

An abstract graphic design featuring a diagonal split between a blue left half and a white right half. The blue section is filled with a repeating pattern of the text "Protecting patients Setting standards" in a light blue, sans-serif font. The text is oriented horizontally and appears to be part of a larger, continuous pattern that wraps around the edges of the blue area. The white section is a solid, clean white space.

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Chairman's foreword

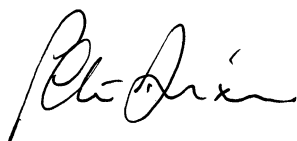
The GCC's Annual Report 2007 reviews a year's work by tabulating our core activities, setting out aims and objectives, measuring progress in the implementation of specific projects and outlining projects in the pipeline. The variety and quantity of tasks that are essential for health regulators to undertake are clearly delineated in the following pages.

With effect from July 2008, our duty to promote the profession has been removed. This implements one of the recommendations of the White Paper *'Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century'*, that health regulators should have a more consistent statutory purpose – that of protecting the public by setting and maintaining professional standards.

As from early 2009 the GCC will have

- A smaller, all appointed Council of seven lay and seven registrant members
- New, all appointed Investigating Committee, Professional Conduct Committee and Health Committee that won't include any members of Council

In parallel with this root and branch change, and as this Annual Report demonstrates, the GCC continues to keep on top of its statutory duties and everyday activities.



Peter Dixon
Chairman

Governance

The implementation of reforms to the governance of the UK regulators of health professionals is underway. The government's White Paper *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, published in February 2007, recommended that the constitution of Councils should be smaller, more strategic and 'board-like'. It also emphasised that there should be parity between lay and professional members of Councils, and that all members should be appointed based on their abilities, not elected. The GCC warmly welcomed these proposals.

At the same time, the essential everyday governance activities of the GCC have been maintained. During 2007 this has involved

- 1 Revision of the Code of Conduct for members of Council
- 2 The introduction of competences and an assessment system for Council members
- 3 Enhancing the GCC's equality and diversity schemes
- 4 Reviews of the GCC's
 - a Corporate Governance Policy
 - b Corporate Plan
 - c Reserve policy
 - d Standing Orders
 - e Disclosure policy concerning the publication of information about the activities of the statutory fitness to practise committees

Performance review by the Council for Healthcare Regulatory Excellence (CHRE)

The GCC had a positive outcome to the annual review of its performance by CHRE.

Noteworthy practice highlighted by CHRE included the GCC's support for the UK Health & Social Care Regulators' Public Patient Involvement Group (PPI Group) and the project management of the joint research by the PPI Group on how to make registers more useable for patients and the public.

In November 2007, Council welcomed CHRE's decision to introduce a set of agreed standards of good regulation, against which each regulator's performance would be measured annually.

Chair of Audit Committee's report, 2007

Audit Committee

The purpose of the Audit Committee is to advise Council on

- The strategic processes for risk, control 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 organisation's risk register

Constitution of the Audit Committee

The Committee is made up of four members and meets on a quarterly basis. All meetings of the committee were well attended. The Chief Executive and the Business Manager attended the meetings at the invitation of the Committee. The external auditors, Baker Tilly, were present at the meeting where the financial statements and the management letter were discussed.

Activities

During the year the Committee has agreed an anti-fraud policy. It also reviewed

- The Committee's terms of reference and membership
- The GCC's standing orders
- Quality assurance in regulatory processes
- The scope of the external audit
- The GCC's risk register

Risk register

The risk register clearly defines the risks associated with each of the GCC Corporate Plan's priorities as well as the operational risks in day-to-day running of the organisation. These are identified by the executive, the Committee and Council.

Evaluation and control of risk is undertaken by defining the risk and its consequences, and then assessing the controls and actions to mitigate the risk. The Committee considers the major risks at each meeting and reviews the complete risk register on at least an annual basis.

The analysis of any new risks identified is carried out at each meeting and focuses on internal and external influences in the short term and the long term. The Committee regularly looks at the action plan to minimise the impact and probability of the major risks to the organisation. Through this process, the Committee has been able to reduce the number of major risks that the organisation faced at the start of the year.

Annual accounts

The Committee satisfied itself that

- the accounts for the year ended 31 December 2007 were properly prepared, in accordance with applicable accounting standards
- the accounting adjustments used in preparing the accounts were appropriate

The Committee was assured of the adequacy of the internal controls by reference to the fact that there were no concerns raised by the external auditors.

The year ahead

The Audit Committee will

- further review the risk register and amend the action plan to mitigate any identified current and future major risks
- continue to seek assurances that the internal controls are both suitable and effective
- tender the audit services in 2008
- again review the accounting policies and the format of the accounts with the auditors to ensure that the reporting document remains both transparent and relevant to stakeholders

Judith Worthington

Chair of Audit Committee

Education

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.

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. The outcome of the GCC's review was the publication of the revised *Criteria for the Recognition of Degrees in Chiropractic* in early 2007.

The GCC would like to thank those consulted for their positive contributions, which have helped considerably in the review process.

