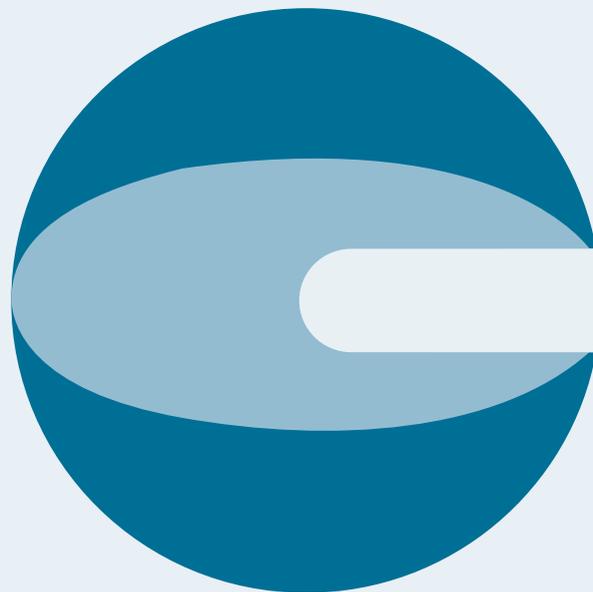


**General
Chiropractic
Council**



Annual Report
1 August 2002 to 31 July 2003

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Chairman's review

When the primary responsibility of a regulatory body is the protection of the public, to stand still is simply not an option. This year has been notable for its considerable increase in activity levels in all areas of the GCC's work. In particular, it has been a year of consolidation of the GCC's core functions. We have initiated fundamental work, in line with the our business plan, with the aim of keeping the chiropractic profession in step with the fast evolving world of health regulation. Our business plan is a 'working' document that is kept under constant review and updated as circumstances develop.

A further ever expanding element of the GCC's work is our active participation within the UK health regulatory framework – the GCC does not work in isolation. Health regulation continues to develop and is in the process of radical change.

On top of all this, during the spring and summer of 2003 the GCC commenced an intense period of staff recruitment; we plan to have a full time equivalent of 15 staff in place by autumn 2003. This is essential to enable us to meet the requirements of our business plan. We have also purchased the freehold of a new premises within the heart of the King's Cross regeneration area and it will be refurbished and ready to fulfil its function as our new HQ by September 2003.

The year's core initiatives included:

Review of the Chiropractors Act 1994 and statutory Rules

A full scale review of the Chiropractors Act 1994 and the statutory Rules commenced in spring 2003. This will be undertaken in the context of other health regulatory frameworks, to identify the full range of amendments to be proposed to the Department of Health (DH). We are undergoing a tendering process to find a contractor to undertake this task.

The GCC's legislation is nearly 10 years old and was regarded as 'modern' when it first came into force. Since November 2000 the GCC has put forward to the DH several proposals for amendments to sections of the Act to remedy what appeared to be aspects of discrimination.

It became clear though that the GCC would be unlikely to achieve the changes it has identified to date unless they are put forward as part of a total package that takes into account all relevant legislative changes within the wider context of UK health regulation.

'A full scale review of the Chiropractors Act 1994 and the statutory Rules commenced in spring 2003.'

Chairman's review

Review of the Standard of Proficiency Required for the Competent and Safe Practice of Chiropractic and Code of Practice

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. Consultation documents were despatched to all chiropractors, the Chiropractic Patients' Association and other interested parties in December 2002. A series of GCC workshops were held across the UK between February and April 2003.

Proposals for a mandatory scheme of Continuing Professional Development (CPD)

Following on from our two rounds of consultation with the profession and others during 2001/2002 we took the opportunity to give chiropractors a briefing on mandatory CPD at the workshops held during the spring of 2003. The draft Rules which will enable the GCC to implement the CPD proposals remain under discussion with the DH.

Code of Conduct for members of the General Chiropractic Council

GCC members agreed that work should begin to update the *Code of Conduct* for members having regard to: broadening its scope beyond the principal concern with financial probity; delegation; audit committee. A succinct but broadly framed *Code of Conduct* for members was agreed upon together with a companion set of competencies required for the effective performance of their duties with regard to regulatory committees.

Obligations for disclosure

In line with the GCC's commitment to transparency, work has commenced on drafting a clear framework to define the GCC's obligations to disclose information relating to the work of its statutory committees. In drafting this policy document, a balance must be achieved between the public interest, upholding the confidentiality of patients, a fair and proportionate approach to respondent chiropractors, and the requirements of the law.

Active participation

The GCC has contributed to numerous consultations during the year, and staff and members continue to attend regular meetings with all UK health regulators, the DH and the Council for the Regulation of Healthcare Professionals (CRHP). A good example of the increased activities and the breadth of work undertaken by health regulators, is the role of the Alliance of UK Health Regulators in Europe (AURE).

'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...'

Chairman's review

AURE comprises all 10 of the UK's health and social care regulators who have joined forces to raise awareness and support for concerns about the draft *European Directive on the Recognition of Professional Qualifications*. AURE believes that the draft Directive poses a threat to patient safety because, amongst other things, it would allow individuals to practise for up to four months each year without registration with a relevant regulatory body.

Conclusion

Yes, these are exciting and demanding times for those of us working within health regulation. The full breadth and seriousness of our responsibilities to the public are clear and are not taken lightly. The GCC will maintain the momentum so clearly reflected in this Report – there remains much work to do in this fast-moving world of ours.

Michael Copland-Griffiths

Chairman, General Chiropractic Council

Education Committee report

The Education Committee has a 'general duty' under the **Chiropractors Act 1994 (the Act)** 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, outlined in our previous annual report and detailed on our web-site, have been established. They include:

- **The Criteria for the Recognition of Degrees in Chiropractic [February 2002]; and**
- **A rolling programme of visits to all UK providers of undergraduate chiropractic education or training.**

More specifically, 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. As of 31 July 2002, the UK chiropractic courses recognised by the GCC under the terms of this legislation are listed below. In each case, recognition depends upon the institution meeting conditions of recognition specified by the GCC.

