

Annual review of performance 2016/17

General Chiropractic Council



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.² We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence.

² *Right-touch regulation revised (October 2015)*. Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation.

Contents

1. The annual performance review	1
2. What we found – our judgement.....	3
3. Guidance and Standards.....	5
4. Education and Training	6
5. Registration	9
6. Fitness to Practise.....	15

About the General Chiropractic Council

The General Chiropractic Council (the GCC) regulates chiropractors in the United Kingdom. Its work includes:

- Setting and maintaining standards of practice and conduct for the chiropractic profession
- Maintaining a register of qualified professionals
- Assuring the quality of chiropractic education and training
- Acting to restrict or remove from practice registrants who are not considered to be fit to practise.

As of 31 March 2017, the GCC was responsible for a register of 3,195 chiropractors. It recognises and assures the quality of five degree programmes at three education institutions.

The GCC's fee for initial registration is £750. The fee for retention is £800. The GCC offers a reduced fee of £100 for those who register as non-practising.³

³ Non-practising registration is a rate of registration fee set out only in the fee schedule of the Registration Rules. It is not a distinct category of registration nor is it a Register separate to that containing practising registrants. The sole distinction between practising and non-practising registration is that those registrants not intending to practise as chiropractors within the UK for an entire registration year may pay the reduced fee of £100. The GCC annotates the Register of Chiropractors to indicate to the public and patients which registrants are paying the lower rate and therefore not practising in the UK. These details are also published on the GCC's website.



At a glance

Annual review of performance

Regulator reviewed: **General Chiropractic Council**

Standards of good regulation

Core functions

Met

Guidance and Standards

4/4

Education and Training

4/4

Registration

6/6

Fitness to Practise

9/10

1. The annual performance review

- 1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the GCC.⁴ More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.
- 1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our *Standards of Good Regulation* (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
- It tells everyone how well the regulators are doing
 - It helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
- Setting and promoting guidance and standards for the profession
 - Setting standards for and quality assuring the provision of education and training
 - Maintaining a register of professionals
 - Acting where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12 months. We use this to decide the type of performance review we should carry out.

⁴ These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, and the Pharmaceutical Society of Northern Ireland.

- 1.7 We will recommend that additional review of their performance is unnecessary if:
- We identify no significant changes to the regulator’s practices, processes or policies during the performance review period; and
 - None of the information available to us indicates any concerns about the regulator’s performance that we wish to explore in more detail.
- 1.8 We will recommend that we ask the regulator for more information if:
- There have been one or more significant changes to a regulator’s practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator’s performance that we wish to explore in more detail) or;
 - We consider that the information we have indicates a concern about the regulator’s performance in relation to one or more Standards.
- 1.9 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.
- 1.10 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

2.1 During April 2017, we carried out an initial review of the GCC's performance for the period from 1 April 2016 to 31 March 2017. Our review included an analysis of the following:

- Council papers, including performance and committee reports, and meeting minutes
- The findings of internal audits
- Policy and guidance documents
- Statistical performance dataset (see paragraphs 2.6 to 2.8 below)
- Third-party feedback
- A check of the GCC register
- Information available to us through our review of final fitness to practise decisions under the Section 29 process.⁵

2.2 As a result of this assessment, we carried out a targeted review of the GCC's performance against Standard 2 of the *Standards of Good Regulation* for Registration and Standards 6 and 7 of the *Standards of Good Regulation* for Fitness to Practise.

2.3 Following a detailed consideration of the further information provided by the GCC, we decided that the GCC had not met Standard 7 for Fitness to Practise, but had met Standard 2 for Registration and Standard 6 for Fitness to Practise. The reasons for this are set out in the following sections of the report.

Summary of the GCC's performance

2.4 For 2016/17 we have concluded that the GCC:

- Met all the *Standards of Good Regulation* for Guidance and Standards
- Met all the *Standards of Good Regulation* for Education and Training
- Met all of the *Standards of Good Regulation* for Registration
- Met nine of the ten *Standards of Good Regulation* for Fitness to Practise. The GCC did not meet Standard 7.

2.5 The GCC has maintained its performance since last year. We recognise that there will have been limited opportunity between the publication of our previous performance review report, and this report, for the GCC to act upon the issues that we discussed in our previous report. We will therefore look

⁵ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

again when we next review the GCC's performance in 2018 at the activities the GCC may have undertaken to address the issues we have raised.

Key comparators

- 2.6 We have identified with the regulators the numerical data that they should collate, calculate and provide to us, and what data we think provides helpful context about each regulator's performance. Below are the items of data identified as being key comparators across the Standards.
- 2.7 We expect to report on these comparators both in each regulator's performance review report and in our overarching reports on performance across the sector. We will compare the regulators' performance against these comparators where we consider it appropriate to do so.
- 2.8 Set out below is the comparator data provided by the GCC for the period under review.

