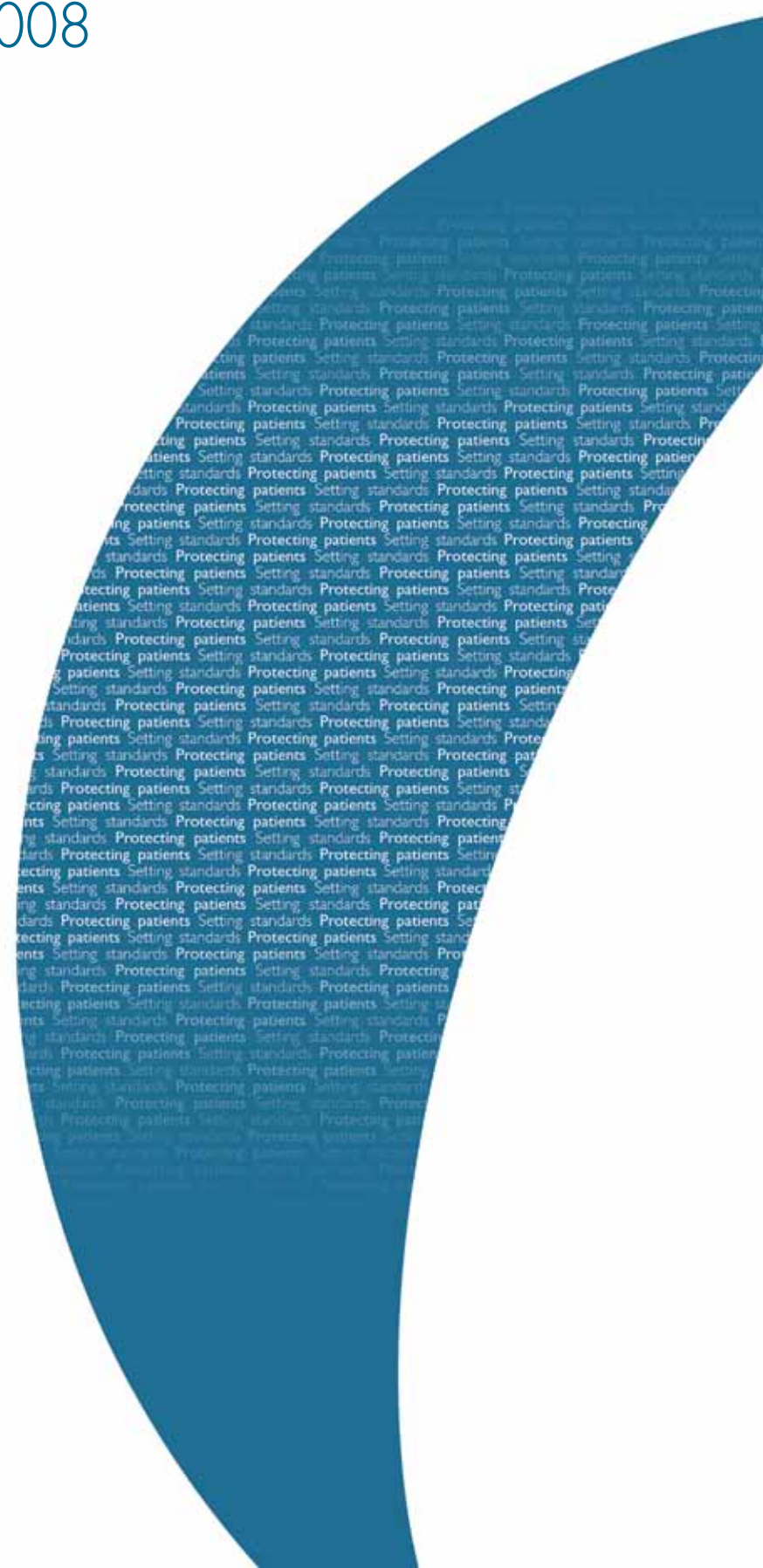




General Chiropractic Council

Annual Report 2008



Contents

Chairman's foreword | 2

Governance | 3

Education | 7

Registration | 11

Regulation | 14

Communications | 23

Resources | 25

Financial statements | 27

Chairman's foreword

During 2008 many of General Council's activities focused on preparing to move to a smaller, more strategic Council. This is a key component of the wide-ranging programme of regulatory reform initiated by government.

From February 2009 the GCC will have:

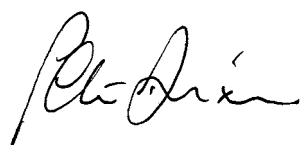
- an all-appointed Council of seven lay and seven registrant members
- new, all-appointed Investigating, Professional Conduct and Health Committees that won't include any members of Council.

The GCC has three main statutory functions:

- protecting the public by registering and regulating chiropractors
- setting the standards of chiropractic education, conduct and practice
- ensuring the development of the profession.

Our duty to promote the profession was removed with effect from July 2008. 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: protecting the public by setting and maintaining professional standards.

I'm very pleased to have been appointed as Chair of the GCC for the next four years, with the opportunity to lead an organisation that will continue to demonstrate its effectiveness as a member of the 'family' of healthcare regulators.



Peter Dixon
Chairman

Governance

The implementation of reforms to the governance of the GCC has been completed. 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 at least 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 and indicated it would wish to move to a lay majority when legislation permitted this.

Implementing regulatory reforms

Appointments

A robust recruitment and appointment process for the Chair and Council members was undertaken by the Appointments Commission on behalf of the Privy Council.

In parallel, the GCC commissioned the Appointments Commission to manage the recruitment of members of our Investigating, Professional Conduct and Health Committees. Applicants were required to demonstrate they could meet the requirements of the relevant competence framework.

Appointments were made in principle by November 2008 and confirmed in February 2009 with the passing of relevant legislation*.