One addition to the *Criteria* is a requirement that education providers have a student fitness to practise committee. This development was partly informed by a collaborative project led by the Council for Healthcare Regulatory Excellence on student fitness to practise.

The GCC maintains a clear distinction 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 practice', 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*

UK chiropractic degrees

As of 31 December 2007 the UK chiropractic courses recognised by the GCC under the terms of this legislation are

- Anglo-European College of Chiropractic
 - Master of Chiropractic
- McTimoney College of Chiropractic
 - BSc (Hons) Chiropractic
- University of Glamorgan
 - BSc (Hons) Chiropractic

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.

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. The details of any conditions of recognition and associated monitoring requirements for new programmes are published therefore by the GCC, together with a copy of the report of the GCC's Visiting Panel.

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.

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 and the Alliance of UK Health and Social Care Regulators on Europe (AURE).

Linda Stone

Chairman, Education Committee

Registration

Keeping a register of appropriately qualified and experienced practitioners is the 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.

Members of the public and patients need easy access to information that is helpful to them – this includes chiropractors' names, registered practice addresses and practice phone numbers. Findings of the GCC's disciplinary committees are also published on the web-site and made freely available to the public.

There is a search facility on every page of the GCC's web-site www.gcc-uk.org to enable members of the public to find a chiropractor and to check registration status; a local rates phone line is also available during office hours.

Access to information was further enhanced following research on the 'usability' of Registers commissioned by the Joint Health Regulators' PPI Group in 2006. Access is essential and is part and parcel of the GCC's contribution to the protection of the public.

Figure 1 – Registrations

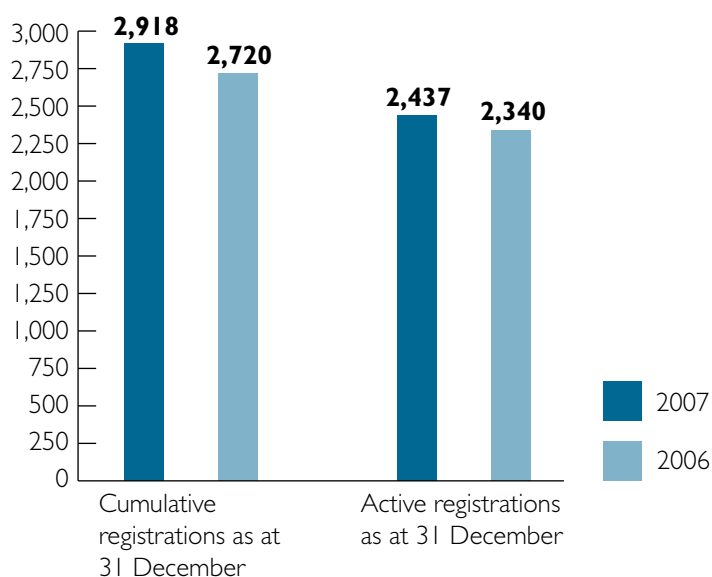


Figure 2 – Sex of chiropractors

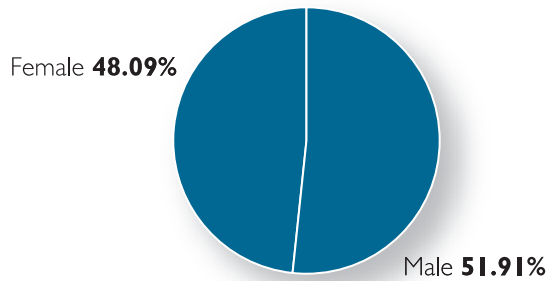


Figure 3 – Age of chiropractors

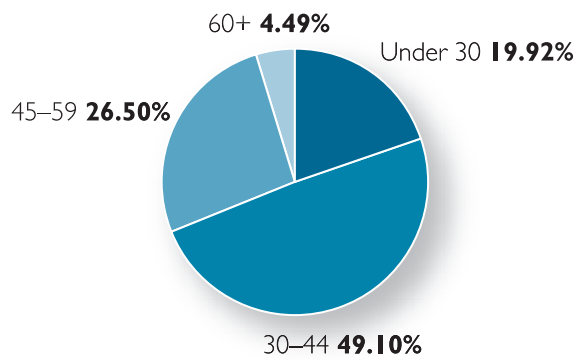
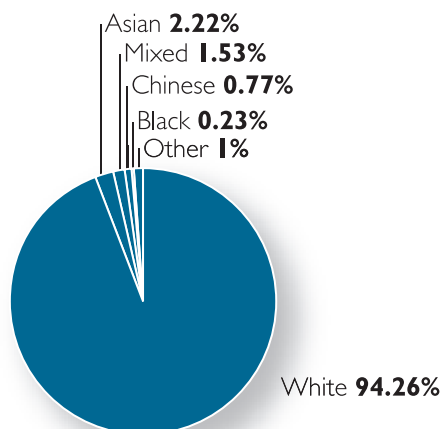


Figure 4 – Ethnicity

Figure 4 represents the 55% of all registrants who provided attributable responses.



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

Demand for the test is driven by the number of applications received.

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 |
| 1 January–31 December 2007 | 5 times | 307 | 68 | 197 | 99 |

Mandatory Continuing Professional Development (CPD)

The third year of mandatory CPD ended on 31 August 2007. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2007.

