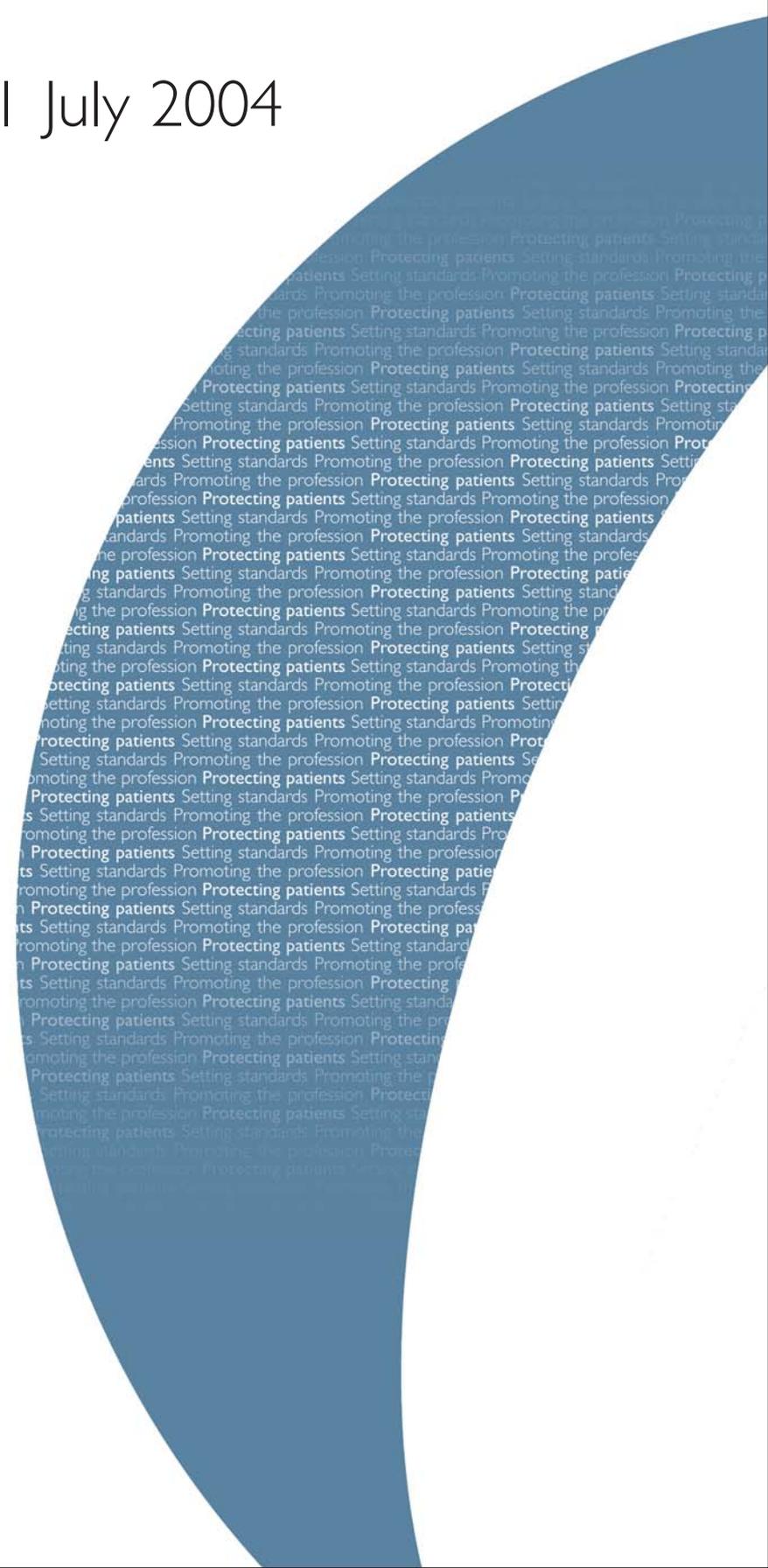




General Chiropractic Council

Annual Report

1 August 2003-31 July 2004



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Chairman's foreword

Hard work, focus and momentum

The General Chiropractic Council (GCC) has spent a year working hard, maintaining momentum and keeping focused. Like all health regulators the GCC has a statutory duty to set standards of education, conduct and practice and maintain a register of appropriately qualified and experienced practitioners. It is, in part, through regulatory mechanisms that the public is protected from the bogus, the incompetent, the dangerous and the unprincipled health practitioner. Even though such individuals crop up relatively rarely we must identify and deal with them promptly, openly and firmly.

We are always looking for ways to do things better. This is why we regularly review and analyse what we do.

Earning trust

In return for complying with regulatory requirements the health professions can earn the trust and respect of the public. Health regulators can help to prevent the abuse of this trust and can hold registered practitioners accountable when things go wrong. We must have effective legislation, systems and policies in place to enable us to do this – and they must be kept under review to take account of current events and good practice.

What guarantees can health regulators give?

Health regulators can't guarantee that when a patient sees a health practitioner nothing will ever go wrong. To suggest that we 'ensure' patient safety is unrealistic and raises false expectations. What we can, and must, ensure is that we implement sound procedures for good governance and fulfil our statutory functions and responsibilities to the best of our abilities. This is just one of the reasons why health regulators need to engage with the public and patients so that we can inform and consult them effectively. One of the GCC's aims for next year is to develop a fully worked-up public and patient involvement strategy and start implementing it.

The regulatory map

An essential aspect of any health regulator's role is to engage with all relevant organisations, government departments and people. The GCC is part of a wider regulatory environment. Therefore we have actively participated in meetings, consultations and seminars involving, for example, the other UK health regulators, the Department of Health, patient representative groups and the Council for the Regulation of Healthcare Professionals (CRHP).

Development of the GCC and the chiropractic profession

The GCC has achieved a great deal in a very short space of time. In March 1999, when the first member of GCC staff was appointed, there was no office, no statutory register and no procedural infrastructure. The GCC owes much to members of Council, a dedicated staff and the willingness of the chiropractic profession to adapt and learn.

The chiropractic profession remains committed to statutory regulation. In part, this is because we have worked hard to bring chiropractors along with us – wherever possible and practicable we've done this by consulting the profession. We make sure that we are aware of chiropractors' opinions and concerns. We explain to the profession, as clearly and as often as we can, our reasons for doing what we do – effective communication has been essential.

Chiropractors – benefiting the health of the nation

Where the GCC differs in a fundamental way from most other health regulators is in our duty to promote chiropractic so that its benefits to the health of the nation are understood and recognised. This is one of the reasons for our wide-ranging, and ambitious, communications strategy, which built on our previous communications activities. Implementation of the strategy has started and excellent progress has been made. A survey of UK chiropractors that commenced in April 2004 is almost complete and we're delighted that 42% of the profession responded. There's more about this, and our commitment to increase access to chiropractic, in our communications report.