At the same time the essential everyday governance activities of the GCC have been maintained. During 2008 this has involved reviews of the GCC's:

- a) Equality and diversity scheme
- b) Peer assessment system
- c) Corporate Plan
- d) Governance Policy.

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

The GCC met all CHRE's performance standards. CHRE's Performance Review Report was published in August 2008 and it identified the GCC as:

- a) being particularly strong in its communications with registrants and the public
- b) demonstrating a deep commitment to informing the public about chiropractic and the regulatory role of the GCC
- c) being noteworthy with regard to its *Code of Conduct for Members of Council* and effective procedures for their assessment and appraisal.

* Health Care and Associated Professions (Miscellaneous Amendments) Order 2008
 General Chiropractic Council (Constitution) Order 2008
 General Chiropractic Council (Constitution of Statutory Committees) Rules Order of Council 2009

Performance review processes, if they are to be meaningful, also identify suggested areas of development. Consequently, CHRE recommended the GCC gives thought to:

- a) whether there is scope for repeating on a regular basis the audit by an external organisation of fitness to practise decisions, including decisions by the Investigating, Professional Conduct and Health Committees
- b) setting more ambitious service standards in fitness to practise.

We responded by:

- widening the independent analysis of fitness to practise decisions to include those taken by the Investigating Committee
- revising the service standard for the Investigating Committee, though it was not realistic to do the same for the Professional Conduct and Health Committees.

The performance review framework and process

CHRE's performance review process is standards based. It aims to 'describe' good practice and what the public should expect from regulators. Currently, there are 18 core standards (with over 80 minimum requirements) spanning five regulatory functions, which are:

- Standards and guidance
- Registration
- Fitness to practise
- Education and governance
- External relations.

Audit Committee

The Audit Committee is an advisory committee of Council. Its responsibilities are:

- the scrutiny and monitoring of 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 auditor's management letter
- setting up and reviewing the Council's risk register.

Constitution and attendance at meetings of the Audit Committee

The Audit Committee is made up of four members and meets on a quarterly basis. All meetings of the Committee were well attended and quorate. The Chief Executive and the Business Manager attended the meetings at the invitation of the Committee. The Committee took the opportunity to meet in private with the external auditors, Baker Tilly, at the outset of the meeting where the financial statements and the management letter were discussed. The Committee also tendered the services of the external auditor during the year. Following a rigorous tender, presentation of bid and further questioning, the audit firm appointed was haysmacintyre.

Activities

During the year the Committee reviewed the following:

- tender of external auditors
- auditor's management letter
- scope of the external audit
- risk register
- document retention policy
- asset strategy
- insurance issues
- CHRE annual performance review
- CHRE enhanced performance review of the Nursing and Midwifery Council
- the Committee's terms of reference and membership
- policy on witness summons.

Risk register

The risk register clearly defines the risks associated with each of the GCC's Corporate Plan priorities as well as the operational risks in the 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, then assessing the controls and actions to mitigate or transfer the risk. The Committee considers the major, new or revised risks at each meeting and reviews the complete register on at least an annual basis.

The analysis of all 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. The Committee has, through this process, reduced 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 2008 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 in this respect. The auditors also commented positively on the quality of the systems and the work of the Council's finance staff. Although there are no significant weaknesses in its system of internal controls, the Committee along with the executive are determined to ensure that a programme of continuous improvement takes place in line with changing processes and procedures.

The year ahead

The Audit Committee will:

- further review the risk register and amend the action plan to mitigate any current and future major risks identified
- continue to seek assurances that the internal controls are both suitable and effective
- 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.

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 and the full recognition process is repeated at least every five years. The annual monitoring reports are used to decide whether additional visits or other actions are required.

Our [Criteria for the Recognition of Degrees in Chiropractic](#) have been agreed with the current [UK providers of chiropractic education](#). These Criteria are reviewed on a regular basis and are designed to ensure that graduates meet the requirements of the GCC's [Standard of Proficiency for the Competent and Safe Practice of Chiropractic and the Code of Practice](#).

When our General Council is satisfied that a degree programme meets our criteria, the final step in the process is that the Privy Council must give its formal approval for the qualification to be recognised for the purposes of the Chiropractors Act 1994.

If problems arise that cannot be rectified, then (subject to the approval of the Privy Council) the GCC can remove recognition.

UK chiropractic degrees

As of 31 December 2008 the UK chiropractic courses recognised by the GCC under the terms of this legislation are:

Institution	Qualification title	Period
Anglo-European College of Chiropractic (AECC)	Master of Chiropractic (MChiro)	2003–2008 ⁽ⁱ⁾
	Master of Chiropractic (MChiro)	2013–2017 ⁽ⁱⁱ⁾
McTimoney College of Chiropractic	BSc(Hons) Chiropractic	2006–2011 ⁽ⁱⁱ⁾
	Master of Chiropractic (MChiro) 5-Year Programme	2011–2014 ⁽ⁱⁱ⁾
	Master of Chiropractic (MChiro) 4-Year Programme	2013–2016 ⁽ⁱⁱ⁾
University of Glamorgan	BSc(Hons) Chiropractic	2005–2010 ⁽ⁱⁱ⁾
	Master of Chiropractic (MChiro)	2009–2014 ⁽ⁱⁱ⁾

Note:

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

(ii) These dates refer to the point of graduation.

Transparency of the procedures

We publish details of any conditions of recognition and associated monitoring requirements for new programmes, together with a copy of the Visiting Panel's report, so that the recognition and monitoring process is as open and transparent as possible.

External quality assurance

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

Increasing the number of chiropractic degree providers: an ongoing challenge

The number of chiropractic education providers in the UK has remained static since 2002. The major barrier to the development of new degree programmes is the capital investment required on the part of a university to establish the necessary outpatient clinic. Unlike other regulated health professions, there is no dedicated government funding for chiropractic clinical training.

The GCC will continue to develop and implement strategies to meet this challenge.