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

Chiropractors have understood what is required of them and the new GCC administrative procedures, introduced to manage the CPD process, continue to work smoothly.

This year 15 chiropractors applied to be exempted from some part of the requirements due to extenuating circumstances (for example, ill health) and all have been granted. This compares to two exemptions in 2006 and nine in 2005.

For the first time, one chiropractor has not complied with the process and so is liable to be removed from the Register.

Regulation

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

The GCC currently regulates just over 2,400 registrants.

The GCC's Code of Practice and Standard of Proficiency for the Safe and Competent Practice of Chiropractic

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. Planning for the next review is under way and the consultation process will commence in the Summer of 2008.

Use of indicative sanctions guidance

The purpose of the indicative sanctions guidance is to support consistency in the Professional Conduct Committee's decision making when determining a sanction, 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 any 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* identify trends and discuss complaints in detail. Each *Fitness to Practise Report* is an invaluable resource and learning tool for the profession. 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, fitness to practise procedures, setting standards of education, conduct and practice. 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 investigates 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. Following consultation with former complainants, patient representative groups and others, a new GCC complaints information leaflet, *How to complain about a chiropractor: telling the GCC about your concerns* was published in May 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

The GCC continues to ensure that there is relevant and regular training and guidance for all its regulatory committees. CHRE have not considered any of the Professional Conduct Committee decisions to have been unduly lenient, and has therefore made no referrals to the High Court (or equivalent) for review.

Competence-based assessment has been introduced for all Chairs and members of fitness to practise committees (Investigating, Professional Conduct and Health). At the end of every Committee or hearing, each member will complete a structured learning log. The purpose is to reflect on their contribution and consider ways in which they could improve. Each member's performance at one Committee meeting or hearing will be observed by external consultants. Members will then each attend an annual development interview.

¹Chiropractors Act 1994 ("the Act") Section 1(5)
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

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.

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

Examples of ongoing regulatory projects jointly undertaken by Health Regulators and CHRE

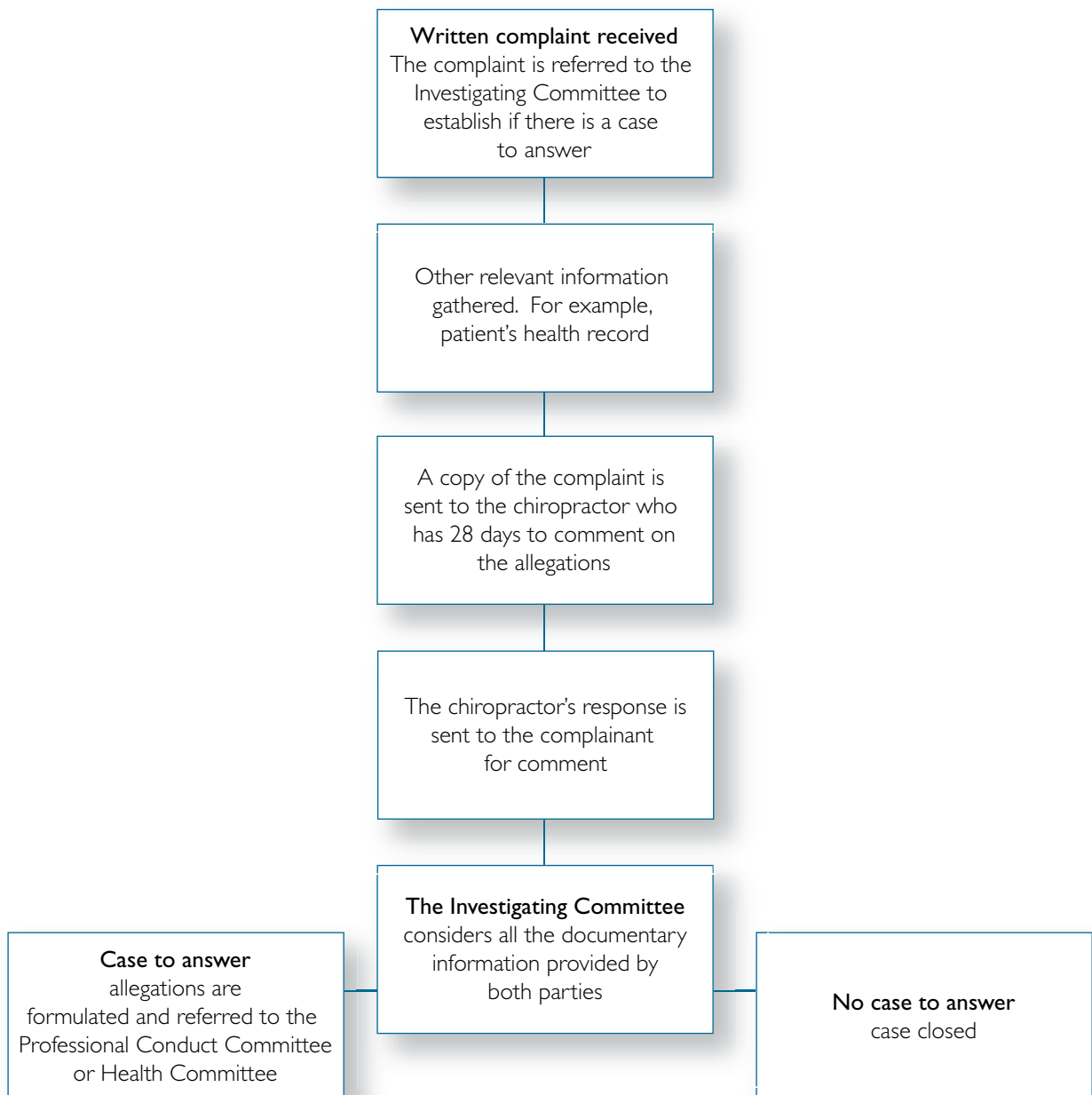
- Common sanctions – an analysis of the disposal of complaints by regulators' fitness to practise committees, and the sanctions available to them, with the aim to learn from best practice and achieve harmonisation where possible
- Professional boundaries – the drafting of guidance for healthcare practitioners, 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

