

Protecting Patients

Annual Report

August 2001-July 2002

General
Chiropractic
Council

Setting Standards

Promoting the Profession

Contents

Message from the Chairman	1
Message from the former Chairman	3
Education committee	4
Development: working with the profession	6
Regulatory committees	8
The Investigating Committee	9
The Professional Conduct Committee	11
Health Committee	12
Communications report	13
Registration report	15
Treasurer's report	16

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Patients

Message from the Chairman



Michael Copland-Griffiths

A message from Michael Copland-Griffiths, Chairman of the GCC

July 2002 saw the completion of the first cycle in the GCC's evolutionary process. The Council that had been appointed under the transitional provisions of the Chiropractors Act has completed its duty of building up the regulatory framework. A tremendous commitment of time and energy has gone into that task and we must not forget the contributions of those Council members who have retired after five years. We also owe an immense debt of gratitude to Norma Morris for leading the chiropractic members of the GCC from a viewpoint where the interests of the various associations dominated to one of public responsibility reinforced by Act of Parliament.

Since my election I am, of course, acutely aware of the full extent of the work we are involved in – much of which goes unnoticed by those not directly involved. There is more to the GCC's responsibilities than the Chiropractors Act which, of itself, keeps us busy. A tremendous amount of sustained effort is needed to ensure that the GCC continues to comply with the law, for example the Race Relations Amendment Act and the Freedom of Information Act.

The GCC's business plan gives the full picture of our activities, hard copies have been sent to all chiropractors and can be accessed on our web-site www.gcc-uk.org. The business plan is a detailed 'working' document and kept under constant review – it evolves as circumstances develop. It is clear that much has been achieved in the past 3 years and that there remains much to keep us busy in the future.

There is a continual rolling programme of work to keep the *Standard of Proficiency* and *Code of Practice* up to date to reflect best practice and developments in the law. Chiropractors and representatives of the public will have an opportunity to participate through workshops, or by completing and returning consultation documents which have been circulated. I hope all chiropractors will take an active part in this consultation because it will inform the review of the *Standard of Proficiency* and *Code of Practice* and these documents set out the standards required of chiropractors nationwide.

Yet another enormous task in the pipeline for the GCC is the full scale review, to commence in Summer 2003, of the Chiropractors Act 1994 and the statutory Rules. The statutory regulation of health professionals is an ever evolving world and it is necessary to keep the GCC's legislation and

Promoting
the Profession

Message from the Chairman continued

processes under constant review in the context of the introduction of new modernising legislation for other health regulatory bodies, and the formation of the Council for the Regulation of Health Care Professionals.

The GCC's campaign to have the draft European Directive on the Recognition of Professional Qualifications amended is a prime example of what can be achieved in partnership with other UK health and social care regulatory bodies and the active participation of Chiropractors and the public. I would like to thank the many chiropractors, and their patients, who have lobbied their MEPs; it has clearly had an impact upon MEPs and UK MPs by awakening them to the dangers inherent in some of the European Commission's proposals. The GCC supports the freedom of movement of professionals throughout Europe but the provision of healthcare services raises specific issues, which must be addressed, such as ensuring public health protection.

We now move into a position where, from the firm regulatory foundations laid down in the first three years, we can follow our Business Plan into the next stage – that of a more pro-active development and promotion of the profession. The GCC is committed to

increasing public access to chiropractic and so our current communications activities have been wide ranging. Now the foundations of the regulatory process have been established, the GCC can focus more of its energies, and budget, on the promotion of chiropractic.

I look forward to working closely with Council, Chiropractors, patients, the office staff and my colleagues in the health regulatory bodies, Department of Health and the Council for the Regulation of Health Care Professionals. I will ensure that we fulfil our statutory obligations, and where necessary, we will influence the Government agenda. I will also be looking to optimise our opportunities to facilitate greater access to chiropractic as we move from the GCC's foundation stage through to its development stage.

Message from the former Chairman



Norma Morris

The transitional years: Norma Morris, former Chairman of the GCC, reviews the GCC's achievements and identifies areas of future development

The Register is a reality; professional self-regulation is operating; we have agreed and published professional standards for patient care and professional conduct; we have set the standards for chiropractic education in the UK and have recognised qualifications; and, after further work and consultation, we will be implementing a meaningful scheme of continuing professional development.

Some of this has been ground-breaking, some of it housekeeping. The Council also has a duty to put the chiropractic profession on the map in other ways. We are a statutory body with a prime mission to protect the public, and to bring them the benefits of chiropractic within a framework they can trust. The Chiropractic Act calls upon the Council to 'develop, promote, and regulate the profession'. Over the past five years the work on regulation may have been the most visible, but development and promotion have not been neglected. Raising the standards of professional practice is the best form of development, but we also need to make our achievements and the benefits of chiropractic better known to patients, public, press, politicians, and to other health professionals and the international community. Working with the profession, the Council has been laying the groundwork for this, establishing dialogue with patient groups, National Health Service providers, and international professional organisations and regulatory bodies. We have a proposed programme on the clinical effectiveness of chiropractic, and are collaborating closely with other UK health regulators to define common practices and strengthen the voice of chiropractic in the fast-moving field of UK regulatory politics.

