



General Chiropractic Council

Annual Report

1 August 2004-31 December 2005



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Chairman's foreword

Scrutiny and partnerships are integral to a responsive and thoughtful regulatory system

Statutory regulation was a long awaited privilege for UK chiropractors. Chiropractors play an integral part in setting the profession's standards and upholding its reputation. But this isn't a one way street – the benefit of enhanced professional status brought about by statutory regulation brings with it accountability and responsibility.

The GCC acts in the public interest. We do this by setting standards for chiropractic education, conduct and practice. Those who meet our standards are eligible for GCC registration – those who achieve registration and who subsequently fall short of our standards can, ultimately, be removed from the GCC's register. This is how regulation works.

But does regulation meet the public's needs in an ever changing UK, and wider European, work environment and when society's expectations are evolving rapidly? What regulators do, why, and how we do it, is being scrutinised more closely than ever before.

Under the spotlight: government reviews

March 2005 saw the Department of Health's announcement that it would review the regulation of a broad range of non-medical healthcare professions – including chiropractic. A separate review on the role of the GMC conducted by the Chief Medical Officer for England is also being conducted into the regulation of registered medical practitioners. Each review's findings will be relevant to the other. The main drivers for the reviews are the outcome of the enquiry into the murders perpetrated by Harold Shipman, and the emerging roles and new professions that will need to be regulated.

One of the fundamental points arising from the Shipman enquiry was the view that the public perceived the GMC, and therefore professional self-regulation in general, as putting the interests of the professions first rather than those of patients and the public. Whether or not you agree with this perception it is a good reason for a robust assessment of the regulators' fitness for purpose. The government reviews therefore are to be welcomed.

The GCC is actively and positively participating in the consultation process. The outcomes of the review process and the recommendations of government are expected by the end of the year. The GCC will be looking for recommendations that would result in improved public safety – change for the sake of change cannot be an option.

Working with others

The public and patients are the reason that regulation exists. I feel strongly that their views must be central to all we do. This is why we particularly value the insights and contributions of our lay members of Council, and why the GCC has taken a major role in a joint UK health and social care regulators' initiative to embed public and patient involvement in the work of all health and social care regulators.

There is little purpose in developing strategy and procedures in a vacuum – an organisation that does so would stagnate and become irrelevant. This is why the GCC works closely with people and organisations that have an interest in what we do. For instance – the public and patients, and the organisations that represent them, help us to focus on the delivery of a patient-centred system of regulation. The UK's health and social care regulators, whose expertise and accumulated knowledge is a valuable commodity not to be squandered. The professional associations whose insights into the concerns of their members help us communicate more effectively with the chiropractic profession. The GCC's annual performance review conducted by the Council of Healthcare Regulatory Excellence (CHRE) is a useful opportunity to take stock. Education providers and government bodies are involved, as are the police, if there is evidence that someone is falsely claiming to be a chiropractor.

A challenge: recognition for the benefits of chiropractic

One of the GCC's strategic aims is to promote chiropractic so that its benefit to the health of the nation is understood and recognised. It is essential that people who would benefit from chiropractic have access to it based on their need, rather than solely on their ability to pay for private treatment. This means promoting the safety, efficacy and cost effectiveness of chiropractic to those responsible for the provision of NHS care. This is a challenge, given the competing demands and priorities of the NHS.

We are determined to continue to contribute to relevant debates and consultations – particularly the draft Musculoskeletal Services Framework for England that the Department of Health has sought views upon and that is due for publication soon – it will shape services for NHS patients for years to come.

Development of the profession

The most recent milestone for the profession is the introduction of mandatory Continuing Professional Development (CPD). I am delighted to say that the first year of mandatory CPD has been a success. Chiropractors readily took to the scheme in which they identify their learning needs, develop a plan for each learning cycle and then demonstrate how their CPD has contributed to their practice. I am convinced that this success can largely be attributed to preparation and consultation – sufficient time for meaningful consultation with all those with a stake in our work must be integral to any project plan.

We are approaching the sixth year of statutory regulation for UK chiropractors. So much has been achieved by the profession as a whole, by Council members and a small dedicated team of staff. I would like to convey my thanks and appreciation for the hard work and commitment they have consistently demonstrated.

Michael Copland-Griffiths

Chairman

A final note

Exceptionally, the GCC is reporting on activities over a 17 month period from 1 August 2004 to 31 December 2005. This is because we are bringing our financial year into line with our core registration activities which run from 1 January to 31 December. So from now on our financial year will also run from 1 January to 31 December.

Communications report

The statutory duty to promote chiropractic

The GCC has a statutory duty to promote chiropractic. 'Promotion' is a highly unusual statutory role for a UK health regulator. It could be argued that it is a role that could confuse the chiropractic profession and the public. For instance, on the one hand the government and public may think there's a conflict of interest and, on the other, chiropractors want to see results with increased numbers of new patients. So, how does the GCC square this circle?

Avoiding confusion

To ensure there is a clear focus, our strategic objective has always been

“To promote the contribution that chiropractic makes to the health of the nation”

In the context of our communications strategy, this means that we strive to increase access to the benefits of chiropractic care on the basis of need, rather than solely on the ability to pay. We know from our 2004 survey that a majority of chiropractors who responded would be happy to provide care to NHS patients on a contract basis, but do not want to be directly employed by the NHS. So our agreed approach is a 'top down, bottom up' focus on the gatekeepers to NHS-funded care – GPs, Nurse Practitioners and Primary Care Trusts.

The GCC's communications strategy

The GCC's communications strategy can be read on our web-site www.gcc-uk.org. The strategy includes all established day to day activity and provides for the development and implementation of new initiatives. It comprises a wide range of costed, prioritised activities and is reviewed regularly.

Before commencing the implementation of fundamental components of our communications strategy, the GCC conducted a UK-wide survey of the profession to establish if chiropractors would be willing to provide or contribute to the care of NHS patients.

Top down

Inevitably most of the 'top down' work goes on behind the scenes, as we embed our core message into the activities of other organisations, such as the Department of Health and the National Institute for Clinical Evidence (NICE)

Chiropractic management of musculoskeletal disorders is safe, evidence-based, and effective in terms of outcome and cost

Some examples of projects where we have a key contribution to make are

- NICE guidelines
- National Electronic Library for Health (NeICAM)

- Liaison with the Royal College of General Practitioners
- Department of Health Musculoskeletal Services Framework

Bottom up

While all our work at national level is essential, actually securing NHS funding depends on the local efforts of chiropractors. The contribution we can make is to work with those who are willing to let us know that they do have/have had NHS contracts. Our strategy is to

- identify the key success factors
- develop an 'NHS Toolkit' to facilitate local negotiations
- encourage chiropractors to get to grips with the local decision-making process

Daily communications activities

In tandem with the strategic work we're doing we have our 'everyday' communications role to fulfil. For example, picking up on media stories, briefing journalists, setting up interviews between journalists and chiropractors, and issuing press statements.

All of our press releases, and statements can be read on our web-site www.gcc-uk.org.

GCC web-site

The GCC web-site has been completely overhauled and redesigned and it was re-launched in September 2004. The new site is less cluttered and easier to navigate. It contains a searchable list of UK chiropractors, together with a wide range of publications and information about the GCC's activities.

Targeted advertising

For the past six years, as part of our routine communications activities, the GCC has placed adverts that explain the regulated status of chiropractors and the evidence-based package of care that chiropractors provide. We do not have a limitless budget and so our advertising needs to be carefully targeted.

Currently our advertising is targeted at GPs, NHS managers and the public. So we place regular adverts, for example, in the *British Journal of General Practice*, on NHS wall charts and in the BackCare (the back charity) magazine – *Talkback*.