Comparator	2016/17 ⁶
The number of registration appeals concluded, where no new information was presented, that were upheld	1
Median time (in working days) taken to process initial registration applications for <ul style="list-style-type: none"> • UK graduates • EU (non-UK) graduates • International (non-EU) graduates 	1 1 1
Time from receipt of initial complaint to the final Investigating Committee decision <ul style="list-style-type: none"> • Median • Longest case • Shortest case 	35 weeks 157 weeks 4 weeks
Time from receipt of initial complaint to final Fitness to Practise Committee determination <ul style="list-style-type: none"> • Median • Longest case • Shortest case 	64 weeks 82 weeks 28 weeks

⁶ From 1 April 2016 to 31 March 2017.

Time to an interim order decision from receipt of complaint	8 weeks
Outcomes of the Authority's appeals against final fitness to practise decisions <ul style="list-style-type: none"> Dismissed Upheld and outcome substituted Upheld and case remitted to regulator for re-hearing Settled by consent Withdrawn 	0 0 0 0 0
Number of data breaches reported to the Information Commissioner	0
Number of successful judicial review applications	0

3. Guidance and Standards

3.1 The GCC has met all the *Standards of Good Regulation* for Guidance and Standards during 2016/17. Examples of how it has demonstrated this are given below each individual Standard.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

3.2 We reported last year that the GCC had revised the core guidance for chiropractors and published the revised *Code – standards of conduct, performance and ethics for chiropractors* (the Code). The Code became effective on 30 June 2016.

3.3 We have identified no concerns with the GCC's performance in this area.

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

3.4 In April 2016, the GCC published several pieces of supporting guidance to help chiropractors understand their obligations around specific issues. This included guidance on advertising, candour, confidentiality, consent, maintaining sexual boundaries and the use of social media.

- 3.5 We are satisfied that the GCC provides sufficient additional guidance for registrants.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work

- 3.6 We are not aware of any consultations carried out in this period of review on new or revised guidance and standards, but note that the GCC conducted a public consultation in the development of the revised Code and supplementary guidance.

- 3.7 The GCC has reported that it is currently working with the Care Quality Commission (CQC)⁷ to review the information available to registrants about the use of x-rays and compliance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The GCC is currently in the process of gathering information from its registrants about their use of x-rays. This follows a survey taken in 2016 to assess the proportion of GCC registrants who take x-rays themselves, rather than referring patients elsewhere.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

- 3.8 The GCC's website provides information about its standards, how to complain if an individual has concerns about a registrant and what action can be taken under the GCC's fitness to practise procedures. The GCC continues to promote awareness through its website and online newsletters.
- 3.9 The previous and current versions of the Code are published on the GCC's website, along with its supporting guidance. All registrants were sent a copy of the new Code by post.

⁷ The Care Quality Commission is the regulator of health and social care providers in England.

4. Education and Training

- 4.1 The GCC has met all the *Standards of Good Regulation* for Education and Training during 2016/17. Examples of how it has demonstrated this are given below each individual Standard.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

- 4.2 During this review period the GCC continued to work on the project it began in September 2015 to review its Degree Recognition Criteria. With the publication of the revised Code, a review of the Degree Recognition Criteria was required in order to ensure that the standards which degree programmes must meet continue to reflect the Standard of Proficiency required of registrants as set out in the Chiropractors Act. The Degree Recognition Criteria will be replaced by new Education Standards which relate directly to the revised Code in terms of the learning outcomes that must be achieved.
- 4.3 The review aims to ensure the GCC's education standards are consistent and coherent, that they reflect current and future healthcare and education and training provision, and demonstrate the characteristics of a supportive learning culture for students.
- 4.4 A first draft set of the new standards was shared with stakeholders in April 2016 and a public consultation was held in May 2016. Workshops on the draft standards were held in September and November 2016. The GCC met with chiropractic education providers in January 2017 to obtain their further feedback on the draft standards before they were finalised for consideration by the Education Committee. The new standards are expected to be implemented in September 2017.
- 4.5 In addition, the GCC has commissioned research to find out whether graduates are as prepared as they can be to treat patients, and what can be done to help graduates be more prepared. It conducted an online survey of experienced chiropractors for their views on new graduates' readiness for practice. It plans to launch another survey of graduates themselves to see how prepared they feel upon graduation to practise outside a student clinic setting. The GCC expects this research to feed into its goal of developing a system that assures the continuing fitness to practise of all registrants and to help assess whether new graduates may need any additional support. It will also be used to consider how the future Continuing Professional Development (CPD) scheme⁸ could be developed to support newly qualified registrants.

⁸ The General Chiropractic Council (Continuing Professional Development) Rules Order of Council 2004 defines CPD as: "training which comprises lectures, seminars, courses, practical sessions, individual study or other activities undertaken by a registrant which could reasonably be expected to advance his

4.6 We will continue to monitor the progress of these two projects.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration

4.7 In conjunction with its review of the education standards described at paragraph 4.2, the GCC is reviewing its quality assurance and accreditation process with the aim of ensuring that it remains fit for purpose in terms of quality, effectiveness and cost efficiency.