Actions speak louder than words

I like the phrase 'actions speak louder than words'. Tangible outcomes are usually a good measure of an organisation's sense of purpose and commitment to delivering 'aims' and 'objectives', and implementing 'visions' and 'missions'. I'm pleased to say the GCC's output demonstrates our commitment to fulfilling our contribution to the protection of the public. Details of essential GCC projects are provided throughout this Annual Report but I have highlighted the outcomes of some of our core projects on the following pages.

The GCC is all too aware that it is essential to maintain the progress made to date and to develop it further. We will ensure that we do.

Michael Copland-Griffiths

Chairman

Outcomes of core projects

- 1 Ethnicity survey of the profession
- 2 Disclosure Policy: Regulatory Committees and Appeal Tribunals
- 3 Governance Working Group
- 4 New HQ: handover of 44 Wicklow Street
- 5 Freedom of Information Act 2000: Publication Scheme
- 6 Period of Provisional Registration (PPR)
- 7 New Code of Practice and Standard of Proficiency
- 8 Managing the end of conditional registration
- 9 A mandatory scheme of Continuing Professional Development
- 10 Review of the legislative framework: Chiropractors Act 1994 and Statutory Instruments
- 11 GCC Advice Note: Ionising Radiation (Medical Exposure) Regulations 2000 [IR(ME)R]

1 Ethnicity survey of the profession

In August 2003 the GCC publicised the outcome of its ethnicity survey of the profession, conducted as part of the implementation of the GCC's race equality scheme. The findings of the survey were

- The response rate was unusually high for a survey of this type, indicating a willingness of the profession to engage in this process
- The profession appears to be slightly more diverse than the population as a whole
- There were three regions where the percentage of self-identified ethnic minorities is lower than the general population
- The education providers that had responded appear to pursue good practice in the recruitment of students

2 Disclosure Policy: Regulatory Committees and Appeal Tribunals

In August 2003 Council agreed a disclosure policy for the GCC's regulatory committees. The policy defines the GCC's commitment to disclose everything it can, without breaching confidentiality. For instance, it defines the information relating to the activities of the regulatory committees within the public domain, the methods by which the information should be made public, and when and for how long the information should be published.

In the interests of transparency the policy document was published in September 2003 and widely circulated to the profession, the Chiropractic Patients Association, health regulators, the CRHP and other interested parties.

3 Governance Working Group

August 2003 also saw the establishment of the Governance Working Group. It will consider, and keep under review, the following issues

- Council members' code of conduct
- Proposals for the assessment of competence of members of regulatory committees
- Standing orders
- The register of members' interests
- Human resources
- Travel policies in relation to Council business

A GCC Policy for Good Governance was produced in April 2004. Integral to this work was the formulation of a five year Corporate Plan that was produced at the same time. The Corporate Plan developed further and consolidated the GCC's three year business plan.

4 New HQ: handover of 44 Wicklow Street

The GCC moved into its new headquarters in September 2003 as planned. We hold the freehold of the building which is in the heart of the King's Cross regeneration area. It has been fully refurbished and work has been completed to time and to budget. Council members expressed warm appreciation for the way in which staff had worked to ensure the move to Wicklow Street went so smoothly.

5 Freedom of Information Act 2000: Publication Scheme

The GCC worked with the other health regulatory bodies to develop a publication scheme by December 2003, as required by the Freedom of Information Act 2000.

We have always published a wealth of information to the public and so we were able to comply very easily with our duty under the Freedom of Information Act 2000 to adopt a 'publication scheme'.

The GCC approved and adopted a publication scheme on 8 October 2003 and it was then approved by the Office of the Information Commissioner on 28 November 2003. It is available in English, and parts one and two of the scheme are also available in nine other languages.

6 Period of Provisional Registration (PPR)

There have been a number of significant developments over the year. In December 2003 a tender bid, to develop a quality assured PPR infrastructure, was presented to Council by a consortium led by the College of Chiropractors. For full details read the Development Report on page 18.

7 New Code of Practice and Standard of Proficiency

Following two rounds of consultation with the profession, the revised *Code of Practice and Standard of Proficiency* – effective from June 2005 – was published and circulated to all chiropractors in May 2004. The major changes have been to

- Reorganise and re-present much of the content of the original versions that were published in May 1999
- Include a glossary
- Provide greater detail on consent, for example, by including key points published by the Department of Health
- Include footnotes for clarification

8 Managing the end of conditional registration

15 June 2004 saw the end of conditional registration – a mechanism of the grandparenting process which enabled chiropractors with less than five years' chiropractic experience to register with the GCC between June 1999 and June 2001.

In the months prior to the deadline, the GCC despatched letters and circulars and made numerous phone calls to chiropractors, explaining repeatedly the process for conversion to full registration. As a result we were not confronted by hundreds of last minute applications for conversion.

At its peak, 698 chiropractors were conditionally registered with the GCC, some of whom had since let their registration lapse. 10 chiropractors out of the 698 were removed from the Register on 15 June 2004 for not converting to full registration before the deadline.

9 A mandatory scheme of Continuing Professional Development

June 2004 also saw the making of the Rules for mandatory Continuing Professional Development (CPD) that are to come into force on 1 September 2004. This followed several rounds of consultation with the profession, including UK-wide workshops, briefing sessions and piloting. A publication explaining how the scheme works and a CPD summary form is to be circulated to the profession, and others, in August 2004.

10 Review of the legislative framework: Chiropractors Act 1994 and Statutory Instruments

In September 2002, the GCC and the General Osteopathic Council (GOsC) agreed that a joint review of the Chiropractors Act 1994 and the Osteopaths Act 1993 would have two major advantages

- Going forward to government with common amendments would enhance our chance of success, because the two current Acts are practically identical
- The legal costs could be shared, rather than duplicated

All the preliminary work by solicitors (appointed following a tendering process) and representatives of our two Councils was completed by February 2004, taking account of interim comments from the Department of Health to ensure that we were on the right track. The GCC and GOsC agreed a timetable for the final stages.

In May 2004 the GCC proceeded with 10 UK-wide briefing events and began to analyse the written feedback that had been received in advance of the deadline of 31 August, with a view to the Department of Health beginning the drafting of the legislative Order to amend the two Acts in December 2004.

In mid-July 2004 the GOsC told us that they had abandoned the agreed timetable because they wanted to produce a new consultation draft for their profession, which would include wide-ranging alternative amendments.

A central issue for the GCC has always been the need to remove at the earliest opportunity several clauses of the Chiropractors Act that are discriminatory in their effect. Having to delay to accommodate the new plans of the GOsC is particularly unwelcome.

We will meet with the Department of Health and its solicitors to see if we can persuade them to consider the amendments to the GCC's legislation only. However, we are aware that because the two Acts are currently so similar, it might not be an acceptable use of government resources for them to go ahead with our amendments separately. In the meantime, we will carry on working to the original timetable in the hope of a decision in our favour.

11 GCC Advice Note: Ionising Radiation (Medical Exposure) Regulations 2000 [IR(ME)R]

Work on a revised advice note on chiropractors' responsibilities to comply with IR(ME)R is nearing completion and will be circulated to all chiropractors in early August 2004.