Public and patient involvement in chiropractic education programmes

In common with the approaches taken by other professions on involving patients and the members of the public in educational programmes, GCC recognition panels will include a meeting with patients (where they are willing to participate) in all future visits to existing education providers.

We will also ensure that the regular review of the GCC's *Criteria for the Recognition of Degrees in Chiropractic* will include specific requirements relating to public and patient involvement with regard to visiting panels and annual monitoring processes.

Student Fitness to Practise Committees

Providers of chiropractic degree courses are required to notify the GCC of any findings of their Student Fitness to Practise Committees. Relevant information with regard to conduct or character can then be taken into account when graduates apply for registration with the GCC.

Equality and diversity

The Disability Discrimination Act sets out responsibilities for education providers and relevant statutory bodies, including the GCC. Having considered in particular the report *Gateways into the Profession* by the Department for Innovation, Universities and Skills and the General Medical Council, it was agreed that the Education Committee had a role in:

- monitoring that education providers had the necessary policies in place
- acting as a sounding board when providers were struggling with specific disability issues.

The GCC will facilitate work by the chiropractic education providers and their equality and diversity leads to develop common policies in relation to chiropractic education.

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 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).

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 website and made freely available to the public.

There is a search facility on every page of the GCC's website www.gcc-uk.org to enable members of the public to find a chiropractor and to check registration status; a local rate 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 I – Registrations

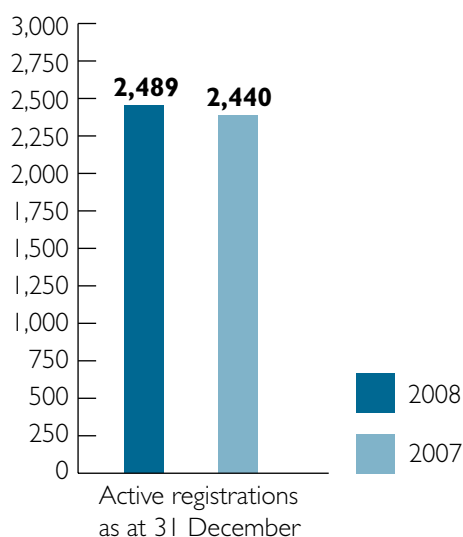


Figure 2 – Sex of chiropractors

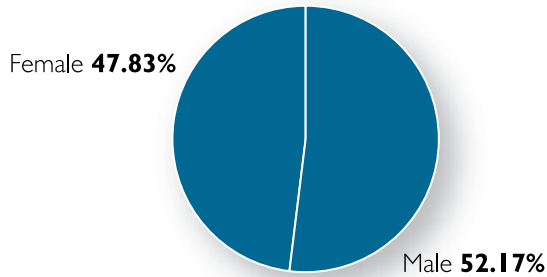


Figure 3 – Age of chiropractors

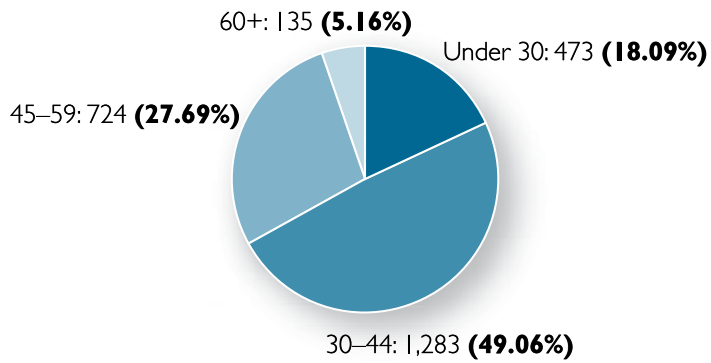
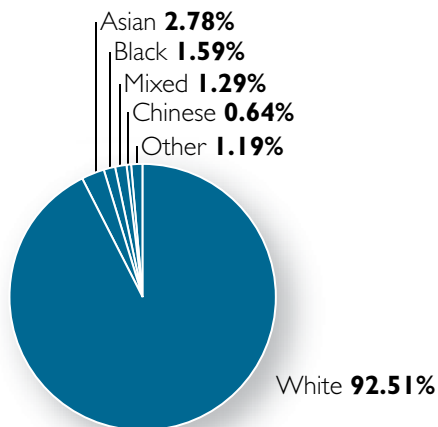


Figure 4 – Ethnicity

Figure 4 represents the 62.9% 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)
- discussion of case studies
- 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

The test of competence has been held 25 times between 1 August 2004 and 31 December 2008: 337 candidates have attempted the test (72 of whom had repeated it), 233 passed and 104 failed.

Mandatory Continuing Professional Development (CPD)

The fourth year of mandatory CPD ended on 31 August 2008. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2008.

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

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 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.

Registrants to sign a statement of adherence to the Code of Practice and Standard of Proficiency

With effect from 1 January 2009 all chiropractors will be required to sign the following statement:

"I declare I have read the General Chiropractic Council Code of Practice and Standard of Proficiency and understand that my actions may be judged against the standards and principles it contains".

Review of the Code of Practice and Standard of Proficiency

The Code and Standard are living documents that are reviewed and revised on a regular basis; we commenced our five-yearly, full-scale review of the Code and Standard in the summer of 2008. It included a series of UK-wide workshops attended by chiropractors, patients, students of chiropractic and members of the public.

The principles of the current Code and Standard were essentially confirmed as sound and appropriate; the next edition will be written in plain English and will contain more easily identified guidance on how the principles of good practice should be applied. [The new version of the Code and Standard will come into effect in June 2010.](#)

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 and encourages chiropractors to recognise the value of demonstrating that they have insight into any failings that have occurred.

This is because chiropractors, and their legal representatives, are fully 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.

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 errors 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 feeds into all aspects of the GCC's work, including keeping the register of chiropractors, fitness to practise procedures, and 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 and so we publish *How to complain about a chiropractor*, in a print and electronic version published on www.gcc-uk.org. Its content and format was informed by a template produced by CHRE. Named staff members also advise members of the public about the GCC's remit and complaints processes.