New publications

The following new publications have been produced and distributed during the year. A wide range of documents can be read on our web-site www.gcc-uk.org

- Statutory Register of Chiropractors 2005* (June 2005)
- [*Code of Practice and Standard of Proficiency*](#) Effective from 1 June 2005 (published May 2004) and revised version published in December 2005 with an update on disclosing confidential information
- [*Continuing Professional Development \(CPD\) Mandatory Requirements*](#) (August 2004)
- [*What can I expect when I see a chiropractor?*](#) Revised

- e [Fitness to Practise Report 15 June 2003–14 June 2004](#)
- f [Fitness to Practise Report 15 June 2004–14 June 2005](#)

Other documents distributed to the chiropractic profession and others

- a [GCC Survey of UK Chiropractors results](#) (October 2004)
- b MORI Survey: [Public Awareness and Perceptions of Chiropractors](#)
- c Revised Advice Note: [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) (August 2004)
- d Information Note: [Ownership of x-ray films](#) (September 2005)
- e Advice Note: [‘Open plan’ style of practice](#) (December 2004)
- f Information Note: [The Practice of Chiropractic in the UK and its Contribution to the Health of the Nation](#)
- g Post Council *Bulletin*
- h GCC Newsletters: [News from the GCC](#)

Working with others

The regulation of health and social care professionals is based on a complex legal framework within a rapidly evolving and volatile environment. The UK health and social care regulators’ staff and members meet on a regular basis to learn from each other’s good practice and experience, where possible sharing resources. The aim is to ensure that regulatory policies and procedures are as effective as they can be in achieving the protection of the public.

The GCC plays a full and active role in all of these fora. The joint initiatives are

- The Joint Health & Social Care Patient Public Involvement Group (PPI Group)
- The Alliance of UK Health & Social Care Regulators in Europe (AURE)
- The Fitness to Practise Forum
- The Education Forum

Garnering feedback and input: engaging with stakeholders

It is essential that we enable others with an interest or concern in our work to contribute to key policy decisions and the formulation of core documents, such as the GCC’s [Code of Practice and Standard of Proficiency](#). It is a statutory requirement that the GCC consults the profession before amending the *Code and Standard*.

One example of how we achieve this is through the practical application of the GCC’s seven steps of consultation that are written into our corporate plan. We recently applied this process to the review of the Chiropractors Act 1994.

Good consultation should incorporate the following features

- a consultation framework that includes named contacts for all interested parties, including all registered chiropractors and student chiropractors in the UK
- appropriate timetables that are published in advance of the start date
- clear documentation, identifying the purpose of the consultation and the range of potential issues to be addressed

- facilitated workshops/seminars to refine the documentation and dispel myths
- the provision of sufficient information to ensure that respondents are well informed and able to provide properly structured comment
- a help-line that is staffed full-time throughout the consultation
- an audit trail of the key stages that is available in a timely manner to all interested parties

Surveys

GCC's Survey of UK chiropractors

The GCC designed, piloted, and distributed a questionnaire to survey all our registrants about their practice, patient base, and whether or not they would be willing to provide care via the NHS.

We were delighted by the excellent response to our survey of UK chiropractors; a 42% return gave us clear and accurate data. Analysis of the responses shows that respondents would be willing to provide a chiropractic package of care on a contract basis funded by the NHS, while retaining their self employed status.

MORI Survey: Public Awareness and Perceptions of Chiropractors

The MORI survey showed that there is a broad awareness and understanding of what chiropractors do. There was less public understanding about chiropractors' regulated status and what this means. This matches the position for other healthcare regulators, so we will be working with all our colleagues to find effective ways of dealing with this challenge.

Joint Health and Social Care Regulators' Patient and Public Involvement Group (PPI Group)

The PPI Group was set up in January 2005. Representatives from all nine UK health regulators, CHRE, and the General Social Care Council (Eng) attend. The PPI Group is chaired by Martin Caple, a GCC lay Council member, and administrative support is provided by the GCC's Executive Officer for Communications.

The purpose of the PPI Group is to identify and design effective ways to embed PPI within PPI Group member organisations, by means of informing, consulting and partnership.

Tasks completed during 2005 include agreeing the PPI Group's Terms of Reference and developing a project based, prioritised, Work Plan. The funding of each project will be split proportionately between regulators based on annual income. Each regulator can decide whether or not they wish to participate in a specific project because some projects may not have equal utility for all regulators.

Projects nearing completion include a *PPI Good Practice Handbook* that is intended to help regulators' staff and council members to understand and embed PPI and an information leaflet for people who want to know what regulators do, why they do it and how they can be contacted, titled: *Who regulates health and social care professionals?*

Alliance of UK Health and Social Care Regulators in Europe (AURE)

AURE is coordinated by the General Medical Council and was established in March 2002. The GCC has participated in AURE's work since that date. UK health and social care regulators were concerned that some elements of the draft Directive on the Recognition of Qualifications, first proposed in 2002, would put people at risk. The key concern being a proposal to enable visiting health and social care professionals to practise in a home state for up to four months each year without registration with a regulatory body.

AURE supported the principle of freedom of movement of professionals throughout member states and the rationalisation of many pieces of legislation into one Directive to improve efficacy. It was necessary, however, for UK regulators, including the GCC, to highlight public protection issues and to lobby Brussels for them to be considered and addressed.

European draft Directive on Services

The draft Directive on Services is very much in its embryonic stages and its further development is difficult to predict. In its current format many, including the GCC and AURE, have concerns about a central plank of the draft – 'the country of origin principle'. In theory this would mean that 'service providers' would be regulated by the mechanisms that exist within their 'country of origin' rather than those of the host country and this could pose public protection issues.

It is widely acknowledged that the draft needs serious revision. For instance, there have been calls for some areas such as healthcare to be fully exempted. The GCC and AURE are keeping a watching brief on developments.

The wider world of regulation under scrutiny

The Foster review of the regulation of non-medical healthcare professions

The GCC has attended and contributed to several consultation workshops organised by the Department of Health. In October 2005 the GCC, along with other non-medical regulatory bodies, was invited to give brief presentations to Andrew Foster's team and the Advisory Group. In a five minute presentation Michael Copland-Griffiths, the GCC Chairman made the following points

- 1 The GCC does not receive any public funding – it is financed by the chiropractic profession through the payment of registration fees
- 2 In the six years since its formation the GCC has developed and implemented
 - a patient-centred standards of practice and conduct
 - b learning outcomes for pre-registration education and training that deliver 'safe to practise' graduates
 - c initial and annual registration processes that ensure chiropractors are 'fit to practise'
 - d mandatory Continuing Professional Development (CPD) on an annual cycle
 - e competence-based assessment for all chairmen and members of fitness to practise committees (Investigating, Professional Conduct and Health)

- 3 The GCC has never been subject to an application for judicial review
- 4 No decision of the GCC has been referred to the High Court by Council for Healthcare Regulatory Excellence (CHRE)
- 5 The only appeal to date by a respondent chiropractor was comprehensively dismissed by the High Court
- 6 The GCC delivers holistic, proactive and comprehensive regulation – the model that best protects the public
- 7 The average cost of chiropractic regulation per patient visit is **20p** – there is no evidence that patient fees have increased as a result of regulation

Background

Following the publication of the Fifth Report of the Shipman Inquiry, the government established two reviews. The first review, headed by the Chief Medical Officer for England, is looking at a number of issues relating to the General Medical Council. The second review, headed by Andrew Foster of the Department of Health, is relevant to chiropractic because it is looking at the regulation of non-medical healthcare professions. The focus for both reviews is ensuring proper protection of the public and they are due to report to Ministers by the end of this year.

The GCC has already responded to the Review's *Call for Ideas* and our response can be read on our web-site www.gcc-uk.org as can the Department of Health's press release announcing the Foster Review, summarising its objectives and listing the members of the Advisory Group.

GCC perspective

The GCC strives to achieve excellence in its performance of its regulatory functions and has consistently demonstrated its commitment to public protection. Anything that can strengthen professional regulation is to be welcomed. What will be sought by the GCC is evidence that any recommendations for change would result in improved public safety – change for the sake of change cannot be an option.

The Council for Healthcare Regulatory Excellence (CHRE)

The CHRE's core objectives are to promote

- the interests of patients and the public in the regulation of the health professionals
- best practice in the regulation of the healthcare professions
- cooperation between regulatory bodies and with other organisations

CHRE has 19 members: appointees from each of the regulatory bodies and 10 lay members. GCC Chairman, Michael Copland-Griffiths, is a member of CHRE.