IR(ME)R defines four duty holders: the employer, practitioner, referrer and operator. Within the National Health Service these groups are usually different people, the employer being the NHS, the practitioner being the radiologist, the referrer being the clinician and the operator being the radiographer. Chiropractors may often perform all four duties. It is therefore particularly important that chiropractors have clear information on the subject because they will have wider responsibilities than other health professionals.

Communications report

Communications strategy: 1 October 2003 to 31 September 2008

The GCC has a duty 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 on the basis of need rather than, as now, access for the few people who can afford to pay for it. This means that one of the key principles underlying the GCC's communications strategy is the facilitation of the funding of chiropractic care by the National Health Service.

Our objectives have to be balanced by the reality that there are currently about 2,200 practising chiropractors in the UK and we must be careful about raising expectations and then being unable 'to deliver'. Therefore the GCC has to date focused on explaining the efficacy and cost effectiveness of the chiropractic 'package' of care to other healthcare professionals and NHS managers at national and local level – for instance, that chiropractic management of acute low back pain complies with national guidelines. Integral to this approach has been the need to emphasise that chiropractors are regulated by statute and all that this means.

It was necessary to ask chiropractors, through a UK-wide survey of the profession, if they would be willing to help provide or contribute to the care of NHS patients in any way, before commencing the implementation of fundamental components of our communications strategy.

The GCC's Communications Strategy Working Group (CSWG)

The GCC's CSWG meets approximately four times a year and its remit is

- 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 GCC Council members and representatives from the Chiropractic Patients Association, chiropractic professional associations, the College of Chiropractors and GCC staff.

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

The strategy includes all established day to day activity and provides for the development and implementation of new initiatives. It comprises a wide range of costed and prioritised activities to be undertaken in the short, medium and long-term. Due to the increase in activities associated with the strategy, two additional dedicated communications staff were recruited and were in post by 1 October 2003 as planned.

Market research

It is necessary to identify the full range of health care services the chiropractic profession delivers so that the GCC can promote them effectively and accurately. We have therefore designed, piloted, and distributed, a questionnaire to survey all our registrants about their practice, patient base, and whether or not they would be willing to provide care via the NHS.

We were delighted by the excellent response to the GCC's survey of UK chiropractors; a 42% return will give us clear and accurate data. Preliminary analysis of the responses indicates that respondents would be willing to provide a chiropractic package of care on a contract basis funded by the NHS, whilst retaining their self employed status.

In addition, base-line surveys to gain a clearer understanding of public awareness and perception of chiropractic are planned for 2004/2005 together with surveys of local primary health care professionals and Primary Care Trusts.

Follow-up research will be undertaken within five years to enable the GCC to measure the impact of the communications strategy.

The GCC is grateful to the UK chiropractic professional associations, the Chiropractic Patients Association and the College of Chiropractors for their contribution to the design and piloting of the GCC's survey of UK chiropractors. We are particularly grateful to the individual chiropractors who took the time to help in the piloting of the survey questionnaire.

Day to day communications activities

The GCC's communications strategy also includes those activities that have been established since May 1999. For example: managing press enquiries, regular targeted advertising; production and circulation of GCC publications; exhibiting at major UK conferences; liaison with other UK health regulators, government departments and others; maintaining and updating our web-site; and responding to enquiries from the public and the profession.

Within this past year, the GCC newsletter, *News from the GCC*, has been redesigned, has increased in size from four to six pages, and is now produced and despatched quarterly. The newsletter focuses on providing the information that chiropractors need to know about statutory regulation and how it affects their practice.

A post-Council *Bulletin* has been introduced and is despatched by post and email to chiropractors and others who may be interested. It aims to give the highlights of each GCC Council meeting promptly.

The GCC web-site is in the process of being completely overhauled and redesigned; it will be re-launched in September 2004. The new site will be 'de-cluttered' and therefore clearer and easier to navigate. As always, chiropractors' contact details will be listed on our web-site. They are updated regularly, and visitors to the web-site can search the list of chiropractors alphabetically and geographically. Following a tendering process, a web-design company was awarded the contract in March 2004 to undertake the mechanics of the project. To date, the project is on target for completion to time and to budget.

We have continued the printing and the free supply of our patient information leaflet *What can I expect when I see a chiropractor?* During the year we have supplied, free of charge, over 35,000 copies of the leaflet to chiropractors, GP surgeries and members of the public.

New publications

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

- *Disclosure Policy: Regulatory Committees and Appeal Tribunals* (September 2003)
- *Statutory Register of Chiropractors 2004* (June 2004)
- *Code of Practice and Standard of Proficiency Effective from 1 June 2005* (published May 2004)
- *Continuing Professional Development (CPD) Mandatory Requirements* (work in progress at 31 July 2004: to be published in August 2004)

Other documents distributed during the year to the chiropractic profession and others

- Notification of new GCC HQ address (September 2003)
- Application forms and guidance packs for the annual retention of registration (September 2003)
- *Can Chiropractic Help to Reduce Your Workload?* (Promotional factual 'flyer' for chiropractors to circulate to GPs) September 2003
- Joint GCC and General Osteopathic Council statement: *Dr Foster's Complementary Therapists Guide 2004* (January 2004)
- Form confirming accuracy of registered address entry (the annual check of chiropractors' registered addresses) March 2004
- Survey of UK Chiropractors – part of the implementation of the GCC's Communications Strategy (April 2004)
- Consultation documents and invitations to attend briefings on the agreed mandatory scheme of Continuing Professional Development and the review of the GCC's legislation (April 2004)
- Decision of Dr Foster Ethics Committee on the complaints arising from the publication of the *Dr Foster Complementary Therapists Guide 2004* (May 2004)
- Revised Advice Note on Ionising Radiation (Medical Exposure) Regulations 2000 (work in progress at 31 July 2004: to be circulated in August 2004)

UK statutory regulation of health professionals

The regulation of health professionals in the UK is evolving rapidly. For example, the formation of the Council for the Regulation of Healthcare Professionals (CRHP) and the proposed draft European Directive on the Mutual Recognition of Professional Qualifications have resulted in a considerable, and continued, increase in the GCC's activity levels.

The Council for the Regulation of Healthcare Professionals

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

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

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

In August 2003 CRHP commissioned a 'scoping' project to gather, and compare, up to date information about UK healthcare regulation. The GCC office responded to a variety of requests from the CRHP's contractors and commented on several draft reports. The Report was published in February 2004.

October 2003 saw the GCC responding to a CRHP consultation on its power to refer to the courts relevant decisions of the regulatory bodies. Then in March 2004, CRHP conducted a performance review of the GCC, having been provided with comprehensive documentation, including the Corporate Plan, the policy for Good Corporate Governance and the Annual Report.

Draft European legislation

Draft Directive on the Mutual Recognition of Professional Qualifications

The progress of this draft Directive through the European parliamentary process has been slow. This is possibly due to the controversy it has created. It was first published in March 2002 and by February 2004 the European Parliament published its First Reading Report.