All these are developments which I hope to see blossom and bear fruit in the next five years, along with new initiatives from all sources – from the Council, the office, the profession and the patients. The Council is only as strong as its outreach. We have made openness and transparency a watchword: to this we must add participation – always a part of the Council and the office's approach, but even more central in the future.

The first election of chiropractic Council members in May 2002 marked the completion of a key phase of the GCC's development. The chiropractic profession has elected 10 chiropractic members to the Council to undertake the rigorous duty of implementing the Chiropractors Act. This is the first such election which constitutes half of the membership of the Council.

I did not stand for re-election as Chairman of the GCC in July 2002 – this new phase of work is a good time to have a change of chairmanship of the Council. I am looking forward to my remaining time on Council working with the new Chairman – Michael Copland-Griffiths, Council colleagues, and splendid office staff, the profession and the public, to help make things happen in the next, exciting phase of consolidation and development.

Promoting the Profession

Education committee



Linda Stone

Linda Stone, Chairman of the Education committee, explains the outcomes of the committee's work

The Chiropractors Act 1994 places a 'general duty' upon the GCC's Education Committee 'of promoting high standards of education and training in chiropractic and keeping the provision made for that education and training under review'. To fulfil these responsibilities the Education Committee has:

- published the Criteria for the Recognition of Degrees in Chiropractic; and
- undertaken visits to all UK providers of undergraduate chiropractic education or training.

The UK chiropractic courses recognised by the GCC and approved by the Privy Council for the purposes of registration with the GCC are listed below. In each case, recognition depends upon the institution meeting conditions of recognition specified by the GCC.

The monitoring process to ensure that conditions of registration are complied with include site visits by a panel comprising Education Committee members and external quality assurance personnel. During the course of the year all course providers have been given an opportunity to demonstrate to the Education Committee that they have met, or will meet, the conditions of recognition within a specified period. This is achieved through Education Committee panel visits and the provision of documentary information answering specific questions put by the Committee. All course providers are given an opportunity to comment upon the report of the panel visit prior to its consideration by the Education Committee, which then makes its recommendations to General Council. The procedures for this process, and the responsibilities of the Education Committee, are defined in the Chiropractors Act.

Recognised UK Qualifications

Institution	Qualification Title	Period
Anglo-European College of Chiropractic	BSc(Hons) Human Sciences/MSc Chiropractic	2001-2004(ii)
McTimoney College of Chiropractic	HE Diploma in Chiropractic	2001-2003(ii)
McTimoney College of Chiropractic	BSc(Hons) Chiropractic	2000-2004(i)
University of Glamorgan	BSc(Hons) Chiropractic	2000-2004(i)
University of Surrey	MSc Chiropractic (7 semesters)	2001-2002(ii)
University of Surrey	MSc Chiropractic (8 semesters)	2001 (i)-2004(ii)

Note:

(i) These dates refer to the point of entry to the course

(ii) For reasons associated with the conditions of recognition, these dates refer to the point of graduation

The Process for Recognising Degrees in Chiropractic

The recognition process has eight different key stages and inevitably takes some considerable time to complete. The key stages are:

1. Written submission by the Education Provider
2. Visit by a Panel acting on behalf of the Education Committee of the GCC
3. Draft Report agreed by the Panel
4. Draft Report sent to the Education Provider for Observations and/or Objections
5. Education Committee receives Report and formulates advice to Council
6. Agreed Report/Advice to Education Provider (for information) and Council (for decision)
7. Council recommendation for recognition to Privy Council
8. Approval by Privy Council.

There may be some intermediate stages in the process, such as agreeing reports for accuracy. If the Council decide to refuse recognition of the basis of the advice they receive from the Education Committee then stages 7 and 8 do not happen.

Criteria for the Recognition of Degrees in Chiropractic

In February 2002, upon the recommendation of the Education Committee, General Council agreed that the Criteria for the Recognition of Degrees in Chiropractic should be revised. They remain focussed on the achievement of learning outcomes and the GCC supports the view that a

variety of methods of delivering learning may be used to achieve these outcomes.

With regard to submissions from potential new providers, it was agreed that it would be appropriate to implement a process that included the following three stages:

- Initial mutual briefing between representatives of the Committee and the potential provider;
- Consideration by the Committee of a business plan for the potential new programme;
- Consideration of detailed programme documentation.

It was further agreed that the revised Criteria should also define what should be covered in a business plan and emphasise that the development of clinic capacity is the precursor to the development of a new programme.

Potential new programmes

One round of informal feedback is offered to providers of potential new programmes prior to initiation of the formal process. To date, submissions for recognition of Chiropractic degree programmes have been received from UK educational institutions only.

Development: working with the profession

Consultations on continuing professional development and period of provisional registration

The Chiropractors Act 1994 provides for the making of statutory Rules for mandatory Continuing Professional Development (CPD) and, also, a Period of Provisional Registration. The GCC has been working closely with the chiropractic profession to develop meaningful and practical schemes that can be implemented within what is a small profession. The schemes for CPD and PPR remain under development at this stage.