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, terms of reference and detailed Rules¹. Council has long been concerned that this aspect of our legislative framework does not fit well with the principles of the Better Regulation Task Force that focus on proportionality and targeting.

This is because, unlike some other healthcare regulators, our Investigating Committee lacks any powers for consensual disposal of complaints; for example, issuing a warning or accepting undertakings from chiropractors.

We anticipate this will be remedied by further legislative change designed to increase consistency across the healthcare regulatory system.

¹ Chiropractors 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

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).

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 hearings
- Leadership of the committee and proceedings

Examples of regulatory projects jointly undertaken by health regulators and CHRE

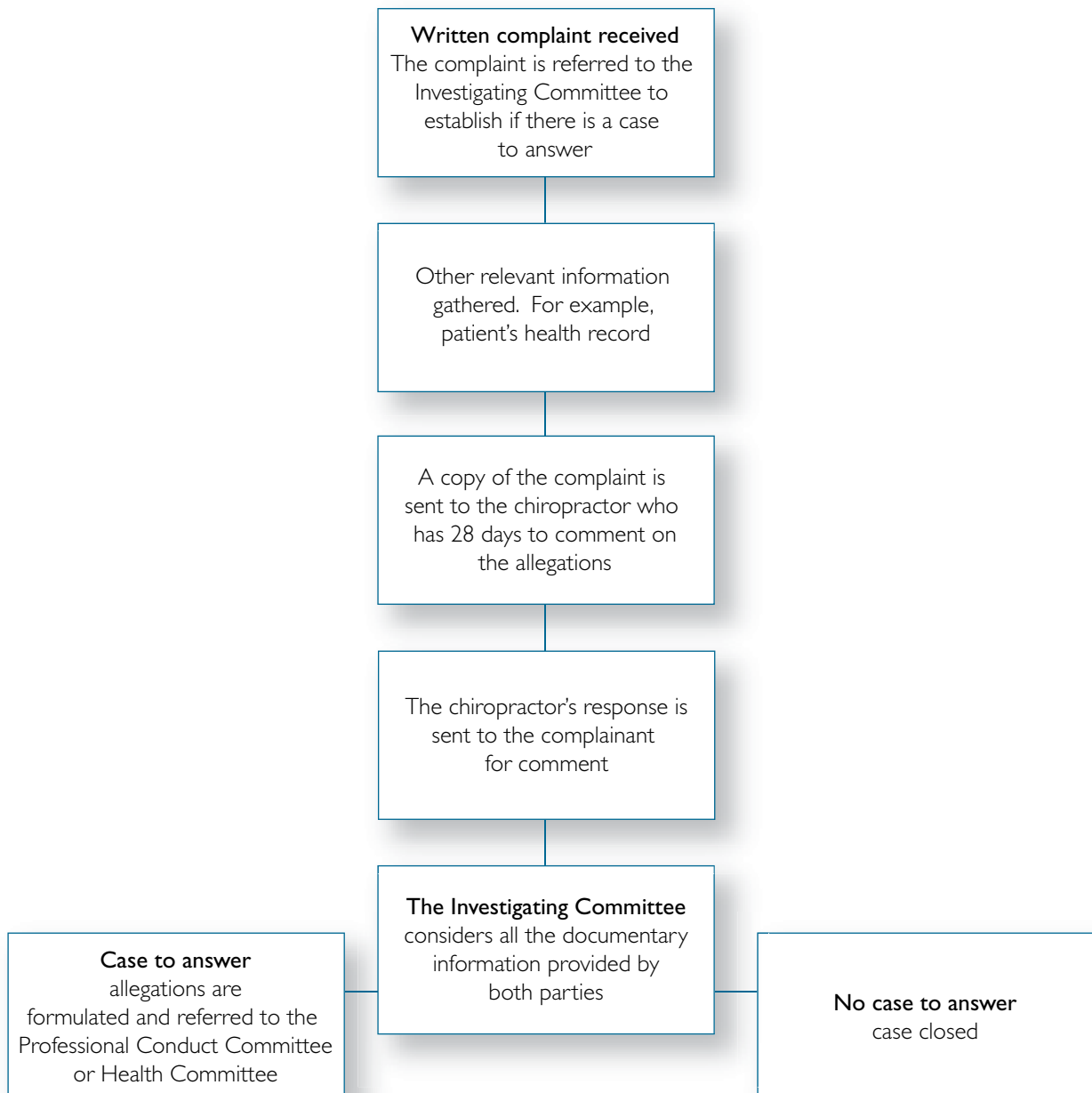
- Common sanctions – an analysis of the disposal of complaints by regulators' fitness to practise committees, and the sanctions available to them, with the aim to learn from best practice and achieve harmonisation where possible
- Professional boundaries – the publication of guidance for healthcare practitioners, 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. The GCC circulated to chiropractors printed copies of CHRE's guidance to health professionals on sexual boundaries

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 below 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 their right to argue their case.



Service standards

Service standards for the timely investigation and determination of complaints against registrants are reviewed annually. In November 2007 General Council agreed that:

- 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.

During 2008 the Investigating Committee met these service standards, despite having to clear a backlog of complex cases. A significant change to its procedures also allows the Investigating Committee to consider closing a case where no response to a request for information has been received from the complainant within two months, it having also considered whether an investigation is required in the public interest.

General Council considered a revision to the service standards in the light of CHRE's recommendation that they should be more ambitious. The Investigating Committee's service standards were changed to:

- 50% of final decisions of the Investigating Committee to be taken within four months of its first consideration of the complaint
- 90% of final decisions to be taken within six months of the Investigating Committee's first consideration of the complaint.

Listing Professional Conduct Committee hearings

With regard to listing of hearings, all cases referred by the Investigating Committee since November 2007 were listed for hearing within nine months and met the service standard.