Institution	Qualification Title	Period
Anglo-European College of Chiropractic	BSc(Hons) Human Sciences/ MSc Chiropractic	2001-2004 ⁽ⁱⁱ⁾
	Undergraduate M.Chiro	2003-2008 ⁽ⁱ⁾
McTimoney College of Chiropractic	BSc (Hons) Chiropractic (The Privy Council is considering the GCC's recommendation to remove recognition of this degree programme with effect from March 2005 because the conditions of recognition have not been met). A proposed five year honours degree is under formal consideration by the GCC.	2000-2004 ⁽ⁱ⁾
University of Glamorgan	BSc(Hons) Chiropractic	2000-2004 ⁽ⁱ⁾

⁽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.

Review of clinic requirements in *Criteria for Recognition of Degrees in Chiropractic*

The need for clinic requirements of 400 patient treatments and 40 new patient visits, set out in the GCC's *Criteria for Recognition*, was reviewed at the request of a chiropractic course provider.

The GCC took the view that it is the flexibility and variety of experience gained by students which is integral to the award of a degree, not merely the number of treatments per student. It was decided that this aim would be best met by current requirements and that the provider had not sufficiently made the case to amend them. However, the matter will be kept under review and could be revisited at a future date.

Withdrawal of recognition of a chiropractic qualification under sections 16(1) and (2) of the Act: factors to be considered in the decision making process

The withdrawal of recognition of qualifications is a difficult process on a number of different levels. It is essential to establish fair and transparent procedures so that the GCC can demonstrate that it acts in an impartial manner. The aim is to achieve the correct balance between the safety of the public and the interests of chiropractic students, while complying with the requirements of the law.

The GCC began work on establishing a transparent and fair process for the withdrawal of recognition in July 2002. Following the receipt of detailed legal advice, essential input from an external quality assurance adviser and a considerable amount of focussed discussion, the necessary framework was agreed in September 2002.

The process: core considerations

In establishing a process for the withdrawal of recognition of a chiropractic qualification, the GCC had regard to the following core considerations:

- The protection of the public is paramount
- Statutory responsibilities to chiropractic students
- The special features of the chiropractic education infrastructure
- The separate and distinct functions of the Visiting Panel, the Education Committee and the General Council
- The *Criteria for the Recognition of Degrees in Chiropractic*; in particular the significance of conditions of recognition.

‘It is essential to establish fair and transparent procedures so that the GCC can demonstrate that it acts in an impartial manner.’

The GCC's statutory responsibilities to chiropractic students

Under section 16(7) of the Act the GCC has a duty to:

'use its best endeavours to secure that any person who is studying for that qualification at any place, at the time when recognition is withdrawn, is given opportunity to study at that or any other place for a qualification which is recognised'

The special features of the chiropractic education infrastructure

The duty to use 'best endeavours' must be seen in the context of the number of chiropractic educational institutions which, because of the size of the profession in the UK, is far fewer than for any other regulated health profession.

Where recognition is withdrawn, the GCC is conscious that the possibility for a student to transfer to another programme will be slight. Not only are there very few programmes but the current institutions would not be able to increase their student numbers at short notice without compromising their own position.

A strategic objective for the GCC is to increase the capacity of the UK chiropractic education infrastructure.

Separate and distinct functions of the Visiting Panel, Education Committee and the General Council

The Visiting Panel

The Visiting Panel is appointed by the Education Committee to provide a report on the extent to which a chiropractic programme meets, or continues to meet, the GCC's published *Criteria for the Recognition of Degrees in Chiropractic*; the report includes recommendations.

Typically panels include members of the Education Committee and individuals with experience and understanding of higher education in the UK. An external quality assurance adviser sits on every panel.

The Education Committee

The Committee adopts a supportive approach to the consideration of submissions for the recognition of qualifications and in subsequent interactions with education providers.

The Committee does not consider the panel report until the education institution has provided its observations on, or objections to, the panel's report. The function of the Committee is to test the panel's report in the light of the response of the institution – only after this has been done, will the Committee begin to formulate its advice to General Council.

'A strategic objective for the GCC is to increase the capacity of the UK chiropractic education infrastructure.'

Education Committee report

The Committee's advice will include an analysis of whether or not the institution's programme and qualification meets, or continues to meet, the GCC's criteria for recognition. It may also include a recommendation that recognition is withdrawn. Where the possibility of removal of recognition arises, the advice of the Committee will include suggestions to safeguard the interests of students, wherever possible.

The General Council

The function of the General Council is to test the advice of the Education Committee in a broader context and, when doing this, the General Council will have regard to the following considerations:

- The public interest
- Evidence that the Education Committee had been fair and transparent in its dealings with the institution
- Access to chiropractic education in the UK
- Risks to the growth of the profession
- Diversity of practice
- Impact on the level of public safety
- Impact on the integrity and consistency of the recognition process
- Impact on the integrity of the post-transitional period statutory register, where possession of a qualification recognised by the GCC is one of the four conditions of registration.

Meeting conditions of recognition

Council is required to make decisions, on a case by case basis, which are based on assessments of the relative importance and significance of each condition of recognition. Therefore, Council members agreed that with effect from September 2002:

- Advice from the Education Committee about a proposed new programme shall include a 'grading' as to whether any indicated conditions of recognition are 'major' or 'minor'. Integral to this would be a timescale for the conditions to be met.
- Similarly, advice from the Education Committee about a proposed removal of recognition shall include a 'grading' as to whether any initial conditions of recognition and associated monitoring requirements were 'major' or 'minor'.

Transparency of the procedures

It is in the best interests of the public, and potential and current students, for this process to be as open as possible. The GCC has therefore notified all providers of recognised qualifications that, with effect from September 2002, the details of any conditions of recognition and associated monitoring requirements for new, and current, programmes will be published.

External quality assurance

Because best practice involves keeping up to date with developments in the wider world 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.