What type of complaints does the GCC consider?

The GCC investigates 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.



Service standards

In November 2007, Council agreed the service standards for the timely investigation and determination of complaints against registrants. These services standards will be reviewed annually.

- 90% of decisions of the Investigating Committee to be taken within nine months
- 90% of cases referred by the Investigating Committee to be listed for hearing within nine months.

Outcomes of complaints considered by the Investigating Committee between 1 January and 31 December 2007

The Investigating Committee met 7 times to consider 46 complaints in total. Of these, 13 were complaints received during the 12 month reporting period. The remaining 33 complaints were carried over from previous years.

Formulating the allegation with particulars

It is often the case that each particular element of an allegation of unacceptable professional conduct formulated by the Investigating Committee will 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 health records maintained 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 2007, 14 complaints were referred to the PCC, relating to 13 chiropractors.

Outcome of complaints

| | 1 Jan-31 Dec 07 | 1 Jan-31 Dec 06 |
|--|-----------------|-----------------|
| Complaints considered | | |
| Total complaints considered | 46 | 64 |
| • Complaints received in previous years | 13 | 44 |
| • Complaints received in current year | 33 | 20 |
| Outcomes | | |
| Withdrawn | 4 | 0 |
| No case to answer | 16 | 29 |
| Referred to Professional Conduct Committee | 14 | 25 |
| Referred to Health Committee | 0 | 0 |
| Decision pending at year end | 12 | 10 |
| Source of complaints | | |
| Patient/relative of patient | 26 | 32 |
| Public (non-patient) | 5 | 7 |
| Other Chiropractor | 5 | 5 |
| Other Health Professional | 4 | 3 |
| Registrar | 6 | 7 |
| Other Source | 0 | 10* |
| Total | 46 | 64 |

* 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 allegations | No of Cases 2007 | No of Cases 06/05–12/06 |
|---|---------------------|----------------------------|
| Failing to respect the dignity and privacy of the patient | 1 | 2 |
| Failure to treat patient with respect and consideration | 4 | 1 |
| Failure to protect confidentiality of patient/breaches of the Data Protection Act | 2 | 6 |
| Undermining public confidence in the profession/bringing the profession into disrepute | 2 | 4 |
| Abuse of trust/abuse of position/mislead the public/undue influence | 3 | 4 |
| Failures relating to communication | 12 | 16 |
| Failure to gain appropriate consent for examination/treatment | 2 | 3 |
| Failure to maintain adequate records | 8 | 7 |
| Inappropriate use of ionising radiation/failings relating to IRMER | 4 | 1 |
| Failure to carry out appropriate initial consultation/examination/re-examination | 3 | 1 |
| Inappropriate and excessive treatment/treatment plan (including promoting undue dependence on care) | 4 | 5 |
| Failure to review/reassess treatment/modify treatment plan | 4 | 4 |
| Failure to exercise due care | 1 | 2 |
| Inappropriate/unjust criticism of another health professional | 2 | 0 |
| Failings relating to publicity material/marketing/promotion | 3 | 2 |
| Criminal Convictions | - | 1 |
| Improper relationship with patients/failure to transfer care of patient when involved in an improper relationship | 1 | 4 |
| Alcohol use | 1 | 1 |
| Claims to specialisation or expertise | 1 | 3 |
| Reports on behalf of third parties | – | 3 |
| Failure to have complaints procedure/failure to notify patient of complaint procedure/failure to adequately respond to patient concerns | 4 | 1 |
| Failures relating to practice and employment matters (including contractual arrangements and financial records) | – | 2 |
| Failure to supervise others | – | 2 |
| Misuse of the title 'Dr' | 2 | 0 |
| Practising as a chiropractor when registered as non-practising | 1 | – |
| Failure to maintain adequate standards of hygiene or appearance in the clinic | 2 | – |
| Failure to form an appropriate working diagnosis or clinical impression | 2 | – |
| Provision of inappropriate advice | 2 | – |
| Failure to discuss patient care with other treating health professionals | 1 | – |
| Failure to provide a treatment plan | 1 | – |
| Failure to supervise patient whilst undergoing care within the clinics | 1 | – |

| Nature of allegations (continued) | No of Cases 2007 | No of Cases 06/05-12/06 |
|--|---------------------|----------------------------|
| Failure to keep patient records secure | 1 | – |
| Practising without appropriate insurance | 1 | – |
| Inappropriately injected a patient with a substance which was not appropriately identifiable and without ensuring the substance was prescribed for the patient | 1 | – |
| Knowingly practised in, and failed to prevent, circumstances where an unregistered and uninsured individual was involved in the chiropractic management or treatment of patients | 1 | – |