In considering whether to revise the service standard for listing hearings as recommended by CHRE, the GCC is aware of several factors that militate against any reduction in timescale. These include the knock-on effects of postponements, links between cases, underestimation of the days required for hearing and an increased number of cases going part-heard.

The GCC participates in a CHRE convened Fitness to Practise Forum attended by representatives from the nine regulators of health professionals. It is apparent that other regulators are experiencing more part-heard cases, usually as a consequence of the approach taken by the respondents' legal representatives. The GCC therefore agreed that the service standard for 2009 should remain as:

- 90% of cases to be listed for hearing within nine months of notification of allegations to the respondent.

Outcomes of complaints considered by the Investigating Committee between 1 January and 31 December 2008

The Investigating Committee met seven times to consider 43 complaints in total. Of these, 26 were complaints received during the 12-month reporting period. The remaining 17 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 or professional incompetence 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 2008, 17 complaints were referred to the PCC, relating to 15 chiropractors.

Outcome of complaints

	I Jan–31 Dec 08	I Jan–31 Dec 07
Complaints considered		
Total complaints considered	43	46
• Complaints received in previous years	26	13
• Complaints received in current year	17	33
Outcomes		
Withdrawn	6	4
No case to answer	16	16
Referred to Professional Conduct Committee	17	14
Referred to Health Committee	0	0
Decision pending at year end	4	12
Source of complaints		
Patient/relative of patient	15	26
Public (non-patient)	5	5
Other Chiropractor	7	5
Other Health Professional	1	4
Registrar	9	6
Other Source*	6	0
Total	43	46

* 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 2008	No of cases 2007
Failing to respect the dignity and privacy of the patient	–	1
Failure to treat patient with respect and consideration	–	4
Failure to protect confidentiality of patient/breaches of the Data Protection Act	1	2
Undermining public confidence in the profession/bringing the profession into disrepute	1	2
Abuse of trust/abuse of position/mislead the public/undue influence	1	3
Failures relating to communication	6	12
Failure to gain appropriate consent for examination/treatment	1	2
Failure to maintain adequate records	2	8
Inappropriate use of ionising radiation/failings relating to IRMER	–	4
Failure to carry out appropriate initial consultation/examination/re-examination	1	3
Inappropriate and excessive treatment/treatment plan (including promoting undue dependence on care)	2	4
Failure to review/reassess treatment/modify treatment plan	1	4
Failure to exercise due care	–	1
Inappropriate/unjust criticism of another health professional	3	2
Failings relating to publicity material/marketing/promotion	1	3
Criminal convictions	2	–
Improper relationship with patients/failure to transfer care of patient when involved in an improper relationship	1	–
Alcohol use	1	1
Claims to specialisation or expertise	–	1
Reports on behalf of third parties	–	
Failure to have complaints procedure/failure to notify patient of complaints procedure/failure to adequately respond to patient concerns	1	4
Failures relating to practice and employment matters (including contractual arrangements and financial records)	–	–
Failure to supervise others	–	–
Misuse of the title 'Dr'	–	2
Practising as a chiropractor when registered as non-practising	1	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	1
Failure to provide a treatment plan	–	1

Nature of allegations (continued)	No of cases 2008	No of cases 2007
Failure to supervise patient while undergoing care within the clinics	–	1
Failure to keep patient records secure	1	1
Practising without appropriate insurance	3	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
Dishonesty/failure to declare a criminal conviction to the GCC	1	–
Failure to refer to another health professional	1	–
Undermining patient's confidence in another health professional	1	–
Encouraged patient to cease medication prescribed by another health professional	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 and relate to chiropractors' conduct, competence or conviction for criminal offence. The Professional Conduct committee meets in public to decide:

- a) whether the facts of the allegation 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 Allegation are published prior to the hearing so the public is aware that cases are being heard and the nature of the allegation.

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 2008 the PCC met for a total of **77** days in relation to cases concerning **19** chiropractors.

This compares with the 12-month previous reporting period between 1 January and 31 December 2007 when the Professional Conduct Committee met for a total of **61.5** days in relation to cases concerning **21** chiropractors.

Review Hearings

The PCC met for a total of **8** days to review either conditions of practice orders or suspension orders relating to **8** chiropractors.

Health Committee

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

Communications

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. In July 2008 the GCC's statutory duty to 'promote' the profession was removed because it was at odds with the objectives of the majority of UK health regulators. In November 2008, therefore, General Council reviewed and agreed a *Communications Strategy 2008–2011*.

Communications Strategy 2008–2011

The *Communications Strategy* focuses on:

- raising public awareness and understanding of the regulation of chiropractors; and
- facilitating engagement with members of the public, patients and the chiropractic profession.

Key objectives

The key objectives of the GCC's Communications Strategy derive from '*Implementing the White Paper – Trust, Assurance and Safety – Enhancing confidence in healthcare professional regulators*' published in June 2008 by the Department of Health.

In all its activities the GCC seeks to conform with the Better Regulation Taskforce's five 'Principles of Good Regulation': proportionality, accountability, consistency, transparency and targeting.

The *Communications Strategy* builds on the communications outcomes already achieved by the GCC. CHRE stated in its 2008 review of the GCC's performance that: '*... the GCC is particularly strong in its communications with registrants and the public and demonstrates a deep commitment to informing the public about chiropractic and the regulatory role of the GCC and its services*'.

Implementation and review

To ensure the *Communications Strategy* remains fit for purpose and responsive, it will be kept under review as necessary by the GCC's Communications Advisory Group (CAG)².

The next full-scale review is planned for 2011.

General Council will, from time to time, identify specific issues or publications on which it seeks the advice of the CAG. The CAG will also bring relevant communications matters to the attention of General Council.