One of the main functions of CHRE is to refer to the High Court in England or equivalent Court elsewhere, any decisions of regulatory bodies' Professional Conduct Committees that appear to be unduly lenient. To date, no GCC cases have been referred.

CHRE's annual performance review

One of the duties of the Council for Healthcare Regulatory Excellence is to conduct an annual review of the performance of all the UK healthcare regulatory bodies, including the GCC.

The objectives of the performance reviews are

- to examine comparative performance
- to identify noteworthy practice
- to identify strategic cross-cutting issues that might benefit from a co-ordinated approach
- to highlight any factors inhibiting the development of professional self-regulation

In 2003/2004 CHRE took a very broad approach, based on a scoping study it had commissioned to identify similarities and differences in the legislative frameworks that apply to professional self-regulation in the UK.

In its report to parliament, CHRE identified as "noteworthy practice" the GCC's development of competences for members and chairs of its regulatory committees.

During 2004/2005 CHRE is focussing on three themes

- complaints handling
- screening/investigating of complaints
- fitness to practise systems

But in addressing those themes the GCC had to respond to 23 detailed questions and provide supporting documentation. For each question we had to identify the key issues and challenges we face, any changes made from last year or expected this year, and the areas where we show best practice that may be transferable.

We took the opportunity to highlight our frustration at the continuing apparent lack of understanding by the Department of Health of the efficacy and cost effectiveness of chiropractic care.

This was one of the points we reinforced during our performance review meeting with CHRE on 2 March 2005, as well seeking their assistance in resolving the delays in government's consideration of our review of the Chiropractors Act 1994.

Feedback from CHRE was that the GCC was to be commended on

- the competences it required of members of regulatory committees
- the clarity of the links between allegations considered by the Professional Conduct Committee and the requirements of the Standard of Proficiency/Code of Practice
- its openness in publishing the outcomes of disciplinary hearings

The Communications Strategy Working Group

The role of the GCC's Communications Strategy Working Group (CSWG) is to oversee and facilitate the GCC's communications strategy. The CSWG makes recommendations to the GCC's Council on how the communications strategy is to be implemented and developed. Our communications strategy can be read on www.gcc-uk.org.

The CSWG is made up of the four chiropractic professional associations, the College of Chiropractors, the Chiropractic Patients Association, GCC staff and Council members. The GCC's five year communications strategy was drafted by the CSWG, agreed in principle by Council and commenced in October 2003. The CSWG is chaired by Martin Caple, a GCC lay Council member. The CSWG usually meets two to four times a year.

Registration report

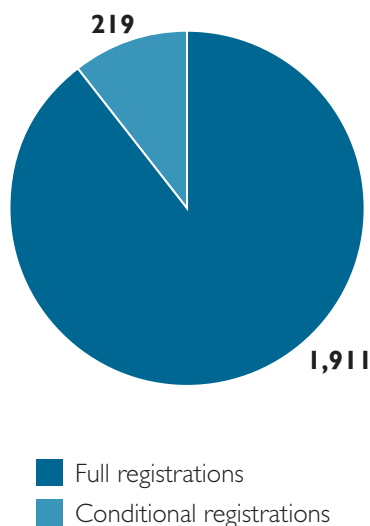
Keeping a register of appropriately qualified and experienced practitioners is a core statutory responsibility of health regulators. It is the practical mechanism by which health professions are regulated. In the UK it is illegal for anyone to describe themselves as a chiropractor, either expressly or by implication, unless registered with the GCC.

Finding a chiropractor's registration details is easy – the public can check our web-site www.gcc-uk.org or phone us during office hours on a local rate number. Each year libraries are provided with free copies of our published book version of the Register.

It's important for the public and patients to have easy access to information that legislation intended to be in the public domain – this includes chiropractors' names, primary chiropractic qualification, registered practice addresses and practice phone numbers.

Findings of the GCC's disciplinary committees are also published on the web-site and made freely available to the public. Access to all this information is part and parcel of the GCC's contribution to the protection of the public.

Chiropractors remain committed to statutory registration. As of 1 January 2005 the total number of chiropractors registered was 2,349.

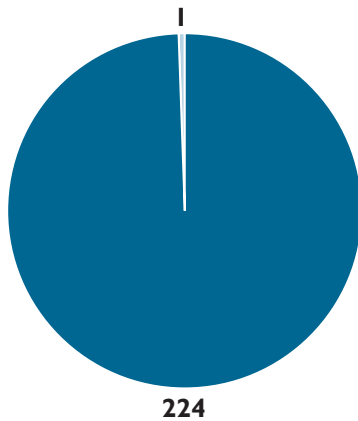


Total registrations and removals at 01.01.2005
(Total registered 2,130, less 219 removed)*

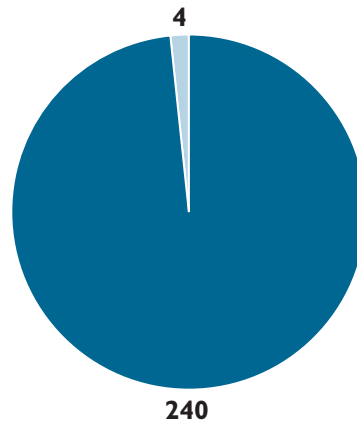
*none for disciplinary reasons

New registrations

Year ending 31 December 2004



Year ending 31 December 2005



- Fully registered
- Registered and removed during period

The prescribed test of competence

Applicants who are eligible to apply for registration under the GCC Foreign Qualification Rules 2002 are required to pass a prescribed test of competence. The test is designed to measure the ability of a candidate to meet the requirements of the GCC's [Code of Practice and Standard of Proficiency](#). These are the standards of conduct and practice required of all chiropractors, and reflect what a reasonable practitioner would regard as current sound practice.

The assessment methods enable candidates to demonstrate ability in the most suitable way and include

- a multi-station objective structured clinical examination (OSCE)
- case studies
- a viva voce

The prescribed test of competence was developed, and peer reviewed, by members of the faculty of the University of Glamorgan's Welsh Institute of Chiropractic. The Welsh Institute of Chiropractic is contracted by the GCC to provide the test a minimum of twice a year.

Given that demand for the test is driven by the number of applications received, the Institute has been very flexible and has made arrangements for more tests to be undertaken when required. Between 1 August 2004 and 31 December 2005 the test of competence was held 10 times. There were 118 attempts of which 27 were repeat attempts: 81 candidates passed and 37 failed. The flexibility to increase capacity has been appreciated by the GCC and chiropractors who wish to take the test as promptly as possible.

Call for additional examiners for the test of competence

The assessment components of the test of competence are designed to evaluate

- technical knowledge of chiropractic skills and procedures
- ability to apply technical knowledge appropriately
- ability to make appropriate clinical decisions
- knowledge and application of professional ethics and jurisprudence
- ability to communicate clearly, concisely and appropriately

A minimum of seven examiners from the field are required for each test of competence out of a pool of 16 examiners appointed in 2000. The test now occurs more frequently and some examiners are no longer available. The University of Glamorgan therefore requested that the GCC call for more examiners. Examiners must meet the following criteria

- minimum of five years full registration with the GCC
- able to demonstrate knowledge and understanding of the [*Code of Practice and Standard of Proficiency*](#)
- able to demonstrate understanding of UK chiropractic education and training
- commitment to participate in a minimum of two tests per annum
- current membership of a UK professional association
- declaration of any conflict of interest

Mandatory Continuing Professional Development (CPD)

The first year of mandatory CPD ended on 31 August 2005. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2005.

Unless the Registrar is satisfied that there are extenuating circumstances, failure to comply with mandatory CPD requirements will result in removal from the Register.

The first CPD year was a clear success. Chiropractors understood what was required of them and the new GCC administrative procedures, introduced to manage the CPD process, worked.