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. These cases relate to chiropractors' conduct, competence or conviction for criminal offence. The Professional Conduct Committee meets in public and gives reasons for all decisions taken at all stages of the process. The Committee has 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 2007, the PCC met for a total of 61.5 days in relation to cases concerning 21 chiropractors.

This compares with the 12 month previous reporting period between 1 January and 31 December 2006 when the Professional Conduct Committee met for a total of 42.5 days in relation to cases concerning 16 chiropractors.

Review Hearings

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

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 would normally meet 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.

There were no cases referred to the Health Committee.

Section 32 (1) Offences

It is a criminal offence, under Section 32(1) of the Chiropractors Act 1994, for anyone to describe themselves (whether expressly or by implication) as a chiropractor. 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.

Rita Lewis

Chairman, Investigating Committee

Linda Stone

Chairman, Professional Conduct Committee

Communications

Communication is integral to the work of any health regulator. The GCC's current communications strategy specifies aims, objectives and the activities necessary to achieve them and the variety of stakeholders with whom we need to engage.

Woven into the communications strategy are measures that aim to fulfil the GCC's statutory responsibility to promote the profession. From the outset, the GCC has sought to achieve this statutory duty by 'promoting chiropractic so that its benefit to the health of the nation is understood and recognised'. The focus, therefore, has been to increase the public's access, via the NHS, to evidence-based chiropractic management of musculoskeletal disorders. The GCC has adopted a 'top down, bottom up' approach, one significant outcome being the inclusion of the chiropractic profession in the Department of Health's *Musculoskeletal Services Framework* for England, published in July 2006.

The government's White Paper, *Trust, Assurance, Safety: The Regulation of Health Professionals in the 21st Century* encourages consistency of purpose and good practice amongst regulators. It therefore proposes to remove the GCC's current statutory duty to 'promote' the profession because it is at odds with the objectives of the majority of UK health regulators.

Since October 2003 the task of overseeing the communications strategy, and facilitating its implementation, has been delegated by General Council to the GCC's Communications Strategy Working Group (CSWG). It is expected that Council will consider CSWG recommendations on a differently focused communications strategy in 2008.

Communications activities

Communications activities include publishing statements and core documents, monitoring media stories, briefing journalists, MPs, civil servants and ministers and liaising with stakeholders, CHRE and regulatory partners.

Working with others

A significant amount of the GCC's communications activities involves engaging with people and groups who have an interest in our work in particular or statutory regulation in general. As reported in previous Annual Reports, this includes participation in joint projects with other regulators through the Joint Health & Social Care Regulators' Public Patient Involvement Group and the Alliance of UK Health & Social Care Regulators in Europe. Regular meetings between the regulatory bodies' Chief Executives also help to provide a strategic overview and update of regulatory activity.

In-house, the GCC's Communications Strategy Working Group comprises representatives from the four chiropractic professional associations, the Chiropractic Patients' Association and the College of Chiropractors, GCC Council members and staff. The CSWG developed the new GCC careers advice leaflet – *Becoming a Chiropractor* and also facilitated the drafting of

a joint statement agreed between the GCC, the professional associations and the College of Chiropractors, explaining our respective roles.

The CSWG and stakeholders provided input into the GCC's new complaints information booklet, *How to complain about a chiropractor*, and *Connect* – a communications disability charity – gave very helpful and insightful feedback on its design and content. We were fortunate to obtain the views of some past complainants too, so that we could make sure it reflected accurately their experiences.

The GCC will also undertake its regular five-yearly review of the *Code of Practice and Standard of Proficiency* during 2008/9. The plans for consultation with stakeholders in late 2008 involving workshops throughout the UK have begun.

A considerable amount of effort is also devoted to documenting good practice in our regulatory activities for communication to the Council for Healthcare Regulatory Excellence (CHRE) during the GCC's annual performance review. We are pleased to say that the GCC's experience of CHRE's performance review process has been a positive one to date. We are also very pleased to learn that CHRE plans to implement a standards-based review process in 2008.

As you would expect during a period of root and branch regulatory reform requiring the introduction of primary and secondary legislation, the GCC has put a considerable amount of work into liaising with Department of Health officials on the drafting of new legislation and responding to questions and consultations. This all has to be done to very tight deadlines so that legislation can be presented to parliament within its timetable. During these events stakeholders must be kept informed of our activities to help them understand how matters are progressing and to prevent, as far as possible, misconceptions arising.