The consultation process

There have been two rounds of consultation with all chiropractors on CPD and PPR. Every chiropractor received copies of consultation materials and invitations to participate in workshops that took place throughout the UK in the Autumn of 2001. The feedback received from Chiropractors who attended the workshops was that they welcomed the improvements to the GCC's proposals for mandatory CPD – which demonstrated that the GCC took on board the views of chiropractors who responded to the first round of the consultation process. The profession was reassured by the GCC's reiteration that CPD will be practitioner led and that the GCC's monitoring of CPD will be to identify trends only and not to 'approve' of the choices made by individuals. The General Council accepted all the recommendations contained in the final report prepared by independent contractors co-ordinating the consultation process.

CPD requirements

Each year, chiropractors will be responsible for providing the GCC with confirmation that they have met their CPD requirements. This will be done through submitting a summary sheet which will be checked by the GCC for compliance.

Chiropractors will be required to undertake at least 30 hours of learning activities each year, of which 15 hours must be learning with others. There will be sufficient flexibility built into the scheme to take account of chiropractors who are unable to meet their CPD requirements because of exceptional circumstances. But sanctions would be taken against chiropractors who do not comply, with an appeals system available.

The learning cycle will be linked with the retention of registration process which would require Chiropractors to enclose their CPD summary sheet along with their retention of registration application form and fee, by a set date each year. The decision as to whether or not to renew registration based on compliance to CPD requirements will then rest with the Registrar. The details of the process have yet to be finalised by the Department of Health's solicitors.

Protecting Patients

Period of Provisional Registration (PPR)

The feedback from the consultation has shown that the GCC's proposals for mandatory PPR for new chiropractic graduates raise a number of substantial issues that need careful thought before implementation can proceed. The GCC remains strongly committed to the principle of PPR for newly registered chiropractors and the profession has welcomed improvements made to the proposals in the first consultation documents. However, there are concerns about the capacity of the profession to implement a mandatory, cost-effective scheme without any outside funding.

It is by no means certain that the profession has the necessary manpower to provide a year of supervised practice for every new registrant. The Chiropractors Act 1994 makes specific reference to supervised practice but there is currently no legal definition for the meaning of 'supervised' in this context. There is a possibility that the Department of Health, and their solicitors, may decide to define it as a senior chiropractor on the practice premises who personally oversees the practice of a newly registered chiropractor – such a definition would create extreme practical difficulties for a small profession, most of whose practitioners work independently, and who do not have the benefits associated with those of a large organisation, such as NHS Trusts.

Members of Council are keenly aware that new graduates are being admitted to the Register without the benefit of a mandatory support scheme being in place. But it is clear that more work needs to be done at this early stage, so that when a scheme is implemented it is practical and workable for the profession as a whole.

Regulatory committees



Robin Hodgson

Robin Hodgson, Chairman of the investigating committee and Brian Mouatt, Chairman of the Professional Conduct Committee highlight the duties and responsibilities associated with upholding professional standards

The chiropractic profession fought for many years for recognition of the contribution that the profession makes to the health of the nation. In passing the Chiropractors Act 1994 (“the Act”) Parliament acknowledge the contribution of the chiropractic profession and granted it the privilege of statutory self regulation. The Act created the General Chiropractic Council (GCC) to be the body responsible for ensuring that the profession meets the highest standards of practice, conduct and education.

Protecting the public

At a time when they may be unwell, often in pain, worried and vulnerable, patients seeking advice and treatment place themselves in the hands of healthcare professionals. Patients are, and must be, involved in decisions about their own treatment. They will always look to the health professional, however; to provide them with appropriate advice and information, in a manner they can understand, to enable them to make choices. And they rely upon the practitioner to manage their care effectively.

In these circumstances, chiropractors and other health professionals are in a position of power – the relationship between patient and practitioner is never an equal one, no matter the extent to which patients take responsibility for their own health and wellbeing.

Upholding the reputation of the profession

Although chiropractors have been in practice in the United Kingdom for many years, as a profession subject to statutory self-regulation chiropractic is relatively “new”. A key factor in maintaining and furthering the recognition, trust and acceptance of the public, other healthcare professionals, NHS decision makers, and Parliament itself is to ensure that chiropractic standards, as set out in the GCC’s *Standard of Proficiency for the Competent and Safe Practice of Chiropractic* and the *Code of Practice*, are rigorously maintained. Recognition, trust and acceptance are earned – they are not a right.

The Regulatory Committees

The Act created three ‘regulatory committees’ – the Investigating Committee, the Professional Conduct Committee and the Health Committee. It is the primary role of these Committees to ensure that the highest standards of practice and conduct are maintained by chiropractors, and to deal with complaints when they arise. The regulatory committees comprise chiropractors and lay members – members of the public appointed to the GCC by the Privy Council.

The resources needed to administer the regulatory committees are considerable but necessary and unavoidable. The GCC cannot anticipate how many complaints it may receive each year or how complex these cases may be. The costs of the regulatory committees also depend, to a substantial extent, on the approach taken by the respondent chiropractor and his legal advisors.

