td>
<td>991</td>
<td>10%</td>
<td>82,210</td>
<td>84,087</td>
<td>1,877</td>
<td>2%</td>
<td>124,866</td>
<td>149,846</td>
</tr>
<tr>
<td>Shared Central costs²</td>
<td>63,961</td>
<td>67,200</td>
<td>3,239</td>
<td>5%</td>
<td>613,727</td>
<td>597,886</td>
<td>-15,841</td>
<td>-3%</td>
<td>865,544</td>
<td>1,045,813</td>
</tr>
<tr>
<td>Fitness to Practise (FtP)³</td>
<td>81,199</td>
<td>103,403</td>
<td>22,204</td>
<td>21%</td>
<td>779,571</td>
<td>849,394</td>
<td>69,823</td>
<td>8%</td>
<td>1,276,149</td>
<td>1,045,976</td>
</tr>
<tr>
<td>Development costs³</td>
<td>30,802</td>
<td>36,146</td>
<td>5,344</td>
<td>15%</td>
<td>249,969</td>
<td>269,893</td>
<td>19,924</td>
<td>7%</td>
<td>483,502</td>
<td>491,643</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>185,309</td>
<td>217,086</td>
<td>31,777</td>
<td></td>
<td>1,725,476</td>
<td>1,801,260</td>
<td>75,784</td>
<td></td>
<td>2,750,061</td>
<td>2,733,278</td>
</tr>
</tbody>
</table>

| SURPLUS/(DEFICIT)           | 53,712 | 15,001   | 38,711   |       | 145,033| 43,235   | 101,798  |       | 27,864                 | 2,722                |

#### Notes
1. Council, ARC and RemCo
2. CER, Technology, HR, Finance and Property
3. Investigations, IC, PCC, ISH and Protection of Title
4. Policy, Education, Registration, QA, ToC, Communications, Education Committee
<table>
<thead>
<tr>
<th>Dept</th>
<th>August</th>
<th>Forecast</th>
<th>Variance</th>
<th>Var %</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Forecast</th>
<th>Full Year Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Income</td>
<td>24,063</td>
<td>9,000</td>
<td>15,063</td>
<td>16.7%</td>
<td>92,000</td>
<td>55,875</td>
<td>36,125</td>
</tr>
<tr>
<td>72</td>
<td>Initial Regn Fees - Practising</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>600</td>
<td>600</td>
</tr>
<tr>
<td>72</td>
<td>Initial Regn Fees - Non-practising</td>
<td>201,931</td>
<td>207,906</td>
<td>-5,975</td>
<td>-3%</td>
<td>1,629,887</td>
<td>1,630,412</td>
</tr>
<tr>
<td>72</td>
<td>Retention Fee - Practising</td>
<td>1,008</td>
<td>1,804</td>
<td>4</td>
<td>0%</td>
<td>14,687</td>
<td>14,758</td>
</tr>
<tr>
<td>72</td>
<td>Non- Practising to Practising</td>
<td>-</td>
<td>1,433</td>
<td>1,433</td>
<td>-100%</td>
<td>6,400</td>
<td>7,666</td>
</tr>
<tr>
<td>72</td>
<td>Restorations</td>
<td>850</td>
<td>1,844</td>
<td>994</td>
<td>-64%</td>
<td>11,310</td>
<td>10,437</td>
</tr>
<tr>
<td>Total</td>
<td>228,754</td>
<td>222,087</td>
<td>6,667</td>
<td>-3%</td>
<td>1,754,883</td>
<td>1,728,748</td>
<td>26,135</td>
</tr>
<tr>
<td>74</td>
<td>ToC Income</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>30,000</td>
<td>32,000</td>
</tr>
<tr>
<td>33</td>
<td>Investments</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td>0%</td>
<td>80,000</td>
<td>80,000</td>
</tr>
<tr>
<td>33</td>
<td>Other</td>
<td>266</td>
<td>266</td>
<td>0</td>
<td>100%</td>
<td>5,625</td>
<td>3,747</td>
</tr>
<tr>
<td>Total</td>
<td>10,266</td>
<td>10,000</td>
<td>266</td>
<td>0%</td>
<td>115,625</td>
<td>115,747</td>
<td>122</td>
</tr>
<tr>
<td>TOTAL</td>
<td>239,020</td>
<td>232,087</td>
<td>6,933</td>
<td>3%</td>
<td>1,870,509</td>
<td>1,844,495</td>
<td>26,014</td>
</tr>
<tr>
<td>Governance costs</td>
<td>9,346</td>
<td>10,057</td>
<td>711</td>
<td>7%</td>
<td>80,759</td>
<td>82,036</td>
<td>1,277</td>
</tr>
<tr>
<td>10</td>
<td>Council</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0%</td>
<td>1,451</td>
<td>1,451</td>
</tr>
<tr>
<td>11</td>
<td>Audit &amp; Risk Committee</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0%</td>
<td>1,451</td>
<td>1,451</td>
</tr>
<tr>
<td>12</td>
<td>Remuneration Committee</td>
<td>300</td>
<td>300</td>
<td>0</td>
<td>0%</td>
<td>600</td>
<td>600</td>
</tr>
<tr>
<td>Total</td>
<td>9,346</td>
<td>10,057</td>
<td>711</td>
<td>7%</td>
<td>82,210</td>
<td>84,087</td>
<td>1,877</td>
</tr>
<tr>
<td>CER Office costs</td>
<td>20,471</td>
<td>20,332</td>
<td>139</td>
<td>-0.7%</td>
<td>163,135</td>
<td>162,368</td>
<td>-567</td>
</tr>
<tr>
<td>30</td>
<td>CER's Office</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,451</td>
<td>1,451</td>
</tr>
<tr>
<td>31</td>
<td>Technology</td>
<td>7,338</td>
<td>8,456</td>
<td>1,118</td>
<td>13%</td>
<td>151,272</td>
<td>122,507</td>
</tr>
<tr>
<td>32</td>
<td>Human Resources</td>
<td>2,163</td>
<td>4,739</td>
<td>2,576</td>
<td>50%</td>
<td>88,647</td>
<td>72,458</td>
</tr>
<tr>
<td>33</td>
<td>Finance</td>
<td>14,611</td>
<td>14,205</td>
<td>406</td>
<td>-3%</td>
<td>87,886</td>
<td>96,167</td>
</tr>
<tr>
<td>34</td>
<td>Property</td>
<td>19,179</td>
<td>19,468</td>
<td>289</td>
<td>1%</td>
<td>142,187</td>
<td>144,386</td>
</tr>
<tr>
<td>Total</td>
<td>63,961</td>
<td>67,200</td>
<td>3,239</td>
<td>5%</td>
<td>613,727</td>
<td>597,886</td>
<td>15,841</td>
</tr>
<tr>
<td>Shared Central costs</td>
<td>2,733,278</td>
<td>1,045,976</td>
<td>1,687,302</td>
<td>62.9%</td>
<td>3,240,119</td>
<td>1,045,813</td>
<td>2,194,306</td>
</tr>
<tr>
<td>50</td>
<td>Investigations</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,451</td>
<td>1,451</td>
</tr>
<tr>
<td>51</td>
<td>Investigations Committee</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,451</td>
<td>1,451</td>
</tr>
<tr>
<td>52</td>
<td>Professional Conduct Committee</td>
<td>27,671</td>
<td>41,155</td>
<td>13,484</td>
<td>33%</td>
<td>376,077</td>
<td>394,036</td>
</tr>
<tr>
<td>53</td>
<td>Interim Suspension Hearings</td>
<td>6,082</td>
<td>4,620</td>
<td>-1,462</td>
<td>-23%</td>
<td>21,194</td>
<td>26,982</td>
</tr>
<tr>
<td>54</td>
<td>Protection of Title</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2,271</td>
<td>6,211</td>
</tr>
<tr>
<td>Total</td>
<td>81,199</td>
<td>103,403</td>
<td>22,204</td>
<td>22%</td>
<td>779,171</td>
<td>849,394</td>
<td>70,223</td>
</tr>
<tr>
<td>Fitness to Practise costs (FtP)</td>
<td>2,722,460</td>
<td>1,045,976</td>
<td>1,676,484</td>
<td>61.2%</td>
<td>3,240,119</td>
<td>1,045,813</td>
<td>2,194,306</td>
</tr>
<tr>
<td>70</td>
<td>Policy team</td>
<td>19,051</td>
<td>12,754</td>
<td>-6,297</td>
<td>-49%</td>
<td>118,071</td>
<td>126,779</td>
</tr>
<tr>
<td>71</td>
<td>Education team</td>
<td>4,026</td>
<td>4,027</td>
<td>1</td>
<td>0%</td>
<td>32,466</td>
<td>32,466</td>
</tr>
<tr>
<td>72</td>
<td>Registration team</td>
<td>5,704</td>
<td>5,575</td>
<td>-129</td>
<td>-2%</td>
<td>58,188</td>
<td>57,501</td>
</tr>
<tr>
<td>73</td>
<td>Quality Assurance</td>
<td>-</td>
<td>4,590</td>
<td>4,590</td>
<td>-100%</td>
<td>2,109</td>
<td>6,945</td>
</tr>
<tr>
<td>74</td>
<td>Test of Competence</td>
<td>67</td>
<td>9,100</td>
<td>9,033</td>
<td>89%</td>
<td>20,213</td>
<td>24,542</td>
</tr>
<tr>
<td>55</td>
<td>Communications</td>
<td>1,958</td>
<td>100</td>
<td>-1,858</td>
<td>-93%</td>
<td>13,256</td>
<td>12,754</td>
</tr>
<tr>
<td>13</td>
<td>Education Committee</td>
<td>16</td>
<td>10</td>
<td>6</td>
<td>30%</td>
<td>5,545</td>
<td>3,747</td>
</tr>
<tr>
<td>Total</td>
<td>10,803</td>
<td>36,346</td>
<td>2,544</td>
<td>7%</td>
<td>240,965</td>
<td>209,013</td>
<td>31,952</td>
</tr>
<tr>
<td>Development</td>
<td>1,721,476</td>
<td>1,801,260</td>
<td>79,784</td>
<td>4%</td>
<td>2,750,061</td>
<td>2,733,278</td>
<td>16,784</td>
</tr>
<tr>
<td>TOTAL OPERATING COSTS</td>
<td>185,309</td>
<td>217,086</td>
<td>31,777</td>
<td>15%</td>
<td>1,721,476</td>
<td>1,801,260</td>
<td>79,784</td>
</tr>
<tr>
<td>SURPLUS/(DEFICIT)</td>
<td>51,712</td>
<td>15,001</td>
<td>36,711</td>
<td>23%</td>
<td>145,033</td>
<td>43,215</td>
<td>101,718</td>
</tr>
<tr>
<td>Percentage</td>
<td>22%</td>
<td>6%</td>
<td>16%</td>
<td>8%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>
### GCC Balance Sheet
As at 31 August 2020