The stated purpose of the draft Directive is to provide a 'clear, secure and quick system for the recognition of qualifications' to 'ensure free movement of labour' and this is laudable. However, as drafted, the Directive caused considerable concerns to all UK health and social care regulators. In particular, the provision that would enable a visitor to another member state to provide health and social care services, in that host state, for up to four months in any one year without statutory regulation. Clearly this could put patients and the public at risk.

As a matter of public protection, the UK health and social care regulators agreed that certain Articles within the draft Directive should not apply to health and social care professions. The Alliance of UK Healthcare Regulators in Europe (AURE) was formed in July 2002 and has been lobbying robustly for amendments since. The GCC has also had concerns specific to chiropractic which we have pursued independently.

The February 2004 First Reading Report took account of some of the concerns that the GCC, and others, have raised directly and through AURE. For example

- The proposal to allow healthcare professionals to practise up to four months each year in another member state, without obtaining registration in that state, has been replaced with a provision allowing automatic temporary registration
- The inclusion of a new obligation on member states to notify each other about the outcome of formal proceedings
- The inclusion of a new power enabling member states to require EEA migrants to demonstrate their language proficiency prior to awarding registration

Despite these partial successes (we have concerns about the concept of automatic temporary registration) we are aware that this matter is far from settled. The European Parliament's First Reading Report will now be considered by the European Commission and the Council of Ministers. It's unlikely that their response will be known before November 2004.

Another draft Directive

In March 2004, government announced a consultation on the draft Directive on Services in the Internal Market. The intention of the Directive would be to facilitate further the free movement of labour and industry within Europe and to encourage economic activity. It's possible that there will be exemptions for health and social care professions which will mean that statutory regulatory requirements will not be relaxed. However, we are alert to the possibility that this draft Directive could raise similar concerns to those outlined above. The GCC is therefore keeping a watching brief on the progress of the draft Directive on Services.

Registration report

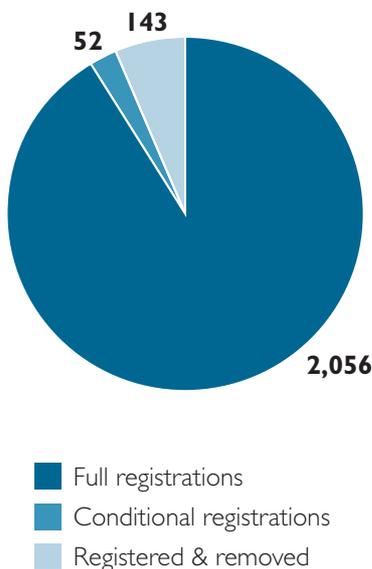
Keeping a register of appropriately qualified and experienced practitioners is a health regulator's core statutory responsibility. It is the practical mechanism by which health professions are regulated. In the UK it is illegal for anyone to describe themselves as a chiropractor, either expressly or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

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

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

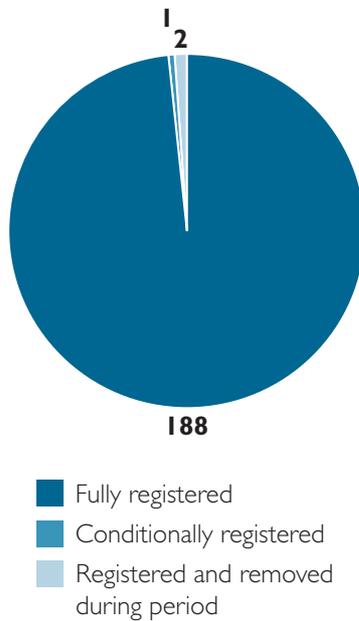
Findings of the GCC's disciplinary committees are also published on the web-site and made freely available to the public. Access to all this information is part and parcel of the GCC's contribution to the protection of the public.

Chiropractors remain committed to statutory registration. As of 1 January 2004 the total number of chiropractors registered was 2,108.



Total registrations and removals at 01.01.2004
(Total registered 2,108, less 143 removed)

New registrations for the year ending 31 December 2003.



New registrations between 01.01.2003 and 31.12.2003

Conditional registration

15 June 2004 saw the end of conditional registration – a mechanism of the grandparenting process that enabled chiropractors with less than five years' chiropractic experience to register with the GCC between June 1999 and June 2001.

In the months prior to the deadline, the GCC actively encouraged chiropractors with conditional registration to apply for conversion to full registration. The effect on chiropractors who failed to achieve conversion before 15 June 2004 was that

- Their registration lapsed
- Their names were removed from the Statutory Register
- They had no right of appeal
- They would never be eligible for further UK registration unless they achieved a qualification recognised by the GCC, or
- They applied for registration under the provisions of the Foreign Qualification Rules (which includes passing a test of competence)

We sent letters, circulars, phoned, liaised with chiropractic professional associations and published articles in our newsletter. As a result we were not confronted by hundreds of last minute applications for conversion.

At its peak, 698 chiropractors were conditionally registered with the GCC, some of whom had since let their registration lapse. 10 chiropractors out of the 698 were removed from the Register on 15 June 2004 for not converting to full registration before the deadline.

The prescribed test of competence

Applicants who are eligible to apply for registration under the GCC Foreign Qualification Rules 2002 are required to pass a prescribed test of competence. The test is designed to measure the ability of a candidate to meet the requirements of the GCC's *Standard of Proficiency and Code of Practice* – these are the standards of conduct and practice required of all chiropractors.

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

- A multi-station objective structured clinical examination (OSCE)
- Case studies and
- A viva voce

The prescribed test of competence was developed and peer reviewed by members of the faculty of the University of Glamorgan's Welsh Institute of Chiropractic. The Welsh Institute of Chiropractic is contracted by the GCC to undertake the test a minimum of twice a year. However, given that demand for the test is driven by the number of applications received, the Institute has been very flexible and has made arrangements for more tests to be undertaken when required. The flexibility to increase capacity has been appreciated by the GCC and chiropractors who wish to take the test as promptly as possible.

Mandatory Continuing Professional Development (CPD)

Office and IT systems are kept under review so that the best possible standards of delivery can be achieved and maintained. With the introduction of mandatory CPD from September 2004 these systems will be further developed. The first year of mandatory CPD will end on 31 August 2005. Chiropractors will be required to submit their CPD summary sheets with their application for annual retention by 30 November 2005. Unless the Registrar is satisfied that there are extenuating circumstances, failure to comply with mandatory CPD requirements will result in removal from the Register.

Education Committee report

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

- The *Criteria for the Recognition of Degrees in Chiropractic* [revised February 2002]
- A rolling programme of visits to all UK providers of undergraduate chiropractic education and training because recognition of degrees is time limited

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 2004, 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 still 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).	2000-2004 ⁽ⁱ⁾
	A proposed five year honours degree is under formal consideration by the GCC.	
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.

Transparency of the procedures

It is in the best interests of the public, and potential and current students, for the recognition and monitoring process to be as open as possible. In September 2002, the GCC decided that, in future, the details of any conditions of recognition and associated monitoring requirements for new programmes would be published.