Thanks to the Education Committee and the members of the Visiting Panels

The Education Committee, and the Visiting Panels, include members with relevant, in-depth, knowledge of the UK's system of higher education acquired over many decades. They devote huge amounts of time and effort when undertaking complex analyses of course structures, in supporting the course providers by providing clear advice and when ensuring that the GCC's statutory responsibilities are met. Their contributions often go unrecognised because the nature and extent of the work involved is highly specialised and not necessarily apparent to those not directly involved in the process.

I would like to thank my colleagues for their hard work and for their invaluable contribution to the development of chiropractic education in the UK. I must also acknowledge the efforts made by course providers striving to meet stringent standards of delivery of chiropractic programmes. We have all endeavoured to develop chiropractic education and the GCC remains committed to continue the progress made to date.

The next challenge facing the profession is to create an environment which will facilitate the submission of more applications for recognition of chiropractic degree programmes.

Linda Stone

Chairman, Education Committee

Development: working with the profession

There are provisions within the Chiropractors Act 1994 for the making of 'Rules' for Continuing Professional Development (CPD) and for a Period of Provisional Registration (PPR). Over the past several years, the profession has devoted a considerable amount of effort to develop and implement meaningful schemes for CPD and PPR. At the date of this report the position is that:

- **The GCC remains in consultation with the DH with regard to successive drafts of CPD Rules; and**
- **The GCC has invited tenders to develop a quality assured UK-wide PPR infrastructure which meets our proposals.**

Continuing Professional Development

Outcome of consultations with the profession

The GCC's two rounds of consultation with the profession on the proposed mandatory scheme of CPD were extremely productive and identified very clearly the details of a scheme with the following key features:

- Practitioner led
- Flexible
- Practical
- Effective application of learning.

Proposed sanctions for failing to meet CPD requirements

In dealing with failure of individuals to meet the CPD requirements, the GCC aspiration was to utilise the same approach to non-compliance as that in the *Professional Indemnity Insurance Rules*, in that such failure shall constitute unacceptable professional conduct.

The perceived benefits of this approach were that it appeared to be fair, proportionate and administratively practicable. In particular:

- it avoided automatic removal from the Register, providing instead for a range of possible sanctions to be applied by the Professional Conduct Committee, depending on individual circumstances; and
- rather than being tied to the retention of registration cycle, it allowed the GCC to spread the administrative load across the year.

Response from the Department of Health

Since August 2002 the GCC has been in negotiation with government on successive drafts of the Rules. Preliminary comments on draft Rules were received from the DH in December 2002 and it was apparent that the DH disagreed with the GCC's proposed approach. The government's view is there is no need to import tests of unacceptable professional conduct because Section 17(2) of the Act contains reference to removal from the register:

'The rules may, in particular, make provision with respect to registered chiropractors who fail to comply with any requirements of the rules, including provision for their registration to cease to have effect.'

The GCC has accepted that the CPD 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 a chiropractor's registration will be renewed will rest with the Registrar. At the time of drafting this report the details of the process have yet to be finalised by the DH's solicitors.

Before the mandatory scheme of CPD comes into effect the GCC will be organising a series of briefing events across the UK.

Period of Provisional Registration

Putting the infrastructure in place

We have initiated a competitive tendering process for the development of a quality assured infrastructure. This will need to be in place before the GCC implements the Period of Provisional Registration proposals (PPR) that have been agreed following consultation with the profession.

All UK chiropractic organisations and providers of recognised qualifications have been invited to submit by 30 October 2003 proposals designed to achieve the following objectives.

Objectives of the tender

1. Develop a quality assured UK-wide PPR infrastructure designed to meet the GCC proposals, identifying clearly each component of the infrastructure.
2. Identify barriers to the implementation of the PPR and propose solutions.

'Before the mandatory scheme of CPD comes into effect the GCC will be organising a series of briefing events across the UK.'

Development: working with the profession

3. Ensure there is capacity year on year for all new entrants to the statutory Register to participate in the PPR, assuming 200 per annum for the purposes of the tender specification.
4. Identify the full costs over an initial five year period for the development, implementation and monitoring of the PPR, setting out all categories of anticipated expenditure in the form of detailed budget statements. All assumptions behind the financial projections to be stated explicitly.
5. Identify the overall management structure, with details of the staffing structure and numbers proposed to develop and run the scheme. This should identify the role and responsibilities of each individual. Details must also be provided of systems for:
 - liaison with the GCC
 - cost control
 - information management
 - human resource management
 - Propose a timetable for the implementation of the PPR.
6. Provide risk assessment/sensitivity analysis of the proposal in relation to achieving its targets.

Reduced fee for provisional registration

The General Council has agreed in principle that when the PPR is introduced, the initial registration fee will be £500 instead of £1,250.

Regulatory report

The GCC's core responsibility is to protect the public. The activities described in this report demonstrate how the GCC fulfils two of its essential statutory functions:

- **The investigation of complaints relating to the conduct, competence, health or criminal conviction of registered chiropractors (Section 20 of the Chiropractors Act 1994); and,**
- **Protection of Title (Section 32(1) of the Chiropractors Act 1994).**

This report is in four sections:

- The Investigating Committee
- The Professional Conduct Committee
- Section 32 offences
- Effective communication with other agencies.

The Health Committee did not sit at all during the relevant period, nor were any cases referred to it, and so no report is provided.

The Investigating Committee

During the period 1 August 2002 to 31 July 2003, the GCC received 14 formal complaints which were passed to the Investigating Committee for its consideration, and the Committee continued consideration of five complaints that had been received prior to that period. In addition, the GCC received a number of telephone calls and letters from people expressing concerns about the conduct of registrants but who did not proceed to make a formal complaint. A system has been put in place to record such contacts for statistical purposes.

Of the 14 new formal complaints received:

- nine were from patients or members of the public
- three were made by the Registrar
- two were from other chiropractors.

A number of recurring 'themes' emerged from the formal complaints received by the GCC from patients, members of the public and other chiropractors, including:

- Failures in communication between chiropractors and the patients
- Inappropriate use of ionising radiation
- Failure to maintain adequate records
- Over treatment and/or dependence promotion
- Inappropriate promotion and publicity.

Regulatory report

Of the complaints made by the Registrar, two related to failure by the chiropractor to maintain adequate professional indemnity insurance and one was related to a criminal conviction.