4.8 As part of the GCC's current process for recognising (or approving) chiropractic degree programmes, a panel appointed by the Education Committee conducts a visit to the education provider in order to advise whether the programme delivered adheres to the Degree Recognition Criteria. The panel may recommend that approval should be made subject to recommendations or conditions. The GCC's decision is subject to approval by the Privy Council.⁹ Approval of a programme is valid for five years. Once approval is granted, education providers are then asked to submit annual monitoring reports for each of the degree programmes that they deliver to allow the GCC to ensure that the programmes continue to meet any conditions and recommendations imposed as a result of the approval process

4.9 As of September 2017, the new Education Standards are being implemented, alongside new approval and monitoring arrangements. As part of these new arrangements, approvals of degree programmes will no longer automatically expire after five years. Instead the GCC will require education providers to notify it of any substantive programme changes during the year which will then be considered as part of an annual monitoring process. A pool of Education Visitors will be recruited and trained to form visiting panels when the GCC considers a visit is required for approval or monitoring purposes. These processes will be documented in its new Quality Assurance Handbook.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

4.10 The GCC continues to publish information on its website about how concerns can be raised about an education provider. We have not identified any information during this performance review period to indicate that the GCC has had to act on any such concerns. This Standard therefore continues to be met.

professional development as a chiropractor or contribute to the development of the profession of chiropractic".

⁹ The Privy Council is how interdepartmental agreement is reached on items of government business which, for historical or other reasons, fall to ministers as privy counsellors rather than as departmental ministers.

Standard 4: Information on approved programmes and the approval process is publicly available

- 4.11 The GCC publishes visit reports to education providers on its website, once the reports have been approved by the Privy Council. This will be part of the processes documented in the new Quality Assurance Handbook, due to come into effect in September 2017.
- 4.12 In last year's report, we noted that the GCC had not published a report on a recognition visit conducted in July 2015. The GCC has since published this report on its website. We have not identified any other concerns about the publication of information about approved programmes or the approval process on the GCC's website, and therefore conclude that this Standard continues to be met.

5. Registration

- 5.1 As we set out in Section 2, we identified concerns about the GCC's performance against Standard 2 for Registration and carried out a targeted review. The reasons for this, and what we found, are set out under the relevant Standard below. Following the review, we concluded that this Standard was met and therefore the GCC has met all the *Standards of Good Regulation* for Registration in 2016/17.

Standard 1: Only those who meet the regulator's requirements are registered

- 5.2 Last year we carried out a targeted review of this Standard. Our findings assured us that the GCC was correctly following its registration processes and that it had not added anyone to its register that had not met its registration requirements.
- 5.3 The GCC has introduced online checks to identify whether applicants for registration have been presenting themselves as chiropractors/offering chiropractic services during periods while they were not registered or while they were registered as non-practising. Where there is an indication that an individual has practised while not registered to do so, the GCC asks that individual to return a signed undertaking to confirm they have not in fact practised since they came off the register/elected to pay the non-practising fee. Where any individual is not able to provide such an undertaking, or there are any concerns about the undertaking given, the Registrar may decide to refuse registration or take fitness to practise action.
- 5.4 The GCC is also currently working with its IT contractors to enable registrants to upload details and evidence of their indemnity arrangements to its website. This is scheduled for completion in August 2017. It will then be able to ask registrants to provide an annual update on their indemnity arrangements through this system.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

5.5 Last year, we carried out a targeted review of this Standard to review changes the GCC had made to its registration processes. We concluded that the GCC had met this Standard. We carried out a targeted review again this year to review the GCC's power to annotate registrants' entries on the register, as well as the revisions the GCC had made to its registration forms and to consider the approach taken by the GCC to the registration appeal they received.

Annotation of the register

5.6 Last year, we noted a concern arising from a case reviewed as part of our Section 29⁵ work in which the GCC was unclear about whether a registrant was registered as non-practising at the time of their alleged misconduct. Whilst we were concerned that the GCC did not know the registration status of a registrant subject to fitness to practise proceedings, we were satisfied that the GCC had taken appropriate steps to prevent this confusion from happening again.

5.7 However, in looking at the above, we identified that the GCC had historically been referring to a 'non-practising register' when in fact the legislation governing the GCC does not give the GCC power to hold a separate register for those who are registered with the GCC but have indicated that they do not practise as chiropractors. Instead the GCC has the power to annotate a registrant's entry on the register to show that they are not practising.

5.8 This year we carried out a review of this issue as we wanted to understand how the GCC assures itself that those annotated as non-practising are in fact not practising; what the CPD requirements are for those registered as non-practising; the differences between those that pay the non-practising fee from those that are not registered; and whether the GCC had identified any risks from the use of the term 'non-practising register' and how it was dealing with those.

5.9 The GCC has information about the non-practising fee on its website for registrants and applicants for registration. In addition, when writing to individuals seeking to pay the non-practising fee the GCC makes the implications of this clear, including that whilst non-practising registrants may refer to themselves as chiropractors, it is an offence to practise as a chiropractor whilst registered as non-practising.