Following a national advertising campaign seeking volunteers, four new lay members were recruited to the CAG. The CAG is chaired by a lay member of GCC Council and comprises members of the public, patients, and representatives of chiropractic professional organisations, GCC Council members and relevant staff.

² The Communications Advisory Group (CAG) was formerly known as the Communications Strategy Working Group (CSWG); its name was changed in December 2008 to better reflect its role.

Working with others

A significant amount of the GCC's communications activities involve 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.

The GCC also undertook a major project with its regular, five-yearly review of the *Code of Practice and Standard of Proficiency*. The consultation with stakeholders in late 2008, which included workshops throughout the UK, provided extremely useful, constructive feedback.

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 published:

- *News from the GCC* – our newsletter for chiropractors and others with an interest in the GCC
- *Fitness to Practise Report 2007*
- *Annual Report 2007*
- Council Bulletins.

All 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 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.

Resources

Resource Management Committee

The purpose of the Committee is to:

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

The Resource Management Committee (RMC) meets on a quarterly basis and has four members. All meetings of the Committee were quorate and well attended. The RMC is an advisory committee to the Council.

Activities

During the year the Committee has reviewed:

- the annual financial statements
- the budget for 2009
- financial forecasts for 2008–2013
- quarterly management accounts
- its terms of reference and membership
- members' daily allowance rate and expenses policy
- regulatory legal costs
- room hire business plan.

The GCC's financial position

The Committee reviews the current financial position at each meeting and its impact on the longer term forecasts. The Committee and senior management are always considering ways of reducing expenditure which has minimal impact on achieving objectives. Annual budgets and forecasts were reviewed by the Committee and quarterly management accounts were produced.

The accounting period

This accounting period covers 1 January 2008 to 31 December 2008.

The income for the year was £2,708K, which was a 3% increase on the 2007 income figure of £2,621K. The expenditure for the year was £2,334K, which was an increase of 7% on the expenditure figure for 2007 of £2,334K. This led to a surplus of £216K before taxation. This was a 24% reduction in the surplus of £287K in 2007.

The marginal income generated by hiring out the ground floor facilities to external organisations increased to £189K (2007: £172K). This increase was in line with forecasts and an even higher return is forecast for 2009.

The GCC has continued to fulfil its statutory responsibilities effectively by consolidating and developing core aims and objectives as summarised in the Corporate Plan, which was reviewed in September 2008.

Reserves

The GCC has continued with the policy of maintaining sufficient reserves to fulfil its 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 2008 were £2,464K (2007: £2,256K). This is equivalent to over 12 months' running costs.

The GCC considers that there should be at least reserves 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 is reviewed on an annual basis.

Regulation

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 seeking 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 Committee is pleased to report that costs in relation to cases on a hearing day basis have reduced in each of the last two years, largely due to measures taken to reduce legal costs.

The year ahead

There will be further work undertaken to review financial forecasts and to enable the GCC to build reserves in an environment of increasing levels of complaints, of increasing complexity, year on year. The forecasts include increases in hearing days over the next five years. Further costs, such as legal fees, members' appointments and training in relation to changes in the constitution orders in 2009, have also been included in forecasts.

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 2008.

Objectives

The Council was established to provide for the regulation of the chiropractic profession within the United Kingdom.

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. This duty was removed in July 2008 by an amendment to the Chiropractors Act 1994.

Financial review

The results for the year show a surplus before taxation of £216,045 (2007: £286,817).

The Council is dependent on income from fees and hire income, which has increased by £88,403 in 2008 to £2,708,833. During the year, the GCC processed 167 (2007: 198) applications for initial registration. As at 31st December 2008, 2,489 (31st Dec 2007: 2,440) chiropractors were registered with the GCC.

Expenditure has increased in 2008 by £158,815 to £2,492,788. There were planned increases in regulatory costs to cover additional hearing days for the Professional Conduct Committee to ensure that cases were dealt with in a timely manner and in accordance with standards agreed. The appointment of the new Council and statutory conduct committees following changes to the Chiropractors Act 1994 took place in 2008. The five-year review of the *Code of Practice and Standard of Proficiency* was undertaken and involved consultation workshops across the UK.

The members of Council consider that the organisation is a going concern and the financial statements have been prepared on this basis. The Council has reserves to cover just less than twelve months' running costs at 31st December 2008.

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 20th May 2009 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 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 haysmacintyre containing GCC Accounts 1 January to 31 December 2008 and incorporated into this Annual Report. haysmacintyre'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 2008, and of its surplus for the year then ended, and have been properly prepared in accordance with the Chiropractors Act 1994.

haysmacintyre

Fairfax House
15 Fulwood Place
London
WC1V 6AY

20 May 2009

Income and Expenditure Account for the year ended 31st December 2008

	Notes	Year ended 31st December 2008 £	Year ended 31st December 2007 £
Income			
Registration fees – New registration		195,950	240,300
Annual retention		2,230,100	2,129,400
Other income	1	43,925	32,400
Income generated from room hire		238,858	218,690
Total income		2,708,833	2,620,790
Expenditure			
Staff costs	2	578,961	544,134
Staff expenses		6,007	12,291
Regulatory costs	3	1,042,033	879,009
Committee expenses	4	243,278	151,352
Professional fees	5	102,288	78,677
Publicity		37,497	45,881
Printing		18,386	27,029
Postage		21,847	22,355
Stationery		9,306	7,566
Telephone		9,439	9,086
Costs of running Wicklow Street premises		145,955	138,944
Direct costs of room hire		50,358	46,563
Computer costs		28,702	34,807
Insurance		24,998	23,489
Subscriptions		1,141	1,374
Other sundry expenses		739	136
Bank charges		644	408
Mortgage interest		41,656	85,873
Depreciation	7	129,553	224,999
Total Expenditure		2,492,788	2,333,973
Operating Surplus/(Deficit) before taxation		216,045	286,817
Taxation	6	8,649	0
Surplus/(Deficit) for the period	12	207,396	286,817