From the total of the 19 complaints considered by the Investigating Committee during the period 1 August 2002 to 31 July 2003, the Committee determined that there was a case to answer in seven cases (36.8%) and formal allegations were referred to the Professional Conduct Committee.

Professional Conduct Committee

The period of 1 August 2002 to 31 July 2003 was a busy time for the Professional Conduct Committee (PCC) compared to the previous year. It sat for a total of 19 days to consider seven cases referred to it by the Investigating Committee. An expected corollary of the increased number of cases referred by the Investigating Committee to the PCC is that activity levels have increased. Therefore, so have the costs which have shown a marked increase upon last year's figures.

Brief resumes of the cases considered by the PCC are given below. Further details can be found on the GCC web-site and will also be published in a separate publication in 2004.

GCC v James-Hudson (one day)

The former principal of a chiropractic college was found guilty of unacceptable professional conduct after issuing a qualification certificate to a student, knowing that he had not met the requirements for the award. A six week suspension order was imposed.

GCC v Glenn (one day), GCC v Jacobs (one day), GCC v Robinson (one day)

In all three cases the respondent chiropractors were found guilty of unacceptable professional conduct for failing to secure and/or maintain adequate professional indemnity insurance for varying periods. In two cases the chiropractors were admonished and in the third a one month suspension order was imposed.

GCC v Dupker (two days)

In this case the respondent chiropractor faced seven charges relating to record-keeping and one charge relating to the failure to communicate with the patient. Of the record-keeping related charge, three were admitted prior to the hearing and four were admitted during the hearing. The communication related charge

‘From the total of the 19 complaints considered by the Investigating Committee...the Committee determined that there was a case to answer in seven cases...’

Regulatory report

was found on the basis of the evidence adduced during the hearing. The chiropractor was found guilty of unacceptable professional conduct and admonished.

GCC v Farthing (nine days)

Dr Farthing faced 16 charges in respect of four different patients, relating to misuse of ionising radiation, overtreatment, failure to modify or cease treatment and abuse of patient trust. All the charges were denied but on the basis of evidence adduced and testimony given during the hearing 13 of the 16 charges were found proved. Dr Farthing was found guilty of unacceptable professional conduct and a nine month suspension order imposed.

GCC v Heale (four days)

Dr Heale faced two charges relating to failing to respect the dignity of the patient and failing to communicate adequately with the patient. The first charge was found not proven but the second charge was found proven. Dr Heale was found guilty of unacceptable professional conduct and admonished.

Section 32(1) offences

On 15 June 2001 Section 32(1) of the Chiropractors Act 1994 was commenced and it became a criminal offence to describe yourself as a chiropractor of any sort (whether expressly or by implication) if not registered with the GCC. During the subsequent years, the GCC's main thrust in the investigating of possible offences under Section 32(1) was to issue warnings. This reflected the possibility of such things as advertising having been placed before 15 June 2001 and the fact that a number of Transitional Period applications had yet to be determined.

However, from July 2002 a stricter policy was put in place. Where evidence of breaches of Section 32(1) was available the GCC referred formal complaints to the police for investigation. During August 2002-July 2003, the GCC referred 12 complaints to the police (relating to 10 different persons). Of the 12 complaints made, three have resulted in summary charges being laid against the persons concerned, resulting in one conviction, one finding of not guilty and one case pending hearing.

During the year the GCC also worked closely with a number of external bodies, such as advertising directories and health insurance companies, to ensure that they were aware of the provisions of Section 32(1) of the Act. This has resulted in a number of possible offences being referred to us by these organisations. In

Regulatory report

In addition, the Regulatory Section has worked closely with a number of police forces and Crown Prosecution Service areas to ensure that complaints are dealt with effectively and in a timely manner.

Effective communication with other agencies

There are a significant number of external agencies that have a fundamental part to play in the protection of the public. Identifying these agencies, and establishing lines of communication with them, is essential because they can have an effect on the GCC's successful fulfilment of its statutory responsibilities.

The GCC's Regulatory Section has initiated dialogue with a number of agencies to facilitate the timely sharing of appropriate information. The aim is to make it possible for the GCC to undertake the necessary investigations promptly and effectively.

Discussions are ongoing with the Secretary of State's Inspectorate for Ionising Radiation and the Association of Chief Police Officers to agree Memoranda of Understanding and protocols. We are also seeking to establish good day to day communications with the Health and Safety Executive and the Crown Prosecution Service.

Robin Hodgson

Chairman, Investigating Committee

Brian Mouatt

Chairman, Professional Conduct Committee

'The GCC's Regulatory Section has initiated dialogue with a number of agencies to facilitate the timely sharing of appropriate information.'

Communications report

The GCC has a responsibility to promote chiropractic so that its contribution to the health of the nation can be understood and recognised. The GCC is committed to increasing public access to chiropractic and so our communications activities have been wide ranging.

Now the foundations of the regulatory process have been firmly established, the GCC has been able to initiate its plans to focus more of its energies, and budget, on the promotion of chiropractic. Integral to the development of this area of the GCC's work has been the establishment of the Communications Strategy Working Group.

The Communications Strategy Working Group

Background

In September 2002 Council agreed that the remit of the Communications Strategy Working Group (CSWG) should be:

- To work with GCC staff to develop a fully resourced work-plan; and
- To oversee, facilitate and review the delivery of the strategy and associated work-plan.

The CSWG is made up of Council members, representatives from the Chiropractic Patients Association, the chiropractic professional associations, the College of Chiropractors and GCC staff.

The Communications strategy

The GCC's communications strategy can be read on our web-site www.gcc-uk.org.

Council welcomed the ambitious new strategy at its meeting in February 2002. Following consideration of a fully costed work-plan and cash-flow forecast which incorporated the intention to maintain previous activity, Council agreed that the strategy should be incorporated in the GCC's Business Plan. The new strategy, which will be developed and implemented over the next five years, involves a wide range of prioritised activities to be undertaken in the short, medium and long-term.