5.10 The GCC told us that it carries out checks when a registrant with non-practising status applies to change to practising status. It checks any websites on which they are listed as offering chiropractic services in the UK to assess whether there is any indication on those websites that they have practised while not registered to do so. If the checks identify information suggesting that the individual may have been practising in the UK while annotated as non-practising, the GCC asks them to sign a written undertaking confirming that they have not in fact practised during that period.

Any refusal to do so is considered when assessing good character as part of the registration process.

- 5.11 The GCC has also told us that non-practising registrants are subject to the same CPD requirements as practising registrants. This means that if they later choose to return to practising as a chiropractor, there is a level of assurance that they have up-to-date knowledge and skills.
- 5.12 We also found that the GCC's register contains a clear explanation that where an individual is registered as non-practising, they cannot work as a chiropractor in the UK. This makes the registrant's status clear for members of the public or employers who may check a registrant's entry. The register also states that any information to indicate that such a registrant is working in the UK should be referred to the GCC.
- 5.13 It is of concern that the GCC referred to a 'non-practising register' in its public materials for so long. However, as the register is clearly annotated to explain that any chiropractor who decides not to practise but retains their registration in this way cannot practice as a chiropractor in the UK, we are satisfied that there has been no risk of public confusion about the status of a registrant. The potential risk of the public being misled into thinking that a separate non-practising register exists has now been addressed with the steps the GCC has taken to review the information it has on its website.

Registration appeals

- 5.14 Last year we reviewed whether the GCC had robust and appropriate processes in place for registration appeals. We found that the GCC had not received any appeals since 2009 and had limited operational guidance or governance documentation to support the Registration Appeals Committee. We found that the only information available was contained in the GCC's rules and document explaining the legislation. There was guidance for applicants, *Appeals against the decision of the registrar*, and there is a procedure for dealing with appeals.
- 5.15 However, we were satisfied that despite not receiving any registration decision appeals since 2009, the GCC had suitable guidance for applicants and staff about appeal requests.
- 5.16 In 2016/17 the GCC received and concluded a registration appeal. We asked the GCC for more information about this appeal. The GCC said that the appeal was made by a chiropractor whose name had been removed from the register following a decision made by the Registrar, on the basis that they had failed to meet the CPD requirements. The chiropractor's appeal was heard by a Registrations Appeal Committee panel consisting of three Council members. The panel granted the appeal, concluding that the chiropractor's CPD summary was technically compliant with the relevant statutory rules.

This appeal highlighted to the GCC an issue with the current CPD rules. Currently, any registrant can identify 'development of the profession' as a learning need in relation to their CPD. The GCC has looked at this issue and will be revising the guidance for registrants to include a recommendation that 'developing the profession' should only be relied on for the purpose of CPD if

a registrant is an educationalist or involved professionally in research. We will follow up on the revisions made to the GCC's guidance in next year's report.

Registration application forms

- 5.17 The GCC has reviewed and updated its registration applications forms with the aim of ensuring clarity, consistency and fitness for purpose. It is developing forms for registrants who need to make a self-declaration outside of the retention period on matters such as criminal convictions and cautions, health issues and non-GCC disciplinary matters. These forms will be available to download from the GCC website. The aim is to gather consistent and relevant information from registrants, to help prompt decision-making by the GCC.

Test of competence (TOC)

- 5.18 Last year we were reassured by the findings of the TOC's External Examiner which found that the TOC¹⁰ had been conducted to a high standard from January 2015 to January 2016.
- 5.19 To ensure confidence in the TOC process, the TOC is reviewed annually by the External Examiner. The External Examiner found the process for 2016/17 had been operated satisfactorily, standards maintained and public safety assured. They did make several suggestions and recommendations for improving the TOC process to which the GCC has responded.
- 5.20 In addition to this annual review by the External Examiner, the TOC will be externally reviewed after three years.
- 5.21 The GCC has published new guidance for both candidates (March 2017) and employers of TOC candidates (December 2016). The guidance for candidates provides details of: how to apply to take the TOC; details of payment; what the TOC interview covers; documents to bring; what happens after the interview; frequently asked questions; and TOC case studies of candidates and assessors, as well as useful information and resources. The guidance for employers/sponsors of TOC candidates provides similar information and explains how they can help someone taking the test.

Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions of their practice

- 5.22 As part of our performance review, we conducted a check of a sample of the entries on the GCC's register and did not identify any errors or inaccuracies.
- 5.23 The GCC undertook a review of the information it publishes on its online register. The GCC contacted patient and chiropractic associations to ask for

¹⁰ The TOC is for chiropractors who wish to practise in the UK but who do not hold a UK recognised chiropractic qualification and are not eligible to apply for registration with the GCC under EU General Directive EC/2005/36. To pass the TOC the applicant needs to be able to demonstrate to a panel of chiropractors that they meet the standards set out in the GCC's Code and that they will be able to practise safely in the UK.

their opinions and concluded that no changes to the information published on the register were required.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

- 5.24 The registration search function is still clearly visible on the front page of the GCC website and can easily be found through online searches.
- 5.25 In the period under review, the GCC published two leaflets to help patients understand more about the chiropractic profession. *How should I choose a chiropractor* stresses the importance of ensuring that a chiropractor is registered. The second is a revised version of its *What can I expect when I see a chiropractor* leaflet which outlines how chiropractic treatment is provided.
- 5.26 The leaflet *The GCC at a Glance* was produced to explain the GCC's role and how it protects patients. It is available on the website and has been used at events such as the Northern Ireland Assembly reception and the Scottish Regulatory conference.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

- 5.27 The GCC's website continues to make clear that the title of 'chiropractor' is protected by law and that it is a criminal offence for anyone to describe themselves as such without being registered with the GCC. The GCC has processes to deal with illegal practice and the misuse of protected titles. This Standard therefore continues to be met.

Standard 6: Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

- 5.28 The GCC's continuing professional development (CPD) year begins on 1 September and ends on 31 August. During the CPD year, each registrant must complete at least 30 hours of learning. Half of the 30 hours (15 hours) must include 'learning with others'. This means that there must have been some direct and immediate interaction between the registrant and other people (these could be colleagues, peers or those whose role it is to facilitate learning and development) as part of the learning activity. The remaining 15 hours may include further learning with others, or solitary learning, such as reading or conducting research. Every year registrants must send the GCC a summary of their CPD activities to show that they have completed the required 30 hours.
- 5.29 The GCC continues to raise awareness of its CPD requirements. It has published guidance for chiropractors on how to meet the CPD requirements for 2016/17 as well as feeding back learning points from its audit of CPD

submissions. Rather than audit a selection of CPD submissions, this year the GCC has been checking all the CPD submissions for 2015/16. It hopes to complete the review of all CPD summaries in July 2017, following which it will deal with any queries arising from the review process.

- 5.30 As part of the checking process, registrants are asked for additional information where necessary and/or given feedback for future reference. Learning points from the checks will be published on its website and guidance will be produced for registrants about what is expected from each section of the CPD summary to assist them in completing their CPD summaries in future. The Royal College of Chiropractors¹¹ will also quality assure the GCC's checking process.
- 5.31 The GCC has also raised awareness with its registrants who have been paying the non-practising fee for two or more years that they need to ensure they continue to meet the Code. The GCC asks all applicants transferring to the practising register to complete a self-assessment form. The GCC checks to ensure they have undergone recent training or had recent experience of practise directly related to the Code. This process also applies to anyone who wishes to restore their name to the Register and who has not been registered with the GCC for two or more years, as well as to those who register for the first time with a recognised UK qualification achieved two or more years before applying for registration.
- 5.32 The GCC is in the process of revising its CPD programme. The GCC began piloting aspects of the redeveloped scheme with registrant volunteers in December 2016, and those pilots will continue throughout 2017. A consultation on the new scheme is scheduled for 2018, and it is anticipated that the new CPD scheme will be implemented in 2019.
- 5.33 The future scheme will retain the main elements of the current scheme, which includes:
- An annual cycle which requires 30 hours of learning, at least 15 hours of which is learning with others
 - The use of learning cycles as the basis for planning, undertaking and reflecting on learning
- The future scheme will also include:
- Additional mandatory requirements that must be met during a three-year cycle:
 - An objective activity (for example, a case based discussion, peer observation and feedback, patient feedback or clinical audit)
 - A CPD activity in an area identified by the GCC as of importance to the profession. This might change over time (for example, from persistent issues in fitness to practise cases or where, for example, new legislation has been introduced)

¹¹ The Royal College of Chiropractors is the professional membership body for chiropractors in the UK.

- A peer discussion to demonstrate engagement with learning and development and reflective practice.

6. Fitness to Practise

6.1 As we set out in Section 2, we identified concerns about the GCC's performance against Standards 6 and 7 and carried out a targeted review. The reasons for this, and what we found, are set out under the relevant Standards below. Following the review, we concluded that Standard 6 was met but Standard 7 was not met.

6.2 We recognise that there will have been limited opportunity between the publication of our previous performance review report, and this report, for the GCC to act upon the issues that we discussed in our previous report. We will therefore look again when we next review the GCC's performance in 2018 at the activities the GCC may have undertaken to address the issues we have raised.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

6.3 The GCC's website explains how concerns can be raised about registrants and how the GCC investigates complaints. The website provides details about the types of concerns the GCC can deal with, how it investigates concerns, and provides a link to an online form to submit a complaint as well as alternative contact details.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

6.4 This Standard was met last year, and there have been no significant changes to the way in which the GCC shares information with employers, system and other professional regulators.

6.5 An information-sharing agreement is currently being drafted between the CQC and the GCC to share information about cases regarding the potential inappropriate use of x-rays by chiropractors.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

6.6 The GCC has not changed its processes in this area and we have identified no concerns about the GCC's performance during this period of review.