The Investigating Committee

All the members of the Investigating Committee are keenly aware of the responsibilities placed upon them by the Act. My colleagues and I consider all formal complaints made to the GCC about the conduct, competence and physical or mental health of chiropractors. In addition, when a registered chiropractor is convicted of a criminal offence, we must decide whether that conviction may be relevant to his or her practice of chiropractic.

In considering any complaint or conviction, the Committee is charged by statute with the task of gathering as much information as possible from the complainant, the respondent chiropractor and any other relevant party. Once this information has been gathered, the Committee must then decide whether there is a 'case to answer', that is:

1. In cases of complaints about conduct or competence:
 - Whether there has been a potential breach of the statutory *Code of Practice* or the *Standard of Proficiency for the Competent and Safe Practice of Chiropractic*; and,
 - Whether there is sufficient evidence for the matter to be referred to the Professional Conduct Committee; and,
2. In cases relating to criminal convictions, whether the conviction is 'relevant' and if it is appropriate for any further action to be taken.
3. In cases relating to the physical and mental health of the chiropractor, whether there is any

evidence that the mental or physical ability of the chiropractor is impaired and thus that (s)he should be referred to the Health Committee.

The Investigating Committee determines whether there is a case to answer and drafts the formal allegations to be considered by the other regulatory committees. It must be noted that the Investigating Committee does not decide on unacceptable professional conduct or whether health is adversely impaired – this is the role of the Professional Conduct Committee or the Health Committee.

In considering complaints against chiropractors, the Committee looks not only at the specific matters alleged but it must also take into account any other matters that may come to light during its investigation. This means that often when a case is referred on to the Professional Conduct Committee, particularly in relation to complaints from patients or their relatives, the formal allegations drafted by the Committee vary from those made by the complainant.

My colleagues and I are always mindful of our responsibility to act impartially, and we have all received appropriate training in order to fulfil our functions. In addition a Legal Assessor, appointed in accordance with Act, is always present to advise us on law and procedure.

The table overleaf shows the number of complaints considered by the Committee between **1 August 2001 and 31 July 2002**, the

Regulatory committees

continued

Total number of complaints considered:	19
Relating in part or in total to the conduct of the chiropractor	19
Relating in part or in total to the competence of the chiropractor	5
Relating to the criminal conviction of the chiropractor	0
Relating to the health of the chiropractor	0
Outcome of Cases (as at 31 July 2002):	
Decision still pending	6
No Case to Answer	9
Referred to Professional Conduct Committee	4
Referred to Health Committee	0
Origin of complaint:	
From a patient or a relative of a patient	11
From another chiropractor	4
From a third party (e.g. the police or the Registrar)	4

nature of the allegations made and the outcomes. The Committee is mindful of the time being taken to deal with complaints. Often this is outside the control of the Committee but we are continuing to review our procedures, together with our Clerk and Legal Assessor, to ensure that the complaints process is made as transparent and accessible as possible, both to complaints and respondent chiropractors, and that decisions are reached in good time and on the basis of all available information.

Protecting Patients



Brian Mouatt

The Professional Conduct Committee

My colleagues and I on the Professional Conduct Committee (PCC) will hear cases referred to us by the Investigating Committee, and in certain circumstances, by the Health Committee. It is the function of the PCC to assess whether or not the allegations referred to us are proven and, if so, whether the matters amount to unacceptable professional conduct or incompetence. The PCC also considers cases where the respondent chiropractor has been convicted of a criminal offence and in these cases must decide whether the conviction is relevant to the respondent's practice of chiropractic.

The PCC has a range of sanctions available to it: admonishment, conditions of practice orders, suspension or removal from the Register. Where a chiropractor is found guilty of unacceptable professional conduct or incompetence, or where the criminal offence for which he has been convicted is considered relevant to his practice of chiropractic, the PCC is obliged to impose the sanction considered to be the minimum necessary to protect the public.

Proceedings before the PCC are formal in nature and the processes followed are prescribed by the Act and by statutory instrument. It is usual for both the GCC, which presents the case on behalf of the original complainant, and the respondent chiropractor to be legally represented. Evidence is usually heard from a range of witnesses, including experts, and submissions are made by both sides. Witnesses give evidence under oath and may be cross-examined by the other side.

It is on the basis of the evidence placed before us, and the submissions made by both sides, that my colleagues and I must decide whether or not a case is proven. We are mindful of the need for impartiality and objectivity, and we receive ongoing training to assist us in fulfilling our statutory functions. As with the other regulatory committees, the PCC's proceedings and deliberations must be compliant with the Human Rights Act 1998. The PCC applies the civil standard of evidence and always sits with an independent Legal Assessor, appointed in accordance with the Act.

Hearings are held in public, except where there are over-riding interests for particular evidence to be heard in private (for example if the case relates to the treatment of children), and the findings of the Committee are widely published. At all times the PCC acknowledges that it acts in the public interest and strives to ensure that it meets the requirements of Article 6(1) of the Human Rights Act: "In the determination of his civil rights and obligations..., everyone is entitled to a fair and public hearing within a reasonable time by an independent and impartial tribunal established by law..."