Market research will inform the GCC's promotional activities. It is necessary to identify the full range of health care services the profession delivers so that the GCC can promote them effectively. The GCC therefore plans to conduct a series of surveys of UK chiropractors to seek their views and information about

‘The GCC therefore plans to conduct a series of surveys of UK chiropractors to seek their views...’

Communications report

their patient base. In addition, base-line surveys to gain a clearer understanding of public awareness and perception of chiropractic will be undertaken as will surveys of local primary health care professionals and Primary Care Trusts.

The long term implications of this strategy will necessitate follow-up research to enable the GCC to define and measure the success, or otherwise, of the communications strategy.

The notable increase in activity in this area will require an increase in human resources; Council agreed to the recruitment of two additional dedicated communications staff to be in post by 1 October 2003 – at which point work on the communications strategy can commence.

Maintaining established day to day communications activities

The GCC's communications strategy requires that communications activities which have been established over the past two to three years, continue. These include: managing press enquiries; regular targeted advertising; production and circulation of the patient information leaflet *What can I expect when I see a chiropractor*; exhibiting at major UK conferences; liaison with other UK health regulators and government departments; maintaining our web-site; and responding to enquiries from the public and the profession.

The wider environment of statutory health regulation

Statutory regulation of health professions in the UK exists within a rapidly evolving environment. For example, the formation of the Council for the Regulation of Health Professions and the proposed draft European Directive on the Recognition of Professional Qualifications has resulted in a considerable increase in the GCC's activity levels.

The Council for the Regulation of Health Professionals (CRHP)

The CRHP came into being on 1 April 2003. The NHS Plan first introduced the idea of an overarching independent body like the CRHP. This was later reinforced by the Report of the Bristol Royal Infirmary Inquiry chaired by Sir Ian Kennedy.

The CRHP's core objectives are to promote:

- The interests of patients and the public in the regulation of the health professions
- Best practice in the regulation of the healthcare professions
- Co-operation between regulatory bodies and with other organisations.

Communications report

The CRHP has 19 members, including appointees from each of the regulatory bodies and 10 lay members – GCC Chairman, Michael Copland-Griffiths, is a member of the CRHP Council.

One of the main functions of the CRHP will be to refer to the High Court in England or equivalent court elsewhere, any decisions of regulatory bodies' PCCs that appear to be unduly lenient. It is likely that only a handful of very serious cases will be referred each year and then only when CRHP believes this is necessary to protect the public because the regulator has been too lenient.

The draft *European Directive on the Recognition of Professional Qualifications*

In March 2002 the European Commission published proposals for a single Directive covering all professions. The stated aim of the Directive is to provide a 'clear, secure and quick system for the recognition of qualifications' to 'ensure free movement' of labour. While it is reasonable to share this aim, the GCC has two major concerns about the proposed Directive as currently drafted:

- Anyone could provide services for 16 weeks in any one year without registration with the GCC; and
- Qualifications in chiropractic for EEA nationals and spouses could be one level lower than that required of national applicants.

All of the UK health regulators agreed that none of these conditions should apply to any health profession and these points have been put to government. And in September 2002 GCC Council agreed that our specific concerns should be brought to the attention of MPs and MEPs, in a lobbying exercise requiring the participation of chiropractors and those among their patients who had an interest.

Lobbying Brussels

In November 2002 the GCC distributed supplies of a 'lobbying' leaflet *European Commission Proposal Threatens Your Safety* to all UK chiropractors. The leaflets were made available to patients in chiropractors' practices and informed them about the proposed Directive. Patients were provided with sufficient information so they could write directly to their MEPs, if they wished, to express their concerns.

The level of interest aroused by the leaflet was high and the overall response was very positive, constructive and helpful. Several MEPs contacted us directly and enabled a constructive dialogue to commence. Further, on 9 December

*'...the GCC distributed supplies of a 'lobbying'
leaflet *European Commission Proposal Threatens
Your Safety...*'*

Communications report

2002, an Early Day Motion was tabled in the House of Commons and signed by 36 MPs:

That this house recognises the high standards and importance of the UK's regulated chiropractic services; and is alarmed by plans to amend current regulations which would allow unregistered non-UK persons to treat patients for up to four months each year without having to register their competence with a statutory regulatory body.

The GCC is grateful to all chiropractors for their commitment and enthusiasm and for the support of their patients. This is a long term project and the GCC will be further aided by its membership with the AURE which comprises all of the UK health regulators. We have joined together to present a focussed approach to our lobbying in Europe.

Peaches Golding

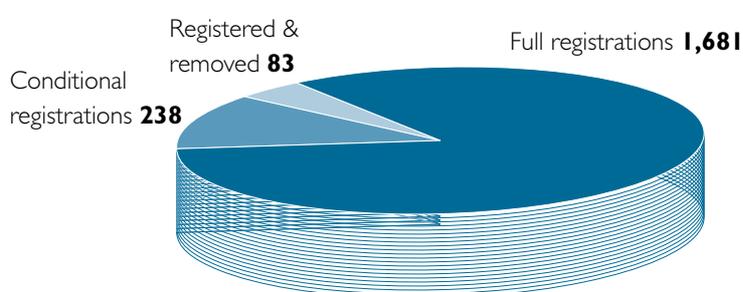
Chairman, Communications Strategy Working Group

Registration report

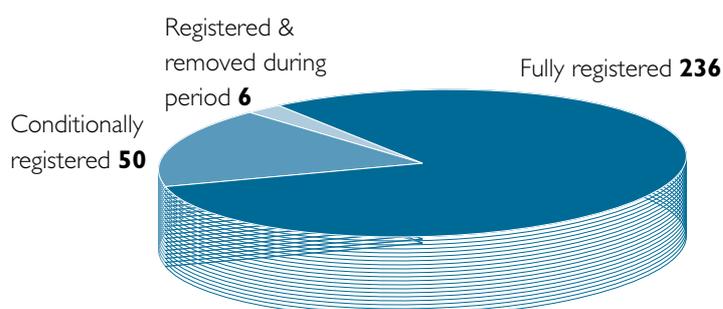
The statutory duty to ‘establish and maintain a register’ is the fundamental work of a regulatory body. The Chiropractors Act, and statutory instruments, define the requirements for registration and the Registrar must be satisfied that each chiropractor has met them.