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 2008

	Notes	31st December 2008 £	31st December 2007 £
Fixed assets			
Tangible assets	7	4,894,918	5,020,096
Current assets			
Debtors	8	65,492	88,289
Cash at bank		2,032,728	1,881,822
		2,098,220	1,970,111
Creditors			
Amounts falling due within one year	9	3,237,017	3,007,541
Net current liabilities		(1,138,797)	(1,037,430)
Total assets less current liabilities		3,756,121	3,982,666
Creditors			
Amounts falling due after more than one year	10	1,292,610	1,726,551
Total assets less total liabilities		£2,463,511	£2,256,115
Funds of the Council			
Establishment funds	11	337,999	337,999
General reserves	12	825,512	618,116
Capital investment fund	13	1,300,000	1,300,000
Total funds		£2,463,511	£2,256,115

Approved and authorised for issue by the Members of Council on 14th May 2009, and signed on their behalf by:

Peter Dixon
Chairman

Financial statements for the year ended 31st December 2008

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 2008

	Year ended 31st December 2008 £	Year ended 31st December 2007 £
1. Other income		
Restoration fee	16,550	15,000
Non-practising to practising fee	21,000	13,000
Change of address fee	6,375	4,350
Other income	0	50
	£43,925	£32,400

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	10

Staff costs for the above persons:

Wages and salaries	409,362	414,819
Social security costs	46,172	45,609
Other pensions costs	44,583	34,779
Temporary staff costs	51,051	48,927
Staff recruitment costs	27,793	0
	£578,961	£544,134

3. Regulatory costs

General regulation	43,765	18,849
Education Committee	27,666	37,592
Investigating Committee	124,224	130,180
Professional Conduct Committee	846,378	692,388
	£1,042,033	£879,009

The increase in General regulation is due to the costs (£31,913) in reviewing and consulting on the Code of Practice and Standard of Proficiency. The next review will take place in 2014. The increase in Professional Conduct Committee costs is due to an increase in the number of hearing days in 2008.

	Year ended 31st December 2008 £	Year ended 31st December 2007 £
4. Committee expenses		
Attendance allowances	82,123	82,588
Social security costs	14,829	13,238
Expenses	46,179	41,978
Organisation development	3,825	13,548
Committee and Council appointments	96,322	
	£243,278	£151,352

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 additional meetings of Council and its Committees. The Council also agreed an increase in the daily rate of attendance for members effective from 1st September 2008.

	Year ended 31st December 2008 £	Year ended 31st December 2007 £
5. Professional fees		
Legal fees	52,337	23,062
Auditors' remuneration:		
Audit fees	11,812	8,750
Other advisory services	588	1,250
Accountancy services (including expert advice regarding Value Added Tax)	3,868	2,099
Database design, development, and support	20,339	21,150
Human resources and job evaluation	5,995	4,463
Website design and development	7,314	4,671
Data protection advice	35	13,232
Other professional fees	0	0
	£102,288	£78,677

The audit fee for the year is £8,750. There was an under accrual of £1,531 from 2007 for audit fees.

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 December 2008 £	Year ended 31st December 2007 £
Current year tax:		
UK corporation tax	8,649	–
Over provided in previous periods	–	–
Current tax charge	£8,649	£0
Factors affecting the tax charge for the year:		
Operating surplus before taxation	£216,045	£286,817
Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 20% (2006: 19%)	45,369	57,363
Effects of:		
Elements of the operating surplus that are not taxable	(14,753)	(34,924)
Depreciation in excess of capital allowances	(17,593)	(16,799)
Loss relief	(4,374)	(5,640)
Current tax charge	£8,649	£0

At the balance sheet date losses available to be carried forward against future rental income amounted to £0 (2007: £29,500).

7. Fixed assets

	Freehold land and buildings	Computer equipment	Furniture and office equipment	Total
Cost:				
1st January 2008	5,438,005	196,558	151,855	5,786,418
Additions	0	4,374	0	4,374
31st December 2008	5,438,005	200,932	151,855	5,790,792
Depreciation:				
1st January 2008	468,981	185,180	112,160	766,321
Charge for the period	108,760	7,702	13,091	129,553
31st December 2008	577,741	192,882	125,251	895,874
Net book value:				
31st December 2008	4,860,264	8,050	26,604	4,894,918
31st December 2007	4,969,024	11,378	39,694	5,020,096

Year ended 31st December 2008	Year ended 31st December 2007
£	£

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

Trade debtors	28,331	48,080
Other debtors	5,986	5,195
Prepayments and accrued income	31,175	35,014
	£65,492	£88,289

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

Bank loan on freehold premises	355,505	273,028
Trade creditors	111,591	182,838
Retention fees in advance	2,293,450	2,237,900
Value Added Tax payable	163,221	165,253
Other creditors	139,390	108,557
Accruals and deferred income	173,860	39,965
	£3,237,017	£3,007,541

Year ended	Year ended
31st	31st
December	December
2008	2007
£	£

10. Long term creditors

Amounts falling due after more than one year:

Bank loan on freehold premise	£1,292,610	£1,726,551
-------------------------------	-------------------	-------------------

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.

Year ended	Year ended
31st	31st
December	December
2008	2007
£	£

Loan maturity analysis:

Due within one to two years	£363,043	£286,181
Due between two and five years	£929,567	£979,880
Due after more than five years	£0	£460,490

11. Establishment funds

The initial funding for the Council was provided by various bodies as a demonstration of the commitment to statutory regulation by the profession. 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 2008 & 31st December 2008	£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
December
2008
£**

12. General reserves

Balance as at 1st January 2008	£618,116
Surplus for the period	207,396
Balance as at 31st December 2008	£825,512

13. Capital investment fund

Balance as at 1st January 2008 & 31st December 2008	£1,300,000
---	-------------------

The Capital Investment Fund was created to clearly designate reserves for the purpose of partially funding the cost of the Council's freehold premises. The fund is now maintained to cover any diminution in value and to cover the capital maintenance of the building.