During the period of **1 August 2001 to 31 July 2002**, the PCC sat for 9 days and heard three cases. A summary of those cases and the PCC decisions is overleaf:

Promoting the Profession

Regulatory committees

continued

GCC v Dr W

(3 days of hearing)

Dr W was alleged to have failed to meet the requirements of Section 4.6 of the Standard of Proficiency (document a working diagnosis), Section 5.1 of the Standard of Proficiency (selection of appropriate treatment) and Section 2.1 of the Code of Practice (acting in the best interest of the welfare of the patient).

The allegations under Section 5.1 of the Standard of Proficiency and Section 2.1 of the Code of Practice were dismissed. The facts alleged under Section 4.6 of the Code of Practice were found proved. However, it was concluded that the matters found did not amount to unacceptable professional conduct.

GCC v Dr R

(1 day of hearing)

It was alleged that Dr R had failed to meet the requirements of Section 5.1 of the Standard of Proficiency (selection of appropriate treatment) and Section 6.1 of the Standard of Proficiency (giving of advice).

Subsequent to the formulating of the allegations by the Investigating Committee, further evidence came to light and, at the hearing, the GCC offered no evidence. The charges were dismissed.

GCC v Dr J

(5 days of hearing)

Dr J was alleged to have published information that breached the provisions of Section 8.5 of the Code of Practice (in that it was inaccurate and misleading) and Section 8.4 of the Code of Practice (in that it might abuse the trust of the public and exploit their lack of experience or knowledge).

The matters alleged were found proved and Dr J was found guilty of unacceptable professional conduct. The PCC admonished Dr J.

Health Committee

The Health Committee did not sit during the period 1 August 2001 to 31 July 2002, although members underwent training to assist them in the fulfilment of their statutory functions.

Protecting Patients

Communications report

Promoting chiropractic: a wider net

The Chiropractors Act 1994 specifically states that 'It shall be the duty of the General Council to develop, promote and regulate the profession of chiropractic'.

The GCC has not been idle in promoting chiropractic. For example, we have in the past year run a series of advertisements targeted at primary and secondary healthcare providers and NHS staff, exhibited at conferences, undertaken targeted distribution of the patient information leaflet '*What can I expect when I see a chiropractor?*' contributed chapters to health guides (including the *Which?* Health guide to Complementary Therapies), provided advice for health web-sites and responded to press enquiries.

The Statutory Register of Chiropractors

For the past three years, following the opening of the Register on 14 June 1999, General Council has agreed that the GCC's priorities must be to establish the Statutory Register of Chiropractors, to recognise chiropractic qualifications and to consult the profession on various aspects of developing the profession. The mechanisms for maintaining these structures have also been established through the making of statutory Rules and the development of office procedures. Now the solid foundations of the GCC have been established it is time to turn our attention to a strategically focussed promotion of chiropractic because a more structured and pro-active approach is now needed.

A communications strategy

From the outset, General Council's GCC business timetable included the formulation of a communications strategy in the Summer of 2002. For this purpose, a GCC Communications Strategy Drafting Group will meet for the first time on 1 August 2002 with the purpose of drafting a communications strategy document. The Group is made up of people with a particular bent for communications and public relations. It includes members of General Council present and past, representatives from all professional associations and the Chiropractic Patients' Association. General Council will consider the Group's draft strategy document and Council members' conclusions will be circulated to the profession through the GCC newsletter.

The effectiveness of circulating information to the public

Between January and 31 July 2002 the GCC despatched nearly 38,000 copies of the patient information leaflet *What can I expect when I see a chiropractor?* Most of the requests for the free leaflet have come from chiropractors but we also receive a significant amount of requests from GP practices. Requests from GP practices are largely a result of the advertisement we have placed in the *GMC News*, *NHS Magazine* and *Primary Care* for the past 12 months and which begins "Can chiropractic help to reduce your workload?"

A mailing in June 2002 to all the libraries and health libraries in the UK of *What can I expect when I see a chiropractor?* and the Statutory Register 2002 has so far yielded requests from 80 libraries. Nearly 3,500 copies of GCC publications were despatched to libraries within the 6 weeks following the mailing.

Promoting
the Profession

What can I expect when I see a chiropractor? is available in Welsh and, by Spring 2003, will be available in Punjabi, Hindi, Gujarati and Urdu. GCC publications, postage and packaging, are free of charge.

Responding to the press

One or two extremely negative stories about chiropractic were published in the national and regional press within the past year. On each occasion the GCC has responded strongly in defence of chiropractic.

More often than not the outcomes of research studies have been grossly misrepresented to back up fallacious stories which question the effectiveness and safety of chiropractic. All of the GCC's statements to the press are on our web-site www.gcc-uk.org. GCC statements rebut each inaccuracy point by point and Chiropractors have found them helpful to use them to reassure patients who have been alarmed by sensationalist and inaccurate stories about chiropractic.

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**Protecting
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Registration report

Registration statistics reveal a growing profession

The Chiropractors Act 1994 places a duty on the Registrar to establish and maintain a register of chiropractors. The Act, and statutory instruments, define the requirements for registration upon which the Registrar must assess each application.