Chiropractors continue to demonstrate their commitment to statutory regulation. The profession shows a steady growth; as of 1 January 2003 the total number of chiropractors amounted to 1,919 (see table).

Total registrations & removals by 01/01/2003 (total registered 1,919 less 83 removed)



New registrations between 01/01/2002 and 31/12/2002



We are acutely aware that the purpose of the register is the protection of the public. In the past year we have kept under review the effectiveness of our registration procedures with the aim of ensuring consistency, timeliness and clarity of decision making and processing. From a practical viewpoint this means that office and IT systems have been defined, introduced, measured and kept under review so that the best possible standards of delivery can be achieved and maintained.

Registration report

A tremendous amount of sustained effort is needed to ensure that the GCC continues to comply with the law as set out in the Chiropractors Act and also the Race Relations Amendment Act, the Data Protection Act and the Freedom of Information Act.

New registration rules for overseas qualified chiropractors

Following a considerable amount of discussion with government over successive drafts, the final piece of legislation regarding our registration procedures was made: the *General Chiropractic Council (Registration of Chiropractors with Foreign Qualifications) Rules 2002*. These rules were much awaited by the profession and came into force on 6 November 2002.

The Registrar can now consider applications from chiropractors who hold qualifications awarded by non-UK chiropractic colleges. Applications under these rules can be divided into two sorts:

- Applications from European Economic Area (EEA) member state nationals and their spouses (references to the EEA include Switzerland); and
- Applications from outside the EEA – that is, the rest of the world.

EEA State Nationals and their spouses

Nationals of EEA states and their spouses may apply for registration under the provisions of the General Systems Directive and other Community rights. The exact process to be followed and requirements for registration will vary for each individual.

Rest of the World

With each application received, the Registrar will consider whether or not the applicant meets the criteria set out in the Rules. In short, these are that the Registrar be 'satisfied' that the applicant is of good character, 'in good physical and mental health' and has been awarded a chiropractic qualification following completion of:

- A course of education or training in chiropractic normally requiring not less than 4,800 hours of study, tuition and clinical experience in chiropractic; or
- A first degree in a human science plus a course of education or training in chiropractic normally requiring not less than 2,200 hours of study, tuition and clinical experience in chiropractic.

An application to take the Test of Competence will be sent to those applicants who meet the criteria.

The Prescribed Test of Competence

The GCC's Prescribed Test of Competence is designed to assess the ability of the candidate to meet the standards of safe and competent practice in the provision of chiropractic healthcare in the United Kingdom. These standards relate to the conduct expected of members of the profession as well as to the provision of service that will protect the patient from harm and engender opportunities for securing real benefit. Such standards are established with respect to what a reasonable practitioner would regard as current sound practice. More specifically, the assessment components are designed to evaluate the following in accordance with documents issued by the GCC:

- 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.

Assessment methods

The assessment methods have been chosen to enable candidates to best demonstrate ability in the most suitable way. All components of the assessment methods have been developed and peer reviewed by members of the faculty of the Field of Chiropractic at the University of Glamorgan. There are three separate components to the Prescribed Test of Competence:

1. The Objective Structured Clinical Examination (OSCE) one hour

A multi-station OSCE will be used to allow candidates to demonstrate, and the examiners the opportunity to establish, the skills required for safe and competent practice as they relate to the GCC *Standard of Proficiency*. The stations normally include:

- Short written questions (e.g. components of record keeping; important medical history details; x-ray protocols)
- Physical examination procedures (e.g. assessment of the neurological system; assessment of the cardiovascular system; assessment of vital signs; palpation skills)
- X-ray interpretation (if appropriate)
- Demonstration and selection of anatomical locations and appropriate chiropractic palpation.

2. Case Studies one hour (10 minutes each preparation plus 20 minutes each case discussion)

A selection of two case studies for discussion will allow the candidate to demonstrate problem solving abilities, academic knowledge, decision making and patient management skills required for safe and competent practice as they relate to the *GCC Standard of Proficiency*. The case format will be:

- Preliminary information relating to the case for review by candidate (10 minutes)
- Questions relating to the case (15 minutes)
- Examiner questions relevant to the discussion (five minutes).

3. Viva Voce (15 minutes)

A panel discussion relating to the *GCC Code of Practice* and to issues of professional ethics and the law in the United Kingdom as it pertains to the safe and competent practice of chiropractic.

Final Assessment and Report

The members of the examining panel will meet at the conclusion of the period of assessment. Results of individuals will be recorded and the recommendation of the panel made with respect to whether the candidate meets the required standard of proficiency.

The assessment results will be recorded with the Academic Registry of the University of Glamorgan. A Report of Examination Outcome and the recommendation of the panel will be prepared for the Registrar of the General Chiropractic Council.

Test fees, timetable and re-sits

The fee for the Test of Competence is £1,500 which has been established on a 'cost recovery' basis. It is anticipated that the test will be held three times during 2003; this will be kept under review until a clear pattern of demand is established.

Application forms for the test will be provided by the Registrar following receipt of an application for registration from an eligible candidate. Should a candidate fail the test, there is no limit to the number of subsequent applications he or she can make to re-sit it.

Conditional registration

The next statutory deadline for which the GCC is preparing is 14 June 2004, which is the day before conditional registration ceases to exist. This event draws a line under the grandfathering period and is integral to setting up a statutory process of regulation. Conditional registration is a mechanism of the two year long Transitional Period from 15 June 1999 to 14 June 2001. It enabled chiropractors who did not have the required five years of chiropractic experience necessary for full registration, to achieve GCC registration.

The GCC has commenced, and will continue up to the deadline, a rolling programme of pro-active work to encourage those chiropractors with conditional registration to apply for conversion to full registration. We are planning as far as possible, to avoid a last minute influx of applications for conversion to full registration, by making sure that chiropractors have the information they need, when they need it.

‘The GCC has commenced...a rolling programme of pro-active work to encourage those chiropractors with conditional registration to apply for conversion...’

