General Chiropractic Council

Protecting patients
Setting standards
Promoting the profession

General Chiropractic Council

Annual Report 2006

Contents

Chairman's foreword

What next for the GCC?

After a long period of uncertainty for the GCC, the Department of Health's review of non-medical regulation was published in July 2006 for consultation. I was delighted to see that the Department of Health (DH) acknowledged that

"Evidence available to us is that regulators today, including the smallest UK ones, are able to carry out their functions effectively"

As GCC Chairman, I can attest to the quantity, quality and variety of work required to regulate effectively in the public interest – which is what the GCC was set up by Parliament to do. This Annual Report bears out the scope of the work undertaken by Council members and the GCC's small team of dedicated staff. I would like to thank them for remaining focused, and committed, during what could have been a very unsettling time, since March 2005, when government first announced its intention to review the effectiveness and purpose of the health regulatory bodies.

What next for regulation?

The most recent period of the review's consultation ended on 10 November 2006. Government will publish, in the New Year, a White Paper setting out a 'direction of travel' and recommendations for legislative change.

Chief amongst the DH's recommendations are that: the number of health regulators will not be reduced, a risk based system of revalidation for all health professionals should be established, and chiropractic members of Council should be appointed, rather than elected. Three options are set out for adjudication on concerns about fitness to practise.

The GCC's priorities, conveyed to the DH, are that any changes must be in the public interest, effective and practicable.

Over the coming months, and years, the GCC will continue to work with other health regulators, CHRE, government, the profession, patients and the public to maintain and further develop an effective system of regulation.

Chiropractic for the benefit of the health of the nation

Now for some more excellent news – the Department of Health's Musculoskeletal Services Framework (MSF) for the provision of care to NHS patients in England was published in June 2006.

The GCC has been contributing to the consultation on the MSF for several years now, and we're delighted that chiropractors have been included within it in a meaningful sense. Chiropractors' very clear expertise in the provision of musculoskeletal services has been

acknowledged. This contributes to one of the GCC's core strategic aims of the promotion of chiropractic for the benefit of the health of the nation.

Essentially, the MSF makes possible the provision, through the NHS, of chiropractic care on the basis of need – rather than on an individual's ability to pay for private chiropractic care. Much now depends on chiropractors within communities to join forces with colleagues to present, to their local NHS providers, evidence-based and cost-effective solutions to the management of musculoskeletal disorders. To help, the GCC plans to publish a patient care pathway to help chiropractors to put their case and has also set up a chiropractors' NHS Forum putting chiropractors in touch with others, to swap experiences, and learn what works and what doesn't when trying to achieve an NHS contract.

Working with others

Engaging with others has been, and continues to be, essential for the GCC – a regulatory body cannot exist in a vacuum. For example, whether it is working in partnership with other regulatory bodies and CHRE on wider regulatory matters, talking over the nitty-gritty of chiropractic practice and regulation with chiropractic professional associations, or seeking the input of patients and the public in our work – their contributions have been immensely valuable and enlightening. So, I would like to thank everyone who has contributed to the GCC's awareness of the issues, concerns and perceptions, which must be managed and addressed to enable effective regulation.

And finally

Michael Copland-Griffiths stood down as GCC Chairman in March 2006 for family reasons. Michael contributed a huge amount of time and energy to the development of the chiropractic profession over many decades – he was fighting for statutory regulation of the chiropractic profession 20 or so years ago – the chiropractic profession owes much to his dedication.

Peter Dixon
Chairman

Communications report

Communication is at the heart of all the GCC's activities and we have a variety of audiences, including the profession, the public, the Council for Healthcare Regulatory Excellence (CHRE) and government. Two-way communication is what we strive for, though this is more easily achieved with some interested parties than others. For example our Communications Strategy was developed in partnership with the profession, via the chiropractic organisations.

This report demonstrates the scope of the GCC's communications activities.

Communications Strategy Working Group

The GCC's Communications Strategy Working Group comprises representatives from the General Chiropractic Council, GCC staff, the chiropractic professional associations, the College of Chiropractors and the Chiropractic Patients Association. It was established in February 2003 to oversee and facilitate the GCC's communications strategy, and to prevent duplication of effort.

GCC specific activities recommended by the Group and agreed by GCC Council include

a Surveys of the profession every five years (next survey due in 2009) to identify
- The working patterns of chiropractors
- The type of patient care provided
- Whether the profession wishes to gain increased access for chiropractic care by working with the NHS
- To what extent the profession has been and is currently working with the NHS
- The level of satisfaction with GCC communication

b Five-yearly surveys of the public to identify awareness and perception of chiropractic (MORI Poll 2004)

c Discussion and negotiation of common messages about chiropractic

Promotion – who does what

a The GCC
- Influences decision makers at national level so that access to NHS funded chiropractic care can be increased
- Provides chiropractors with advice on how to engage effectively with local NHS decision makers

This is a long-term strategy, although the GCC was recently rewarded with the inclusion of chiropractic in the Department of Health's *Musculoskeletal Services Framework for England*, which was published in July 2006 and recognition that *"Chiropractic management of musculoskeletal disorders is safe, evidence-based and effective in terms of outcome and cost"*.

b The chiropractic professional associations
The GCC's statutory public interest role contrasts with that of the professional associations who are membership organisations. Professional associations arrange campaigns focusing on the benefit of chiropractic care their members can provide to the general public at large. This may take the form of targeted campaigns for specific groups. The aim is to
- Raise awareness of the benefits of chiropractic
- Encourage increased patient referrals to their members' clinics

Daily communications activities

The GCC continues to fulfil its 'everyday' communications activities. These include picking up media stories, publishing statements, briefing journalists, MPs, civil servants and ministers and liaising with stakeholders.

All of the GCC's press releases, and statements, along with other core documents can be read on www.gcc-uk.org

New publications

The GCC has worked on a range of publications during the year and most can be downloaded from www.gcc-uk.org

a GCC Newsletters – *News from the GCC*
b *Who regulates health and social care professionals?* (joint publication*)
c Post Council Bulletins
d Notification of amendment to the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)
e Clinical imaging requests from non-medically qualified healthcare professionals (Royal College of Nursing)
f Statutory Register of Chiropractors 2006

In the pipeline

The GCC is currently working on the following documents that will be published in 2007

a Advice note: *Musculoskeletal Pathway: managing acute back pain in primary care* – advice note for General Practitioners, Primary Care Trusts and Local Health Boards
b *Fitness to Practise Report 15 June 2005-31 December 2006*
c *How to complain about a chiropractor – Telling the General Chiropractic Council about your concerns*

* Council for Healthcare Regulatory Excellence, General Medical Council, General Dental Council, General Optical Council, General Osteopathic Council, General Chiropractic Council, Health Professions Council, Nursing and Midwifery Council, Royal Pharmaceutical Society of Great Britain, General Social Care Council, and Pharmaceutical Society of Northern Ireland

Targeted advertising

For the past seven years the GCC has undertaken targeted advertising to explain the regulated status of chiropractors and the evidence-based package of care that they provide. Given the GCC's strategic role to increase access to chiropractic via the NHS, adverts have been placed in publications and websites read by GPs, NHS managers and the public. For example, *British Journal of General Practice, Talkback* – BackCare (the back charity) magazine and yell.com

The GCC's NHS network for chiropractors

The GCC's staff can give general advice to chiropractors about communications with PCT commissioners and will put chiropractors in touch with other chiropractors who have first hand experience of seeking NHS funding.

GCC website – responding to what people want – the use and accessibility of registration information about chiropractors

GCC Council members recently reviewed the outcome of a survey commissioned by UK health regulators on the public's views of the usefulness and accessibility of information on Statutory Registers. The project was managed by the health regulators' Public Patient Involvement Group and provided the GCC with extremely useful feedback. Amongst other things, participants were asked to find and identify chiropractors by using the 'find a chiropractor' facility on our website, phoning the office and through the 'book' version of the Register.

One outcome was that the 'book' version of the Register was regarded by participants as being of no real use because it is out of date the day after it goes to the printers.

Enhanced website information to replace book version of the Register

After careful thought, GCC Council agreed that because the public does not consider the book version of the Register to be useful, it would not be right to continue to print it. Instead, the GCC will explore the practicalities of including on our website all the addresses at which chiropractors practise – so they will be visible to all the communities to which they offer care.