15 June 2001 marked the end of the Transitional Period – the two year 'grandfathering' period following the opening of the Register on 15 June 1999. Chiropractors granted registration during the Transitional Period, were either registered in the category of Full Registration, meaning that they had acquired 5 or more years chiropractic experience out of the previous 7 years, or Conditional Registration for those chiropractors who had acquired less than 5 years chiropractic experience within the previous 6 years.

The category of Conditional Registration is not a 'lesser' form of registration – it is a mechanism of the Chiropractors Act to enable chiropractors not eligible for full registration to be registered during the Transitional Period. Due to its specific purpose linked to this grandfathering phase of registration its utility is 'time limited' by the Act and it will cease to have effect from 15 June 2004. All chiropractors with Conditional Registration must apply to convert from Conditional to Full registration by 14 June 2004 – this will include completing the appropriate application form and submitting the required fee.

The chiropractic profession has demonstrated a great commitment to statutory regulation. Prior to the opening of the register in June 1999, best estimates were that the GCC could expect approximately 1,000 chiropractors to register during the two year Transitional Period. The figures

show that by the end of the two year Transitional period on 14 June 2001 the Registrar had granted 982 applications for registration (table 1). A year later this figure had increased to 1,675 (table 2). During the retention of registration process at the end of each year, a very small number of chiropractors were removed from the register either at their own request or for non payment of the annual retention fee.

Table 1

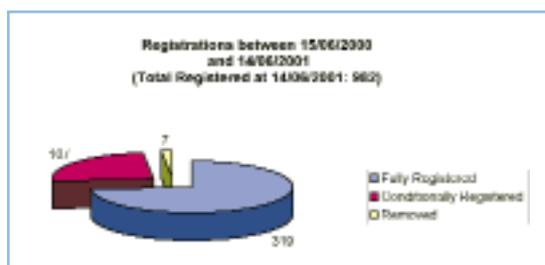
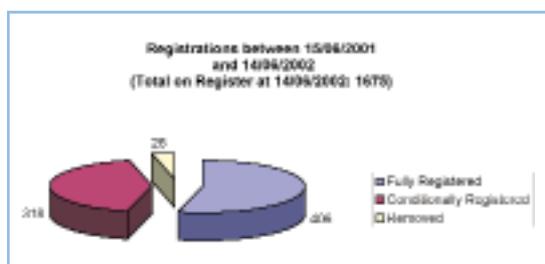


Table 2





Robin Hodgson

Introduction to financial statement by the GCC's Treasurer, Robin Hodgson

The financial year of 1 August 2001 to 31 July 2002 showed that, as a result of prudent management, the GCC is in a robust financial position. It is essential for a new organisation such as the GCC to establish strong financial foundations; it is of paramount importance that the GCC has sufficient reserves available not only to fulfil a wide range of statutory functions, but also to draw upon should there ever be a serious legal challenge to a decision of the GCC. It makes sound sense for any organisation to acquire a minimum of 5 years financial history before forming a view on the level of reserve necessary.

The focus for expenditure has, of course, been upon fulfilling statutory duties. This includes the necessary costs associated with statutory committees together with professional fees, committee expenses and promotional activities.

The balance sheet shows an overall surplus for the year of £758,073, the general reserve standing at £31,496. The Capital Investment Fund stands at £1,300,000.00.

The full year surplus of £758,073 is a result of the receipt of income of £1,833,095. Expenditure amounted to £1,061,118.

Purchase of a new HQ

At the balance sheet date, the Council was in the process of completing the purchase of a freehold premise at 40-44 Wicklow Street, London as a

new GCC headquarters. A deposit of £385,000 had been paid as at 31 July 2002, and is included in other debtors within the balance sheet. The cost of the building was £3.79m (plus VAT) and the purchase was completed in August 2002. Wicklow Street is in the heart of the Kings Cross regeneration area with excellent transport links; the purchase of the building is therefore considered to be a prudent investment. This investment has been funded by GCC reserves and a mortgage from Allied Irish Bank (GB). In procuring this mortgage, a number of financial institutions were approached and the AIB was able to offer the best loan facility, considering interest and set up charges.

The Capital Investment Fund, established last year, was created clearly to designate reserves for the purpose of partially covering the acquisition of these premises.

The GCC's statutory functions

The GCC's statutory duties are to:

- Maintain the Statutory Register of Chiropractors
- Set the standards of chiropractic education, practice and conduct
- Develop the profession, using a model of continuous improvement in practice
- Promote the chiropractic profession so that its contribution to the health of the nation is understood and recognised.

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With the ending of the Transitional Period in June 2001, activity in each of these areas has increased. This focussed activity means that the related costs have also increased. We have seen a marked increase in Regulatory costs and there has also been a 66% increase in spending on publicity.

The GCC has experienced a 40% increase in Registration income, which is due to the increase in registrants, from 982 in 2001 to 1,675 in 2002. A corollary of this is that the GCC has experienced an increase in administration costs in maintaining registration and processing new applications. The main areas of increased costs associated with these tasks are staffing, printing, postage and stationery. Balanced against this increase are some benefits associated with economies of scale which one may anticipate with an increase in the volume of registrants – for example, larger print runs of publications mean that a more reasonable price can be negotiated. And it is worth noting that with the purchase of a new HQ there will be sufficient storage space available, as well as the necessary space for staff and meeting rooms for the GCC's statutory committees.