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 2008:

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
David Byfield	(C)	
Mark Cashley	(C)	
Christina Cunliffe	(C)	
Kevin Grant	(C)	
Graham Heale	(C)	
Richard Lanigan	(C)	Removed March 2008
Barry Lewis	(C)	
Marisa Pinnock	(C)	
Stephen Williams	(C)	

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

(L) Indicates a Lay Member

(C) Indicates elected Chiropractic Member

Registrar & Chief Executive

Margaret Coats

Principal address

44 Wicklow Street
London
WC1X 9HL

Legal and Administrative details

Solicitors

Field Fisher Waterhouse
35 Vine Street
London EC3N 2AA

Penningtons
Bucklersbury
83 Cannon Street
London EC4N 8PE

Capsticks
77/83 Upper Richmond Road
London SW15 2TT

Blake Laphorn Tarlo Lyons
Watchmaker Court
33 St John's Lane
London EC1M 4DB

Mills & Reeve LLP
78–84 Colmore Row
Birmingham B3 2AB

Bankers

Allied Irish Bank GB
81/89 St. Albans Road
Watford
WD17 1RG

Auditors

haysmacintyre
Fairfax House
15 Fulwood Place
London
WC1V 6AY

Staff in post as at 31 December 2008

Registrar and Chief Executive

Margaret Coats

Business Manager

Paul Ghuman

Executive Officer (Communications)

Philippa Barton-Hanson

Administrative Assistant (Communications)

Paul Robinson

Executive Officer (Registration)

Jamie Button

Registrations Officer

Beatrice Armstrong

Specialist Officer (Regulation)

Winnie Walsh

Specialist Officer (Regulation)

Emma Willis

Accounts Officer

Fei-Jing Goh

Secretary to Registrar and Chief Executive

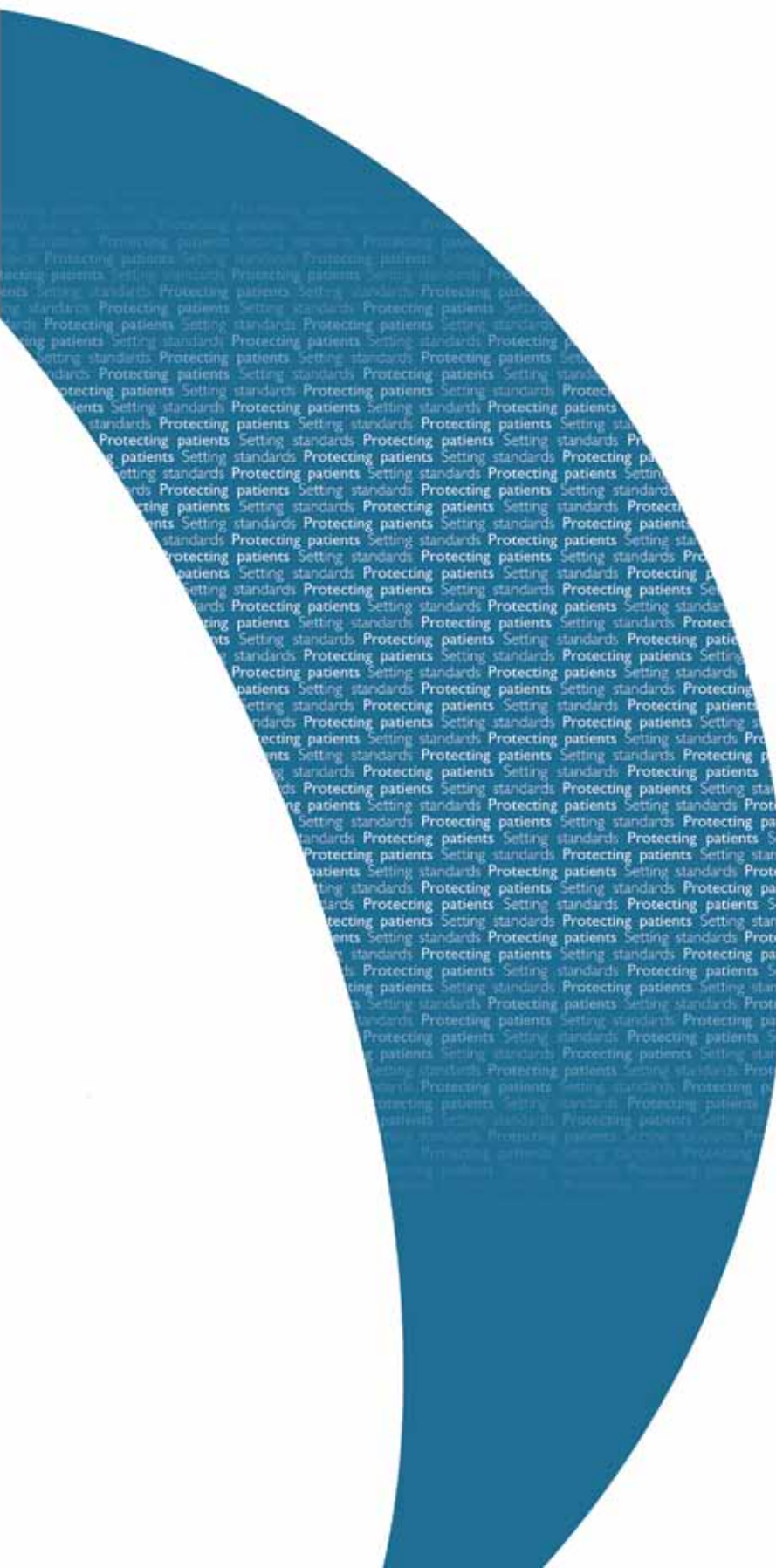
Jennifer Moor

Events Coordinator

Nicole Huurneman

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