No chiropractor was removed from the Register for failing to complete the required CPD. Nine chiropractors applied to be exempted from some part of the requirements due to extenuating circumstances (for example, ill health). All nine requests were granted.

Education Committee report

The statutory responsibility

The Education Committee has a general duty under the Chiropractors Act 1994 to promote high standards of education and training in chiropractic and to keep under review the provisions that have been made for it. The foundations for these responsibilities include

- The [*Criteria for the Recognition of Degrees in Chiropractic*](#)
- A rolling programme of visits to all UK providers of undergraduate chiropractic education and training because recognition of degrees is time limited
- Annual monitoring of recognised courses

Under the provisions of Section 14 of the Act the GCC has a duty to decide, subject to the approval of the Privy Council, which chiropractic qualifications are to be recognised for the purpose of registration with the GCC.

UK chiropractic degrees

As of 31 December 2005 the UK chiropractic courses recognised by the GCC under the terms of this legislation are

- Anglo-European College of Chiropractic
 - BSc(Hons) Human Sciences/MSc Chiropractic
 - Undergraduate M.Chiro
- McTimoney College of Chiropractic and University of Glamorgan
 - BSc(Hons) Chiropractic
- University of Glamorgan
 - BSc(Hons) Chiropractic

Transparency of the procedures

It is in the best interests of the public, and potential and current students, for the recognition and monitoring process to be as open and transparent as possible. Therefore, the details of any conditions of recognition and associated monitoring requirements for new programmes are published by the GCC.

External quality assurance

Because good practice involves keeping up to date with developments in the wider world of higher education and the frequent application of an impartial and knowledgeable eye, we make sure that our procedures are kept under review with the assistance of an external quality assurance adviser.

The visiting panels

The panel consists of

- GCC lay member (normally the Appointee of the Secretary of State for Education & Skills) who acts as the chair of the panel
- two Committee members who are chiropractic educationalists
- GCC's Director of Education
- an independent educationalist who serves as Quality Assurance Adviser to the GCC

The Education Committee and the Visiting Panels include members with considerable, relevant and in-depth knowledge of the UK's system of higher education. A huge amount of time and effort goes into the complex analyses of course structures and in supporting the course providers by providing clear advice. These contributions often go unrecognised externally because the nature and extent of the work involved is highly specialised and confidential between the GCC and the education provider. The GCC is grateful to those who have made an invaluable contribution to the development of chiropractic education in the UK.

The GCC remains committed to the development of chiropractic education and will continue the progress made to date. The continuing challenge facing the GCC is to facilitate the submission of more applications for recognition of chiropractic degree programmes.

Review of Criteria for Recognition of Degrees in Chiropractic

The GCC reviews on a regular basis all its core documents, including the [Criteria for the Recognition of Degrees](#). These Criteria were last reviewed in 2001, with the current version being published in February 2002.

Council agreed in June 2005 that a further review should be undertaken in the context of

- the GCC's revised [Code of Practice and Standard of Proficiency](#)
- the common content of chiropractic pre-registration education and training in other jurisdictions
- modes of learning delivery for pre-registration education and training for other regulated healthcare professionals
- the need to ensure that UK graduates are not at a disadvantage in the world-wide job market
- the need to take account of the Bologna Agreement, which is concerned with the creation of a common model for Higher Education in Europe and an overarching framework of qualifications

The development of a draft consultation document commenced in August 2005.

GCC contributions to international educational strategies

World Health Organisation (WHO) draft guidelines on basic training and safety in chiropractic

In 2004 the GCC contributed to the WHO's consultation on the draft guidelines on basic training and safety in chiropractic. The WHO published the guidelines in November 2005, and the GCC welcomed the document, which will be of particular significance for the protection of the public in those countries where chiropractic is not yet a regulated health profession.

The GCC noted, however, that one aspect of the guidelines refers to learning delivery as typically 'full-time'. The GCC advised the WHO that this is at odds with current flexible modes of learning paths, opportunities, and techniques within the higher education framework in Europe. This is the approach encouraged by the Bologna Agreement and the one taken by the GCC since its inception.

Education and regulation in Europe

There are a number of relevant European agreements, treaties and directives that affect, or could have an impact in the future, on the education and regulation of UK health and social care professionals, including chiropractors.

The GCC has been actively involved in advising, briefing, and working with other organisations to highlight possible tensions between some aspects of these proposals, the protection of the public and the UK higher education and regulatory framework. When identifying potential problems, it is essential to formulate workable solutions for consideration by the European and UK government departments that are leading the work. To achieve this we have been working with other organisations such as Universities UK, Skills for Health, and the Alliance of UK Health and Social Care Regulators on Europe (AURE).

The Bologna Agreement

45 European countries, including the UK, are signed up to the aim of the Bologna Agreement to create a European Higher Education Area by 2010. The signatories' aims are: to remove the obstacles to student mobility across Europe; to enhance the attractiveness of European higher education worldwide; to establish a common structure of higher education systems across Europe and for this common structure to be based on two main cycles, undergraduate and graduate.

Directive on the Recognition of Professional Qualifications

In June 2005 the Council of Ministers adopted the European Union Directive on Recognition of Professional Qualifications. The Directive will undergo legal-linguistic fine-tuning and translation into all Community languages. Member states will then have two years to transpose the Directive into national law.

The new Directive aims to simplify existing rules on the mutual recognition of professional qualifications and facilitate the free movement of professionals by consolidating a number of separate pieces of legislation. Mechanisms for the effective implementation of the Directive

now need to be developed. The GCC, and Alliance of UK Health and Social Care Regulators on Europe (AURE), are working with the Commission and regulators in other Member states to ensure that the Directive will facilitate competent services provision and effective patient protection across Europe.

Linda Stone

Chairman, Education Committee

Regulatory report

The primary aim of the GCC is to protect the public. We do this by

- Keeping a register of chiropractors
- Setting standards of education, proficiency, conduct and practice
- Dealing with complaints

We currently regulate just over 2,200 registrants.

When we say that someone is fit to practise we mean that they have the skills, knowledge, character and health to practise safely and effectively. We also mean that they must act always in the best interests of their patients. Issues involving chiropractors' fitness to practise are an integral part of the GCC's duty to regulate the profession and thereby protect the public and the reputation of the profession.

Use of indicative sanctions guidance

In October 2004 General Council approved new guidance on 'indicative sanctions' for the Professional Conduct Committee.

The main purpose of the guidance is to support consistency in the Committee's decision making while ensuring that it retains proper autonomy. The guidance also aids transparency. This is because chiropractors, and their legal representatives, are aware of the factors that the PCC will typically take into account when deciding upon a proportionate sanction, following a finding of unacceptable professional conduct.

The guidance, which can be read on www.gcc-uk.org, has been circulated to professional associations, insurers and respondent chiropractors.

Fitness to Practise Report

The GCC has published its first *Fitness to Practise Reports* providing statistics, identifying trends and discussing complaints in detail. Each *Fitness to Practise Report* is an invaluable resource and learning tool. The complaints and concerns considered by the committees, and the decisions taken, enable the whole chiropractic profession to learn the salutary lessons arising from the misjudgements and misconduct of a few individual chiropractors. This may contribute to the prevention of similar incidents.

Given that the GCC's primary responsibility is to protect the public, the information in these reports can feed into all aspects of the GCC's work including: keeping the register of chiropractors, setting standards of education, proficiency, conduct and practice, and our fitness to practise procedures.

Competencies for the members of the regulatory committees

Competence-based assessment has been introduced for all Chairs and members of fitness to practise committees (Investigating, Professional Conduct and Health). Following the annual performance review by the Council for Healthcare Regulatory Excellence (CHRE) in March 2005, this was cited as an example of good regulatory practice.

The generic duties of Council members are defined in the Code of Conduct for Members of Council. The specific competencies required of members of regulatory committees are now part of the members' Code of Conduct.

Induction programmes are tailored to meet individual needs and all members are encouraged to produce a personal development plan. Any development needs of members in relation to required competencies will be identified and met.