In summary, the GCC is experiencing an expected increase in income and expenditure as the organisation grows and activity levels increase. The GCC is a new organisation and the excellent financial results are due to careful management and financial planning – we need to steer a careful course over the next few years to ensure that we maintain this healthy position.

Promoting the Profession

Financial statements

31 July 2002

Report of the council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council (“GCC”) for the year ended 31st July 2002.

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 nations is understood and recognised.

Registrations

During the year, the GCC received 552 applications for registration (2001:1,467), and by 31st July 2002,

1,851 chiropractors had completed the application process, and been entered on the Register (2001:1,259).

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:

Michael Copland-Griffiths

Chairman

24th December 2002

Protecting
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Independent auditors' report to the members of the general chiropractic council

We have audited the financial statements on pages 7 to 12*.

Respective responsibilities of the Members of the Council and auditors

The responsibilities of the Members for preparing the Annual Report and 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, the Annual Report 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 Annual Report, and consider whether it is consistent with the audited financial statements. 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.

Opinion

In our opinion, the financial statements give a true and fair view of the state of the Council's affairs at 31st July 2002, and of its surplus for the year then ended, and have been properly prepared in accordance with the Chiropractors Act 1994.

BAKER TILLY
Registered Auditor
Chartered Accountants
2 Bloomsbury Street
London WC1B 3ST
31st December 2002

*Page references refer to the original document submitted by Baker Tilly containing GCC Accounts 2001-2002 and incorporated into this Annual Report. Baker Tilly's original document can be viewed on www.gcc-uk.org <<http://www.gcc-uk.org>>

Promoting
the Profession

Financial statements

31 July 2002 continued

Income and expenditure account for the year ended 31st July 2002

	Notes	2002	2001
INCOME			
Registration fees - New registration		619,200	865,531
- Annual retention		1,110,950	379,167
Other registration income		31,750	-
Bank interest receivable		71,085	32,717
Other income		110	2,293
Total income		1,833,095	1,279,708
EXPENDITURE			
Staff costs	1	279,406	203,915
Committee expenses	2	151,266	135,250
Professional fees	3	125,834	79,438
Regulatory costs		171,150	-
Publicity		143,381	86,576
Staff expenses		11,819	2,725
Office accommodation		37,172	43,289
Telephone		14,094	6,071
Insurance		13,850	8,179
Computer costs		19,524	-
Printing		31,828	43,514
Postage		22,109	21,681
Stationery		10,280	12,264
Subscriptions		1,042	1,975
Other sundry expenses		7,268	3,444
Bank charges		210	594
Depreciation		10,164	7,083
Loss on disposal of fixed assets		10,721	-
Total expenditure		1,061,118	655,998
Taxation	4	13,904	5,752
SURPLUS FOR THE YEAR	9	£ 758,073	£ 617,958

The surplus for the year arises from the Council's continuing operations.

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 July 2002

	Notes	2002	2001
FIXED ASSETS			
Tangible assets	5	42,660	41,567
CURRENT ASSETS			
Debtors	6	524,389	18,132
Cash at bank		1,850,098	1,165,658
		2,374,487	1,183,790
CREDITORS			
Amounts falling due within one year	7	747,652	313,935
NET CURRENT ASSETS			
		1,626,835	869,855
TOTAL ASSETS LESS CURRENT LIABILITIES			
		£ 1,669,495	£ 911,422
FUNDS OF THE COUNCIL			
Establishment funds	8	337,999	337,999
General reserves	9	31,496	73,423
Capital investment fund	10	1,300,000	500,000
Total funds		£ 1,669,495	£ 911,422

Approved by the Council on 29 November 2002, and signed on its behalf by:

Michael Copland-Griffiths
Chairman
24th December 2002

Robin Hodgson
Treasurer
24th December 2002

Promoting
the Profession

Financial statements

31 July 2002 continued

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.

Tangible fixed assets

Fixed assets are stated at historical cost.

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

- Computers & office equipment – over 5 years
- Office furniture – over 10 years

Notes to the financial statements for the year ended 31st July 2002

	2002	2001
I. STAFF COSTS		
	No.	No.
The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:		
Management and administration	9	5
Staff costs for the above persons:		
Wages and salaries	209,679	148,789
Social security costs	21,023	14,682
Other pensions costs	19,165	12,733
Temporary staff costs	29,539	27,711
	£ 279,406	£ 203,915

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Notes to the financial statements for the year ended 31st July 2002 continued

	2002	2001
2. COMMITTEE EXPENSES		
Attendance allowances	96,375	61,120
Travel expenses	31,000	36,069
Accommodation	10,914	9,636
Meals and other expenses	12,977	28,425
	£ 151,266	£ 135,250

3. PROFESSIONAL FEES		
Legal fees	55,129	56,732
Staff recruitment costs	28,145	8,256
Auditors' remuneration	6,726	7,579
Accountancy services	14,042	2,237
Election of council members	7,267	-
Database design, development, and support	10,051	-
Accreditation fees	808	4,634
Other professional fees	3,666	-
	£ 125,844	£ 79,438

4. TAXATION

It is the understanding of the Members that the Council is only subject to UK Corporation Tax on its investment income. For the year ended 31st July 2002, this consisted of bank interest receivable only.