Treasurer's report

As forecast, the financial year of 1 August 2002 to 31 July 2003 showed an increase in income and expenditure as the GCC grows and activity levels increase. As a result of careful management the GCC is in a healthy financial position, with strong financial foundations to build upon. This has enabled the GCC to fulfil its statutory responsibilities effectively by consolidating and developing core aims and objectives as summarised in the business plan¹. It is essential that the GCC continues to maintain momentum to meet best practice requirements within health regulation which is, necessarily, an ever-evolving and demanding world.

We have 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 focus of expenditure for the year does, of course, reflect the nature of the GCC's role and the priorities identified in the business plan. This includes necessary costs associated with statutory regulatory committees, office accommodation, human resources and promotional activities.

The balance sheet

The balance sheet shows a surplus for the year of £183,183 resulting from the receipt of income of £1,912,034 set against expenditure of £1,719,171.

The total funds of £1,852,678, include the establishment funds of £337,999, the general reserve which stands at £214,679 and the capital investment fund at £1,300,000.

Income and expenditure: trends

The GCC has experienced a 5% increase in registration income which is due to an increase of chiropractors renewing their registration (2,019) compared to last year (1,851).

With increasing activity, there has been a marked increase in regulatory costs of 334% which include an increase in the attendant level of professional fees. There has also been a 45% increase in spending on publicity and promotion, as the communications strategy rolls out.

¹ All documents mentioned in this report can be read on www.gcc-uk.org or contact us if you require hard copies.

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 so that its contribution to the health of the nation is understood and recognised.

Capacity to fulfil statutory functions and deliver business plan

The GCC's essential duty is to fulfil its statutory responsibilities and the attendant activities in the business plan. It is apparent that the work associated with these duties has increased considerably. It has become necessary to recruit more staff if all aims and objectives are to be delivered within the required timescale.

Council agreed that a total establishment of the equivalent of 15 full-time staff posts would be required to meet the demands of the business plan – this is an increase of five posts since 31 July 2002. Recruitment of additional staff was ongoing at the balance sheet date.

Terms of reference for the Resource Management Committee

The Resource Management Committee (RMC) replaces the Finance Management Working Group. Its establishment as a Committee of the GCC better reflects the breadth of its responsibilities, which were identified and defined in a thorough review. The RMC is responsible for maintaining general oversight on behalf of the Council of the management of resources including: staffing, financial and property issues and the safeguarding of assets.

Unless specifically delegated by Council, the RMC will not exercise any executive authority on any matters defined in its *Terms of Reference*.

Purchase of a new HQ

In August 2002 the GCC completed its purchase of a freehold premises at 44 Wicklow Street, London as a new GCC headquarters. Wicklow Street is at the heart of the King's Cross regeneration area with excellent transport links; the purchase of the building is considered to be a prudent investment.

The acquisition of the new freehold premises has been funded by GCC reserves and a mortgage from the Allied Irish Bank (GB) which was able to offer the best loan facility, considering interest and set up charges. The capital and interest is currently being repaid by quarterly instalments, with any balance of the loan

Treasurer's report

outstanding repayable in full on 23 August 2017. Following a rigorous tendering process, refurbishment of the premises commenced in March 2003 and will be completed in September 2003. It is anticipated that the costs of refurbishment will be met from cash reserves, although a loan facility is available if required.

The capital investment fund was created to designate clearly reserves for the purpose of partially covering the acquisition of these premises.

And finally

The GCC is maintaining its momentum by increasing activity levels, and is growing so that it can best meet its statutory duties. We must continue this progress: it is essential for the GCC to avoid complacency and so we will continue to monitor and review our performance at regular intervals. The GCC has a duty to demonstrate to the public, the profession and others in next year's Annual Report that further positive developments have been made.

Robin Hodgson

Treasurer

'The GCC has a duty to demonstrate...that further positive developments have been made.'

Financial statements 31 July 2003

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 2003.

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 year, the GCC received 196 applications for registration (2002: 552), and by 31st July 2003, 2,019 chiropractors had completed the application process, and been entered on the Register (2002: 1,851). As at 31st July 2003, 1,928 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

M Copland-Griffiths

Chairman

8 October 2003

Independent auditor's report to the Members of the General Chiropractic Council

We have audited the financial statements on pages 7 to 13.*

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 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.

*Page references refer to the original document submitted by Baker Tilly containing GCC Accounts 2002-2003 and incorporated into this Annual Report. Baker Tilly's original document can be viewed on www.gcc-uk.org

Financial statements 31 July 2003

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 2003, and of its surplus for the year 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

23 October 2003

Income and Expenditure Account

for the year ended 31st July 2003

	Notes	2003	2002
Income			
Registration fees	– New registration	222,600	619,200
	– Annual retention	1,591,633	1,110,950
Other income	1	46,820	31,860
Bank interest receivable		50,981	71,085
Total income		1,912,034	1,833,095
Expenditure			
Regulatory costs		572,019	171,150
Publicity		208,863	143,381
Staff costs	2	378,207	279,406
Committee expenses	3	107,191	151,266
Professional fees	4	90,935	125,834
Staff expenses		5,383	11,819
Office accommodation		42,827	37,172
Telephone		9,711	14,094
Insurance		35,712	13,850
Computer costs		23,579	19,524
Printing		5,141	31,828
Postage		20,191	22,109
Stationery		18,450	10,280
Subscriptions		1,824	1,042
Other sundry expenses		11,295	7,268
Bank charges		958	210
Irrecoverable amounts of Value Added Tax		13,454	–
Mortgage interest		156,666	–
Depreciation		10,655	10,164
Loss on disposal of fixed assets		6,110	10,721
Total expenditure		1,719,171	1,061,118
Operating surplus before taxation		192,863	771,977
Taxation	5	9,680	13,904
Surplus for the year	11	£183,183	£758,073

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.