<table>
<thead>
<tr>
<th></th>
<th>January 2020</th>
<th>August 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible Assets</td>
<td>5,328</td>
<td>1,810</td>
</tr>
<tr>
<td>Investments</td>
<td>4,521,712</td>
<td>4,421,712</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
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<td></td>
</tr>
<tr>
<td>Debtors</td>
<td>7,659</td>
<td>55,233</td>
</tr>
<tr>
<td>Bank</td>
<td>1,649,372</td>
<td>550,258</td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMRC and pensions</td>
<td>26,267</td>
<td>26,613</td>
</tr>
<tr>
<td>Payments in advance</td>
<td>2,363,402</td>
<td>1,294,961</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>285,905</td>
<td>119,919</td>
</tr>
<tr>
<td>Corporate tax</td>
<td>14,098</td>
<td>14,098</td>
</tr>
<tr>
<td>Other creditors</td>
<td>153,948</td>
<td>144,973</td>
</tr>
<tr>
<td><strong>Current Assets less Current Liabilities:</strong></td>
<td>-1,186,589</td>
<td>-995,074</td>
</tr>
<tr>
<td><strong>Total Assets less Current Liabilities:</strong></td>
<td>3,340,451</td>
<td>3,428,448</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td>183,767</td>
<td>126,731</td>
</tr>
<tr>
<td><strong>Total Assets less Total Liabilities:</strong></td>
<td>3,156,684</td>
<td>3,301,717</td>
</tr>
<tr>
<td><strong>Funds of The Council</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>3,156,684</td>
<td>3,156,684</td>
</tr>
<tr>
<td>P &amp; L Account</td>
<td>0</td>
<td>145,033</td>
</tr>
<tr>
<td><strong>Funds of The Council</strong></td>
<td>3,156,684</td>
<td>3,301,717</td>
</tr>
</tbody>
</table>
Agenda Item: CO200923-07  
Subject: Business Plan 2020 Update  
Author: Richard Kavanagh, Business Officer and Project Manager  
Date: 23 September 2020

<table>
<thead>
<tr>
<th>Summary</th>
<th>The paper provides an update on our performance against the 2020 Business Plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>For information</td>
</tr>
<tr>
<td>Recommendations</td>
<td>The Council is asked to note the report.</td>
</tr>
<tr>
<td>Annex</td>
<td>Annex 1: Business plan status table, September 2020</td>
</tr>
</tbody>
</table>
Background

1. The Business Plan was agreed by Council in December 2019 and is the second year of the five-year strategy 2019-2023.

Summary

2. The status of each project and a short update summary of all activities in the business plan can be found at Annex 1.

3. In three projects (refs 13, 22, 24) we have broken down the activities into two sections and this is shown in the Annex by having sections (a) and (b) added to the end of the reference number. This allows for greater clarity and for the work to be more manageable.

<table>
<thead>
<tr>
<th>Eight projects have been completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• (Ref 2) Review the need for changes to our education standards to include the wider public health agenda.</td>
</tr>
<tr>
<td>• (Ref 3) Evaluate whether the changes made to our CPD summary have led to greater evidence of reflection amongst registrants</td>
</tr>
<tr>
<td>• (Ref 13a) Legal policy review of whistleblowing in clinics.</td>
</tr>
<tr>
<td>• (Ref 17) Implement a mandatory learning and development programme for staff and assess performance and development needs on an individual basis</td>
</tr>
<tr>
<td>• (Ref 22a) Run a recruitment exercise for two new registrant Council members</td>
</tr>
<tr>
<td>• (Ref 23) Carry out staff initiatives to gauge and improve the contentment and wellbeing of the staff team including publishing a mental health and wellbeing policy</td>
</tr>
<tr>
<td>• (Ref 26) Obtain cyber essentials certification and security testing to be carried out</td>
</tr>
<tr>
<td>• (Ref 27) Obtain electronic signature product for FTP department in light of Covid-19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thirteen projects are in progress:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• (Ref 1) Capture and use our knowledge to provide a sharper focus in our regulatory work by publishing and promoting guidance that supports chiropractic best practice and enables ‘upstreaming’ of complaints [NB – this item contains several components which are at various stages of completion. Within Ref 1 the review of imaging requires additional focus following some delay as a result of professionals’ availability during the pandemic]</td>
</tr>
<tr>
<td>• (Ref 5) Commission research to understand current and future workforce needs and challenges of the profession</td>
</tr>
<tr>
<td>• (Ref 6) Commission research and survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice</td>
</tr>
<tr>
<td>• (Ref 7) Implement student engagement strategy</td>
</tr>
</tbody>
</table>
- (Ref 9) Survey the public on their views and expectations of the chiropractic profession and regulation
- (Ref 12) Recruit new IC members (Lay and registrant) and new PCC members (registrant only)
- (Ref 13b) Correspondence with complainants and registrants review based on feedback received
- (Ref 15) Increase and improve our engagement with our partners and key stakeholders, including appraisals, regular updates and access to learning opportunities
- (Ref 20) Move to a paperless system for council and committees
- (Ref 22b) Run a recruitment exercise for one new lay Education Committee member and two reappointments
- (Ref 24a) Make continuous improvements to website
- (Ref 24b) Make continuous improvements to the new CRM system
- (Ref 25) Review our existing business continuity plan including disaster recovery and update