External quality assurance

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

The work of the Education Committee and the members of the Visiting Panels

The Education Committee, and the Visiting Panels, include members with considerable, relevant and in-depth knowledge of the UK's system of higher education. A huge amount of time and effort goes into the complex analyses of course structures and in supporting the course providers by providing clear advice. These contributions often go unrecognised because the nature and extent of the work involved is highly specialised and not necessarily apparent to those not directly involved in the process. The GCC is grateful to those who have made an invaluable contribution to the development of chiropractic education in the UK.

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

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

In May 2004 the GCC became aware that the WHO was consulting on its guidelines for basic training in chiropractic for use in countries where there is no regulation of chiropractic education and the practice of chiropractic.

While this offered an apparent opportunity for the advance of the profession worldwide, we recognised too the risk that chiropractic might be viewed as no more than a set of techniques that could be taught in a few hundred hours to medical doctors and others in countries where the chiropractic profession is not yet established.

In our response to the consultation, which ended on 31 July, we included the following general points in the spirit of a constructive contribution

- Any guidelines must make clear that there is a fundamental difference between the education and training of chiropractors and the training of other individuals to a lesser standard to carry out a limited range of adjustments/treatments
- The integrity and competence of the profession of chiropractic must be maintained. Any dilution will limit the usefulness of chiropractic to the public, who will not know what to expect from a chiropractor

Linda Stone

Chairman, Education Committee

Development: working with the profession

A milestone

Continuing Professional Development (CPD)

Mandatory CPD Rules were finalised during the summer of 2004 following several rounds of consultation with the profession, each of which included UK-wide briefing events. The Rules will come into effect on 1 September 2004.

Failure to meet the annual CPD requirement will lead to removal from the Register, unless there are extenuating circumstances.

Key elements of the GCC's mandatory CPD requirements

- Applies to all chiropractors
- Based on principles of a four stage learning cycle
- Minimum of 30 hours learning activities a year at stage three of the cycle, of which at least 15 hours is to be learning with others
- All chiropractors to maintain their own records of CPD and to have completed at least one full learning cycle each year
- Individuals responsible for identifying their own learning interests and needs and how these are met
- Individuals to show how their learning relates to improving patients care and/or the development of the profession
- Individuals to submit an overview of their CPD on summary sheets
- Individuals to sign and date their summary sheets to confirm that they contain a true record of their CPD
- GCC to monitor compliance with CPD requirements by scrutinising each individual's summary sheet each year together with a more intensive sampling of registrants' records of CPD

A GCC booklet explaining the process in detail will be published in the first week in August 2004 and circulated to the profession together with a summary sheet. The booklet and summary sheet can also be accessed on the GCC web-site www.gcc-uk.org.

Period of Provisional Registration (PPR)

There have been several developments during the year

The Department of Health advised the GCC that the term 'provisional registration' is now perceived to be unhelpful and potentially misleading. The reason given was that the GCC scheme does not intend to place any restrictions of practice on this category of registrants,

who will all have been assessed prior to registration as having met the standard of proficiency for the competent and safe practice of chiropractic.

The GCC remains strongly convinced of the value of a scheme to ensure that, in their first year of practice, chiropractors are supported and assessed in the transition from supervised to independent practice.

The most appropriate and timely way for the GCC to implement its policy intent would therefore be by way of an amendment to the Continuing Professional Development (CPD) Rules, rather than by way of the current section 5 of the Chiropractors Act 1994.

From a date to be specified (and subject to the successful outcome of the current tendering process) this means that the requirements of the proposed PPR should be used as the mandatory CPD requirements to be met by all new registrants during their first year of registration; this will be subject to the Registrar's discretion with regard to exceptional circumstances.

PPR Tender Working Group changed to CPDI Tender Working Group

All UK chiropractic organisations and providers of recognised qualifications were invited to submit, by 30 October 2003, proposals designed to achieve the development of a quality assured infrastructure, to be in place before the (then) planned introduction of PPR proposals. In December 2003 a tender bid was presented to Council by a consortium led by the College of Chiropractors.

Council agreed that the proposed plans needed more work and therefore decided that a PPR Tender Working Group be established to work with the consortium to further develop the tender bid. It would be open to the consortium to resubmit their bid to meet the requirements of the specification issued by the GCC. The consortium agreed to the proposal.

Although the statutory mechanism for achieving the implementation of the GCC's policy will be different to the one previously anticipated, we intend the outcomes to be the same. The GCC's newly named 'CPDI Tender Working Group' continues to work with the College of Chiropractors.

Regulatory report

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

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

We currently regulate just under 2,200 registrants.

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

Disclosure Policy: Regulatory Committees and Appeal Tribunals

Our commitment to openness and transparency in our regulatory procedures is illustrated by our published *Disclosure Policy*. It can be read on our web-site www.gcc-uk.org.

In August 2003 Council agreed a disclosure policy for the GCC's regulatory committees. The policy demonstrates the GCC's commitment to disclose everything it can, without breaching confidentiality. For instance, it defines the information relating to the activities of the regulatory committees within the public domain, the methods by which the information should be made public, and when and for how long the information should be published.

The policy document was published in September 2003 and widely circulated to the profession, the Chiropractic Patients Association, health regulators, the CRHP and other interested parties.

Fitness to Practise Report

In future the GCC plans to publish a *Fitness to Practise Report* that will provide statistics, identify trends and discuss complaints in detail. In effect, it will be a more comprehensive version of this Regulatory Report. It is intended to be a useful tool in the review of the nature of complaints received and how they are handled. It will also help to highlight those areas of practice where the GCC could usefully provide advice to the chiropractic profession, drawing its attention to relevant sections of the *Standard of Proficiency and Code of Practice*.

Competencies for the members of the regulatory committees

The generic duties of Council members are defined in the Code of Conduct for Members of Council. Induction programmes are tailored to meet individual needs and all members are encouraged to produce a personal development plan.

The competencies required of members of regulatory committees are appended to the Code of Conduct and were first agreed and published in December 2002. Any development needs of members in relation to these competencies will be identified and met.

Competence types

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

The GCC's regulatory committees

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

What type of complaints do we consider?