People also asked for clearer information about chiropractic qualifications, easier to understand terminology and FAQs. So we plan to address this feedback too.

We are pleased to say that the public found GCC staff to be easily accessible via telephone and invariably helpful.

Our website www.gcc-uk.org 'find a chiropractor' facility was liked because of its ease of use, but people would prefer to find chiropractors within specified distances of their own postcode. So we've added a new facility that maps the location of chiropractic practices within 1 to 10 miles of a searcher's postcode.

It is anticipated that all necessary amendments to our central database to enable more information about chiropractors to be posted on the GCC website, will be completed by the end of 2007.

The GCC's statutory duty to promote the profession

The GCC's strategic objective has always been *"To promote the contribution that chiropractic makes to the health of the nation"*. In the context of the GCC's communications strategy, this means that we strive to increase access to the benefits of chiropractic care on the basis of need, rather than solely on the ability to pay. It follows then that wider access to chiropractic care through the NHS is needed.

The GCC's 2004 survey of chiropractors demonstrated that a majority of those who responded would be happy to provide care to NHS patients on a contract basis, but do not want to be directly employed by the NHS. So our agreed approach is a 'top down, bottom up' focus on the policy makers and gatekeepers to NHS-funded care. The basic fact that the GCC aims to get across is that *Chiropractic management of musculoskeletal disorders is safe, evidence-based, and effective in terms of outcome and cost.*

Inevitably, most of the 'top down' work goes on behind the scenes, as we embed our core message when contributing to other organisations' debates and policy formulation, such as the Department of Health and the National Institute for Health and Clinical Excellence. Some examples of projects where the GCC has made a key contribution are summarised below

- Department of Health (Eng) Musculoskeletal Services Framework
- Welsh Assembly Government's commissioning services directive on musculoskeletal services
- NICE guidelines
- Liaison with the Royal College of Nursing
- Liaison with the Royal College of General Practitioners

Chiropractic included in the Musculoskeletal Services Framework (England)

The Musculoskeletal Services Framework (MSF) was published by the Department of Health (DH) in July 2006. The GCC is delighted about the inclusion of the chiropractic profession in the MSF – it was not a guaranteed outcome. The GCC had worked doggedly for several years towards this end, which involved commenting in detail on numerous drafts and redrafts and circulating briefings to, and working with, MPs.

The MSF is an NHS service plan that aims to provide patients with effective musculoskeletal services from the relevant health professionals at the right time. The fact that the chiropractic profession has been highlighted as part of the professional team that should be consulted is an important step forward. Inclusion means that the profession is part of a referral network. It does not mean that GPs will automatically refer patients to chiropractors. It falls to chiropractors in the field to build relationships with the local GP network if they wish to be included in the referral decision-making pathway. It is open to the local chiropractic community to coordinate their strategy and persuade PCTs of the relevance of chiropractic to their

commissioning plans. The MSF provides opportunities for the chiropractic profession to establish itself as part of the mainstream healthcare team responsible for the management of musculoskeletal conditions.

Wales: service development for musculoskeletal disorders

The GCC wrote to the Welsh Assembly Government in August 2006 to respond to a consultation on commissioning Directives on Service Development and Chronic Muskuloskeletal Conditions that made no reference to the chiropractic profession. We explained that we were puzzled by the omission given that chiropractors specialise in the management of musculoskeletal disorders and use an evidence based package of care.

We despatched a briefing circular to all Welsh Assembly Members (AMs) in October 2006 and were delighted by the help we received from a good number of AMs who wrote to the Welsh Minister for Health seeking clarification of his department's intentions.

The Minister confirmed that chiropractors will have a place in the Welsh Assembly Government's Directive on providing and commissioning services for musculoskeletal disorders.

Development of NICE Clinical Guidelines

The National Institute of Health and Clinical Excellence (NICE) has an extensive programme of the development and review of clinical guidelines. Amongst NICE's ongoing projects are the development of guidelines on the management of chronic lower back pain and, also, upon stroke. The GCC's Chairman, Peter Dixon, is a member of the multi-disciplinary Guideline Development Group, chaired by Professor Martin Underwood. These projects will take several years to complete and are at the early stages of development.

Clinical imaging requests from non-medically qualified professionals

In November 2006, The Royal College of Nursing published guidance for staff in clinical imaging departments on accepting requests for imaging procedures from non-medically qualified health care professionals.

'Non-medically qualified' might include professions such as chiropractors, radiographers, osteopaths, physiotherapists and nurses. The procedures include those using ionising and non-ionising radiation such as ultrasound and magnetic resonance imaging (MRI).

The new guidance was needed because of the developing roles of non-medical health care professionals and their need for clear lines of communication with local clinical imaging departments, to avoid confusion and delay. The guidance summarises the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) and emphasises that it is wholly appropriate for radiographers to accept requests from non-medically qualified referrers – provided the referrer is adequately trained and remains competent to refer, and that there are written local agreements and protocols.

Margaret Coats, the GCC's Chief Executive and Registrar said: *"The GCC valued the opportunity to contribute to this guidance. We believe that patients will benefit from the multidisciplinary ethos that replaces a previously fragmented approach. The guidance represents progress towards ensuring that standards of referral and choice of procedure are optimal in every individual case"*.

The guidance was agreed jointly, and supported, by

Royal College of Nursing
Society and College of Radiographers
General Chiropractic Council
General Osteopathic Council
Chartered Society of Physiotherapy
NHS Alliance
Royal College of Radiologists

Working with other UK regulators and CHRE

Sharing the load

Staff and members of the health and social care regulators and Council for Healthcare Regulatory Excellence (CHRE) meet on a regular basis to learn from each other's good practice and experience – where possible sharing resources. The aim is to ensure that regulatory policies and procedures are as effective as they can be in achieving the protection of the public.

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

- The Joint Health & Social Care Patient Public Involvement Group (PPI Group)
- The Alliance of UK Health & Social Care Regulators in Europe (AURE)
- The Fitness to Practise Forum
- The Education Forum
- Usability of registers – a review of the purpose and accessibility of the regulators' statutory registers
- Common sanctions – an analysis of the disposal of complaints by regulators' adjudication committees, and their use of the indicative sanctions guidance, with the aim to learn from best practice and achieve consistency where possible
- Professional boundaries – the drafting of guidance for healthcare practitioners, patients and the public on understanding and respecting the boundaries that exist between professional and patient; the aim is to help professionals and patients recognise and avoid potential abuses of trust by healthcare practitioners
- Student fitness to practise – the development of a framework to apply during the years of healthcare students' pre-registration study to ensure, as far as possible, that they are fit to practise upon graduation

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

The PPI Group was established in January 2005, usually meets four times a year and, typically, is made up of a staff member and a lay Council member from all nine UK health regulators, CHRE, and the General Social Care Council (Eng). The PPI Group is chaired by Martin Caple, a GCC lay Council member, and administrative support is provided by the GCC's Executive Officer for Communications.

The PPI Group's Work Plan is project based and is funded by regulators, proportionately, based on annual income. To date, this system has worked well.

The purpose of the PPI Group is to identify and design effective ways to embed PPI within PPI Group member organisations, by means of informing, consulting and partnership. It is also a resource for health and social care regulators who are conducting joint projects that require PPI input.

Outcomes

In 2006 the regulators' Chief Executives asked the PPI Group to undertake a research project to establish how health and social care registers could be made more usable and meaningful for the public. The project was completed to time, to budget and has produced some extremely useful information from people, from all sections of society, across the UK. More detailed information about this project is reported on page 17.

The PPI Group has also undertaken the following projects

- Production of a joint UK health and social care regulators' patient information leaflet: *Who regulates health and social care professionals?*
- Production of a joint UK health regulators' PPI good practice Handbook for staff and members. This has been widely circulated and, to date, we have received favourable feedback
- A standard page on all regulators' websites with links to all other regulators and access to the joint information leaflet
- The introduction of series of seminars, involving the public, relevant staff and Council members, to consider PPI issues relevant to our work

Alliance of UK Health Regulators on Europe (AURE) www.aure.org.uk

AURE's purpose is to promote patient safety through effective regulation by upholding standards in the practice of health and social care. AURE is administered by the General Medical Council and comprises 10 UK regulators (competent authorities) of health and social care professionals. The GCC participates actively in AURE's collaborative work on European issues that affect patient and client safety.