Four projects are experiencing issues which may affect the delivery of the project or have been withdrawn:

- (Ref 4) Respond to policy relating to Governance and FTP emerging from the department of health’s regulatory reform agenda
- (Ref 8) Develop a set of competencies for new graduates
- (Ref 11) Support and promote inter-professional learning and working between chiropractors and other healthcare professionals
- (Ref 16) Hold a ‘lessons learnt’ steering group regarding the advertising complaints closed in 2019

See sections below for further detail

Five projects have been previously deferred until 2021 at the June 2020 Council meeting and are included in the Business Plan 2021

- (Ref 10) Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways
- (Ref 14) Consider our expert witness arrangements
- (Ref 18) Implement a case management system for the FTP department
- (Ref 19) Review and update our IT document management arrangements
- (Ref 21) Review IT support contract arrangements

**Projects with issues or withdrawn**

4. (Ref 4) Respond to policy relating to Governance and FTP emerging from the department of health’s regulatory reform agenda - The Department of Health and Social Care has flagged changes to the programme of reform as originally conceived. This is due to challenges on resources as a consequence of responding to Covid-19 and a reprioritisation relating to a
necessary focus on the medical and nursing professions. We continue to work with the department to seek out opportunities for reform and will carry this action over to the 2021 business plan.

5. (Ref 8) Develop a set of competencies for new graduates - Following further deliberation with Council this project has been withdrawn amid concern over funding and potential future financial implications.

6. (Ref 11) Support and promote inter-professional learning and working between chiropractors and other healthcare professionals - We are currently awaiting a response from GOsC on when we will be able to take this project forward. We will consider how best to take this forward if GOsC are unable to continue or resource this work as originally planned.

7. (Ref 16) Hold a ‘lessons learnt’ steering group regarding the advertising complaints closed in 2019 – See Fitness to Practice Director’s Report (CO200923-05) - the feasibility of completing all aspects of this work has been reviewed and deemed to be prohibitively costly to undertake. A variety of other workstreams have been proposed to Council that are more proportionate, achievable and in-keeping with our operational prioritises.

Projects with delays

- (Ref 1) Capture and use our knowledge to provide a sharper focus in our regulatory work by publishing and promoting guidance that supports chiropractic best practice and enables ‘upstreaming’ of complaints contains several components which are at various stages of completion. Within Ref 1 the review of imaging requires additional focus following some delay as a result of professionals’ availability during the pandemic. This is being prioritised.

8. Two research projects; (Ref 5) Commission research to understand current and future workforce needs and challenges of the profession and (Ref 6) Commission research and survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice have been delayed due to Covid-19 and timeframes have been adjusted accordingly. Both surveys will be launched shortly, one aimed at registrants and one at members of the public.

9. (Ref 13b) Correspondence with complainants and registrants review based on feedback received – This activity is in progress but will not meet the original timeframe that we previously set. This does not present a risk as initial analysis on feedback received from complainants will be completed by the year end and will feed into work in 2021 that is included in the business plan 2021 draft.
Implications

10. The business plan relates directly to the five-year strategy. Implications of withdrawing activities should be considered in light of the strategy.

11. There are no legal implications.

12. There are equality implications arising from this paper. Projects which causes changes to the way we work and has an impact on individuals may require equality impact assessments.

13. There are communications implications arising from this paper. There are increased opportunities and requirements to engage with all our stakeholders as part of the work and to communicate changes to the business plan.

Risk assessment / analysis

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk score</th>
<th>Risk rating</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reputational – unable to complete work in timescales that we have previously communicated to the profession</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td>Green</td>
<td>Explaining the reasons for any delays.</td>
</tr>
<tr>
<td>Reputational - withdrawn project (Ref 8) that we have previously communicated we would complete</td>
<td>5</td>
<td>2</td>
<td>12</td>
<td>Red</td>
<td>We have reconsidered and reviewed and will determine how best to take forward the strategic objective aligned with this work.</td>
</tr>
<tr>
<td>Inability to continue (Ref 11) in collaboration with GOsC</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>Green</td>
<td>We will review the project and consider how to move the work forward.</td>
</tr>
</tbody>
</table>