Competence types

- Application of relevant legislation
- Understanding of committee function in providing expertise in public protection
- Working in a collaborative and professional manner
- Reaching decisions fairly
- Communication and conduct during hearing
- Leadership of the committee and proceedings

The GCC's Code of Practice and Standard of Proficiency

Following a year long consultation process, the GCC published a revised and updated [Code of Practice and Standard of Proficiency](#) effective from June 2005. This was further revised in one respect in December 2005. Both documents were circulated to chiropractors and others with an interest in our work.

Compliance with the requirements of the *Standard of Proficiency* delivers a standard of care that protects patients from harm. The *Code of Practice* is a comprehensive document that deals not only with specific aspects of public protection but also has a broader focus on the personal conduct of chiropractors. The Standard and the Code are living documents that are reviewed and revised on a regular basis.

The GCC's regulatory committees

The regulatory committees are the Investigating Committee, Professional Conduct Committee and Health Committee. All three committees are established by the Chiropractors Act 1994 with specific constitutions and terms of reference.¹

¹Chiropractors Act 1994 ("the Act") Sections 20-28
 The General Chiropractic Council (Investigating Committee) Rules 2000
 The General Chiropractic Council (Professional Conduct Committee) Rules 2000
 The General Chiropractic Council (Health Committee) Rules 2000

What type of complaints do we consider?

We investigate every complaint we receive about chiropractors, across the full spectrum of

- Personal conduct
- Professional conduct
- Competence
- Health
- Criminal conviction

The flow chart on the next page illustrates the procedures we follow when a complaint is made about a chiropractor. If the complaint raises an immediate concern for the protection of the public, the chiropractor's registration may be suspended almost immediately while the case is investigated – the chiropractor must be given 10 days' notice of the hearing and of his right to argue his case.

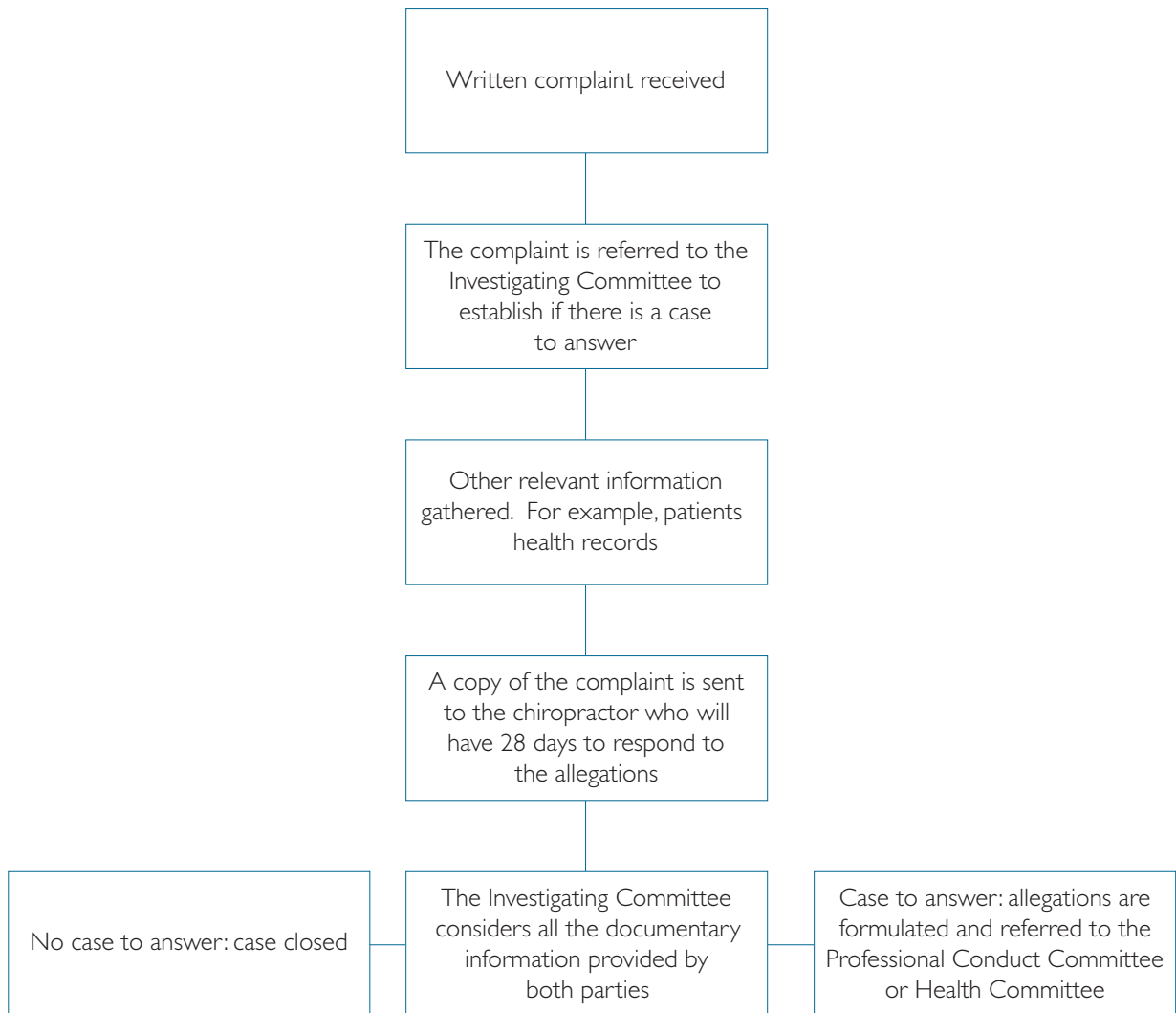
Outcomes of complaints considered by the Investigating Committee between 15 June 2004 and 31 December 2005

The Investigating Committee met 10 times to consider 76 complaints in total. Of these, 59 were complaints received during the 17 month reporting period. The remaining 17 complaints were carried over from the previous 12 month period (June 2003-June 2004).

Formulating the charges

It is often the case that the charges formulated by the Investigating Committee have a broader and/or a different focus than the wording of the original complaint. This is because patients, in expressing their concerns, will not usually have a detailed understanding of the [*Code of Practice and Standard of Proficiency*](#).

The Investigating Committee, when referring matters to the Professional Conduct Committee, may consolidate more than one complaint against an individual respondent into a single set of formal allegations. In 2004-5, therefore, although there were a total of 65 complaints sent forward, these related to 61 chiropractors only.



Outcome of complaints

	15 Jun 04- 31 Dec 05	2003-4
Complaints considered		
Total complaints considered	76	22
● Complaints received in previous year	17	11
● Complaints received in current year	59	11
Outcomes		
Withdrawn by complainant	1	0
No case to answer	21	11
Referred to Professional Conduct Committee	30	9
Referred to Health Committee	0	0
Decision pending at year end	24	2

Number of complainants and number of respondent chiropractors

	15 Jun 04- 31 Dec 05	2003-4
Number of individual complainants	65	20
Number of individual respondents	61	20
Individuals making complaints against more than one respondent	11	2
Registrants against whom more than one complaint was made in year	18	2

Source of complaints

	15 Jun 04- 31 Dec 05	2003-4
Patient/relative of patient	48	13
Public (non-patient)	4	2
Other Chiropractor	6	4
Other Health Professional	1	1
Registrar	7	0
Other source*	10	2
Total	76	22

* For example: Professional Association, Insurers, Police, Other Regulatory Body

The Professional Conduct Committee

What happens if a case is referred to the Professional Conduct Committee?

The Professional Conduct Committee considers cases that are referred from the Investigating Committee and relate to chiropractors' conduct, competence or conviction for criminal offence. The Professional Conduct committee meets in public to decide

- a Whether the facts of the allegations are proved
- b Whether the proven facts amount to unacceptable professional conduct

If unacceptable professional conduct has been proved, evidence in mitigation can be presented by the chiropractor, or his representative, to the Professional Conduct Committee. At this stage the Committee will also be told of any previous findings against the chiropractor. The Committee will then decide in private what sanction to impose on the chiropractor. The Professional Conduct Committee has the following options

- Admonish the chiropractor
- Impose a 'conditions of practice' order on the chiropractor
- Suspend the chiropractor's registration for a set period
- Remove the chiropractor's name from the Register

The Professional Conduct Committee will announce any sanctions in public, giving reasons for its decision either at the time, or at a later date. Notices of Hearing and Notices of Allegations are published prior to the hearing so that the public are aware that cases are being heard and the nature of the allegations.