The Healthcare Professionals Crossing Borders initiative, led by AURE and involving all healthcare regulators in the European Economic Area (EEA), aims to develop information sharing solutions. The primary focus for regulators is sharing information about the professional status and competence of individuals who are registered, or who may seek registration, in other EEA member states, or who hold simultaneous registration in several jurisdictions.

The exchange of information is fundamental to the protection of patients and the public from health professionals whose competence is impaired. The Directive on Recognition of Professional Qualifications 2005/36/EC already sets out that regulators must cooperate closely on information exchange. AURE considers that this obligation needs to be strengthened. The Edinburgh Agreement of October 2005, between EEA competent authorities, seeks to improve and extend information exchange and collaboration. This includes developing a European Certificate of Current Professional Status.

At present, Healthcare Professionals Crossing Boarders is the only European forum that brings together competent authorities of all regulated healthcare professionals from across the EEA to discuss regulatory matters.

The aims of the Edinburgh Agreement were further consolidated in Helsinki in October 2006 when it was agreed that, as well as issuing standardised European Certificates of Professional Status, competent authorities should exchange information whenever

- A healthcare professional's right to practise has been restricted because of serious performance, conduct, health or criminal issues; and/or
- The competent authority has objective reasons to believe that identity or document fraud has been used in the past or may be used in the future by the individual concerned, either to avoid restrictions or to register falsely

Council for Healthcare Regulatory Excellence (CHRE)

CHRE's objectives are to promote

- The interests of patients and the public in the regulation of health professionals
- Best practice in the regulation of health professionals
- Cooperation between regulatory bodies and with other organisations

CHRE has 19 members: appointees from each of the regulatory bodies and 10 lay members. Judith Worthington, a lay member of the GCC, is a member of CHRE and she was chosen for the role by the GCC on the basis of her knowledge and experience.

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

CHRE's annual performance review

Another of CHRE's duties is to conduct an annual review of the performance of the UK healthcare regulatory bodies, including the GCC. The objectives of the performance reviews are

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

During 2005/2006 CHRE is focusing on three themes

- Promoting public confidence
- Ensuring the effectiveness and 'fitness for purpose' of regulation
- Working in partnership

Feedback from CHRE was that, in addition to the good practice highlighted last year, the GCC was to be commended on

- The provision of the secretariat for the Joint Health & Social Care Regulators' Public Patient Involvement Group. The Chairman of the PPI Group is also a lay member of the GCC
- The independent analysis, measured against the GCC's indicative sanctions guidance, of the reasons for the decisions in fitness to practise cases. Any identified learning points will be incorporated in training sessions for members of the Professional Conduct Committee

During the review process, the GCC highlighted once more that there were considerable delays in government's consideration of a review of the Chiropractors Act 1994. Further, the outcome of the government's two major reviews into the regulation of health professionals would now need to be awaited until any necessary amendments to the GCC's legislation could be undertaken.

The wider world of regulation

Review and reform

The government's review of the regulation of UK health practitioners that commenced in March 2005 is nearing completion with the publication, in July 2006, of

- *The regulation of the non-medical healthcare professions* – a review by the Department of Health
- *Good doctors, safer patients* – a report by the Chief Medical Officer (England)

The government's consultation period on the reviews' recommendations ended in November 2006. Government will be publishing a White Paper with its proposals for reform of the regulation of health practitioners in early 2007.

The GCC's position throughout the review process has been that any reforms must be in the public interest and workable. Naturally the GCC is delighted that, after considering the evidence, government has concluded the GCC is fit for purpose and that it should continue to regulate the chiropractic profession.

The GCC fully supports the aim of the review to act in the public interest by making regulation better for patients and the public, and its recognition of the need to maintain professional buy-in for the system of regulation.

The GCC welcomes the opportunity to contribute to the further development of a responsive, and thoughtful, UK-wide system of regulation. Effective communication between all involved is fundamental to success – this means involving patients, the public, the professions, employers, health regulators and government

The GCC's response to the reviews

The heart of the GCC's response of November 2006 to the government's consultation is that we support the following recommendations

- Regulators must be independent of government and accountable to parliament
- All healthcare professionals should be regulated according to common principles and within a broadly similar regulatory framework
- Regulators must continue to set standards of education, conduct and performance, the requirements for entry onto the register, and annual retention of registration
- Regulators should implement a risk-based, proportionate system of revalidation
- Professional and lay members of Council should be appointed in an open and transparent manner based on their ability to perform the functions required of them

The GCC strongly opposes the recommendation in the Chief Medical Officer's report to transfer responsibility for setting educational standards for doctors to the Postgraduate Medical Education and Training Board (PMETB) because it cannot be in the public interest to do so. Government's message throughout the consultation and review process has been that the

health regulators must continue with their statutory responsibility to set and monitor professional standards. The aim is to achieve a consistent and harmonised approach wherever possible and this particular recommendation would have a contrary effect.

Examples of the reviews' key recommendations

a The number of regulators will not be reduced. The GCC, the smallest of the UK healthcare regulators, is deemed to be 'fit for purpose' in carrying out its statutory functions. The effectiveness of this system will be reviewed again in five years

b A proportionate system of revalidation of health professionals should be established. The system may vary from profession to profession and will be informed by the potential risk to patients posed by respective health professions

c Three possibilities for adjudication of allegations concerning health practitioners' fitness to practise
   i a single, separate adjudicator for all regulators
   ii a separate adjudicator for registered medical practitioners whilst preserving current arrangements for the other professions
   iii all regulators (including the GMC) retain responsibility for adjudication hearings but all panels are drawn exclusively from a single, central pool of trained individuals

d The preliminary investigative role of the regulators will remain unchanged, although the remit of the Council for Healthcare Regulatory Excellence (CHRE) may be extended to sample decisions taken at this stage

e There should be a common definition of 'good character' for applicants for registration, and current registrants, to apply to regulated healthcare professionals

f Council members will no longer be elected, but appointed. A set of standard competences for the role of Council members should be established and members appointed on the basis of their ability to meet them. The purpose of this is to allay public perception that elected professional members of Council may have a conflict of interest, and so put the interest of their profession before that of the public.

g The proportion of professional to lay Council membership is also under review and comments have been invited

h The statutory duty that falls to just several regulators, including the GCC, to 'promote the profession' has caused uncertainty and dispute at times. Government considers that the implementation of changes following the review *"…will provide opportunities to bring the regulation of these professions into line with the majority."*

Parliament to pass new vetting and barring law

New legislation designed to protect children and vulnerable adults from people who may do them harm is close to being enacted by Parliament. The Safeguarding Vulnerable Groups Bill is due to become law by the end of 2006. It will give employers access to more information about potential employees, and where there is evidence that an individual presents a risk of harm, they will be barred from working with vulnerable people.

The new legislation is the result of the Bichard Inquiry, set up in the wake of the murders of Holly Wells and Jessica Chapman. A single list of people barred from working with children and a new register of those unfit to work with vulnerable adults will be created. Where evidence suggests the individual presents a risk to both children and vulnerable adults they will be placed on both lists. Barring decisions will be made by a statutory board, independent of Ministers, called the Independent Barring Board (IBB). Parliament will, in effect, be consolidating a number of similar lists currently held under several different pieces of legislation and tightening up procedures.

The terminology of the Bill refers to 'employers' and 'the workforce' and the GCC is seeking clarification abut how it will apply to self-employed, autonomous practitioners – such as chiropractors.

Everyone is all too aware that society's most vulnerable people need to be protected. Effective, fair and properly coordinated vetting and barring systems have an important role in such protection. The GCC fully supports the objective of the new legislation to do this. As the detail emerges the GCC will consider what, if any, changes to statutory procedures may need to be made.

Registration report

A core statutory responsibility of health regulators is to keep a register of appropriately qualified and experienced practitioners – 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 use the search facility on the GCC's website www.gcc-uk.org or phone the GCC during office hours on a local rate number.

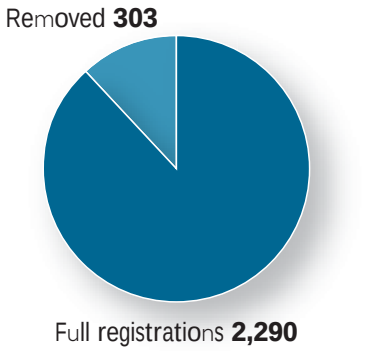
It is important for the public and patients to have easy access to information that legislation intended to be in the public domain – this includes chiropractors' names, primary chiropractic qualification, registered practice addresses and practice phone numbers. Findings of the GCC's disciplinary committees are also published on the website 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.