* For example, likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)
† For example, impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)
<table>
<thead>
<tr>
<th>Ref</th>
<th>BP Activity</th>
<th>Timescale</th>
<th>Lead</th>
<th>Status</th>
<th>Update</th>
</tr>
</thead>
</table>
| 1   | Capture and use our knowledge to provide a sharper focus in our regulatory work by publishing and promoting guidance that supports chiropractic best practice and enables ‘upstreaming’ of complaints. | Ongoing       | Cross functional      | In progress    | Various work strands.  
  - First aid requirements post-inquiry enacted – March (Coroner’s report)  
  - Pre-treatment imaging (Coroner’s report)  
  - Monthly IC lessons learned meetings  
  - Newsletters  
  - New news content on website– blogs/vlogs  
  - HCPC – Professionalism joint research taking place  
  A large proportion of the work in this area in 2020 relates to our correspondence in relation to Covid-19.  
  - Covid-19 webpage and various guidance |
| 2   | Review the need for changes to our education standards to include the wider public health agenda. | To EC by November | Education             | Complete       | EC considered and agreed on 01/04/20 that this would be fed into a wider scoping review of the Education Standards, to be carried out with the EC in 2021. |
| 3   | Evaluate whether the changes made to our CPD summary have led to greater evidence of reflection amongst registrants | June          |Registrations          | Complete       | Final report sent to Education Committee 01/04/20. Recommendations implemented. |
| 4   | Respond to policy relating to Governance and FTP emerging from the department of health's regulatory reform agenda | No indication of timeframe from DOH | CE/Cross-functional | Unlikely to be delivered | The Department of Health and Social Care (DHSC) has flagged changes to the programme of reform as originally conceived. This is due to challenges on resources as a consequence of responding to Covid-19 and a reprioritisation relating to a necessary focus on the medical and nursing professions. We continue to work with DHSC to seek out opportunities for reform and will carry this action over to the 2021 business plan. |
| 5   | Commission research to understand current and future workforce needs and challenges of the profession | December      | Development           | In progress    | In progress. Delayed due to Covid-19  
Quantitative research due to complete by end of October.  
Qualitative research due to complete by end of November  
Analysis and report due January 2021 |
| 6   | Commission research and survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice | March 2021 (+ Regular updates to Council) |Development       | In progress    | In progress. Delayed due to Covid-19  
Phase 1 in progress to conclude January 2021.  
Phase 2 to take place in 2021 as originally planned, to conclude January 2022 and included in 2021 business plan. |
| 7   | Implement student engagement strategy | Ongoing       | Development           | In progress    | Student engagement strategy published.  
Covid-19 has had an impact on our ability to engage fully but work continues. Work will be more ‘virtual’ focused or via the website than originally planned.  
- CE and Registrations officer spoke with new graduates  
- Visit planned for induction week  
- Visit to LSBU in October planned |
<table>
<thead>
<tr>
<th></th>
<th>Agenda item: Annex</th>
<th>Meeting: Council, 23 September 2020</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Develop a set of competencies for new graduates</td>
<td>December</td>
<td>Development</td>
</tr>
<tr>
<td></td>
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<tr>
<td>9</td>
<td>Survey the public on their views and expectations of the chiropractic profession and regulation</td>
<td>December</td>
<td>Development</td>
</tr>
<tr>
<td>10</td>
<td>Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways</td>
<td>December</td>
<td>Development</td>
</tr>
<tr>
<td>11</td>
<td>Support and promote inter-professional learning and working between chiropractors and other healthcare professionals</td>
<td>April TBC – awaiting further discussions</td>
<td>Development</td>
</tr>
<tr>
<td>12</td>
<td>Recruit new IC members (Lay and registrant) and new PCC members (registrant only)</td>
<td>September/October</td>
<td>FTP</td>
</tr>
<tr>
<td>13a</td>
<td>Legal policy review of whistleblowing in clinics.</td>
<td>July</td>
<td>FTP</td>
</tr>
<tr>
<td>13b</td>
<td>Correspondence with complainants and registrants review based on feedback received</td>
<td>July</td>
<td>FTP</td>
</tr>
<tr>
<td>14</td>
<td>Consider our expert witness arrangements</td>
<td>October</td>
<td>FTP</td>
</tr>
<tr>
<td>15</td>
<td>Increase and improve our engagement with our partners and key stakeholders, including appraisals, regular updates and access to learning opportunities</td>
<td>Ongoing</td>
<td>Cross functional</td>
</tr>
</tbody>
</table>
|   |   |   |   |   | Microlearn E-learning now accessible to all Council and partners.  
|   |   |   |   |   | Appraisals for FTP committees to take place in Q4.  
|   |   |   |   |   | Training for FTP committees in Q4.  
<p>|   |   |   |   |   | Quarterly meetings with defence teams to begin |
| 16 | Hold a 'lessons learnt' steering group regarding the advertising complaints closed in 2019 | May | FTP | Partially delivered | See Fitness to Practise Director's report – for approval by Council |</p>
<table>
<thead>
<tr>
<th></th>
<th>Agenda item: Implement a mandatory learning and development programme for staff and assess performance and development needs on an individual basis</th>
<th>May</th>
<th>CE</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Microlearn e-learning implemented and mandatory modules have been completed. Individual staff training needs have been considered and training to follow.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>18</td>
<td>Implement a case management system for the FTP department</td>
<td>October</td>
<td>Corporate/FTP</td>
<td>Deferred to 2021</td>
</tr>
<tr>
<td></td>
<td>Deferred to 2021 at June 2020 Council meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Review and update our IT document management arrangements</td>
<td>Post-October</td>
<td>Corporate</td>
<td>Deferred to 2021</td>
</tr>
<tr>
<td></td>
<td>Deferred to 2021 at June 2020 Council meeting</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>Move to a paperless system for council and committees</td>
<td>March</td>
<td>Corporate</td>
<td>In progress</td>
</tr>
<tr>
<td>21</td>
<td>Review IT support contract arrangements</td>
<td>June</td>
<td>Corporate</td>
<td>Deferred to 2021</td>
</tr>
<tr>
<td></td>
<td>Deferred to 2021 at June 2020 Council meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22a</td>
<td>Run a recruitment exercise for two new registrant Council members</td>
<td>May</td>
<td>CE</td>
<td>Complete</td>
</tr>
<tr>
<td></td>
<td>Two new Council members recruited.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b</td>
<td>Run a recruitment exercise for one new lay Education Committee member and two reappointments</td>
<td>December</td>
<td>Education/Governance</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>In progress. 2 reappointments made in May. Recruitment for new lay member due to complete November 2020</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>23</td>
<td>Carry out staff initiatives to gauge and improve the contentment and wellbeing of the staff team including publishing a mental health and wellbeing policy</td>
<td>June</td>
<td>CE</td>
<td>Complete</td>
</tr>
<tr>
<td>24a</td>
<td>Make continuous improvements to website</td>
<td>Ongoing</td>
<td>Communications</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Improvements that do not need require specific development work by the web provider are being undertaken by Communications officer as part of business as usual. Recent updates: Coronavirus section, Blogs added, newsletter section, registrations and CPD pages, easier navigation, find a chiropractor button, new pictures etc.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24b</td>
<td>Make continuous improvements to the new CRM system</td>
<td>Ongoing</td>
<td>Corporate/Registrations</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>• Online application for graduates process completed. • First aid and CPD amendments completed. • Adding ‘change address’ feature to portal completed</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>25</td>
<td>Review our existing business continuity plan including disaster recovery and update</td>
<td>March (Covid-19 enacted)</td>
<td>Corporate</td>
<td>In progress</td>
</tr>
<tr>
<td></td>
<td>Enacted in light of Covid-19. More work is in progress to ensure disaster recovery plans are robust (IT/server) for potential for second lockdown.</td>
<td></td>
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<tr>
<td></td>
<td>Description</td>
<td>Date</td>
<td>Division</td>
<td>Status</td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td>26</td>
<td>Obtain cyber essentials certification and security testing to be carried out</td>
<td>July</td>
<td>Corporate</td>
<td>Complete</td>
</tr>
<tr>
<td>27</td>
<td>Obtain electronic signature product for FTP department in light of Covid-19</td>
<td>April</td>
<td>Corporate</td>
<td>Complete</td>
</tr>
</tbody>
</table>
Agenda Item: CO200923-08
Subject: GCC Strategy 2019-2023: Business Plan 2021 (First draft)
Author(s): Nick Jones, Chief Executive & Registrar
Date: 23 September 2020

<table>
<thead>
<tr>
<th>Summary</th>
<th>The purpose of this paper is to share early proposals for the 2021 Business Plan and should be considered with Annex 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action</td>
<td>To review the proposed plan and to comment on the overall programme and items to ensure the right priorities have been identified to meet the strategic aims of the Council; and propose amendments or additions to enable refinement in advance of final consideration in December 2020, alongside proposals for the 2021 budget.</td>
</tr>
<tr>
<td>Recommendations</td>
<td>The Council is asked to comment on the draft business plan 2021</td>
</tr>
<tr>
<td>Annexes</td>
<td>Annex 1 – Aims, activities and deliverables 2021</td>
</tr>
</tbody>
</table>
Background

1. The GCC five-year strategy was first considered by Council in September 2018 and was agreed in December 2018. 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

The Vision for 2021

2. The first two years of the strategy have been about working to give ourselves a platform to build on; developing our foundations and transforming how we work.

3. In 2019, the first year of the new strategy, we implemented key technological changes to the organisation, changed some of our fitness to practise and CPD processes and made progress on our financial sustainability plan.

4. In 2020 we have continued to work to refine the building blocks laid in 2019 in areas such as fitness to practise, communications and registrations. We have progressed our work into developing the profession, albeit affected and delayed by Covid-19.

5. The vision for the business plan 2021, the third year of the five-year strategy, is to contribute towards changing the nature of all of our work with projects supporting lasting change; increasing our knowledge base; improving our ability to carry out our core functions and meeting our regulatory duties even more effectively.

6. Additionally, we focus on engagement with both the profession and patients and the public, particularly in relation to misinformation and inclusivity – areas that currently present issues in wider society. Our relationship to patients and the public requires investment as a result of limited activity here in the past.

7. Projects and areas of work relating to our strategic objectives of Promoting Standards and Developing the Profession, have been developed through discussions with Committees and Council member reference groups and with other stakeholders important in the implementation of our ambitions.
8. The changes made to the organisation’s staff structure in 2020 allow us to now carry out our business-as-usual activities fully. With a solid foundation, we can enhance what we do as standard, and do it well consistently. In 2021 we can be more ambitious in relation to our regulatory functions which will allow us to tackle activities in our work programme confidently.

9. The proposed activities within the business plan should not be viewed in isolation as areas of improvement isolated from our core work; projects that we undertake should relate directly to our core duties and our staff doing all our work well.

**Link to the Strategy**

10. Our strategic aims and objectives that we will focus on in 2021 are outlined below. Each business plan activity falls under one of the strategic aims and relates to a strategic objective. We will carry out work on different strategic objectives at different times across the life cycle of the strategy. We have not planned activities under all the strategic objectives in the five-year strategy in 2021 because we have prioritised key areas and because we have already carried out work under some of the strategic objectives in 2019 and 2020.

11. The leadership team has tested the proposals for implementation and costs (at this stage some cost estimates are provisional and will move following the development of business cases over the autumn). The estimated costs of £175,482 are proposed for delivery in 2021.