Financial statements 31 July 2003

Balance sheet

31st July 2003

	Notes	2003	2002
Fixed assets			
Tangible assets	6	5,198,378	42,660
Current assets			
Debtors	7	258,852	524,389
Cash at bank		615,297	1,850,098
		874,149	2,374,487
Creditors			
Amounts falling due within one year	8	1,168,721	747,652
Net current (liabilities)/assets		(294,572)	1,626,835
Total assets less current liabilities		£4,903,806	£1,669,495
Creditors			
Amounts falling due after more than one year	9	3,051,128	–
Total assets less total liabilities		£1,852,678	£1,669,495
Funds of the Council			
Establishment funds	10	337,999	337,999
General reserves	11	214,679	31,496
Capital investment fund	12	1,300,000	1,300,000
Total funds		£1,852,678	£1,669,495

Approved by the Council on 8 October 2003, and signed on its behalf by

M Copland-Griffiths
Chairman

Designate
Michael Copland-Griffiths

8 October 2003

P Dixon
Acting Chairman

Peter Dixon

16 October 2003

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, 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

Notes to the financial statements

for the year ended 31st July 2003

	2003	2002
1. Other income		
Conversion fee	23,250	21,300
Restoration fee	6,250	4,750
Non-practicing registration fee	200	5,700
Non-practicing to practicing fee	11,000	–
Change of address fee	6,000	–
Other income	120	110
	£46,820	£31,860

2. 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	9

Staff costs for the above persons:

Wages and salaries	276,721	209,679
Social security costs	28,578	21,023
Other pensions costs	27,521	19,165
Temporary staff costs	19,662	29,539
Staff recruitment costs	25,725	–
	£378,207	£279,406

3. Committee expenses

Attendance allowances	28,868	96,375
Tax settlement on attendance allowances	28,000	–
Travel expenses	11,129	31,000
Accommodation	4,386	10,914
Meals and other expenses	6,460	12,977
Organisation development	28,348	–
	£107,191	£151,266

Financial statements 31 July 2003

	2003	2002
4. Professional fees		
Legal fees	27,891	55,129
Staff recruitment costs	–	28,145
Auditors' remuneration	7,358	6,726
Accountancy services (including expert advice regarding members allowances and Value Added Tax)	19,506	14,042
Election of council members	88	7,267
Database design, development, and support	35,692	10,051
Accreditation fees	–	808
Other professional fees	400	3,666
	£90,935	£125,834

5. 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 2003, this consisted of bank interest receivable only.

	2003	2002
Based on investment income for the year:		
UK Corporation Tax at 19% (2002:19.7%)	9,700	14,000
Over provided in previous periods	(20)	(96)
	£9,680	£13,904

6. Fixed assets

	Freehold land & buildings	Computer equipment	Furniture & office equipment	Total
Cost:				
1st August 2002	–	48,245	15,866	64,111
Additions	5,154,134	16,853	3,486	5,174,473
Disposals	–	(14,519)	–	(14,519)
31st July 2003	5,154,134	50,579	19,352	5,224,065
Depreciation:				
1st August 2002	–	18,896	2,555	21,451
Charge for the year	–	8,988	1,667	10,655
Disposals	–	(6,419)	–	(6,419)
31st July 2003	–	21,465	4,222	25,687
Net book value:				
31st July 2003	5,154,134	29,114	15,130	£5,198,378
31st July 2002	–	29,349	13,311	£42,660

Financial statements 31 July 2003

	2003	2002
7. Debtors		
Due within one year:		
Trade debtors	24	1,367
Other debtors	224,654	476,240
Prepayments and accrued income	34,174	46,782
	£258,852	£524,389

8. Creditors

Amounts falling due within one year:		
Bank loan on freehold premises	256,000	–
Trade creditors	137,398	74,123
Subscriptions in advance	708,901	600,083
Corporation tax	9,700	14,000
Other creditors	16,157	26,295
Accruals and deferred income	40,565	33,151
	£1,168,721	£747,652

9. Creditors

Amounts falling due after more than one year:		
Bank loan on freehold premises	£3,051,128	£–

During the year, the Council's bankers made available a bank loan facility to enable the Council to acquire and refurbish its new 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.

Loan maturity analysis:

Due within one to two years	£259,000	£–
Due between two and five years	£852,500	£–
Due after more than five years	£1,939,128	£–

Financial statements 31 July 2003

10. 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.

	2003
Fund balances as at 1st August 2002 & 31st July 2003	£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

11. General reserves

Balance as at 1st August 2002	31,496
Surplus for the period	183,183
	£214,679

12. Capital investment fund

Balance as at 1st August 2002 & 31st July 2003	£1,300,000
--	-------------------

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.

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.

Legal and 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 2002:

Michael Copland-Griffiths		Chairman
Robin Hodgson	(L)	Treasurer & Chairman – Investigating Committee
Alan Breen		Education Appointee
Madeline Brzeski		
David Byfield		
Peter Dixon		
Matthew Flanagan		
Kevin Grant		
Dana Green		
Peaches Golding	(L)	Chairman – Health Committee
Carla How		
Timothy Jay		Education Appointee Term of office ended 15th June 2003
Michael Kondracki		Education Appointee Appointed 15th June 2003
Rita Lewis	(L)	
Iain McCall	(L)	
Kalim Mehrabi		Education Appointee
Norma Morris	(L)	
Brian Mouatt	(S)	Chairman – Professional Conduct Committee
Kevin Proudman		
Linda Stone	(L)	Chairman – Education Committee
Stephen Williams		

(S) Indicates Secretary of State's Appointee

(L) Indicates a Lay Member

Registrar & Chief Executive

Margaret Coats

Principal address

40-44 Wicklow Street
London WC1X 9EL

Financial statements 31 July 2003

Staff

Executive Officer (Regulation)

Gregory Price

Executive Officer (Communications)

Philippa Barton-Hanson

Executive Officer (Education & Development)

Alison Waker

Clerk to Council & P.A. to the Registrar

Vanessa Joyce

Information Systems Manager

Steve Clayton

Regulation Officer

Emma Willis

Registrations Officer

Jamie Button

Administrative Assistant (Communications)

Paul Robinson

Administrative Assistant

Adrian Daniel

Accountant (Part-time)

Anne O'Connor

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