At each hearing the Professional Conduct Committee sits with a Legal Assessor, whose role is to advise the Committee on points of law.

Outcomes of cases considered by the Professional Conduct Committee

Between June 2004 and 31 December 2005 the Professional Conduct Committee met for a total of 48 days in relation to cases concerning 13 chiropractors.

A breakdown of the cases is on the next page.

Outcomes of Professional Conduct Committee Hearings 2004-5

Date	Respondent's name	Finding/decision	Sanction imposed
June 2004 1 day	Glenn II, Garland Dwain	Guilty of UPC ¹	Suspension Order (18 months)
July 2004 5 days	Gage ² , Warren Martin	Guilty of UPC	a Suspension Order (3 months) b Pass Test of Competence
September 2004 3 days	Respondent X	Not guilty	
October 2004 1 day	Gibbon, Gus	Guilty of UPC	Admonished
November 2004 2 days	Green, Simon	Guilty of UPC	a Admonished b Conditions of Practice Order
September & December 2005 2 days	Review hearing	Conditions met. Order allowed to expire.	
November 2004 3 days	Jacobs, Dafna	Guilty of UPC	a Suspension Order (9 months) b Pass Test of Competence
June 2005 1 day	Review hearing	a Suspension Order extended for 12 months effective from 18 September 2005 b Requirement to Pass Test of Competence remains	
A. December 2004 1 day	Watson, Michael Courtney	Interim Suspension Order imposed (no finding) & referred to Health Committee	No sanction
B. June & October 2005 2 days		Guilty of UPC	Conditions of Practice Order
January 2005 4 days	Respondent Y	Not guilty	
April 2005 3 days	Greig, Andrew Donald Anderson	Guilty of UPC	a Conditions of Practice Order b Pass Test of Competence
May 2005 6 days	Respondent Z	Not guilty	
July & September 2005 7 days	Heale, Graham Stanley	Guilty of UPC	Conditions of Practice Order
October 2005 2 days	Respondent W	Not guilty	
November & December 2005 8 days	Jenk, Finn Peter Anthony	Guilty of UPC	Suspension Order (6 months, to be reviewed before expiry)

¹UPC: unacceptable professional conduct²The respondent appealed to the High Court against the PCC's decision. The appeal was dismissed.

The cost to the GCC of bringing a case before the Professional Conduct Committee

There are many factors that influence the cost of each case. They include: the complexity of the case, the number of witnesses involved and the number of days it takes to conclude the case.

Case Name	Amount
GCC v Glenn II, Garland Dwain (June 2004)	£6,555
GCC v Gage, Warren Martin (July 2004)	£31,593
GCC v Gibbon, Gus (October 2004)	£13,817
GCC v Green, Simon (November 2004 and December 2005)	£28,344
GCC v Jacobs, Dafna (November 2004 and June 2005)	£77,086
GCC v Greig, Andrew Donald Anderson (April 2005)	£40,895
Case not found X (September 2004)	£30,260
Case not found Y (January 2005)	£48,715
Case not found Z (May 2005)	£95,604
GCC v Watson, Michael Courtney (June and October 2005)	£23,080
GCC v Heale, Graham Stanley (July and September 2005)	£136,782
Case not found W (October 2005)	£46,075
GCC v Jenk, Finn Peter Anthony (November and December 2005)	£101,537
Total	£680,343

Costs incurred during reporting period for cases to be heard in 2006 £48,829

Health Committee

The Health Committee considers cases referred to it by the Investigating Committee, or Professional Conduct Committee, where it is alleged that a chiropractor's ability to practise is seriously impaired because of his physical or mental health.

The procedures of the Health Committee are similar to those of the Professional Conduct Committee. A key difference is that the Health Committee normally meets in private because of the confidential and personal nature of the medical evidence considered. The Health Committee can decide however that a case should be heard in public should it be in the public interest to do so.

To date one case has been referred to the Health Committee by the Professional Conduct Committee.

Section 32 (1) Offences

It is a criminal offence, under Section 32(1) of the Chiropractors Act 1994, for anyone to describe themselves (whether expressly or by implication) as a chiropractor. When the GCC receives information about possible offences, it checks to see if there is sufficient evidence to refer the matter to the police.

It is then for the police to investigate the offences and the Crown Prosecution Service to determine what, if any, further action it is necessary to take in the public interest.

Three people have been convicted under Section 32 (1) of the Chiropractors Act between 15 June 2004 and 31 December 2005.

Date	Name	Court	Sentence
1 June 2005	Howard Hughes	Maidstone Magistrates' Court	£1,500 fine and £400 costs
1 June 2005	Yasmina Beckett-Cole	Maidstone Magistrates' Court	£1,000 fine and £400 costs
6 July 2005	Robert John Mewis	Llandudno Magistrates' Court	£3,300 fine and £55 costs

Rita Lewis

Chairman, Investigating Committee

Linda Stone

Judith Worthington

Joint Chairmen, Professional Conduct Committee

Resource Management Committee's report

The GCC's statutory functions

The GCC has four main duties

- To protect the public by establishing and operating a scheme of statutory regulation for chiropractors, similar to other arrangements for other healthcare professionals
- To set the standards of chiropractic education, conduct and practice
- To develop the profession of chiropractic, using a model of continuous improvement in practice
- To promote the contribution that chiropractic makes to the health of the nation

Resource Management Committee

The Resource Management Committee (RMC) meets on a quarterly basis and has five members. The RMC is an advisory committee to the Council.

The primary roles of the committee are

- Monitor the short and long-term financial position of the GCC
- To consider the use and safeguard of all the Council's assets
- To look at staffing matters including policies, terms and conditions of service and remuneration
- To ensure that robust financial and accounting systems are in place

During the year the financial accounts system and accounting procedures were reviewed for robustness. System enhancements have led to greater clarity of information in reports to the Committee and thus aided decision making. Annual budgets and forecasts were reviewed by the Committee and quarterly management accounts were produced.

The Resource Management Committee has had a busy year and has spent time reviewing the Council's expenditure to ensure that it has the resources in place to fulfil its obligations.

Financial position

The GCC has produced a long set of accounts covering the financial period of 1 August 2004 to 31 December 2005. The GCC will now produce accounts on an annual basis covering the period 1 January to 31 December. This change was to bring the historical accounting period in line with the retention of registration year covering 1 January to 31 December.

The income for the 17 month period was £3,227K. The expenditure for the 17 month period was £3,370K. This led to a deficit of £143K for the 17 month period ending 31 December 2005. The main reasons for this were increased costs in relation to regulatory and education activities.

The marginal income generated by hiring out the ground floor facilities to external organisations was £38K in 2003-2004 and increased to £92K for the 17 month period in line with forecasts. Next year we intend to achieve a higher return. The GCC experience was that increases in hire to external parties at times had an impact on scheduling its own PCC cases. The Council agreed that the GCC would refurbish the second floor to create an additional hearing chamber. This was completed in September 2005 and the costs were in line with budgets.

The GCC has continued to fulfil its statutory responsibilities effectively by consolidating and developing core aims and objectives as summarised in the business plan and the new Five Year Corporate Plan.

Reserves

The GCC has continued with the policy of maintaining sufficient reserves to fulfil a wide range of statutory functions, and to draw upon should there ever be a serious legal challenge to a decision of the GCC. The current reserves are £1,904K. This is equivalent to just under 10 months running costs. The GCC considers that there should be reserves equivalent at least to six months of average annual expenditure in order to provide sufficient cover for working capital needs and for the organisation to develop its future activities. The level of reserves will be reviewed on an annual basis.