12. Council will further consider the estimated costs in detail prior to completion of the final business plan in December 2020 alongside the presentation of the overall budget for 2021

<table>
<thead>
<tr>
<th>Strategic aim</th>
<th>Strategic Objectives 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>We Promote Standards</td>
<td>• Our continued development of professional and registration standards will ensure those standards are relevant and meaningful</td>
</tr>
<tr>
<td></td>
<td>• Our assurance and support of education provision will reflect best practice in education and healthcare</td>
</tr>
<tr>
<td></td>
<td>• Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients</td>
</tr>
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</table>

*We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning*
We Develop the Profession
We will facilitate collaborative strategic work to support the profession in its development

- Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care
- Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation

We Investigate and Act
We will take right touch action on complaints, the misuse of title or where registration standards are not met

- Our development of more ‘right touch’ fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe
- Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns

We Deliver Value
We will be a great place to work, work together and deliver effective and efficient services

- Our financial planning and use of resources will provide a secure future for the GCC
- Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience
- Our communication, engagement and collaboration will build confidence and trust

13. The activities to support these objectives are as follows. These are the headlines and provide cost indications at a glance.

14. Annex 1 sets out in detail the aims and deliverables of the key activities under each strategic aim that we consider should be our focus for 2021. Undertaking these projects will allow us to progress as an organisation, enabling progress in the year and in years to come.

15. All activities will be supported by a business case to ensure that they are beneficial, viable, achievable and cost effective.

<table>
<thead>
<tr>
<th>Proposed Activity</th>
<th>Expected costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We Promote Standards</strong></td>
<td></td>
</tr>
<tr>
<td>Develop a digital toolkit to assist chiropractors to reflect on their own website and web material.</td>
<td>10,000</td>
</tr>
<tr>
<td>Develop a digital toolkit to support chiropractors with their communication with patients/public.</td>
<td>10,000</td>
</tr>
<tr>
<td>Respond to potential changes relating to Education and Registrations including CPD, emerging from DHSC’s regulatory reform agenda</td>
<td>10,000</td>
</tr>
<tr>
<td>Produce engaging, supporting information for patients/public and a dedicated area on our website and form a virtual public/patient panel</td>
<td>20,000</td>
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</tbody>
</table>
Determine the need for changes to our Education Standards and Quality Assurance processes by carrying out a scoping review 7,500

**We Develop the Profession**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct research that sets out how education and training can evolve so that our future registrants are equipped with the right skills to respond to population need in an ever-changing health care landscape.</td>
<td>30,000</td>
</tr>
<tr>
<td>Complete research started in 2020 to survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice</td>
<td>24,404</td>
</tr>
<tr>
<td><em>Deferred 2020</em> Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways -</td>
<td>12,000</td>
</tr>
</tbody>
</table>

**We Investigate and Act**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Carried over from 2020</em> Respond to potential changes relating to FTP and Governance emerging from DHSC’s regulatory reform agenda</td>
<td>10,000</td>
</tr>
<tr>
<td>Continue to streamline our processes and make relevant operational changes within FTP within the remit of our current legislative framework</td>
<td>-</td>
</tr>
<tr>
<td><em>Deferred 2020</em> Consider our expert witness arrangements</td>
<td>10,000</td>
</tr>
<tr>
<td>Improve our processes around obtaining feedback from individuals involved in the FTP process</td>
<td>-</td>
</tr>
</tbody>
</table>

**We Deliver Value**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review our Equality &amp; Diversity Policy and actions and engage with the profession on equality and diversity to ensure we are an inclusive regulator</td>
<td>8,000</td>
</tr>
<tr>
<td>Seek operating efficiencies to achieve maximum value</td>
<td>2,000</td>
</tr>
<tr>
<td><em>Deferred 2020</em> Review IT support contract arrangements</td>
<td>2,520</td>
</tr>
<tr>
<td><em>Deferred 2020</em> Review our IT document management arrangements</td>
<td>2,520</td>
</tr>
<tr>
<td>Review our physical documentation in the office and external archive</td>
<td>16,538</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>175,482</strong></td>
</tr>
</tbody>
</table>

**Business Plan 2020 – deferred and active projects**

16. Some active projects in 2020, which we still intend to complete, have been delayed and may naturally overlap into 2021. Any incomplete projects from 2020 will be rolled over into the 2021 business plan by November 2020 when we will have a clearer understanding of when projects will conclude.

17. Some projects have already been deferred to 2021 and they appear as activities in the 2021 draft. There is one exception - ‘Implement a case management system for the FTP department’ – we do not propose to carry out this work in 2021. Any case management system would need to align directly with our complaint processes as set out in our legislation. As our legislation may be subject to change as part of the regulatory reform agenda, the case management system would need to be changed to reflect any amendments and we do not have any certainty about what and when changes
may be achieved. We know from experience that designing a case management system is very expensive and very time consuming. It would take a lot of operational input from the fitness to practise team and we must only commit those resources when we are certain that changes are or are not happening to our legislation. There are many benefits to be had from implementing a case management system and we will keep it continually under review until we have more clarity around legislative reform.

18. Costs associated with the ‘Implement a student engagement strategy’ project were removed from the project in 2020 but the work will still take place in 2020 without a budget, hence it not appearing as an activity in the 2021 plan. In 2021 student engagement work will move, as planned, into business as usual.

19. One project has already moved into 2021 as we know in advance that it will not take place this year and is an important activity that we should capture – work on regulatory reform within FTP and Governance. We will not spend the allowance allocated to this work in 2020 and this will move into 2021. Regulatory reform in 2021 will also cover education and registration and this appears as a project separate to FTP and governance in the business plan.

Council considerations

20. Council is asked to consider whether the proposed activities and projects work towards achieving our five-year strategy and whether the balance of projects proposed meets overall aims – for example the relative focus on one strategic aim and/or objective over another.

21. It is our view that the projects identified present the most impact and best use of our resources; it is for Council to satisfy itself that they do so. However, given financial pressures it may be some of the activities are ultimately unaffordable. At this stage, a steer from Council as to non-negotiable ‘must do’ areas will clarify those priorities to be delivered.

22. Our intention is that Council is clear as to what each project entails to ensure objectives and benefits are realised and allow budgets to be agreed. This will also be important when considering which projects are of a higher priority. As such we have detailed further information for each activity in Annex 1.

23. There are equality implications arising from this paper. Projects which cause changes to the way we work and that have an impact on individuals will require equality impact assessments. The proposals also present opportunities and requirements to engage with all our stakeholders as part of the work and to communicate changes to the business plan.
Aims, activities and deliverables

We Promote Standards 2021

<table>
<thead>
<tr>
<th>We will set, assure compliance and promote educational, professional &amp; registration standards alongside lifelong learning</th>
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<tr>
<td>↓</td>
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<tr>
<td>↓</td>
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<tr>
<td>↓</td>
</tr>
<tr>
<td>1. Our continued development of professional and registration standards will ensure those standards are relevant and meaningful</td>
</tr>
</tbody>
</table>

It is important that the public has confidence in the quality and safety of chiropractic care. In 2021, we will challenge expectations of the GCC to improve the care provided by chiropractors, to give patients and the public greater confidence. We will take regulatory action and promote evidence-based practice to counter misinformation and disinformation.