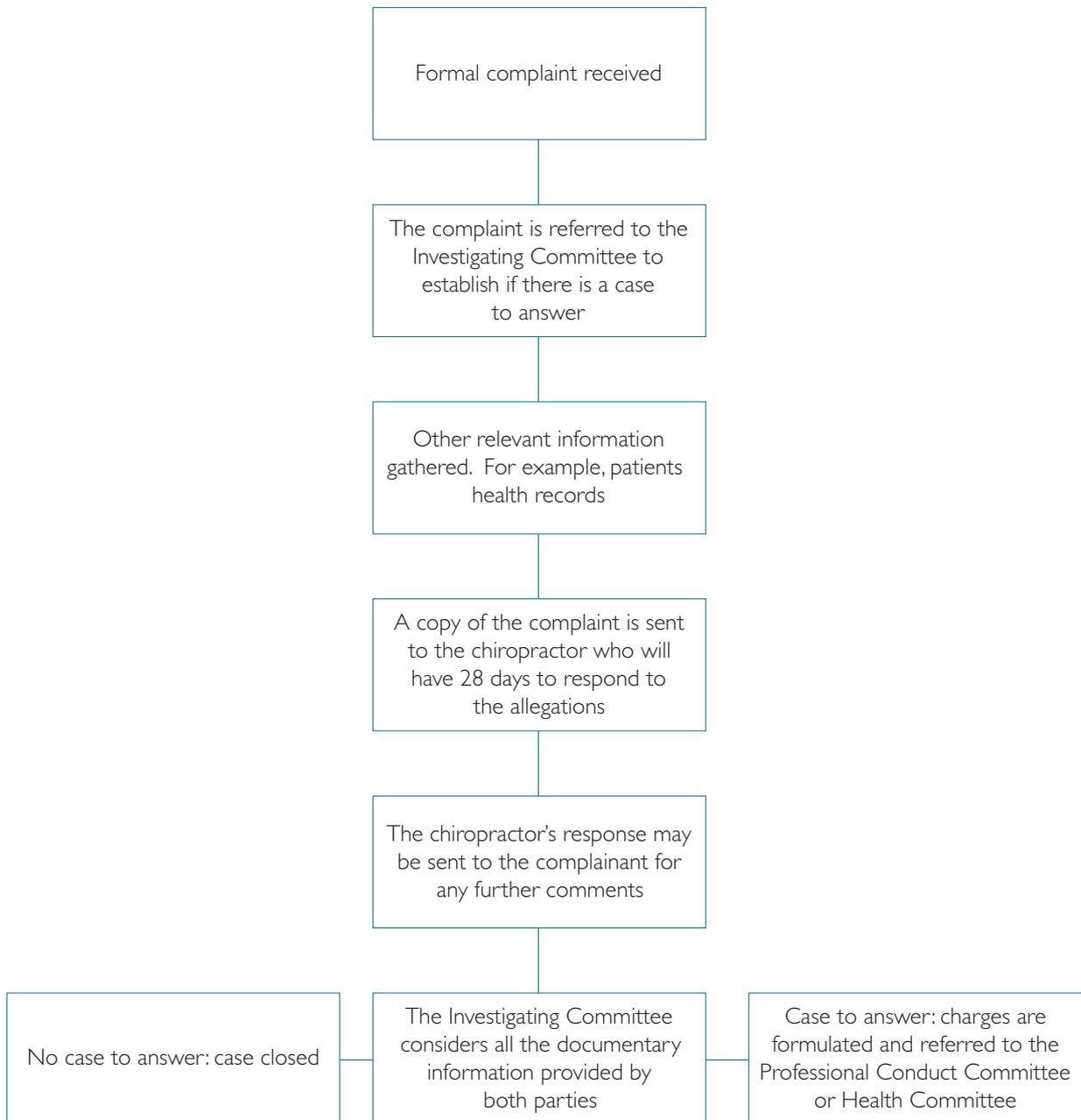
We investigate every complaint we receive about chiropractors, across the full spectrum of

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

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

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

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



Outcomes of complaints considered by the Investigating Committee between 15 June 2003 and 14 June 2004

The Investigating Committee met six times to consider 22 cases in total. Of these, 11 were complaints received in the current year; the other 11 were carried over from the previous 12 month period (June 2002-June 2003).

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

The Investigating Committee, when referring matters to the Professional Conduct Committee, may consolidate more than one complaint against an individual respondent into a single set of formal allegations. In 2003-4, therefore, although there were a total of nine complaints sent forward, these related to eight chiropractors only.

Outcome of complaints	2003-4	2002-3
Complaints considered		
Total complaints considered	22	19
● Complaints received in previous year	11	6
● Complaints received in current year	11	13
Outcomes		
Withdrawn by complainant	0	0
No case to answer	11	7
Referred to Professional Conduct Committee	9	8
Referred to Health Committee	0	0
Decision pending at year end	2	4

Number of complainants and number of respondent chiropractors	2003-4
Number of individual complainants	20
Number of individual respondents	20
Individuals making complaints against more than one respondent	2
Registrants against whom more than one complaint was made in year	2

Source of complaint	2003-4
Patient	13
Public (non-patient)	2
Other chiropractor	4
Other health professional	1
Registrar	0
Other source*	2
Total	22

*For example: professional association, insurers, police, other regulatory body

The Professional Conduct Committee

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

The Professional Conduct Committee considers cases that are referred from the Investigating Committee and relate to chiropractors' conduct, competence or conviction for criminal offence. The Professional Conduct Committee decides whether the allegations made are well founded and this takes place at a public hearing.

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

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

The Professional Conduct Committee will announce any sanctions in public, giving reasons for its decision either at the time, or at a later date.

Notices of Hearing and Notices of Allegations are published prior to the hearing so that the public are aware that cases are being heard and the nature of the allegations.

Outcomes of cases considered by the Professional Conduct Committee

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

Between June 2003 and June 2004 the Professional Conduct Committee met for a total of nine days to hear new cases against five different chiropractors. The Professional Conduct Committee also met for one further day to review a suspension order that had been previously imposed. A breakdown of the cases is given on the next page.

Outcomes of Professional Conduct Committee Hearings 2003-4

Total number of days	10	
Number of cases	6	

	Days per Case	Finding & Sanction
GCC v Cairns	1	Found guilty of Unacceptable Professional Conduct and admonished
GCC v Farthing (Review Hearing)	1	Period of Suspension from the Register extended for a further three years with effect from 6 April 2004
GCC v Faryna	1	Charges Dismissed on the application of the GCC's Counsel
GCC v Heale	4	Found guilty of Unacceptable Professional Conduct and admonished
GCC v Kleinberg	1	Found guilty of Unacceptable Professional Conduct and a Conditions of Practice Order imposed <ul style="list-style-type: none"> ● Requiring him to meet conditions relating to his initial registration ● Limiting his use of ionising radiation ● Requiring him to pass the Test of Competence <i>Dr Kleinberg failed to meet the first condition of practice and was removed from the Register on 15 June 2004</i>
GCC v Simonet	2	Found guilty of Unacceptable Professional Conduct and admonished.

Nature of Allegations referred to the Professional Conduct Committee 2003-4

Nature of Allegation (the total will be greater than the number of cases because of multiple charges)	Number of Cases
Failing to respect the dignity and privacy of the patient	1
Failure to communicate adequately/appropriately with the patient	4
Failure to gain appropriate consent for examination/treatment	3
Failure to maintain adequate records	3
Inappropriate use of ionising radiation	3
Failure to carry out appropriate initial consultation/examination	3
Undertaking unnecessary or inappropriate treatment	2
Failure to review/reassess treatment	2
Undue influence	2
Unjust criticism of another health professional	2

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

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

2003-04

	Total
Cairns	£16,821
Farthing	£13,520
Faryna	£28,639
Heale	£60,196
Kleinberg	£38,325
Simonet	£22,294
	£179,795

Health Committee

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

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

To date the Investigating Committee has referred no cases to the Health Committee.