Publications

The GCC has published a range of documents during the year

- a *News from the GCC* – the GCC newsletter distributed to all chiropractors and others with an interest in the GCC
- b *Fitness to Practise Report 2005/2006*
- c *Annual Report 2006*
- d Post Council Bulletins
- e *Musculoskeletal Pathway: managing acute back pain in primary care* – advice note for General Practitioners, Primary Care Trusts and Local Health Boards
- f *How to complain about a chiropractor – Telling the General Chiropractic Council about your concerns* – information for people who are considering complaining to the GCC
- g *Working Together* – a joint statement explaining the roles of the GCC, the chiropractic professional associations and the College of Chiropractors
- h *Becoming a chiropractor* – a careers advice note

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

Enhancing www.gcc-uk.org

As a result of feedback from research into the usability of the regulators' statutory registers commissioned by the Joint Health & Social Care Regulators' Public Patient Involvement Group, the GCC has continued to improve accessibility and the clarity of the information on its website. This includes providing all of the addresses at which each chiropractor practises, rather than just his or her single registered address, an improved search facility and clearer presentation of the outcomes of Professional Conduct Committee hearings.

Press Complaints Commission

The accurate reporting of research outcomes by the media is essential to the public interest. The GCC lodged a complaint with the Press Complaints Commission because we were concerned about an inaccurate assessment of the utility of chiropractic by the *Guardian*, *Daily Mail* and *Daily Telegraph* arising from errors in their reporting of the outcome of a small research study published in *The Lancet*.

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 31 December 2007.

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 processed 198 (2006: 127) applications for registration, and by 31 December 2007, 2,918 (31 December 2006: 2,720) chiropractors had completed the application process and been entered on the Register. As at 31 December 2007, 2,437 (31 Dec 2006: 2,340) of the applicants, who had completed the process, were still registered.

Auditor

Statement as to disclosure of Information to the Auditor

The members of the Council at the date of approval of this report of the Council confirm that so far as each of them is aware, there is no relevant audit information of which the Council's auditor is unaware, and the members of the Council have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approved by the Council on 14th May 2008 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 6 to 14*.

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

Respective responsibilities of the Members of the Council and auditors

The Members' responsibilities for preparing the financial statements in accordance with applicable law are set out in the Statement of Members' Responsibilities on page 4*.

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

*Page references refer to the original document submitted by BakerTilly UK Audit LLP containing GCC Accounts 1 January-31 December 2007 and incorporated into this Annual Report. BakerTilly UK Audit LLP's original document can be viewed on www.gcc-uk.org.

assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion, the financial statements give a true and fair view, in accordance with applicable law, of the state of the General Chiropractic Council's affairs as at 31 December 2007, 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

3 June 2008

Income and Expenditure Account for the year ended 31st December 2007

| | Notes | Year ended 31st Dec 07 £ | Year ended 31st Dec 06 £ |
|--|-------|--------------------------------|--------------------------------|
| Income | | | |
| Registration fees – New registration | | 240,300 | 172,500 |
| – Annual retention | | 2,129,400 | 2,082,300 |
| Other income | 1 | 32,400 | 34,225 |
| Income generated from letting of rooms | | 218,690 | 192,414 |
| Total income | | 2,620,790 | 2,481,439 |
| Expenditure | | | |
| Staff costs | 2 | 544,134 | 557,841 |
| Staff expenses | | 12,291 | 7,496 |
| Regulatory costs | 3 | 879,009 | 970,888 |
| Committee expenses | 4 | 151,352 | 113,230 |
| Professional fees | 5 | 78,677 | 90,952 |
| Publicity | | 45,881 | 72,610 |
| Printing | | 27,029 | 38,042 |
| Postage | | 22,355 | 20,209 |
| Stationery | | 7,566 | 9,350 |
| Telephone | | 9,086 | 9,717 |
| Costs of running Wicklow Street premises | | 138,944 | 141,177 |
| Direct costs of ground floor letting | | 46,563 | 43,670 |
| Computer costs | | 34,807 | 31,601 |
| Insurance | | 23,489 | 23,384 |
| Subscriptions | | 1,374 | 3,878 |
| Other sundry expenses | | 136 | 0 |
| Bank charges | | 408 | 334 |
| Mortgage interest | | 85,873 | 93,667 |
| Depreciation | 7 | 224,999 | 187,984 |
| Total Expenditure | | 2,333,973 | 2,416,030 |
| Operating Surplus/(Deficit) before taxation | | 286,817 | 65,409 |
| Taxation | 6 | – | – |
| Surplus/(Deficit) for the period | 12 | £286,817 | £65,409 |