	2002	2001
Based on investment income for the year:		
UK Corporation Tax at 19.7% (2001:20%)	14,000	6,200
Over provided in previous periods	(96)	(448)
	£ 13,904	£ 5,752

Promoting
the Profession

Financial statements

31 July 2002 continued

Notes to the financial statements for the year ended 31st July 2002 continued

5. FIXED ASSETS

	Computer equipment	Furniture & office equipment	Total
Cost:			
1st August 2001	45,017	8,236	53,253
Additions	13,004	8,974	21,978
Disposals	(9,776)	(1,344)	(11,120)
31st July 2002	48,245	15,866	64,111
Depreciation:			
1st August 2001	10,940	746	11,686
Charge for the year	8,263	1,901	10,164
Disposals	(307)	(92)	(399)
31st July 2002	18,896	2,555	21,451
Net book value:			
31st July 2002	29,349	13,311	£ 42,660
31st July 2001	34,077	7,490	£ 41,567

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	2002	2001
6. DEBTORS		
Due within one year:		
Trade debtors	1,367	5,250
Other debtors	476,240	-
Prepayments and accrued income	46,782	12,882
	£ 524,389	£ 18,132
7. CREDITORS		
Amounts falling due within one year:		
Trade creditors	74,123	16,673
Subscriptions in advance	600,083	270,833
Corporation tax	14,000	6,200
Other creditors	26,295	11,425
Accruals and deferred income	33,151	8,804
	£ 747,652	£ 313,935

8. ESTABLISHMENT FUNDS

The initial funding for the Council was provided by various bodies. It is the understanding of the Members of the Council that this funding represents permanent finance for the Council, and accordingly, it has been designated as the Establishment Funds of the Council.

	2002
Fund balances as at 1st August 2001 & 31st July 2002	£ 337,999
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

Promoting
the Profession

Financial statements

31 July 2002 continued

Notes to the financial statements for the year ended 31st July 2002 continued

2002

9. GENERAL RESERVES

Balance as at 1st August 2001	73,423
Surplus for the period	758,073
Transfer to capital investment fund	(800,000)

Balance at 31st July 2002 **£ 31,496**

10. CAPITAL INVESTMENT FUND

Balance as at 1st August 2001	500,000
Transfer from general reserves	800,000

Balance at 31st July 2002 **£ 1,300,000**

11. POST BALANCE SHEET EVENTS

At the balance sheet date, the Council was in the process of completing the purchase of freehold premises at 40-44 Wicklow Street, London.

A deposit of £385,000 had been paid as at 31st July 2002, and is included in other debtors within the balance sheet.

The Capital Investment Fund, first established in the previous year, was created to clearly designate reserves for the purpose of partially covering the acquisition cost of these premises.

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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;
- 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. It is 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.

Accounting
Standards

Promoting
the Profession

Financial statements

31 July 2002 continued

Legal & administrative details

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 2001:

Michael Copland-Griffiths		Chairman
Robin Hodgson	(L)	Treasurer & Chairman – Investigating Committee
Alan Breen		Education Appointee
Madeline Brzeski		Appointed 15th July 2002
David Byfield		Appointed 15th July 2002
Peter Dixon		Appointed 15th July 2002
Matthew Flanagan		Appointed 15th July 2002
Kevin Grant		Appointed 15th July 2002
Dana Green		
Peaches Golding	(L)	Chairman – Health Committee
Carla How		
Nigel Hunt		Term of office ended 15th July 2002
Ian Hutchinson		Term of office ended 15th July 2002
Timothy Jay		Education Appointee
Susan King		Term of office ended 15th July 2002
Kalim Mehrabi		Education Appointee Appointed 9th August 2002
Rita Lewis	(L)	Appointed 11th July 2002
Iain McCall	(L)	
Anthony Metcalfe		Term of office ended 15th July 2002
Barbara Minter		Term of office ended 15th July 2002
Norma Morris	(L)	
Brian Mouatt	(S)	Chairman – Professional Conduct Committee
Kevin Proudman		Appointed 15th July 2002
Susan Steward		Term of office ended 15th July 2002
Linda Stone	(L)	Chairman – Education Committee
Stephen Williams		Appointed 15th July 2002

(S) Indicates Secretary of State's Appointee

(L) Indicates a Lay Member

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Registrar & Chief Executive

Margaret Coats

Executive Officer (committees & finance)

Gregory Price

Executive Officer (registrations)

Philippa Barton-Hanson

Executive Officer (education)

Alison Waker

Information systems manager

Steve Clayton

Office manager

Kristen Smith

Registrations Officer

Jamie Button

Administrative assistant

Adrian Daniel

Accountant (Part-time)

Anne O'Connor

Auditors

Baker Tilly

Chartered Accountants

2 Bloomsbury Street

London WC1B 3ST

Bankers

The Royal Bank of Scotland

London Cavendish Square Branch

28 Cavendish Square

London W1M 0DB

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