During 2006 the Joint Health Regulators' PPI Group commissioned research into the 'usability' of regulators' Registers. What the public expected in terms of type of information available, accessibility and clarity was examined and tested across the UK by demographically representative members of the public. The outcome of the research was invaluable and made a number of constructive suggestions for improvement, while acknowledging that the presentation of the GCC's registration information was good and easily accessible. The GCC immediately enhanced its website search facility and plans to undertake further work. For example, to provide more data about chiropractic qualifications and what they mean.

As of 1 January 2006, the total number of chiropractors registered with the GCC since the opening of the Register in June 1999 was 2,593. During this period, 303 chiropractors have been removed from the Register (none for disciplinary reasons). There were therefore 2,290 chiropractors registered with the GCC on 1 January 2006.

During the reporting period 127 chiropractors were registered for the first time with the GCC. This compares with 240 the previous year. There are two reasons for this

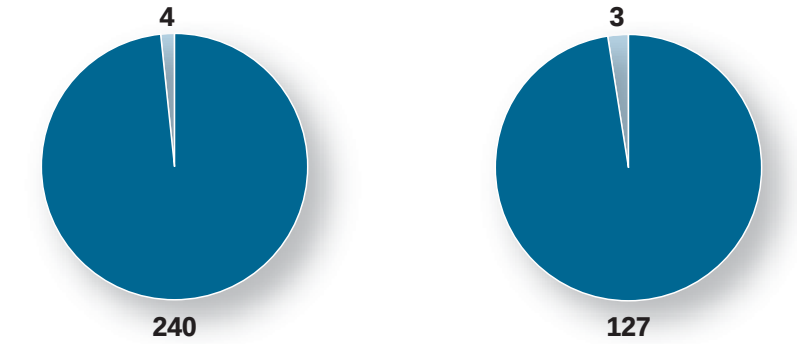
a The McTimoney College of Chiropractic moved to a five year degree programme and therefore a cohort of students did not graduate during 2006
b Chiropractic graduates from overseas returned home and did not register to practise in the UK in the usual numbers



Total registrations and removals at 01.01.2006
(Total registered 2,593, less 303 removed*)

*none for disciplinary reasons

New registrations



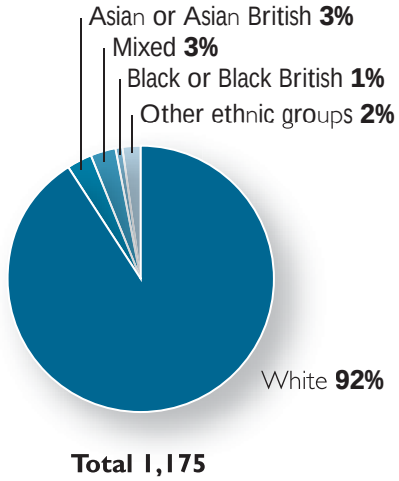
The characteristics of the profession

The GCC conducted an ethnicity survey of the chiropractic profession in July 2003 as part of the implementation of the GCC's race equality scheme. Another survey will be conducted in 2007. The GCC also despatches ethnic monitoring forms with each application for registration, although return rates are low.

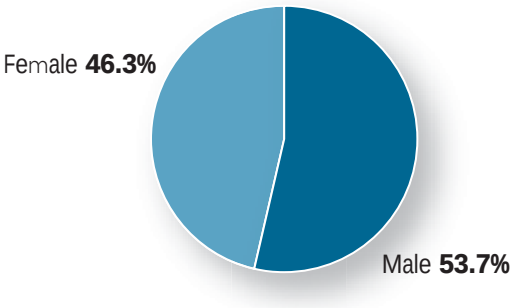
The findings of the 2003 survey, publicised by the GCC at the time, were that the profession appears to be slightly more diverse than the population as a whole.

Ethnic diversity of the profession

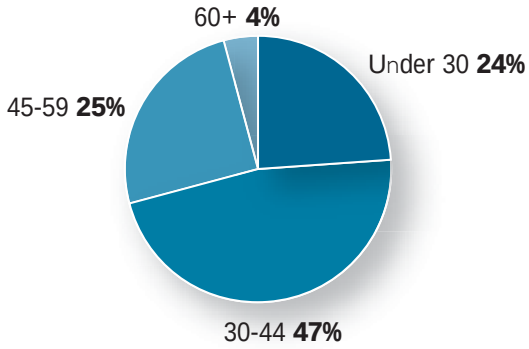
1,175 out of the total of 1,832 registrants (64%) answered questions about their ethnicity. Of these 85% described themselves as 'British' or 'Other White Background'.



Sex of chiropractors



Age of chiropractors



The prescribed test of competence

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

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

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

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

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

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

Demand for the test is driven by the number of applications received, and the Institute has been very flexible by making arrangements for more tests to be undertaken when required. Further, at a request from the University of Glamorgan, the GCC issued a second national call for examiners to ensure a broad mix of perspectives.

The flexibility to increase capacity has been appreciated by the GCC and chiropractors who wish to take the test as promptly as possible.

Test of competence

	Tests held	Attempts	Repeat attempts	Passed	Failed
1 August 2004-31 December 2005	10 times	118	27	81	37
1 January-31 December 2006	6 times	284	65	187	97

Mandatory Continuing Professional Development (CPD)

The second year of mandatory CPD ended on 31 August 2006. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2006.

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

The second CPD year was as successful as the first. Chiropractors have understood what is required of them and the new GCC administrative procedures, introduced to manage the CPD process, continue to work smoothly. No chiropractor was removed from the Register for failing to complete the required CPD.

Two chiropractors applied to be exempted from some part of the requirements due to extenuating circumstances (for example, ill health). Both requests were granted. This compares to nine requests for exemption from chiropractors last year, which were granted.

Education Committee report

The statutory responsibility

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

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

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. Such recognition can be subject to conditions. For example, conditions can be used to ensure that all necessary resources continue to be available to support the delivery of the programme. The GCC also has the power to seek the approval of the Privy Council for removal of recognition.

Consultation: review of the Criteria for the Recognition of Degrees in Chiropractic

Core GCC documents are reviewed regularly so that they comply with current good practice, remain up to date, and fit for their purpose. Early in 2005, General Council commissioned a review of the current February 2002 version of the *Criteria for Recognition of Degrees in Chiropractic* in the context of

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

During 2006, the GCC undertook several rounds of consultation on the draft revised Criteria. The consultation process included workshops and meetings to garner the views of current and potential education providers, the College of Chiropractors, the chiropractic professional associations and the European Council on Chiropractic Education.

Early in the consultation process it was clear that although the shorter and more focused draft document was welcomed, there was some diversity of opinion expressed in a considerable amount of detailed feedback.

General Council confirmed that a clear distinction must be maintained between

- academic standards – as monitored by the Quality Assurance Agency for Higher Education (QAA) – which relate to 'fitness for award'; and
- the GCC recognition process that relates to 'fitness for practise', so that students are competent at the point of graduation to meet the requirements of the GCC's *Code of Practice and Standard of Proficiency*

The GCC would like to thank those consulted for their positive contributions which have helped considerably in the review process. The revised *Criteria for the Recognition of Degrees in Chiropractic* will be published in early 2007.

UK chiropractic degrees

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

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

The GCC and the McTimoney College of Chiropractic (MCC) worked together to resolve problems associated with satisfying the conditions of recognition MCC was required to meet. Following the successful conclusion of this dialogue, the GCC sought the approval of the Privy Council to recognise the MCC's five year degree for students graduating between 1 December 2006 and 31 March 2009. This revoked the GCC's request to the Privy Council of September 2005 to withdraw recognition.

Transparency of the procedures

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

External quality assurance

Because good practice involves keeping up to date with developments in the wider world of higher education and the frequent application of an impartial and knowledgeable eye, we make

sure that our procedures are kept under continuous scrutiny with the assistance of an external quality assurance adviser.