Section 32 (1) Offences

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

It is then for the police and the Crown Prosecution Service to investigate the offences and determine what further action should be taken. Investigations are often concluded with the person being given an informal warning by the police or a formal caution being applied – the Crown Prosecution Service may also decline to prosecute in the public interest.

If there is insufficient evidence of an offence to refer to the police but when otherwise appropriate, a warning is issued by the GCC to the person concerned. The GCC may also refer the matter to other bodies, such as Trading Standards, the Advertising Standards Authority,

or other regulatory bodies. Where the information appears in the press or directories then the GCC takes the matter up with the relevant publishers as well.

Between 15 June 2003 and 14 June 2004 the GCC investigated 37 possible offences. The outcomes of these investigations are below (please note that more than one of the courses of action outlined above may have been taken in relation to any particular case).

Total number of investigations	37
Outcomes	
Formal warning by GCC	9
Referred to police	26
● No further action/informal warning	(18)
● Formal caution	(3)
● Charged with criminal offences	(5)
Other steps taken by GCC	12

Other news

During the year, the GCC also worked with insurers to ensure that no-one other than a chiropractor can obtain professional indemnity insurance that refers to chiropractic. An agreement was also reached with Companies House that the GCC will be asked to approve all company names registered that refer to chiropractic.

Rita Lewis

Chairman, Investigating Committee

Peaches Golding

Chairman, Health Committee

Brian Mouatt

Chairman, Professional Conduct Committee

Treasurer's report

The financial year of 1 August 2003 to 31 July 2004 has shown an increase in income and expenditure as forecast. Activity levels continue to increase and the GCC has, by necessity, grown. As a result of careful management the GCC is in a healthy financial position. This has enabled the GCC to fulfil its statutory responsibilities effectively by consolidating and developing core aims and objectives as summarised in the business plan and the new Five Year Corporate Plan.¹

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. In addition, developments such as formation of the Council for the Regulation of Healthcare Professionals (CRHP) introduced by statute in April 2003 need to be considered. The CRHP can, amongst other things, refer decisions of the GCC's Professional Conduct Committee to the High Court for review when it considers the Professional Conduct Committee has been unduly lenient. To date there have been no such referrals.

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 committees, office accommodation, human resources and promotional activities.

Income and expenditure: trends

15 June 2004 marked the end of the category of registration called Conditional Registration – a statutory mechanism of the Transitional Period. The GCC received 451 applications this year for conversion from Conditional Registration to Full Registration. This accounts for 5% of the year's total registration revenue. 10 chiropractors were removed from the Register for failing to apply to convert their registration.

This year has shown a decrease in regulatory costs of 15% together with a decrease in the level of fees paid for professional services (e.g. expert VAT advice concerning the partial refund of VAT on the purchase of Wicklow Street).

The reduction in regulatory costs is attributable to the costs associated with individual cases heard by the Professional Conduct Committee. It does not represent a decrease in activity levels as a whole.

Publicity and promotion costs reflect the continued implementation of the GCC's communications strategy. This year printing costs have been removed from the category of 'publicity' and tabulated separately for greater clarity.

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 has four main duties

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

Five Year Corporate Plan August 2004-July 2009: capacity to fulfil statutory functions and deliver aims and objectives

The GCC's essential duty is to fulfil its statutory responsibilities and the attendant activities specified in the GCC's business plan. The business plan's aims and objectives will be incorporated into a Five Year Corporate Plan which will come into effect in August 2004.

As reported last year, General Council had noted that the work associated with the GCC's statutory duties has increased considerably. Council agreed that a total establishment of the equivalent of 13.75 full-time staff posts would be required to meet the demands of the business plan. A recruitment process was undertaken and during the year there has been a monthly average of 13 members of staff (rising from nine last year) employed by the Council.

New Headquarters: 44 Wicklow Street, London, WC1X 9HL

The refurbishment of the GCC's new headquarters was completed in time and to budget. The GCC moved into its new premises in September 2003. Wicklow Street is at the heart of the King's Cross regeneration area with excellent transport links; the purchase of the building is a prudent investment.

The acquisition of the new freehold premises in August 2002 was 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 outstanding repayable in full on 23 August 2017. Funding had been sanctioned by the bank for the cost of the refurbishment of the building. However, it was deemed prudent to utilise the GCC's available funds to finance the refurbishment rather than increase the GCC's borrowings.

HM Customs and Excise have now refunded VAT amounting to £440,044 in relation to the purchase of 44 Wicklow Street and the refurbishment of its ground and second floors. The costs of running the premises include utilities and insurance cover. The marginal income generated by letting the ground floor facilities to external organisations has also met our anticipated targets. Next year we intend to achieve a higher return.

And finally

The GCC is maintaining its momentum by increasing activity levels so that it can best meet its statutory duties. We will continue to maintain the progress made to date and will continue to monitor and review our performance at regular intervals. The GCC has a duty to avoid complacency and continue to demonstrate to the public, the profession and others that further positive developments have been made.

Robin Hodgson
Treasurer

Financial statements

Report of the Council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council ("GCC") for the year ended 31st July 2004.

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 235 (2003: 196) applications for registration, and by 31st July 2004, 2,268 (2003: 2,019) chiropractors had completed the application process, and been entered on the Register. As at 31st July 2004, 2,106 (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

Michael Copland-Griffiths

7 October 2004

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

We have audited the financial statements on pages 7 to 14.*

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.

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

*Page references refer to the original document submitted by BakerTilly containing GCC Accounts 2003-2004 and incorporated into this Annual Report. BakerTilly's original document can be viewed on www.gcc-uk.org.

Opinion

In our opinion, the financial statements give a true and fair view of the state of the Council's affairs at 31st July 2004, 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

7 October 2004

Income and expenditure account for the year ended 31st July 2004

	Notes	2004	2003
Income			
Registration fees	– New registration	283,850	222,600
	– Annual retention	1,773,551	1,591,633
Other income	1	156,559	46,820
Income generated from ground floor letting		38,522	–
Bank interest receivable		2,526	50,981
Total income		2,255,008	1,912,034
Expenditure			
Staff costs	2	561,962	378,207
Staff expenses		9,207	5,383
Regulatory costs		488,406	572,019
Committee expenses	3	117,175	107,191
Professional fees	4	81,062	90,935
Publicity		115,343	208,863
Printing		77,985	5,141
Postage		26,172	20,191
Stationery		44,266	18,450
Telephone		9,883	9,711
Costs of running Wicklow Street premises		178,610	–
Direct costs of ground floor letting		4,054	–
Office accommodation		25,339	42,827
Computer costs		39,487	23,579
Insurance		18,082	35,712
Subscriptions		1,807	1,824
Other sundry expenses		6,368	11,295
Bank charges		2,401	958
Irrecoverable amounts of Value Added Tax		–	13,454
Mortgage interest		121,008	156,666
Depreciation		130,188	10,655
Loss on disposal of fixed assets		1,645	6,110
Total expenditure		2,060,450	1,719,171
Operating surplus before taxation		194,558	192,863
Taxation	5	(22)	9,680
Surplus for the year	11	£194,580	£183,183