**Strategic objective 1**: Our continued development of professional and registration standards will ensure standards are relevant and meaningful

**Aim**

- Prevention of public harm due to false, misleading or deceptive communication, information and advertising
- Provision of safe, effective chiropractic treatment based on the best available evidence
- Enhanced quality of registrants’ communications with patients and the public and the perception of chiropractic as a trustworthy and accepted profession within wider healthcare system

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a digital toolkit to assist chiropractors to reflect on their own website and web material</td>
<td>£10,000</td>
</tr>
<tr>
<td>Develop a digital toolkit to support chiropractors with their communication with patients/public</td>
<td>£10,000</td>
</tr>
<tr>
<td>Respond to potential changes relating to Education and Registrations including CPD, emerging from DHSC’s regulatory reform agenda</td>
<td>£10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£30,000</strong></td>
</tr>
</tbody>
</table>

**Key deliverables**

A web-based ‘toolkit’ for advertising to host the current and new guidance and resources to include but not limited to:
• Reviewing the current advertising guidance and social media guidance, updating if necessary, communications and reminding thereof
• Information relating to the ASA/CAP Guidance and advertising requirements, evidence and the need to consider advertising from a consumer perspective. Focused on the outcome – preventing harm from false, misleading or deceptive advertising
• Any public statements and claims of effectiveness for chiropractic care and conditions that chiropractic can treat being honest, legal, decent and truthful; no promotion of unfounded ideas e.g. immunity claims
• Reminding chiropractors of need to check any ‘old’ information or available information about them/their practice on the web and asking for things to be amended or deleted (keep copies of correspondence); if retiring then to ensure information is removed
• FAQs, news articles and good practice case studies: podcasts, blogs, vlogs of chiropractors/experts/IC/PCC members,
• Linked to this would be a quarterly advertising communication campaign to ensure this is given due prominence.

A web-based communications ‘toolkit’ pitched at supporting registrants to enhance the quality of their communications with patients and the public and the perception of chiropractic as a trustworthy and accepted profession.

To include:

• Links to The Code and guidance on consent
• Resources around communicating with patients, such as, different questions and approaches to identify patient ideas, concerns and expectations; exploring non-verbal communication mechanisms, communicating benefits and risks of treatment options, including adjunctive therapies; supporting patients to make decisions about treatment;
• Messaging and use of language and pseudo-scientific terms; current evidence around effects of manipulation (no evidence for subluxation or its correction. Increasing research demonstrating harmful effects of giving patients the message that ‘bones are out’, misplaced, damaged or that they have something that will cause illness if not ‘corrected’)
• Risk communication - clear, accurate and forming part of shared decision making and consent
• Need for chiropractors to support current, authoritative public health advice and encourage patients to do so, for example no anti-vaccination messaging
• Case scenarios, patients talking about what they expect; social media and blog campaign to influence changes in behaviour and spell out our expectations of registrants in terms of language and quality of communication with patients in clinic etc.

We will respond to potential changes in Education, Registrations and CPD, emerging from DHSC’s regulatory reform agenda. We will seek appropriate rule changes.
Strategic objective 2: *Our publicity on the benefits of seeing a registered chiropractor will promote confidence in the public and patients*  

**Aim**

- Supporting patients’ understanding of and engagement with their healthcare  
- Promoting people centred, evidence-based care  
- Ensuring that patients are aware that any claims made that certain treatments can help a health condition or general health need to be based on acceptable evidence: it is important that patients clearly understand what treatment is being offered to them and can give valid consent and the benefits thereof.  
- Exploring what is chiropractic, and approach to managing MSK pain via package of interventions that includes manual treatments, exercise and education/psychological approaches - these should heed best evidence for what is effective and that chiropractors are trained in (there is a tendency by some to be over reliant on spinal manipulation and neglect the other effective approaches, leading to big variation in the consistency of care that patients will receive).

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce engaging, supporting information for patients/public and a dedicated area on our website.</td>
<td>£20,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£20,000</strong></td>
</tr>
</tbody>
</table>

**Key deliverables**

To be considered in parallel with work on digital toolkits (above) and as part of our communications plans and website improvement:

- Patient information on what to expect from Chiropractic, building on ‘Patient Expectations’ set out in The Code and public perceptions research  
- Myth-busting information publicised through a range of sources that are more likely to reach the public  
- Formation of a virtual public/patient panel and planned engagement activities

Strategic objective 3: *Our assurance and support of education provision will reflect best practice in education and healthcare*  

**Aim**

- To ensure current Education Standards and approval processes are fit for purpose and to determine the need for changes or full-scale review

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine the need for changes to our Education Standards and Quality Assurance processes by carrying out a scoping review</td>
<td>£7,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£7,500</strong></td>
</tr>
</tbody>
</table>
Key deliverables

- Formation of Education Committee working group and scoping review report for Education Committee

Activities we considered carrying out:

- We considered proactively checking chiropractors’ websites for misleading information. However, this would be a resource intensive activity and we could be seen as being heavy handed and punitive, particularly post Covid-19. There is also the risk that we would be seen as ‘looking for business’.

Costs

Total estimated cost of work activities identified under strategic aim ‘We Promote Standards’: £57,500
We Develop the Profession 2021

We will facilitate collaborative strategic work to support the profession in its development

| 4. Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care | 5. Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation |

By the end of 2020 we hope to have completed several projects under the strategic aim of developing the profession. In 2021 we will reflect upon intelligence gained from 2020 and continue research and activities that will enable us to support the profession’s development.

**Strategic objective 4: Our support for further research and clinical governance work will assist the profession in building the available evidence base for chiropractic care**

**Aim**

- A greater understanding and evidence base of chiropractic patient experiences as to why they seek out chiropractic care; what information is sought and accessed that may influence patient choices regarding chiropractic care; what patients feel are important aspects of their experiences both positive and negative regarding their care (e.g. the impact of registration, education etc) and patient satisfaction or otherwise with chiropractic care and the factors influencing these perceptions.
- Future registrants are adequately equipped with the right skills to respond to population needs for chiropractic in an ever-changing health care landscape

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct research that sets out how education and training can evolve so that our future registrants are equipped with the right skills to respond to population need in an ever-changing health care landscape.</td>
<td>£30,000</td>
</tr>
<tr>
<td>Complete research started in 2020 to survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice (Phase 2 of project commenced in 2020)</td>
<td>£24,404</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£54,404</strong></td>
</tr>
</tbody>
</table>

**Key deliverables**

A ‘Future Chiropractor’ report and recommendations that will set out a vision of the Future Chiropractor, drawing upon the collective expertise of stakeholders and partners:

- Expectations from patients and the public of chiropractors in the future
- Expectations of future chiropractors from those within healthcare (including current registrants, students and other healthcare professionals)
- Key drivers for change on the role of chiropractors and their future impact
• How the role of the chiropractor in the future will compare to how it is now
• Key factors impacting the role of the chiropractor in the future
• Skills, knowledge and behaviours needed by chiropractors in 20/30 years’ time
• Timescales for change

REPORT for Phase 1: Patient experience and satisfaction during chiropractic care: A systematic review of the literature concerning chiropractic patient experiences and satisfaction nationally and internationally

REPORT for Phase 2: Exploration of patients’ experience and satisfaction undergoing care as delivered by UK registered chiropractors: A mixed method study to highlight the patients’ voice regarding experiences and satisfaction with chiropractic care as delivered by GCC registrants.

These pieces of research will allow us to enhance our relevant regulatory functions - to identify key areas to advise/guide the profession and inform patients, enabling a better understanding of the experience of care from members of the public when being cared for by a chiropractor and what they wish to see from chiropractic services. In addition, discussions within which the GCC may be a part with other internal and external stakeholders will also be informed by the patient voice.

Strategic objective 5: Our contribution to creating a clearer shared professional identity will help enhance the profession’s development of its identity and reputation

Aim

• To raise the profile of a range of career opportunities within chiropractic to ensure the continued research base for chiropractic, ensure the supply of future academic staff and address the need for future leaders

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
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</thead>
<tbody>
<tr>
<td><em>This activity was deferred agreed at the June 2020 meeting of Council</em></td>
<td>£12,000</td>
</tr>
<tr>
<td>Enhance professionalism within chiropractic by promoting opportunities for</td>
<td></td>
</tr>
<tr>
<td>graduates, researchers, academics and other career pathways</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>£12,000</td>
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</tbody>
</table>

Key deliverables

• A selection of videos of chiropractors in different roles discussing their experiences. on the GCC website, showcasing the variety of opportunities to graduates within the chiropractic profession.
• Greater awareness in chiropractic of roles and opportunities within education, research and the NHS.