The visiting panels

The panel consists of

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

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

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

Europe

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

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

The Bologna Agreement

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

Directive on the Recognition of Professional Qualifications

In June 2005 the Council of Ministers adopted the European Union Directive on Recognition of Professional Qualifications. Member states will transpose the Directive into national law, for implementation from October 2007. This requires UK legislation to be amended and workable procedures to be adopted by regulators that do not undermine the protection of the public, nor put an unreasonable burden upon health professionals eligible to apply for registration.

The new Directive aims to simplify existing rules on the mutual recognition of professional qualifications and facilitate the free movement of professionals by consolidating a number of separate pieces of legislation. The GCC, and AURE, are working with the Commission and regulators in other member states to ensure that the Directive will facilitate competent services provision and effective patient protection across Europe.

Linda Stone
Chairman, Education Committee

Regulatory report

The GCC was established by Act of Parliament to protect the public. The GCC does this by

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

The GCC currently regulates approximately 2,300 registrants.

The GCC's Code of Practice and Standard of Proficiency

Compliance with the requirements of the *Code of Practice and Standard of Proficiency* delivers a standard of care that protects patients from harm, and ensures that chiropractors always act in the best interests of the patient. 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.

Use of indicative sanctions guidance

The purpose of the indicative sanctions guidance is to support consistency in the Professional Conduct Committee's decision making while ensuring that the PCC retains proper autonomy. The guidance also aids transparency.

This is because chiropractors, and their legal representatives, are aware of the factors that the PCC will typically take into account when deciding upon a proportionate sanction, following a finding of unacceptable professional conduct.

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

Fitness to Practise Report

The GCC's annual *Fitness to Practise Reports* provide statistics, identify trends and discuss complaints in detail. Each *Fitness to Practise Report* is an invaluable resource and learning tool. The complaints and concerns considered by the committees, and the decisions taken, can help individual chiropractors reflect upon their practice by highlighting the mistakes of others. This may contribute to the prevention of similar incidents.

Given that the GCC's primary responsibility is to protect the public, the information in these reports can feed into all aspects of the GCC's work including: keeping the register of chiropractors, setting standards of education, proficiency, conduct and practice, and our fitness to practise procedures. The *Fitness to Practise Report* demonstrates that things can go wrong when the GCC's *Code of Practice and Standard of Proficiency* is ignored or forgotten.

Information for patients and the public on how to complain about a chiropractor: telling the GCC about their concerns

The GCC is required to investigate every complaint it receives about a chiropractor. It is essential that the public and the profession are provided with clear information about the process. Equally important is the need for the public to understand that the GCC cannot order compensation or the refund of fees.

General Council agreed to adopt a common template recommended by CHRE for regulatory bodies' complaints information leaflets. The GCC has commenced consultation on a new draft with former complainants, patient representative groups and others and will publish a revised leaflet in early 2007.

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]

Competencies for the members of the regulatory committees

Competence-based assessment has been introduced for all Chairs and members of fitness to practise committees (Investigating, Professional Conduct and Health). This involves

- Peer review
- Observation by external consultants
- Supportive one to one feedback on identified development needs

A review of the effectiveness of this process is planned as part of its ongoing evaluation.

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

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

Competence types

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

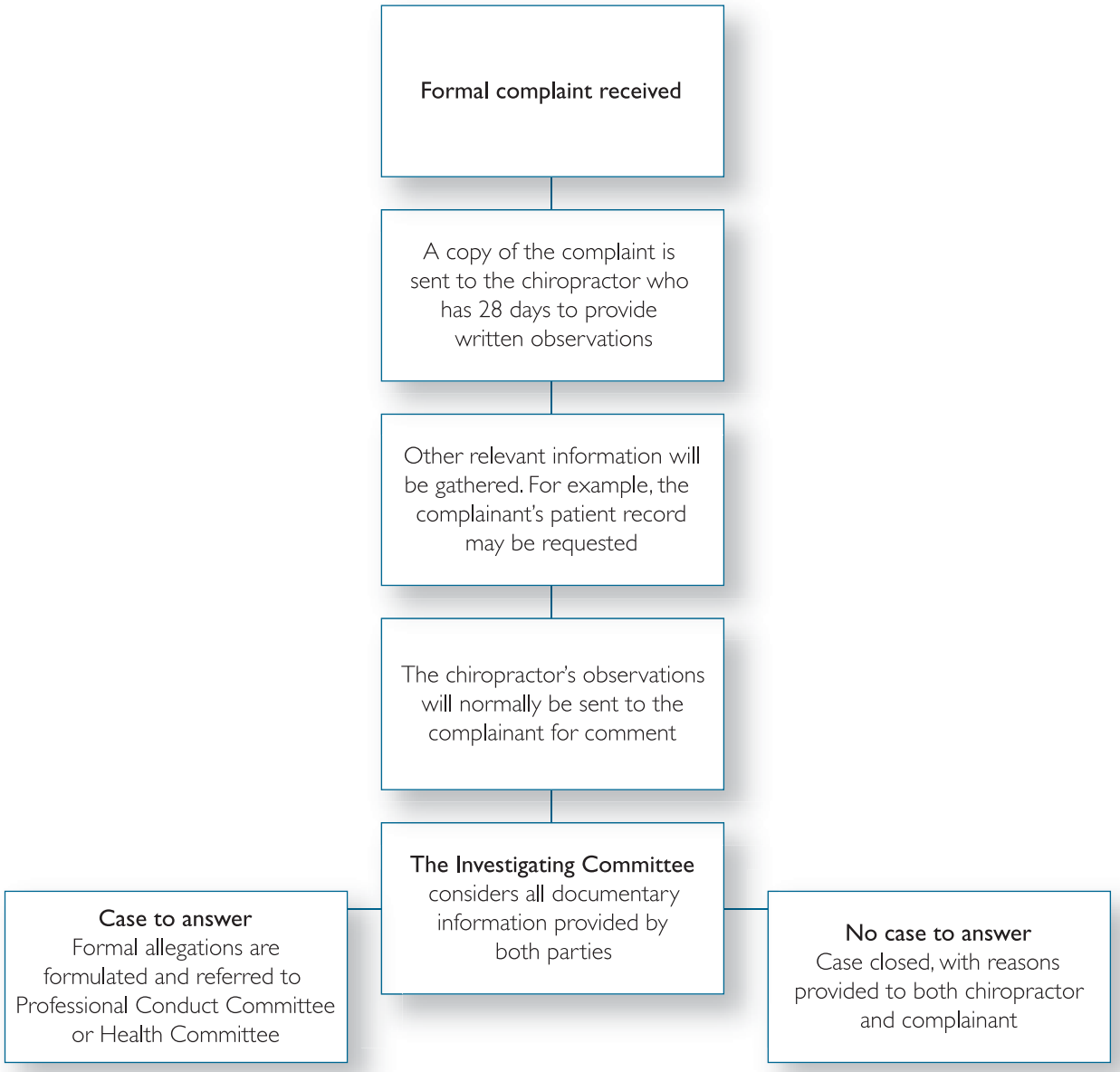
[1]Chiropractors Act 1994 ("the Act") Sections 20-28
The General Chiropractic Council (Investigating Committee) Rules 2000
The General Chiropractic Council (Professional Conduct Committee) Rules 2000
The General Chiropractic Council (Health Committee) Rules 2000

What type of complaints does the GCC consider?

The GCC must investigate every complaint it receives about chiropractors across the full spectrum of

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

The flow chart on the next page illustrates the procedures the GCC follows 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.


Formal complaint received
A copy of the complaint is sent to the chiropractor who has 28 days to provide written observations
Other relevant information will be gathered. For example, the complainant's patient record may be requested
The chiropractor's observations will normally be sent to the complainant for comment
The Investigating Committee considers all documentary information provided by both parties
Case to answer
Formal allegations are formulated and referred to Professional Conduct Committee or Health Committee
No case to answer
Case closed, with reasons provided to both chiropractor and complainant

Outcomes of complaints considered by the Investigating Committee between 1 January and 31 December 2006

The Investigating Committee met nine times to consider 64 complaints in total. Of these, 20 were complaints received during the 12 month reporting period. The remaining 44 complaints were carried over from previous years.

Formulating the allegations

It is often the case that the allegations formulated by the Investigating Committee have a broader and/or a different focus than the wording of the original complaint. This is because patients, in expressing their concerns, will not usually have a detailed understanding of the *Code of Practice and Standard of Proficiency*. Nor will patients normally have seen the records compiled by the chiropractors.