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

Balance Sheet as at 31st December 2007

| | Notes | 31st Dec 07 £ | 31st Dec 06 £ |
|--|-------|--------------------|------------------|
| Fixed assets | | | |
| Tangible assets | 7 | 5,020,096 | 5,231,911 |
| Current assets | | | |
| Debtors | 8 | 88,289 | 154,005 |
| Cash at bank | | 1,881,822 | 1,463,091 |
| | | 1,970,111 | 1,617,096 |
| Creditors | | | |
| Amounts falling due within one year | 9 | 3,007,541 | 2,832,387 |
| Net current liabilities | | (1,037,430) | (1,215,291) |
| Total assets less current liabilities | | 3,982,666 | 4,016,620 |
| Creditors | | | |
| Amounts falling due after more than one year | 10 | 1,726,551 | 2,047,322 |
| Total assets less total liabilities | | £2,256,115 | £1,969,298 |
| Funds of the Council | | | |
| Establishment funds | 11 | 337,999 | 337,999 |
| General reserves | 12 | 618,116 | 331,299 |
| Capital investment fund | 13 | 1,300,000 | 1,300,000 |
| Total funds | | £2,256,115 | £1,969,298 |

Approved and authorised for issue by the Members of Council on 14th May 2008, and signed on their behalf by:

Peter Dixon
Chairman

Financial statements for the year ended 31st December 2007

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 years |
| Furniture & office equipment | over 5 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 2007

| | Year ended 31st Dec 07 £ | Year ended 31st Dec 06 £ |
|----------------------------------|--------------------------------|--------------------------------|
| 1. Other income | | |
| Restoration fee | 15,000 | 11,350 |
| Non-practising to practising fee | 13,000 | 14,000 |
| Change of address fee | 4,350 | 8,775 |
| Other income | 50 | 100 |
| | £ 32,400 | £ 34,225 |

2. Staff costs

| | No. | No. |
|---|-----|-----|
| The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows: | 10 | 12 |

Staff costs for the above persons:

| | | |
|-------------------------|-----------------|-----------------|
| Wages and salaries | 414,819 | 424,910 |
| Social security costs | 45,609 | 46,504 |
| Other pensions costs | 34,779 | 36,438 |
| Temporary staff costs | 48,927 | 43,973 |
| Staff recruitment costs | 0 | 6,016 |
| | £544,134 | £557,841 |

3. Regulatory costs

| | | |
|--------------------------------|-----------------|-----------------|
| General regulation | 18,849 | 26,342 |
| Education Committee | 37,592 | 41,585 |
| Investigating Committee | 130,180 | 208,064 |
| Professional Conduct Committee | 692,388 | 694,897 |
| | £879,009 | £970,888 |

| | Year ended 31st Dec 07 £ | Year ended 31st Dec 06 £ |
|------------------------------|--------------------------------|--------------------------------|
| 4. Committee expenses | | |
| Attendance allowance | 82,588 | 54,600 |
| Social security costs | 13,238 | 10,943 |
| Expenses | 41,978 | 38,222 |
| Training and development | 13,548 | 9,465 |
| | £151,352 | £113,230 |

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

The increase in attendance allowance for the year is due to an agreed additional payment of 56 days for the Chairman and short term working groups which reported back to Council on both Revalidation and Fitness to Practise. In addition, six new chiropractic members were elected to the Council and additional costs for both attendance allowance and training and development costs were incurred in 2007.

| | Year ended 31st Dec 07 £ | Year ended 31st Dec 06 £ |
|--|--------------------------------|--------------------------------|
| 5. Professional fees | | |
| Legal fees | 23,062 | 53,547 |
| Auditors' remuneration: | | |
| Audit fees | 8,750 | 8,411 |
| Other advisory services | 1,250 | 1,468 |
| Accountancy services (including expert advice regarding Value Added Tax) | 2,099 | 1,927 |
| Database design, development, and support | 21,150 | 5,575 |
| Human resources and job evaluation | 4,463 | 9,380 |
| Website design and development | 4,671 | 2,277 |
| Data Protection and Freedom of Information Act (FOIA) advice | 13,232 | 1,614 |
| Other professional fees | 0 | 6,753 |
| | £78,677 | £90,952 |

There was a large increase in costs relating to Data Protection and Freedom of Information Act (FOIA) advice. This advice (primarily legal advice) was as a consequence of an increase in the number of FOIA requests of 28 in 2007 (2006: 12) and also in their complexity. Furthermore, specific advice was taken in relation to vexatious FOIA requests in the year.

6. 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 07 £ | Year ended 31st Dec 06 £ |
|--|--------------------------------|--------------------------------|
| 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 | £286,817 | £65,409 |
| Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 20% (2006: 19%) | 57,363 | 12,428 |
| Effects of: | | |
| Elements of the operating surplus that are not taxable | (34,924) | 2,623 |
| Depreciation in excess of capital allowances | (16,799) | (8,169) |
| Loss relief | (5,640) | (6,882) |
| Starting rate relief | — | — |
| Current tax charge | £0 | £0 |

At the balance sheet date losses available to be carried forward against future rental income amounted to £29,500 (2006: £57,700).