Regulation

As reported last year, the GCC had noted that the work associated with the GCC's statutory duties has increased considerably. This trend has continued in 2004-2005 and there are additional pressures on the financial bottom line as a result. In line with other regulators and as the public become more aware of the existence and function of the GCC there are likely to be increased levels of complaints against chiropractors. The GCC is seeking to ensure that projected increases in regulatory costs and other activities can be absorbed by the level of reserves built up by careful financial management.

The GCC continues to ensure training and guidance for all its regulatory committees. This has to date ensured that there have been no referrals by the Council for Healthcare Regulatory Excellence (CHRE) of the decisions of the GCC's Professional Conduct Committee to the High Court for appeal.

The year ahead

The completion of a hearing chamber on the second floor at 44 Wicklow Street will allow the GCC to be more flexible in offering dates to prospective clients and this should lead to higher incomes in relation to hire of the ground floor.

There will be further work in relation to reviewing reserves and risk management and financial regulations and procedures.

Judith Worthington

Chair of Resource Management Committee

Financial statements

Report of the Council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council ("GCC") for the 17 month period ended 31st December 2005.

Objectives

The Council was established to provide for the regulation of the chiropractic profession within the United Kingdom. This includes making provision as to the registration of chiropractors, as to their professional education and conduct, and in connection with the development and promotion of the profession in general.

Principal activities

The Council's principal activities are

- To protect the public by establishing and operating a scheme of statutory regulation for chiropractors, similar to the schemes for other health professionals such as medical doctors and dentists.
- To set the standards of chiropractic education, practice and conduct.
- To ensure the development of the profession of chiropractic, using a model of continuous improvement in practice.
- To promote the profession of chiropractic so that its contribution to the health of the nation is understood and recognised.

Registrations

During the period, the GCC received 331 (Year ended 31st July 2004: 235) applications for registration, and by 31st December 2005, 2,593 (31st July 2004: 2,268) chiropractors had completed the application process and been entered on the Register. As at 31st December 2005, 2,262 (31st July 2004: 2,106) of the applicants, who had completed the process, were still registered.

Auditors

A resolution to reappoint Baker Tilly, as auditors, will be put to the members at the annual general meeting. Approved by the Council and signed on its behalf by

Peter Dixon

Chairman

1 June 2006

Independent auditors' report to the members of the General Chiropractic Council

We have audited the financial statements on pages 7 to 15.*

This report is made solely to the Members, as a body, in accordance with the Chiropractors Act 1994. Our audit work has been undertaken so that we might state to the Members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the General Chiropractic Council and the Members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Members of the Council and auditors

The responsibilities of the Members for preparing the financial statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of Members' Responsibilities on page 5.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Chiropractors Act 1994. We also report to you if, in our opinion, other information contained in the financial statements is not consistent with the financial statements, if the Council has not kept proper accounting records, and if we have not received all the information and explanations we require for our audit.

We read other information contained in the financial statements, and consider whether it is consistent with the audited financial statements. This other information comprises the Legal & Administrative Details and the Report of the Council. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies within the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the Members in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Council's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all information and explanations, which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

*Page references refer to the original document submitted by Baker Tilly containing GCC Accounts 2004-2005 and incorporated into this Annual Report. Baker Tilly's original document can be viewed on www.gcc-uk.org.

Opinion

In our opinion, the financial statements give a true and fair view of the state of the Council's affairs at 31st December 2005, and of its deficit for the period then ended, and have been properly prepared in accordance with the Chiropractors Act 1994.

Baker Tilly

BAKER TILLY
Registered Auditor
Chartered Accountants
2 Bloomsbury Street
London WC1B 3ST

22 June 2006

Income and expenditure account for the 17 month period ended 31st December 2005

	Notes	Period ended 31st Dec 2005	Year ended 31st Jul 2004
Income			
Registration fees			
	– New registration	373,000	283,850
	– Annual retention	2,729,600	1,773,551
Other income	1	32,350	156,559
Income generated from ground floor letting		91,912	38,522
Bank interest receivable		262	2,526
Total income		3,227,124	2,255,008
Expenditure			
Staff costs	2	795,419	561,962
Staff expenses		21,683	9,207
Regulatory costs		1,249,453	488,406
Committee expenses	3	220,129	117,175
Professional fees	4	70,690	81,062
Publicity		179,758	115,343
Printing		120,850	77,985
Postage		41,684	26,172
Stationery		31,901	44,266
Telephone		12,891	9,883
Costs of running Wicklow Street premises		160,246	178,610
Direct costs of ground floor letting		21,022	4,054
Office accommodation		–	25,339
Computer costs		53,071	39,487
Insurance		38,615	18,082
Subscriptions		9,290	1,807
Other sundry expenses		1,796	6,368
Bank charges		7,196	2,401
Mortgage interest		134,328	121,008
Depreciation		200,471	130,188
Loss on disposal of fixed assets		–	1,645
Total expenditure		3,370,493	2,060,450
Operating (deficit)/surplus before taxation		(143,369)	194,558
Taxation	5	–	(22)
(Loss)/surplus for the period	11	£ (143,369)	£ 194,580

The operating loss for the period arises from the Council's continuing activities. No separate Statements of Total Recognised Gains and Losses has been presented as all such gains and losses have been dealt with in the Income and Expenditure Account.

Balance sheet 31st December 2005

	Notes	31st Dec 05	31st Jul 04
Fixed assets			
Tangible assets	6	5,405,985	5,168,024
Current assets			
Debtors	7	69,014	512,431
Cash at bank		1,637,055	468,702
		1,706,069	981,133
Creditors			
Amounts falling due within one year	8	2,855,699	1,310,633
Net current liabilities		(1,149,630)	(329,500)
Total assets less current liabilities		4,256,355	4,838,524
Creditors			
Amounts falling due after more than one year	9	2,352,466	2,791,266
Total assets less total liabilities		£1,903,889	£2,047,258
Funds of the Council			
Establishment funds	10	337,999	337,999
General reserves	11	265,890	409,259
Capital investment fund	12	1,300,000	1,300,000
Total funds		£1,903,889	£2,047,258

Approved by the Members of Council on 1st June 2006, and signed on its behalf by

Peter Dixon
Chairman

Accounting policies

Basis of accounting

The financial statements have been prepared to comply with current statutory requirements, and under the historical cost convention in accordance with applicable accounting standards.

Pension contributions

The Council makes payments on behalf of certain employees into defined contribution pension schemes. The assets of the schemes are held separately from those of the Council, being invested with independent insurance companies.

Tangible Fixed Assets

Fixed assets are stated at historical cost.

Depreciation is provided on all tangible fixed assets, other than freehold land, at rates calculated to write each asset down to its estimated residual value evenly over its expected useful life, as follows:

Freehold buildings	over 50 years
Computer equipment	over 5 years
Furniture & office equipment	over 5 to 10 years

Deferred taxation

Deferred tax is recognised in respect of all timing differences that have originated, but not reversed at the balance sheet date, where transactions or events that result in an obligation to pay more tax in the future, or a right to pay less tax in the future, have occurred at the balance sheet date. Timing differences are differences between the company's taxable profits and its results as stated in the financial statements.

Deferred tax is measured at the average tax rates that are expected to apply in the periods in which timing differences are expected to reverse, based on tax rates and laws that have been enacted, or substantially enacted, by the balance sheet date. Deferred tax is measured on a non-discounted basis.

Notes to the financial statements for the 17 month period ended 31st December 2005

Period ended
31st Dec 05

Year ended
31st Jul 04

1. Other income

Conversion fee	–	112,750
Restoration fee	7,500	11,850
Non-practicing to practicing fee	16,000	20,000
Change of address fee	8,850	10,050
Other income	–	1,909
	£32,350	£156,559

2. Staff costs

No.

No.