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. Therefore, in 2006, 25 complaints were referred to the PCC, relating to 20 chiropractors.

Outcomes of complaints	1 Jan-31 Dec 06	15 Jun 04-31 Dec 05*
Complaints considered		
Total complaints considered	64	76
• Complaints received in previous years	44	17
• Complaints received in current year	20	59
Outcomes		
Withdrawn by complainant	0	1
No case to answer	29	21
Referred to Professional Conduct Committee	25	30
Referred to Health Committee	0	0
Decision pending at year end	10	24

Source of complaints	1 Jan-31 Dec 06	15 Jun 04-31 Dec 05*
Patient/relative of patient	32	48
Public (non-patient)	7	4
Other Chiropractor	5	6
Other Health Professional	3	1
Registrar	7	7
Other source**	10	10
Total	64	76

* 15 June 2004-31 December 2005 was the one-off 17 month period covered by the previous GCC Annual Report to enable the synchronization of the annual reporting of the GCC's core functions

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

Nature of Allegations referred to the Professional Conduct Committee
(Note: because of multiple charges the number of allegations will be greater than the number of cases)

Nature of Allegation	No of Cases 06/05-12/06)	No. of Cases (2004-5)*
Failing to respect the dignity and privacy of the patient	2	0
Failure to treat patient with respect and consideration	1	0
Failure to protect confidentiality of patient/breaches of the Data Protection Act	6	0
Undermining public confidence in the profession/bringing the profession into disrepute	4	4
Abuse of trust/abuse of position/mislead the public/undue influence	4	5
Failures relating to communication	16	3
Failure to gain appropriate consent for examination/treatment	3	2
Failure to maintain adequate records	7	3
Inappropriate use of ionising radiation/Failings relating to IRMER	1	1
Failure to carry out appropriate initial consultation/examination	1	2
Inappropriate and excessive treatment/treatment plan (including promoting undue dependence on care)	5	1
Failure to review/reassess treatment	4	0
Failure to exercise due care	2	
Unjust criticism of another health professional	0	1
Failings relating to publicity material/marketing/promotion	2	2
Criminal Convictions	1	1
Improper relationship with patients/failure to transfer care of patient when involved in an improper relationship	4	1
Alcohol use	1	1
Claims to specialisation or expertise	3	2
Reports on behalf of third parties	3	0
Failure to have complaints procedure	1	0
Failures relating to practice and employment matters (including contractual arrangements and financial records)	2	0
Failure to supervise others	2	0

* 15 June 2004-31 December 2005 was the one-off 17 month period covered by the previous GCC Annual Report to enable the synchronization of the annual reporting of the GCC's core functions

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 holds a public hearing to decide

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

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

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

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

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

Outcomes of cases considered by the Professional Conduct Committee

In 2006, the PCC met for a total of 42.5 days in relation to cases concerning 16 chiropractors.

This compares with the 17 month previous reporting period between June 2004 and 31 December 2005 when the Professional Conduct Committee met for a total of 48 days in relation to cases concerning 13 chiropractors.

Chiropractors found guilty of Unacceptable Professional Conduct

Date (number of days)	Respondent's name	Sanction imposed
January 2006 (3 days)	Proud, Peter John	Suspension Order (18 months) IS Order
January 2006 (2 days)	Tulsi, Gurmeet Kaur	CoP Order (12 months)
February 2006 (2 days)	Rampersad, Rekha	Admonished
February 2006 (2 days)	Harris, Mallon Philip	CoP Order (12 months)
March 2006 (3 days)	Sandford, Robert James	Admonished
April 2006 (1/2 day)	Cropp, Keith Lennard	Admonished
April & September 2006 (5 days)	Garnham, Kim Angela	Admonished
May & June 2006 (3 days)	Carr, Andrew John	Admonished
June 2006 (3 days)	Allard, Christian	Admonished
October 2006 (3 days)	Mulvany, Liam Michael	Admonished
October & November 2006 (3 days)	Gray, Richard Hugh Antony	Admonished
November 2006 (3 days)	Smith, Iain George	Admonished
November 2006 (2 days)	Horsley, William Charles	Admonished

Not guilty of Unacceptable Professional Conduct

Date (number of days)	Respondent's name	
March 2006 (2 days)	(Chiropractor X)	
April 2006 (4 days)	(Chiropractor Y)	
June 2006 (2 days)	(Chiropractor Z)	

Review hearings

The PCC met for a total of 5.5 days to review either conditions of practice orders or suspension orders relating to six chiropractors.

Date (number of days)	Respondent's name	Sanction imposed or other outcome
April 2006 (1 day)	Heale, Graham Stanley	CoP Order revoked on review
April 2006 (1/2 day)	Greig, Andrew Donald Anderson	CoP Order revoked on review
June 2006 (1 day)	Jenk, Finn Peter Anthony	SO allowed to expire on conclusion. NFA.
July 2006 (1 day)	Watson, Michael Courtney	CoP varied on review
July 2006 (1 day)	Jacobs, Dafna	SO extended to a further two years CoP Order imposed to pass ToC
October 2006 (1 day)	Harris, Mallon Philip	Review Hearing adjourned

CoP – Conditions of Practice
IS – Interim Suspension
SO – Suspension Order

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, responses to challenges to the process, the number of witnesses involved and the number of days it takes to conclude the case.

Chiropractor surname	2005	2006	Total
Proud, Peter John	7,965.54	40,379.87	48,345.41
Tulsi, Gurmeet Kaur	6,429.61	22,074.89	28,504.50
Rampersad, Rekha		14,265.56	14,265.56
Harris, Mallon Philip	4,873.90	43,116.79	47,990.69
Sandford, Robert James	7,051.18	48,564.37	55,615.55
Cropp, Keith Lennard	846.00	15,862.90	16,708.90
Garnham, Kim Angela		85,499.05	85,499.05
Carr, Andrew John		23,670.54	23,670.54
Allard, Christian		34,042.99	34,042.99
Mulvany, Liam Michael		41,729.64	41,729.64
Gray, Richard Hugh Antony		12,287.14	12,287.14
Smith, Iain George		36,817.95	36,817.95
Horsley, William Charles		22,604.75	22,604.75
Chiropractor X	3,841.08	26,460.74	30,301.82
Chiropractor Y	11,750.82	52,098.11	63,848.93
Chiropractor Z		22,095.63	22,095.63
Totals	**42,758.13**	**541,570.92**	**584,329.05**

These costs relate to expenditure incurred in the Annual Report period of 1st January 2006 to 31st December 2006 and previously incurred costs in the same period for 2005. Due to the timing of receipt of invoices and expenses some costs relating to these cases may be incurred in 2007.

In 2006, a further £35,984 of costs was incurred in relation to cases that have not been heard in this period.

Health Committee

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

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

The Health Committee met for one day to consider a case against one chiropractor. The Health Committee referred the case back to the Professional Conduct Committee.

Section 32 (1) Offences

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

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

Date	Name	Court	Conviction	Sentence
10 February 2006	Scott (nee Harrington) Sarah Ann	Blackfriars Crown Court	Obtaining pecuniary advantage for self by deception	Community punishment. order for 75 hours To pay prosecution costs (£265) To pay compensation costs (£185) to patient who received treatment from her
29 August 2006	Koutrouli, Eleni-Chrysa	Uxbridge Magistrates Court	Section 32(1)	Conditional Discharge for 12 months CPS Costs (£43)

Chris Stephens
Chairman, Health Committee

Rita Lewis
Chairman, Investigating Committee

Linda Stone
Chairman, Professional Conduct Committee

Chair of Resource Management Committee's report

The GCC's statutory functions

The GCC has four main duties

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

Resource Management Committee

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

The primary roles of the Committee are

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

During the year the Committee reviewed the staff policies, health and safety policies and financial regulations of the GCC. The Committee spent a great deal of time considering the ways of reducing expenditure with minimal impact on achieving objectives. The Committee also agreed a new reserves policy and risk register. Annual budgets and forecasts were reviewed by the Committee and quarterly management accounts were produced.

During the year the GCC also established an Audit Committee and therefore the RMC's terms of reference were amended to transfer areas such as risk management to the Audit Committee.

The RMC considers that the GCC is in a healthy financial position and has spent time reviewing the Council's expenditure to ensure that it has the resources in place to fulfil its obligations.