Costs

Total estimated cost of work activities identified under strategic aim ‘We Develop the Profession’: £66,404
We Investigate and Act 2021

<table>
<thead>
<tr>
<th>We will take right touch action on complaints, the misuse of title or where registration standards are not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. <strong>Our development of more ‘right touch’ fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe</strong></td>
</tr>
<tr>
<td>7. <strong>Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns</strong></td>
</tr>
</tbody>
</table>

The organisation’s new staff structure allows us to carry out work in the fitness to practise department fully and effectively. In 2021 we will work to streamline the department further in order to deal appropriately with cases to better protect the public.

Covid-19 has impacted on DHSC’s regulatory reform agenda. Should this work move forward we will move quickly to respond to any requirements, pursuing the changes we require.

**Strategic objective 6: Our development of more ‘right touch’ fitness to practise approaches will provide assurance that appropriate action/support has taken place to ensure patients are safe**

**Aim**

- Ensure any rule changes cover our organisational needs by responding appropriately and planning for changes in 2022
- Speed up and make the investigation process as efficient as possible
- Improve our internal processes
- Recruit new experts to increase pool

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Carried over from 2020</em> Respond to potential changes relating to FTP and Governance emerging from DHSC’s regulatory reform agenda</td>
<td>£10,000</td>
</tr>
<tr>
<td>Continue to streamline our processes and make relevant operational changes within FTP within the remit of our current legislative framework</td>
<td>0</td>
</tr>
<tr>
<td><em>This activity was deferred agreed at the June 2020 meeting of Council</em> Consider our expert witness arrangements</td>
<td>£10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£20,000</strong></td>
</tr>
</tbody>
</table>

**Key deliverables**

- Relevant process changes embedded
- Improvements visible in performance data, particularly in relation to high risk cases
• Ability to move cases forward quicker as we will have more experts and less reliance on a small pool of individuals
• Reduced costs

**Strategic objective 7: Our sharing of learning and intelligence from complaints will support registrants in preventing issues and concerns**

**Aims**

• Improvements based on the experiences of people who have been involved in our FTP processes

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve our processes around obtaining feedback from individuals involved in the FTP process</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

**Key deliverables**

• Creates a baseline of information that can be fed back to the profession
• Relevant process changes embedded
• New process in place: surveys, metrics, analysis of stats, reviewed and monitored

**Activities we considered carrying out:**

• Case management system – we considered the need to implement a case management system, particularly as this was a deferred project in 2020. A case management system would need to align directly with our complaint processes set out in legislation. As this legislation may change as part of the regulatory reform agenda, any case management system would need to align directly with these changes. This project will be very expensive and very time consuming and should only be done when we have clarity over any potential changes to our legislative framework

**Costs**

Total estimated cost of work activities identified under strategic aim ‘We Investigate and Act: £20,000
We Deliver Value 2021

We will set, assure compliance and promote educational, professional & registration standards alongside lifelong learning

| 8. Our communication, engagement and collaboration will build confidence and trust | 9. Our financial planning and use of resources will provide a secure future for the GCC | 10. Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience |

As a regulator we have a role to play by promoting equality and diversity and we recognise that we can do more. In 2021 we will work to ensure we are an inclusive regulator, committed to working together with all our stakeholders to build confidence and trust.

Covid-19 has caused all organisations to consider their financial situation and the GCC is no different. We will aim to find efficiencies where we can in 2021.

Strategic objective 8: Our communication, engagement and collaboration will build confidence and trust

Aim

- We will work to ensure that we are an outward facing, inclusive regulator and engage with our registrants, stakeholders and the public effectively.
- Ensure that we do not indirectly discriminate against any individuals that deal with the GCC.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review our Equality, diversity and inclusion (EDI) policy and actions and engage with the profession on equality and diversity to ensure we are an inclusive regulator</td>
<td>£8,000</td>
</tr>
<tr>
<td>Total</td>
<td>£8,000</td>
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</tbody>
</table>

Key Deliverables

- EDI is embedded effectively across the organisation
- Establish an EDI strategy, action plan and annual report
- Better collection and use of EDI data
- Engage effectively with our registrants and members of the public/complainants on EDI by holding workshops and online web meetings
- Carry out staff training
- Ensure our recruitment processes are bias free
**Strategic objective 9:** *Our financial planning and use of resources will provide a secure future for the GCC*

**Aim**
- To review and appoint investment advisors to maximise yields and capital appreciation of investment portfolio
- To maximise returns on deposits and reduce charges
- To ensure that we are getting value for money and to consider making any changes
- In conjunction with the FTP team, consider fee arrangements with our external legal provider
- To modernise our hearings by moving from transcribers to loggers
- To reduce costs

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seek operating efficiencies to achieve maximum value</td>
<td>£2,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£2,000</strong></td>
</tr>
</tbody>
</table>

**Key deliverables**
- Reviews of investments, banking arrangements, estates arrangements, fee charging arrangements, transcription requirements

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**Strategic objective 10:** *Our effective procedures, processes and IT will provide staff, chiropractors and the public with an efficient modern experience*

**Aim**
- To ensure that the GCC’s IT arrangements, including service delivery, are fit-for-purpose
- To ensure that our document management arrangements are fit-for-purpose and we are utilising best practice – considering cyber security, records retention and ease of use to the business.
- To ensure that we are following our records retention policy and do not keep physical documentation for longer than is necessary

<table>
<thead>
<tr>
<th>Activities</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>This activity was deferred agreed at the June 2020 meeting of Council</em></td>
<td>£2,520</td>
</tr>
<tr>
<td>Review IT support contract arrangements and appoint a new provider if required</td>
<td></td>
</tr>
<tr>
<td><em>This activity was deferred agreed at the June 2020 meeting of Council</em></td>
<td>£2,520</td>
</tr>
<tr>
<td>Review our IT document management arrangements</td>
<td></td>
</tr>
<tr>
<td>Review our physical documentation in the office and external archive (9-month contract for admin staff)</td>
<td>£16,538</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£21,578</strong></td>
</tr>
</tbody>
</table>
Key deliverables

- Review on whether our current IT arrangements are still an appropriate fit for the GCC.
- Review documentation management arrangements to define any changes that should be made. This may require moving our electronic documentation to ‘the cloud’
- Review of all our physical documentation in the office and in archive and appropriate actions carried out such as scanning to our system and/or destruction.

Activities we considered carrying out:

- We considered carrying out a standard review of our EDI policy. However, we don’t think that is enough in the current social context and our adherence to Standard 3 of the PSA review. We see the need to be more inclusive to enable us to engage effectively with all that encounter us as a regulator and the chiropractic profession more widely.

Costs

Total estimated cost of work activities identified under strategic aim ‘We Deliver Value’:

£31,578
| **Summary** | This report outlines the Council’s equality and diversity duties as a designated public authority under the Equality Act 2010 and proposes next steps including a review of the GCC’s Equality, Diversity and Inclusion (ED&I) Policy for completion in 2021 underpinned by an action plan. |
| **Action** | For discussion and agreement to next steps. |
| **Recommendations** | The Council is invited to discuss and agree next steps. |
| **Annexes** | Not applicable |
Background

1. The General Chiropractic Council (GCC) is a designated public authority and is subject to the public sector equality duty under the Equalities Act 2010. In exercising our functions, we need to have due regard to the need to:

   a. Eliminate unlawful discrimination, harassment, victimisation and other conduct that is prohibited by the Act;
   b. Advance equality of opportunity between people who share a protected characteristic and those who do not;
   c. Foster good relations between people who share a relevant protected characteristic and those who do not.

2. Having due regard means the GCC must think consciously and carefully about these three aims in its day-to-day work, so that equality issues influence its decisions in developing policy, in delivering services, and in its role as an employer.

3. The GCC has an Equality, Diversity and Inclusion Strategy Policy 2015-17 [https://www.gcc-uk.org/assets/publications/EDI_Strategy_2015-2017.pdf](https://www.gcc-uk.org/assets/publications/EDI_Strategy_2015-2017.pdf) and this has previously been underpinned by action plans, setting out the practical steps we plan to take to implement this policy. However, it is some time since the policy was reviewed.