The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:

Regulatory activities, management and administration	13	13
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Staff costs for the above persons:

Wages and salaries	617,913	436,978
Social security costs	67,469	47,653
Other pensions costs	55,516	42,419
Temporary staff costs	38,438	20,283
Staff recruitment costs	16,083	14,629
	£795,419	£561,962

3. Committee expenses

Attendance allowances	116,041	50,866
Social security costs	15,473	6,602
Expenses	57,642	35,528
Organisation development	30,973	24,179
	£220,129	£117,175

	Period ended 31st Dec 05	Year ended 31st Jul 04
4. Professional fees		
Legal fees	11,511	4,589
Auditors' remuneration:		
Audit fees	6,250	3,550
Other advisory services	2,250	5,361
Accountancy services (including expert advice regarding Value Added Tax)	6,556	9,216
Database design, development, and support	5,746	15,271
Human resources and job evaluation	12,461	7,845
Website design and development	8,896	27,260
Data protection advice	–	5,883
Other professional fees	17,020	2,087
	£70,690	£81,062

5. Taxation

It is the understanding of the Members that the Council is only subject to UK Corporation Tax on its investment income, which includes bank interest receivable and the taxable surplus arising on the letting of facilities at Wicklow Street.

	Period ended 31st Dec 05	Year ended 31st Jul 04
Current year tax:		
UK corporation tax	–	–
Over provided in previous periods	–	(22)
Current tax charge	£–	£(22)
Factors affecting the tax charge for the year:		
Operating surplus before taxation	£(143,369)	194,558
Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 19% (2004: 19%)	(27,240)	36,966
Effects of:		
Elements of the operating surplus that are not taxable	23,779	(39,197)
Depreciation in excess of capital allowances	5,941	2,298
Starting rate relief	(2,480)	(67)
Adjustments in respect of previous periods	–	(22)
Current tax charge	£–	£(22)

At the balance sheet date, the Council had deferred tax assets in respect of depreciation in excess of capital allowances, which had not been recognised on the grounds of uncertainty with regard to recoverability.

At the balance sheet date, and on the basis of a tax rate of 19% (2004: 19%), the deferred tax asset in respect of depreciation in excess of capital allowances amounted to £8,239 (31st July 2004: £2,298).

6. Fixed assets

	Freehold land & buildings	Computer equipment	Furniture & office equipment	Total
Cost:				
1st August 2004	5,094,377	128,163	98,352	5,320,892
Additions	341,488	49,663	47,281	438,432
31st December 2005	5,435,865	177,826	145,633	5,759,324
Depreciation:				
1st August 2004	101,888	39,981	10,999	152,868
Charge for the year	149,573	35,880	15,018	200,471
31st December 2005	251,461	75,861	26,017	353,339
Net book value:				
31st December 2005	5,184,404	101,965	119,616	£5,405,985
31st July 2004	4,992,489	88,182	87,353	£5,168,024

31st Dec 05

31st Jul 04

7. Debtors

Due within one year:

Trade debtors	26,358	3,712
Value Added Tax recoverable	-	439,428
Other debtors	6,449	3,908
Prepayments and accrued income	36,207	65,383
	£69,014	£512,431

31st Dec 05

31st Jul 04

8. Creditors

Amounts falling due within one year:

Bank loan on freehold premises	246,448	263,000
Trade creditors	133,996	119,272
Subscriptions in advance	2,082,650	822,552
Value Added Tax payable	161,391	
Other creditors	98,020	57,976
Accruals and deferred income	133,194	47,833
	£2,855,699	£1,310,633

9. Long term creditors

Amounts falling due after more than one year:

Bank loan on freehold premises	£2,352,466	£2,791,266
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During 2003, the Council's bankers made available a bank loan facility to enable the Council to acquire and refurbish its freehold premises. The bank loan is secured by a fixed charge over the freehold premises, and interest is charged quarterly at a variable rate of 1.1% above the bank base rate. The capital and interest is currently being repaid by quarterly instalments of £98,280, with any balance of the loan outstanding repayable in full on 23 August 2017.

31st Dec 05

31st Jul 04

Loan maturity analysis:

Due within one to two years	£261,185	£271,000
Due between two and five years	£1,210,123	£871,000
Due after more than five years	£881,158	£1,649,266

10. Establishment funds

The initial funding for the Council was provided by various bodies. This funding represents permanent finance for the Council, and accordingly, it has been designated as the Establishment Funds of the Council.

Fund balances as at 1st August 2004 & 31st December 2005	£337,999	
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Analysed between the bodies as:

British Chiropractic Association	208,500	
McTimoney Chiropractic Association	79,500	
Chiropractic Foundation Fund	23,450	
British Association for Applied Chiropractics	16,527	
Scottish Chiropractic Association	10,022	
	£337,999	

11. General reserves

Balance as at 1st August 2004	409,259	
Deficit for the period	(143,369)	
Balance at 31st December 2005	£265,890	

12. Capital investment fund

Balance as at 1st August 2004 & 31st December 2005	£1,300,000	
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The Capital Investment Fund, first established during the year ended 31st July 2001, was created to clearly designate reserves for the purpose of partially funding the cost of the Council's freehold premises.

13. Pension commitments

The Council makes payments on behalf of certain employees into defined contribution pension schemes. The assets of the schemes are held separately from those of the Council, being invested with independent insurance companies. The pension charge for the period is shown in note 1 to the financial statements.

Members' responsibilities in the preparation of financial statements

The Chiropractors Act 1994 requires the Members of the Council to prepare financial statements for each financial year, which give a true and fair view of the state of the affairs of the Council, and of the surplus or deficit of the Council for that period. In preparing those financial statements, the Members are required to:

- a select suitable accounting policies and then apply them consistently;
- b make judgements and estimates that are reasonable and prudent; and
- c prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation.

The Members are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Council, and to enable them to ensure that the financial statements comply with the requirements of the Chiropractors Act 1994. They are also responsible for safeguarding the assets of the Council, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The financial statements are laid before both Houses of Parliament.

Status

The General Chiropractic Council is a body corporate established under the provisions of the Chiropractors Act 1994 (enacted on 5th July 1994). The Council is governed by the rules and regulations set down in the Chiropractors Act 1994.

The Members of the Council

The following individuals have served as the Members of the Council, and on its various statutory committees, since 1st August 2004:

Alan Breen		Education Appointee
Madeline Brzeski	(C)	
David Byfield	(C)	
Martin Caple	(L)	
Michael Copland-Griffiths		Chairman (resigned 2nd March 2006)
Peter Dixon	(C)	Acting Chairman (from 2nd March 2006)
Dorothy-Grace Elder	(L)	(appointed 1st July 2005)
Matthew Flanagan	(C)	
Kevin Grant	(C)	
Dana Green	(C)	
Carla How	(C)	
Michael Kondracki		Education Appointee
Rita Lewis	(L)	Chairman – Investigating Committee
Iain McCall	(L)	Registered Medical Practitioner (resigned 29th January 2005)
Kalim Mehrabi		Education Appointee
Brian Mouatt	(S)	Chairman – Professional Conduct Committee (resigned 8th December 2005)
Kevin Proudman	(C)	
Chris Stephens	(L)	Registered Medical Practitioner (appointed 30th January 2005)
Linda Stone	(L)	Chairman – Education Committee & Joint Chairman – Professional Conduct Committee (from 8th December 2005)
Stephen Williams	(C)	
Judith Worthington	(L)	Joint Chairman – Professional Conduct Committee (from 8th December 2005)

(C) Indicates elected Chiropractic Member

(L) Indicates a Lay Member

(S) Indicates Appointee of the Secretary of State for Education & Skills

Registrar & Chief Executive

Margaret Coats

Principal address

40-44 Wicklow Street
London WC1X 9HL

Staff

Executive Officer (Communications)

Philippa Barton-Hanson

Administrative Assistant (Communications)

Paul Robinson

Executive Officer (Education & Development)

Vacancy

Executive Officer (Marketing)

Rebecca Stone

Executive Officer (Registration)

Paul Woodham

Executive Officer (Regulation)

Vacancy

Clerk to Council

Vacancy

Registrations Officer

Jamie Button

Regulation Officer

Emma Willis

Business Manager

Paul Ghuman

Accounts Assistant

Adrian Daniel

Events Co-ordinator

Carole Faulkner

Information Systems Administrator

Andrew Robinson

Premises Manager

Stephen Robinson

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