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 2004

	Notes	2004	2003
Fixed assets			
Tangible assets	6	5,168,024	5,198,378
Current assets			
Debtors	7	512,431	258,852
Cash at bank		468,702	615,297
		981,133	874,149
Creditors			
Amounts falling due within one year	8	1,310,633	1,168,721
Net current liabilities		(329,500)	(294,572)
Total assets less current liabilities		4,838,524	4,903,806
Creditors			
Amounts falling due after more than one year	9	2,791,266	3,051,128
Total assets less total liabilities		£2,047,258	£1,852,678
Funds of the Council			
Establishment funds	10	337,999	337,999
General reserves	11	409,259	214,679
Capital investment fund	12	1,300,000	1,300,000
Total funds		£2,047,258	£1,852,678

Approved by the Council on 7 October 2004, and signed on its behalf by

M Copland-Griffiths

Chairman

Michael Copland-Griffiths

7 October 2004

K Grant

Acting Treasurer

Kevin Grant

7 October 2004

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 2004

2004

2003

1. Other income

Conversion fee	112,750	23,250
Restoration fee	11,850	6,250
Non-practicing registration fee	–	200
Non-practicing to practicing fee	20,000	11,000
Change of address fee	10,050	6,000
Other income	1,909	120
	£156,559	£46,820

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	13	9
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Staff costs for the above persons:

Wages and salaries	436,978	276,721
Social security costs	47,653	28,578
Other pensions costs	42,419	27,521
Temporary staff costs	20,283	19,662
Staff recruitment costs	14,629	25,725
	£561,962	£378,207

3. Committee expenses

Attendance allowances	50,866	28,868
Social security costs	6,602	–
Tax settlement on attendance allowances	–	28,000
Travel expenses	12,788	11,129
Accommodation	9,619	4,386
Meals and other expenses	13,121	6,460
Organisation development	24,179	28,348
	£117,175	£107,191

	2004	2003
4. Professional fees		
Legal fees	4,589	27,891
Auditors' remuneration	8,911	7,358
Accountancy services (including expert advice regarding Value Added Tax)	9,216	19,506
Election of council members	–	88
Database design, development, and support	15,271	35,692
Human resources and job evaluation	7,845	–
Website design and development	27,260	–
Data protection advice	5,883	–
Other professional fees	2,087	400
	£81,062	£90,935

5. Taxation

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

	2004	2003
Based on investment income for the year:		
UK Corporation Tax at 0% (2003:19%)	–	9,700
Over provided in previous periods	(22)	(20)
	£(22)	£9,680

6. Fixed assets

	Freehold land & buildings	Computer equipment	Furniture & office equipment	Total
Cost:				
1st August 2003	5,154,134	50,579	19,352	5,224,065
Additional VAT recoverable	(218,133)	–	–	(218,133)
Additions	158,376	82,329	81,322	322,027
Disposals	–	(4,745)	(2,322)	(7,067)
31st July 2004	5,094,377	128,163	98,352	5,320,892
Depreciation:				
1st August 2003	–	21,465	4,222	25,687
Charge for the year	101,888	20,963	7,337	130,188
Disposals	–	(2,447)	(560)	(3,007)
31st July 2004	101,888	39,981	10,999	152,868
Net book value:				
31st July 2004	4,992,489	88,182	87,353	£5,168,024
31st July 2003	5,154,134	29,114	15,130	£5,198,378

2004

2003

7. Debtors

Due within one year:

Trade debtors	3,712	24
Value Added Tax recoverable	439,428	215,889
Other debtors	3,908	8,765
Prepayments and accrued income	65,383	34,174
	£512,431	£258,852

2004

2003

8. Creditors

Amounts falling due within one year:

Bank loan on freehold premises	263,000	256,000
Trade creditors	119,272	137,398
Subscriptions in advance	822,552	708,901
Corporation tax	-	9,700
Other creditors	57,976	16,157
Accruals and deferred income	47,833	40,565
	£1,310,633	£1,168,721

9. Creditors

Amounts falling due after more than one year:

Bank loan on freehold premises	£2,791,266	£3,051,128
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During 2003, the Council's bankers made available a bank loan facility to enable the Council to acquire and refurbish its freehold premises. The bank loan is secured by a fixed charge over the freehold premises, and interest is charged quarterly at a variable rate of 1.1% above the bank base rate. The capital and interest is currently being repaid by quarterly instalments of £98,280, with any balance of the loan outstanding repayable in full on 23 August 2017.

2004

2003

Loan maturity analysis:

Due within one to two years	£271,000	£259,000
Due between two and five years	£871,000	£852,500
Due after more than five years	£1,649,266	£1,939,128

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.

	2004
Fund balances as at 1st August 2003 & 31st July 2004	£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 2003	214,679
Surplus for the period	194,580
Balance at 31st July 2004	£409,259

12. Capital investment fund

Balance as at 1st August 2003 & 31st July 2004	£1,300,000
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The Capital Investment Fund, first established during the year ended 31st July 2001, was created to clearly designate reserves for the purpose of partially funding the cost of the Council's freehold premises.

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.

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 2003:

Michael Copland-Griffiths		Chairman
Robin Hodgson	(L)	Treasurer & Chairman – Investigating Committee Term of office ended 15th June 2004
Alan Breen		Education Appointee
Madeline Brzeski		
David Byfield		
Martin Caple	(L)	Appointed 15th June 2004
Peter Dixon		
Matthew Flanagan		
Kevin Grant		
Dana Green		
Peaches Golding	(L)	Chairman – Health Committee Term of office ended 15th June 2004
Carla How		
Michael Kondracki		Education Appointee
Rita Lewis	(L)	Term of office ended, but reappointed 15th June 2004
Iain McCall	(L)	Term of office ended, but reappointed 15th June 2004
Kalim Mehrabi		Education Appointee
Norma Morris	(L)	Term of office ended 15th June 2004
Brian Mouatt	(S)	Chairman – Professional Conduct Committee
Kevin Proudman		
Linda Stone	(L)	Chairman – Education Committee Term of office ended, but reappointed 15th June 2004
Stephen Williams		
Judith Worthington	(L)	Appointed 15th June 2004

(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 9HL

Staff

Executive Officer (Communications)

Philippa Barton-Hanson

Executive Officer (Education & Development)

Alison Waker

Executive Officer (Market Research)

Rebecca Stone

Executive Officer (Registrations)

Paul Woodham

Executive Officer (Regulation)

Gregory Price

Premises Manager

Stephen Robinson

Information Systems Manager

Steve Clayton

Clerk to Council

Maxine White

Registrations Officer

Jamie Button

Regulation Officer

Emma Willis

Administrative Assistant (Communications)

Paul Robinson

Accounts Clerk

Adrian Daniel

Accountant (Part-time)

Anne O'Connor

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