4. It is important to the GCC to be a fair and inclusive regulator and employer. Within all of our functions, we are committed to promoting equality; valuing diversity; being inclusive; and meeting our equality duties.

5. This means that we will operate in a principled, fair and transparent manner and in a way that is free from discrimination, harassment and victimisation. We aim to promote, celebrate and utilise the benefits of diversity and equality in all of our activities.

External Environmental Issues

*ED&I in healthcare regulation in the context of Covid-19*

6. At its June meeting the ED&I Joint Healthcare Regulators Forum group discussed the EDI implications of Covid-19 for regulators and the professions they regulate. Key points discussed were:

   a. The onset of pandemic required very swift changes to ways of working and this brings with it challenges and opportunities. These changes have prompted a desire to innovate and do things differently but the unintended EDI consequences need to be carefully considered.
b. All members have moved to home-working, and are adopting a flexible approach with staff, taking into account technical issues, childcare responsibilities etc.

c. Most members are currently considering what a return to office working might look like. A number are carrying out staff surveys as part of this consideration.

d. Hearings have been postponed across healthcare regulators with the exception of high-risk matters. Remote hearings are now being planned by some regulators to consider some cases.

e. Information hubs have been set up for Registrants with Covid-19 information, guidance and signposting to relevant standards.

f. Registrant groups work in very different contexts and so face different risks.

g. There is emerging focus on the impacts of Covid-19 for BAME groups, the elderly and those with disabilities because of evidence to indicate that these groups are disproportionately affected. The Women and Equalities Committee has called for evidence on the impact of Covid-19 on people with protected characteristics (https://committees.parliament.uk/call-for-evidence/94/unequal-impact-coronavirus-covid19-and-the-impact-on-people-with-protected-characteristics/).

Black Lives Matter

7. The inter regulatory group discussed ways of responding to the Black Lives Matter protests and calls for action on systemic inequalities. Key points discussed were:


b. There has been a focus across several members of the group on engaging with staff and creating a safe space for a conversation about what we can be doing better and how. The NMC’s workplace Facebook has been a forum for staff conversations, giving the opportunity for staff to post resources, and highlight issues. Staff discussions have been happening at the CQC on Yammer.

c. Staff BAME networks have been active as well. The GMC’s network led a minute’s silence and the NMC’s have done some work facilitating discussions.
d. Staff of many group members have expressed an expectation is that there should be action, not just conversations about how to improve. Regulators are being challenged to say what they are going to do.

e. The group considered how to help those at management levels below senior management, e.g. team leaders, who want to support their team members. BAMED has produced a resource on how to be an ally, here: [https://www.bameednetwork.com/wp-content/uploads/2019/07/advice-5c-20for_38970569.pdf](https://www.bameednetwork.com/wp-content/uploads/2019/07/advice-5c-20for_38970569.pdf).

8. The GCC has taken steps to reflect and discuss this complex issue by having an open dialogue within the staff team, exchanging views and gathering feedback from our BAME colleagues on how we can further incorporate equality, diversity and inclusion in all our activities. We followed this with an insightful and thought-provoking roundtable discussion with the diversity and inclusion expert Rob Neil OBE to question and challenge us.

9. We have also begun conversations with the profession through welcoming involvement in an online discussion to help shape how we carry out our work. This activity is due to take place over autumn 2020 such that registrant views inform the development of the policy.

**Professional Standards Authority: Standard 3**

10. In 2017-18 the PSA reviewed its Standards of Good Regulation. Five new Standards were piloted in 2019 and then introduced that relate to all aspects of how the regulator delivers its regulatory functions. One of the new standards relates to Equality and Diversity:

   *Standard 3: The regulator understands the diversity of the registrant population and those registrants’ service users and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.*

11. In this Standard the PSA will consider the information that the regulator collects and analyses, and whether this enables it to identify and address the equality, diversity and inclusion (EDI) implications of its policies and processes. The PSA will also consider the processes a regulator has in place to assess the EDI impact of its work.

12. As a result of the 2019 pilot the PSA generally found that regulators were collecting and analysing EDI data, and most regulators demonstrated how they were using the data. Regulators also had in place processes to undertake equality impact assessments (EIAs).
13. However, the PSA did ask for the following additional information from regulators:

- how the regulator monitors and evaluates the EDI data that it collects
- actions taken in response to analysis of EDI data
- internal audits the regulator has commissioned in fitness to practise, registration and revalidation, and actions taken as a result of their findings
- evidence of the impact of actions taken as a result of the regulator’s research and monitoring of EDI data
- examples of how the regulator considered EDI when developing standards, and any outcomes of this consideration
- steps the regulator takes to support vulnerable witnesses
- the completion of EIAs and the type of work these are considered for
- examples of EIAs and a case study of how the analysis has been tracked through a project and any improvements made as a result
- the profile of panels and committees, and how this compares to the population of registrants and the wider population

Next Steps

14. It is proposed that as part of planned activities next year the GCC will:

- develop and agree an Equality, Diversity & Inclusion Strategy, which will focus on matters relevant to both our staff and those we regulate;
- develop an annual action plan collaboratively with staff to ensure the GCC’s business delivery takes full account of the GCC’s obligations under equalities and Welsh language legislation;
- produce an Equality Impact Assessment template and publish EIAs on all major projects;
- seek expert advice and guidance on best practice in relation to EDI, where required, and keep up to date with EDI developments in the wider healthcare, legislative and regulatory environments;
- develop and execute communication and engagement plan(s) to engage employees, partners, registrants and patients/public in EDI workstreams and promote a culture of inclusivity;
- work to raise awareness of the work we do to be a fair regulator and employer internally and externally using a variety of communication channels.
**Summary**

Update from the Chair of the Education Committee following the meeting on 7th July 2020.

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**Action**

The report is for information.

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**Recommendations**

Not applicable

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**Annexes**

Not applicable.
Education Institutions

1. The Committee noted the comprehensive update on activities across all institutions and was particularly assured with regard to the arrangements for the progress of programmes as a result of the COVID 19 challenges. The Committee would be asking all institutions, ahead of its November meeting, for a concise update on the new academic year, including arrangements for each student cohort, student recruitment, management of clinical skills training; impact of COVID 19 on both staff and students; clinic activity and Covid 19 secure clinic operation.

WIOC

2. The Committee noted the substantive change form, which provided details of recent appointments to the chiropractic and wider team.

AECC University College and UCLan

3. The Committee determined the make up of each visitor team to consider the two programme submissions in September.

CPD Update

4. The Committee noted that information and learning points from the RCC’s audit report would be published for the profession and that the new CPD summary form had gone live in June 2020 following testing with some registrants.

Annual Monitoring Review

5. The Education Committee had been unable to meet with institution representatives and students in April 2020 as a result of lockdown challenges and hoped that students would be available to meet remotely with the Committee at the November 2020 meeting. The Committee agreed a refresh of the annual monitoring form for 2019/20, which would help steer institutions to include information on quality improvement activities. A change to the process was proposed whereby the Executive and a member of the Committee would meet with each institution and report back to the Education Committee.

Quality Assurance Agency

6. The Committee received a presentation from Vicki Stott, Executive Director of Operations (Deputy CEO) at the Quality Assurance Agency, who outlined the
support and guidance they had provided and continued to provide to HEI’s
given the impact of COVID-19, what the academic year for 20-21 might look
like and how the sector was working collectively to communicate this to
students and the wider public.

Scotland College of Chiropractic Charitable Trust (SCCCT) – outline business
case update

7. The Committee received an update on the SCCCT proposals and noted that a
large amount of financial information had been submitted on 24 June. This
information would be considered and analysed by the Executive and a paper
would be sent to Committee members seeking their comments and views on
areas where further assurance might be needed. A meeting would be sought
with SCCCT and their validating partner, Buckinghamshire New University.

Committee membership and meeting

8. Two members of the Committee had been reappointed to the Committee for a
further three years.

9. The next meeting of the Education Committee will be held on 18 November
2020.