Financial position

The GCC has produced its first set of accounts incorporating the new accounting period of 1 January to 31 December. The previous period figures are for the 17 month period 1 August 2004 to 31 December 2005.

The income for the year was £2,481K. The expenditure for the year was £2,416K. This led to a surplus of £65K (2004-2005 deficit £144K) for the year ending 31 December 2006.

The marginal income generated by hiring out the ground floor facilities to external organisations was £92K in 2004-2005 and increased to £149K in 2006. This increase has been made possible by the availability of additional rooms on the refurbished second floor at 44 Wicklow Street. This increase was in line with forecasts and an even higher return is forecast for 2007.

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

Reserves

The GCC 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 reserves as at 31 December 2006 were £1,969K (2005: £1,904K). This is equivalent to just under 10 months running costs. The GCC considers that there should be reserves at least equivalent to six months of average annual expenditure to provide sufficient cover for working capital needs and for the organisation to develop its future activities. The Committee agreed a new reserves policy in 2006 and the level of reserves will be reviewed on an annual basis.

Regulation

As reported last year, the GCC had noted that the work associated with the GCC's statutory duties has increased considerably. This trend has continued in 2006 and there continues to be additional pressures on the bottom line as a result. In line with other regulators, and as the public become more aware of the existence and function of the GCC, there are likely to be increased levels of complaints against chiropractors. The GCC is trying to ensure that projected increases in regulatory costs and other activities can be absorbed by the level of reserves built up by careful financial management.

The GCC continues to provide training and guidance for its regulatory committee members. This has, to date, ensured that the Council for Healthcare Regulatory Excellence (CHRE) has not referred a decision of the GCC's Professional Conduct Committee (PCC) to the High Court for review. CHRE may do this where it considers that a PCC's decision is unduly lenient.

The year ahead

The hire income target is to be supported by additional marketing of our premises to enable a larger and more secure client base to be built. There will be further work in relation to reviewing financial forecasts to enable the GCC to build reserves in an environment where the number of complaints increase year on year.

Judith Worthington
Chair of Resource Management Committee

Committee members' meeting attendance in 2006

Name	PCC	IC	Health	Education	CSWG	PPI	RMC	AC
Alan Breen	15			7/8				
Madeline Brzeski	3			8/8				
David Byfield			1	7/8	2/2			
Martin Caple		9/9			2/2	4/4	3/4	2/2
Michael Copland-Griffiths	5			5/7			1/2	
Peter Dixon	10.5							
Matthew Flanagan		7/8						
Dorothy Grace Elder	2		1		1/1			
Kevin Grant	46				1/1		4/4	2/2
Dana Green	37			8/8	1/1			
Carla How		5/8		4/8				
Michael Kondracki	9		1	8/8				
Rita Lewis		8/9			1/1		3/4	1/2
Carl Lygo	0							
Kalim Mehrabi		7/9		4/8				
Kevin Proudman	12.5		1					2/2
Chris Stephens			1	2/8				
Linda Stone	42			8/8				
Stephen Williams		6/8			0/1			
Judith Worthington	33						4/4	2/2

PCC – Professional Conduct Committee
IC – Investigating Committee
Health – Health Committee
Education – Education Committee
CSWG – Communications Strategy Working Group
PPI – Patient and Public Involvement
RMC – Resource Management Committee
AC – Audit Committee

Attendance for PCC is for the numbers of hearing days.

Attendance for other meetings is shown on the basis of actual attendance to number of meetings the individual was eligible to attend. The eligibility could change for example due the membership of the committee changing or conflicts of interest restricting attendance.

The rate for attendance allowance is £275 per day.

Council Meeting attendance in 2006

Council member name	Jan 06 EGM	Mar-06	May 06 EGM	Jun-06	Sep-06
Alan Breen					absent
Madeline Brzeski					
David Byfield		absent			
Martin Caple					
Michael Copland-Griffiths					
Peter Dixon					
Matthew Flanagan		absent		absent $^1/_2$ day	
Dorothy Grace Elder					
Kevin Grant					
Dana Green					
Carla How					
Michael Kondracki					
Rita Lewis	absent				
Kalim Mehrabi					
Kevin Proudman	absent				
Chris Stephens	absent	absent $^1/_2$ day			
Linda Stone					
Stephen Williams		absent			absent
Judith Worthington	absent				absent $^1/_2$ day

Carl Lygo was appointed on the 17th November 2006.

Chair of Audit Committee's report

Audit Committee

The Audit Committee (AC) was established by Council in June 2006, as an advisory committee. It has five members, all of whom received training in October 2006 on the AC's remit and role. The AC met once in November 2006 and will meet on a quarterly basis in the future.

The primary role of the Committee is to advise Council on

- The strategic processes for risk management and governance
- The accounting policies, the accounts and the annual report of the organisation
- The planned activity of the external auditors and responses to the external auditors management letter
- Setting up and reviewing the GCC's risk register

During its meeting in November the Committee considered the first draft of the GCC's risk register and considered its work plan for 2007.

The year ahead

The AC will

- Review the risk register and put into place an action plan to mitigate the major risks identified
- Review the accounting policies and the format of the GCC's accounts to provide a more transparent method of reporting its results
- Seek assurances that the internal controls are suitable and effective

Judith Worthington
Chair of Audit Committee

Financial statements

Report of the Council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council ("GCC") for the year ended 31st December 2006.

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 127 (17 month period ended 31st December 2005: 331) applications for registration, and by 31st December 2006, 2,720 (31st December 2005: 2,593) chiropractors had completed the application process and been entered on the Register. As at 31st December 2006, 2,364 (31st Dec 2005: 2,262) of the applicants, who had completed the process, were still registered.

Auditor

The members of the Council, having been notified of the cessation of the partnership known as Baker Tilly, resolved that Baker Tilly UK Audit LLP be appointed as successor auditor with effect from 1st April 2007. Baker Tilly UK Audit LLP has indicated its willingness to continue in office.

Approved by the Council on 1st May 2007 and signed on its behalf by:

Peter Dixon
Chairman

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

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

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

Respective responsibilities of the Members of the Council and auditors

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

We have been appointed as auditors under the Chiropractors Act 1994 and report in accordance with that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

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 Report of the Council is not consistent with the financial statements, if the Council has not kept proper accounting records, and if we have not received all the information and explanations we require for our audit.

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

Basis of audit opinion

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

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

*Page references refer to the original document submitted by Baker Tilly UK Audit LLP containing GCC Accounts 1 January-31 December 2006 and incorporated into this Annual Report. Baker Tilly UK Audit LLP's original document can be viewed on www.gcc-uk.org.

Opinion

In our opinion, the financial statements give a true and fair view, in accordance with applicable law, of the state of the General Chiropractic Council's affairs as at 31 December 2006, and of its surplus for the year then ended, and have been properly prepared in accordance with the Chiropractors Act 1994.

Baker Tilly UK Audit LLP

Registered Auditor and Chartered Accountants
2 Bloomsbury Street
London WC1B 3ST

4 June 2007

Income and Expenditure account for the year ended 31st December 2006

		Notes	Year ended 31st Dec 06 £	17 month Period ended 31st Dec 05 £
Income				
Registration fees	– New registration		**172,500**	373,000
	– Annual retention		**2,082,300**	2,729,600
Other income		1	**34,225**	32,350
Income generated from ground floor letting			**192,414**	91,912
Bank interest receivable			**0**	262
Total Income			**2,481,439**	3,227,124
Expenditure				
Staff costs		2	**557,841**	795,419
Staff expenses			**7,496**	21,683
Regulatory costs			**970,888**	1,249,453
Committee expenses		3	**113,230**	220,129
Professional fees		4	**90,952**	70,690
Publicity			**72,610**	179,758
Printing			**38,042**	120,850
Postage			**20,209**	41,684
Stationery			**9,350**	31,901
Telephone			**9,717**	12,891
Costs of running Wicklow Street premises			**141,177**	160,246
Direct costs of ground floor letting			**43,670**	21,022
Computer costs			**31,601**	53,071
Insurance			**23,384**	38,615
Subscriptions			**3,878**	9,290
Other sundry expenses			**0**	1,796
Bank charges			**334**	7,196
Mortgage interest			**93,667**	134,328
Depreciation		6	**187,984**	200,471
Total Expenditure			**2,416,030**	3,370,493
Operating Surplus/(Deficit) before taxation			**65,409**	(143,369)
Taxation		5		–
Surplus/(Deficit) for the period		11	**£65,409**	£(143,369)

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

Balance Sheet as at 31st December 2006

	Notes	31st Dec 06 £	31st Dec 05 £
Fixed assets			
Tangible assets	6	**5,231,911**	5,405,985
Current assets			
Debtors	7	**154,005**	69,014
Cash at bank		**1,463,091**	1,637,055
		1,617,096	1,706,069
Creditors			
Amounts falling due within one year	8	**2,832,387**	2,855,699
Net current liabilities		**(1,215,291)**	(1,149,630)
Total assets less current liabilities		**4,016,620**	4,256,355
Creditors			
Amounts falling due after more than one year	9	**2,047,322**	2,352,466
Total assets less current liabilities		**£ 1,969,298**	£1,903,889
Funds of the Council			
Establishment funds	10	**337,999**	337,999
General reserves	11	**331,299**	265,890
Capital investment fund	12	**1,300,000**	1,300,000
Total funds		**£1,969,298**	£1,903,889

Approved and authorised for issue by the Members of Council on 1st May 2007, and signed on their behalf by:

Peter Dixon
Chairman

Finance Statements for the year ended 31st December 2006

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. The financial statements have been prepared on a going concern basis.