6.7 The GCC has seen an increase in the complaints it is receiving about how registrants advertise their services throughout this review period. These complaints are primarily from one source.

- 6.8 The GCC considers into which of the following categories the advertising allegation falls:
- The allegation is such that no further action is required by the GCC (for example, where claims are made against someone who is not under its jurisdiction or the advertisement cannot reasonably be questioned). The complainant will be notified accordingly.
 - The allegation raises such serious issues of professional conduct (as defined by the *Spencer v the General Osteopathic Council*¹² case) that it needs to be investigated immediately by the GCC.
 - Where neither of the above apply, complaints will usually be referred to the Advertising Standards Authority (ASA)¹³ as the specialist agency. Once the ASA has concluded its determination, the case will be examined to see what, if any, further action needs to be taken by the GCC.
- 6.9 The GCC is currently dealing with the advertising allegations in line with the process above. We have seen no evidence that raises concerns with the way the GCC is dealing with these complaints, although we will continue to monitor this.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

- 6.10 We ask the regulators to provide us with the median time from receipt of a complaint to the interim order decision, and the median time from receipt of information indicating the need for an interim order and the decision. The former is an indicator of how well the regulator's initial risk assessment process is working – whether it is risk assessing cases promptly on receipt, identifying potential risks and prioritising higher risk cases so that further information can be obtained quickly; the latter indicates whether the regulator is acting as quickly as possible once the need for an interim order application is identified.
- 6.11 The GCC's performance for the median time from receipt of complaint to interim order committee decision has increased slightly on last year, from six to eight weeks. The median time from the decision that there is information indicating the need for an interim order to the interim order committee decision is four weeks; the same as last year's annual median.
- 6.12 Although there has been a slight increase in the median time from receipt of complaint to interim order committee decision, data that relates to a small caseload, such as that held by the GCC, is likely to fluctuate. The small increase therefore does not appear to indicate a concern. We are also assured that the time from the receipt of information indicating the need for

¹² The threshold for whether a complaint or allegation is capable of amounting to Unacceptable Professional Conduct was set out by the High Court in the case of *Spencer v the General Osteopathic Council: Is the allegation worthy of the moral opprobrium and the publicity which flow from a finding of unacceptable professional conduct?* *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin).

¹³ The Advertising Standards Authority is the UK's independent regulator of advertising across all media.

an interim order to the interim order committee decision remains at four weeks.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

6.13 Following an audit and a targeted review of this Standard last year, we found that the GCC had met this Standard. Last year, we noted improvements in the GCC's investigation processes and guidance. We have no information to suggest that there have been any significant changes this year.

6.14 During this review period, we have conducted one detailed case review under our Section 29 process.⁵ We sent the GCC learning points in relation to the drafting of charges, its evidence gathering process, its approach to disclosure as well as the disclosure of unused material. Whilst the issues our learning points raised are serious, they relate to a single case, and as such do not impact on our assessment of the GCC's performance against this Standard.

Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

6.15 We carried out a targeted review on this Standard last year as we wanted to understand the reasons for a decline in the median time taken from receipt of initial complaint to the final Investigating Committee decision. We concluded that the GCC met this Standard last year as we were aware that for regulators with relatively small caseloads, such as the GCC, fluctuation in performance can be caused by a small number of individual cases, and that it had demonstrated sufficient improvement by reducing the time taken from the receipt of an initial complaint to the final fitness to practise hearing decision and clearing older cases.

6.16 This year we conducted a further targeted review of this Standard due to an increase in the median time taken from receipt of complaint to the final Investigating Committee decision, an increase in the number of older cases, and because the GCC had not been meeting its own internal target of concluding 90 per cent of Investigating Committee cases within nine months of receiving the complaint. We also wanted to find out how the GCC has been handling the increase in advertising complaints it has been receiving (as discussed in paragraphs 6.5 to 6.8, above).

Timeliness of fitness to practise case progression

6.17 The table below sets out, over the past five years, the time taken to progress cases and the number of older cases that the GCC holds.

Measure	2012/13	2013/14	2014/15	2015/16	2016/17 ¹⁴
Median time from receipt of initial complaint to the final Investigating Committee decision (weeks)	60	23	18	21	35
Median time taken from final Investigating Committee decision to final Fitness to Practise Committee decision (weeks)	35	56	43	44	31
Median time from receipt of initial complaint to final Fitness to Practise Committee determination (weeks)	68	97	72	61	64
Number of open cases which are older than:					
• 52 weeks	36	8	5	3	13
• 104 weeks	12	5	1	1	1
• 156 weeks	4	1	1	0	0

6.18 This table shows a decline in the GCC's performance from receipt of a complaint to the final Investigating Committee, as well as the number of cases older than 52 weeks. However, it also shows that the GCC has improved its performance in the time from final Investigating Committee to final Fitness to Practise Committee and has maintained its performance in the median time from receipt of a complaint to the final Fitness to Practise Committee. Although there is a slight increase on this latter measure we do not consider this to be significant due to the small number of cases it relates to.