7. Fixed assets

| | Freehold land & buildings | Computer equipment | Furniture & office equipment | Total |
|---------------------------|------------------------------|-----------------------|------------------------------------|-------------------|
| Cost: | | | | |
| 1st January 2007 | 5,438,005 | 183,374 | 151,855 | 5,773,234 |
| Additions | 0 | 13,184 | 0 | 13,184 |
| 31st December 2007 | 5,438,005 | 196,558 | 151,855 | 5,786,418 |
| Depreciation: | | | | |
| 1st January 2007 | 360,221 | 139,899 | 41,203 | 541,323 |
| Charge for the period | 108,760 | 45,281 | 70,958 | 224,999 |
| 31st December 2007 | 468,981 | 185,180 | 112,161 | 766,322 |
| Net book value: | | | | |
| 31st December 2007 | 4,969,024 | 11,378 | 39,694 | £5,020,096 |
| 31st December 2006 | 5,077,784 | 43,475 | 110,652 | £5,231,911 |

31st Dec 07 31st Dec 06
£ £

8. Debtors**Due within one year:**

| | | |
|--------------------------------|----------------|----------|
| Trade debtors | 48,080 | 60,472 |
| Other debtors | 5,195 | 6,175 |
| Prepayments and accrued income | 35,014 | 87,358 |
| | £88,289 | £154,005 |

9. Creditors**Amounts falling due within one year:**

| | | |
|--------------------------------|-------------------|------------|
| Bank loan on freehold premises | 273,028 | 258,946 |
| Trade creditors | 182,838 | 141,834 |
| Retention fees in advance | 2,237,900 | 2,131,700 |
| Value Added Tax payable | 165,253 | 162,661 |
| Other creditors | 108,557 | 88,602 |
| Accruals and deferred income | 39,965 | 48,644 |
| | £3,007,541 | £2,832,387 |

| | 31st Dec 07 £ | 31st Dec 06 £ |
|--|-------------------|------------------|
| 10. Long term creditors | | |
| Amounts falling due after more than one year: | | |
| Bank loan on freehold premise | £1,726,551 | £2,047,322 |

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

| | 31st Dec 07 £ | 31st Dec 06 £ |
|--------------------------------|------------------|------------------|
| Loan maturity analysis: | | |
| Due within one to two years | £286,181 | £269,100 |
| Due between two and five years | £979,880 | £918,116 |
| Due after more than five years | £460,490 | £860,106 |

11. 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 2007 & 31st December 2007 | £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 | |

| | 31st Dec 07 £ | 31st Dec 06 £ |
|----------------------------------|------------------|------------------|
| 12. General reserves | | |
| Balance as at 1st January 2007 | 331,299 | |
| Surplus for the period | 286,817 | |
| Balance as at 31st December 2007 | £618,116 | |

13. Capital investment fund

| | | |
|---|-------------------|--|
| Balance as at 1st January 2007 & 31st December 2007 | £1,300,000 | |
|---|-------------------|--|

14. 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 2 to the financial statements.

Members' responsibilities in the preparation of financial statements

The members of the Council are responsible for preparing the Report of the Council and the Financial Statement in accordance with applicable law and regulations.

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 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.

The members of the Council are responsible for the maintenance and integrity of the corporate and financial information on the Council's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

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 2007:

| | | |
|---------------------------|-----|--|
| Peter Dixon | (C) | Chairman |
| Carl Lygo | (S) | |
| Alan Breen | (E) | |
| Michael Kondracki | (E) | |
| Kalim Mehrabi | (E) | |
| 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) | Term of Office ended 14th June 2007 |
| David Byfield | (C) | Re-elected 15th June 2007 |
| Mark Cashley | (C) | Elected 15th June 2007 |
| Michael Copland-Griffiths | (C) | Term of Office ended 14th June 2007 |
| Christina Cunliffe | (C) | Elected 15th June 2007 |
| Matthew Flanagan | (C) | Term of Office ended 14th June 2007 |
| Kevin Grant | (C) | Re-elected 15th June 2007 |
| Dana Green | (C) | Term of Office ended 14th June 2007 |
| Graham Heale | (C) | Elected 15th June 2007 |
| Carla How | (C) | Term of Office ended 14th June 2007 |
| Richard Lanigan | (C) | Elected 15th June 2007 |
| Barry Lewis | (C) | Elected 15th June 2007 |
| Marisa Pinnock | (C) | Elected 15th June 2007 |
| Kevin Proudman | (C) | Term of Office ended 14th June 2007 |
| Stephen Williams | (C) | Re-elected 15th June 2007 |

(S) Indicates Secretary of State's Appointee (E) Education Appointee

(L) Indicates a Lay Member (C) Indicates elected Chiropractic Member

Elections were held in 2007 for chiropractic members and six new chiropractic members were elected and four were re-elected to Council.

Registrar & Chief Executive

Margaret Coats

Principal address

44 Wicklow Street
London WC1X 9HL

Staff in post as at 31 December 2007

Chief Executive & Registrar

Margaret Coats

Business Manager

Paul Ghuman

Executive Officer (Communications)

Philippa Barton-Hanson

Administrative Assistant (Communications)

Paul Robinson

Executive Officer (Registration)

Jamie Button

Registrations Officer

Vacancy

Specialist Officer (Regulation)

Winnie Walsh

Specialist Officer (Regulation)

Emma Willis

Accounts Assistant

Vacancy

Premises Manager

Stephen Robinson

General Chiropractic Council
44 Wicklow Street
London WC1X 9HL

Phone: 020 7713 5155

Fax: 020 7713 5844

E-mail: enquiries@gcc-uk.org

Website: www.gcc-uk.org