Pension contributions

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

Income

Registration fees, annual retention fees, other income and letting income are recognised on an accruals basis according to the period to which it relates.

Bank deposit interest is credited on a received basis.

Tangible fixed assets

Tangible fixed assets are stated at historical cost less depreciation.

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 3-5 years
Furniture & office equipment	over 10 years

Deferred taxation

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

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

Notes to the Financial Statements for the year ended 31st December 2006

	Year ended 31st Dec 06 £	17 month Period ended 31st Dec 05 £

1. Other income

Restoration fee	**11,350**	7,500
Non-practising to practising fee	**14,000**	16,000
Change of address fee	**8,775**	8,850
Other income	**100**	–
	£34,225	£32,350

2. Staff costs

	No.	No.
The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:	**12**	13

Staff costs for the above persons:

Wages and salaries	**424,910**	617,913
Social security costs	**46,504**	67,469
Other pensions costs	**36,438**	55,516
Temporary staff costs	**43,973**	38,438
Staff recruitment costs	**6,016**	16,083
	£557,841	£795,419

3. Committee expenses

Attendance allowances	**54,600**	116,041
Social security costs	**10,943**	15,473
Expenses	**38,222**	57,642
Training and development	**9,465**	30,973
	£113,230	£220,129

Committee expenses in relation to expenses and attendance allowance incurred in relation to Statutory Committees are included in Regulatory costs.

4. Professional fees

	Year ended 31st Dec 06 £	17 month Period ended 31st Dec 05 £
Legal fees	**53,547**	11,511
Auditors' remuneration:		
Audit fees	**8,411**	6,250
Other advisory services	**1,468**	2,250
Accountancy services (including expert advice regarding Value Added Tax)	**1,927**	6,556
Database design, development, and support	**5,575**	5,746
Human resources and job evaluation	**9,380**	12,461
Website design and development	**2,277**	8,896
Data protection and Freedom of Information Act advice	**1,614**	–
Other professional fees	**6,753**	17,020
	£90,952	£70,690

5. Taxation

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

	Year ended 31st Dec 06 £	17 month Period ended 31st Dec 05 £
Current year tax:		
UK corporation tax	**–**	–
Over provided in previous periods	**–**	–
Current tax charge	**£–**	£–
Factors affecting the tax charge for the year:		
Operating surplus before taxation	**£65,409**	£(143,369)
Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 19% (2005: 19%)	**12,428**	(27,240)
Effects of:		
Elements of the operating surplus that are not taxable	**2,623**	23,779
Depreciation in excess of capital allowances	**(8,169)**	5,941
Loss relief	**(6,882)**	–
Starting rate relief	**–**	(2,480)
Current tax charge	**£–**	£–

At the balance sheet date losses available to be carried forward against future rental income amounted to £57,700 (2005: £47,000).

6. Fixed assets

	Freehold land & buildings	Computer equipment	Furniture & office equipment	Total
Cost:				
1st January 2006	5,435,865	177,826	145,633	5,759,324
Additions	2,140	5,548	6,222	13,910
31st December 2006	5,438,005	183,374	151,855	5,773,234
Depreciation:				
1st January 2005	251,461	75,861	26,017	353,339
Charge for the period	108,760	64,038	15,186	187,984
31st December 2006	360,221	139,899	41,203	541,323
Net book value:				
31st December 2006	**5,077,784**	**43,475**	**110,652**	**£5,231,911**
31st December 2005	5,184,404	101,965	119,616	£5,405,985

	31st Dec 06 £	31st Dec 05 £
7. Debtors		
Due within one year:		
Trade debtors	**60,472**	26,358
Other debtors	**6,175**	6,449
Prepayments and accrued income	**87,358**	36,207
	£154,005	£69,014

8. Creditors

Amounts falling due within one year:	**31st Dec 06**	31st Dec 05
Bank loan on freehold premises	**258,946**	246,448
Trade creditors	**141,834**	133,996
Retention fees in advance	**2,131,700**	2,082,650
Value Added Tax payable	**162,661**	161,391
Other creditors	**88,602**	98,020
Accruals and deferred income	**48,644**	133,194
	£2,832,387	£2,855,699

9. Long term creditors

Amounts falling due after more than one year:		
Bank loan on freehold premises	**£2,047,322**	£2,352,466

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.

Loan maturity analysis:	**31st Dec 06**	31st Dec 05
Due within one to two years	**£269,100**	£261,185
Due between two and five years	**£918,116**	£1,210,123
Due after more than five years	**£860,106**	£881,158

10. Establishment funds

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

Fund balances as at 1st January 2006 & 31st December 2006	**£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 January 2006	**265,890**
Surplus for the period	**65,409**
Balance at 31st December 2006	**£331,299**

12. Capital investment fund

Balance as at 1st January 2006 & 31st December 2006	**£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.

13. Pension commitments

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

Members' responsibilities in the preparation of financial statements

The Chiropractors Act 1994 requires the Members of the Council to prepare financial statements for each financial year, which give a true and fair view of the General Chiropractic Council's state of the affairs at the year-end and of its the surplus or deficit for the financial year. In preparing those financial statements, the Members are required to:

a select suitable accounting policies and then apply them consistently;

b make judgements and estimates that are reasonable and prudent; and

c prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation.

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

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 January 2006:

Peter Dixon	(C)	Chairman (Appointed 1st June 2006)
Michael Copland-Griffiths	(C)	Chairman (Resigned 2nd March 2006)
Carl Lygo	(S)	Appointed 17th November 2006
Alan Breen		Education Appointee
Michael Kondracki		Education Appointee
Kalim Mehrabi		Education Appointee
Martin Caple	(L)	
Dorothy Grace-Elder	(L)	
Rita Lewis	(L)	Chairman – Investigating Committee
Chris Stephens	(L)	
Linda Stone	(L)	Chairman – Education Committee Chairman – Professional Conduct Committee
Judith Worthington	(L)	Acting Chair Designate
Madeline Brzeski	(C)	
David Byfield	(C)	
Matthew Flanagan	(C)	
Kevin Grant	(C)	
Dana Green	(C)	
Carla How	(C)	
Kevin Proudman	(C)	
Stephen Williams	(C)	

(S) Indicates Secretary of State's Appointee
(L) Indicates a Lay Member
(C) Indicates elected Chiropractic Member

The 10 chiropractic members of the Council will be coming to the end of their five year term of office in 2007. Elections will be held and current members if nominated can be re-elected to serve on Council.

Chief Executive & Registrar

Margaret Coats

Principal address

40-44 Wicklow Street
London WC1X 9HL

Staff in post as at 31 December 2006

Chief Executive & Registrar
Margaret Coats

Business Manager
Paul Ghuman

Executive Officer (Communications)
Philippa Barton-Hanson

Executive Officer (Marketing)
Rebecca Stone

Administrative Assistant (Communications)
Paul Robinson

Executive Officer (Registration)
Paul Woodham

Registrations Officer
Jamie Button

Specialist Officer (Regulation)
Winnie Walsh

Specialist Officer (Regulation)
Emma Willis

Accounts Assistant
Adrian Daniel

Premises Manager
Stephen Robinson

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