6.19 The GCC told us that during mid-2016 it identified that timeliness in some aspects of its fitness to practise function was declining, due to a combination of factors. We go on to consider these reasons below.

Investigation of allegations

¹⁴ This data in this table relates to the period 1 April to 31 March for each year.

6.20 In early 2016 the GCC introduced a change in the level of investigative work it undertook prior to the Investigating Committee decision. To ensure that the Investigating Committee had sufficient information to reach its decisions and draft robust allegations, a new process was put in place to 'frontload' the investigation of allegations. This means that the investigations team will take witness statements and, where appropriate, seek expert witness opinions on clinical allegations in advance of and in preparation for the Investigating Committee's consideration of each case. This additional workload had a significant impact on resourcing within the team and has had an impact on the median time taken from receipt of a complaint to the Investigating Committee decision.

Staffing difficulties

6.21 The GCC told us that during 2016 there was a considerable degree of instability due to staffing changes across the fitness to practise team. This factor, in combination with the changes to investigation processes referred to above, had a significant impact on the progression of cases under investigation.

6.22 Oversight of the investigation team's work was limited due to the increased workload on senior members of staff. This meant that the impact of the changes introduced to the investigations phase was not recognised in time for adequate measures to be taken to increase resources before a backlog developed.

6.23 The staffing difficulties also had an impact on the timely progression of the cases that had been referred for a hearing. This impacted on the extent of the case preparation carried out prior to hearings, with the result that some hearings had to be adjourned at short notice or part-heard due to deficiencies in the GCC's case-readiness.

Advertising complaints

6.24 During 2016 the GCC received each month from one organisation around 25 complaints about advertising. As the GCC's caseload is relatively small, this increase in complaints received is significant. An additional staff member was recruited to assist with analysing and progressing these allegations. However, senior staff within the GCC were also heavily involved in developing appropriate procedures for investigating these cases and in advising on the complexities of individual complaints. This had an impact on the time they had available for progression of the rest of the caseload.

Complexity of cases

6.25 The GCC told us that several of the cases referred for a Professional Conduct Committee hearing to take place in 2016 or 2017 were unusually complex compared to its usual case profile. The GCC reported that a number of these cases involved multiple different complaints that had been made at different times, related to third party investigations, or had to be adjourned for amendment of the allegations made. These cases form a significant section of the group of the GCC's 'aged cases'.

Action the GCC has taken to address improve its timeliness

- 6.26 The GCC reports that it has taken steps to improve its timeliness and to address the factors reported above:
- An electronic case management system was implemented in late 2016 and is expected to assist the team to work efficiently and consistently, and to effectively monitor the progression of cases.
 - The entire investigations caseload is checked every two weeks by the person who is now responsible for managing investigations, and there is a monthly review by the Deputy Chief Executive of every case that remains open five months or longer after the complaint was made. These checks ensure that avoidable delays are identified and addressed earlier.
 - The Investigating Committee panels now conclude their consideration of cases during the meeting, rather than agreeing on the nature of the decision but leaving finalisation of the wording of the decision and (if the decision is to refer to the Professional Conduct Committee) the wording of the allegations until after the meeting. Investigating Committee meetings have been extended to two-day sessions to accommodate this change in procedure.
 - The GCC has revised its key performance indicator for the investigations stage of the process to base it on the analysis of median timeframes. It says this will align it better with the performance measures other regulators use, and provide more meaningful data to monitor timeliness of cases through the investigations stage of the process.
 - The majority of advertising complaints will no longer be included in the with the general investigations key performance indicator. The GCC has yet to decide on a separate key performance indicator for advertising cases.
 - The preparatory work for Professional Conduct Committee hearings is currently being outsourced and it is expected that this will improve timeliness and quality of case preparation.
- 6.27 The GCC reports that its internal monitoring shows that timeliness of the cases under investigation is starting to improve in relation to those cases that were initiated after the additional checks were put in place in 2016. However, part of the current caseload consists of cases that were not adequately progressed at the initial stages of their lifetime earlier in 2015/16. Until those cases have concluded, they will continue to have an impact on its performance data.
- 6.28 The GCC has told us that it expects that the current outsourcing of Professional Conduct Committee referrals to a legal firm and the instruction of more experienced regulatory Counsel will ensure that fewer hearings should be adjourned at short notice or go part-heard due to deficiencies in the GCC's case preparations – which should prevent any further deterioration in timeliness at that stage of the process.
- 6.29 It also reports that extending Investigating Committee panel sessions to two days rather than one has assisted with reducing the risk of subsequent

procedural issues arising – because a two-day meeting allows sufficient time for the thorough drafting of allegations. The GCC recognises that the focus on accurate drafting of allegations means that fewer cases can be considered and concluded at each panel meeting than might otherwise be achieved, but it regards that as being preferable to a scenario in which pressure of time leads to problematic referrals being made (particularly as the GCC’s statutory framework makes no provision for subsequent addition to or amendment of allegations prior to the Professional Conduct Committee hearing).

Conclusion on the GCC’s performance against this Standard

- 6.30 Last year, we carried out a targeted review of the GCC’s performance against this Standard. We concluded that the GCC had met this Standard and stated that it would need to maintain its performance in order to meet this Standard again this year. This year, the data demonstrates mixed performance as although median time from receipt of a complaint to an Investigating Committee decision has increased, the median time from Investigating Committee to final Fitness to Practise Committee has decreased. We consider that this data is not unexpected given the changes the GCC has made to ‘frontload’ investigations. Overall, we consider that the changes made by the GCC to ‘frontload’ investigations are likely to have a positive impact on the quality of investigations and Investigating Committee decisions, as well as on the allegations drafted. We will continue to monitor this area.
- 6.31 We also note that the GCC has taken steps to improve timeliness, including improved oversight of cases, changes to the fitness to practise team, and the outsourcing of work to a legal firm. The GCC expects that these changes will result in improvements in timeliness in fitness to practise.
- 6.32 Finally, we consider that the GCC has responded appropriately to the increase in advertising cases it receives. An additional fixed-term post was created to deal with these cases, minimising the impact that this increase will have on the wider fitness to practise caseload. The GCC is working with the ASA to progress these cases and will consider whether further guidance can be provided to registrants to reduce the number of advertising concerns that arise in the future. We will continue to monitor the GCC’s handling of advertising cases. On the basis of the evidence above, we consider that this Standard is met.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

- 6.33 Following a targeted review and audit, we found that the GCC did not meet this Standard last year. It was also not met in 2014/15 due to concerns we identified in our 2014 audit regarding keeping parties updated and responding to correspondence received.
- 6.34 Whilst we recognised that the GCC had tried to improve its performance in this area, our audit last year found several problems and we remained

concerned about how the GCC engages with parties, ensures they are kept updated and provides them with accurate information about their case or the fitness to practise process. Although the GCC had implemented changes, our audit showed that these had not addressed all the concerns previously identified under this Standard. Given the widespread nature of the concerns, it was our view that the GCC had not improved sufficiently in this area to meet this Standard.

Update since last year

- 6.35 The GCC has told us that it has introduced regular case reviews, and made changes to its fitness to practise team to resolve some of the staffing issues which it felt had contributed to customer service failings in the past.

Audit reports

- 6.36 The GCC provided a copy of audits (conducted by an external lawyer) from June 2016 and February 2017. These audits each reviewed a number of fitness to practise cases. The auditor noted that there were periods of inactivity in some cases, and there were concerns that parties were not updated on a regular basis. In addition, the auditor found mistakes or errors in correspondence with parties, and raised a concern with the content and tone of decision letters. Lastly, the auditor noted that there were a number of complaints received from parties about the management of their cases, with a common theme being that the investigation had been prolonged and that there had been a lack of regular contact from the GCC.

Conclusion on the GCC's performance against this Standard

- 6.37 Although we understand that the GCC has implemented changes which it believes will improve performance against this Standard, including the introduction of case reviews and the changes made to the fitness to practise team, we do not consider that these changes have yet resulted in sufficient improvements in performance. The concerns identified by the GCC's auditor raise similar issues to those we identified in our audit last year. We therefore conclude that this Standard remains not met.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

- 6.38 This Standard was met last year following a targeted review. As part of our targeted review, we audited a number of decisions made at the initial stages of fitness to practise. We did not identify any inappropriate decisions, and considered that the small number of concerns which we did find were not so significant to impact on the GCC's overall performance against this Standard. There is nothing to indicate any changes in process this year.

Registrar decision-making

- 6.39 In July 2017 (outside of the period of this review), the GCC advised us that it had identified an issue regarding some decisions made by its Registrar. For

several years, until early 2017, the GCC's Registrar had been closing some conviction matters without referring them to the Investigating Committee. These matters were considered by the GCC to involve less serious convictions. The GCC has now received advice that the GCC's primary legislation, the Chiropractors Act, does not permit the Registrar to make such decisions, and the Act requires that all criminal convictions be considered by the Investigating Committee. The GCC has acted to rectify this issue, and is in the process of reviewing affected cases in order to progress them to the Investigating Committee for consideration. The GCC anticipates that this will impact on a small number of registrants. We will monitor the progress of the corrective action and consider the impact of this issue in more detail in the next performance review period.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

- 6.40 The GCC continues to publish fitness to practise decisions on its website (apart from those that relate to the registrant's health). We have seen no evidence to suggest that the GCC has failed to publish or communicate any fitness to practise decisions. No concerns have been identified through our check of the register, and this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

- 6.41 During the period of this performance review, no data breaches have been reported to the Information Commissioner's Office¹⁵ and the GCC has been monitoring this area on its risk register. We therefore consider that this Standard is met.

¹⁵ The Information Commissioner's Office is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

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