

**General
Chiropractic
Council**



**Protecting patients
Setting standards**

General Chiropractic Council

Annual Report and Accounts 2009

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31st December 2009

Presented to Parliament pursuant to Articles 41a and 41(5) of the Chiropractors Act 1994, as amended by The Health Care and Associated Professions (Miscellaneous Amendments) Order 2008

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Council for Healthcare Regulatory Excellence (CHRE). Our statutory duty is to develop and regulate the profession of chiropractic. Our statutory functions are:

- to set the standards of chiropractic education, conduct and practice
- to recognise chiropractic degree programmes that achieve our standards
- to maintain the Register of individuals who meet our requirements in respect of character, health, competence and continuing professional development
- to investigate and determine all complaints against our registrants.

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Chair's foreword

In 2009 there was a considerable increase in activity. The GCC has undergone significant change and development as a result of regulatory reform. We have also received an unprecedented number of complaints. Despite all this change, the GCC has managed to continue to deliver on all its regulatory functions to a high standard.

From February 2009, Council became smaller and more strategic. This implements a key component of a wide-ranging programme of regulatory reform to ensure that health regulators have a more consistent statutory purpose.

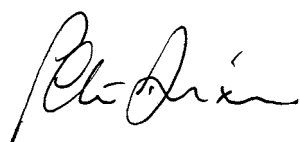
The GCC now has:

- an all-appointed [Council of seven lay and seven registrant Members](#)
- new, all-appointed and independent Investigating, Professional Conduct and Health [Committees](#) that don't include any Members of Council.

Halfway through the year, the new Council was confronted with an unprecedented event. Two members of the public between them made complaints about more than 600 chiropractors – a 1,500% increase in the number of complaints we typically receive in a year. These 'omnibus' complaints were about the content of chiropractic websites only, not the quality of care provided to patients.

The complaint against each chiropractor is being dealt with in the normal way, of course, by our statutory Investigating Committee, which must consider all the available evidence before deciding if there is a 'case to answer' for referral to the Professional Conduct Committee.

I'm very pleased to say that despite these unusual circumstances, and the consequent demand on staff and committee members, we've continued to deliver all our statutory duties to our normal high standard. A major factor in this was the speed with which the major risks were identified and managed, as recognised by CHRE in its review of our performance for 2009.



Peter Dixon
Chairman

“We commend the speed with which the GCC was able to produce detailed plans to deal with the huge increase in complaints experienced this year and note that despite the major challenges this issue presented to its limited resources, the GCC continued to deliver the totality of its business plan. We consider the GCC's response in developing and evaluating a range of solutions and scenarios to address the problem in the context of both existing and proposed legislative requirements demonstrates that the GCC displays agility, takes proper account of risk in its planning process and illustrates good use of up to date management information”

[CHRE Performance review report 2009/10](#)

Strategic Plan 2010–2014

1. Introduction

1.1 We are an independent body, accountable to Parliament and subject to scrutiny by the Council for Healthcare Regulatory Excellence (CHRE). Our statutory duty is to develop and regulate the profession of chiropractic. Our statutory functions are:

- to set the standards of chiropractic education, conduct and practice
- to recognise chiropractic degree programmes that achieve our standards
- to maintain the Register of individuals who meet our requirements in respect of character, health, competence and continuing professional development
- to investigate and determine all complaints against our registrants.

1.2 Historically, the Council has published a five-year Corporate Plan covering both its strategic and detailed operational objectives. The newly constituted Council that came into being in February 2009 has reviewed that Plan and decided to take a more distinctly strategic approach by publishing a five-year Strategic Plan, which stands in its own right. The performance of the executive will be measured against annual business plans designed to deliver our strategic objectives.

2. Our aim

2.1 We aim to safeguard the health and wellbeing of people who use or would benefit from using the services of chiropractors, thereby promoting confidence in the profession.

3. Our values

3.1 In all our processes and decision making we are committed to being:

- inclusive
- open and transparent
- fair
- consistent
- proportionate
- focused on continuous improvement.

4. Our strategic objectives

4.1 Increase awareness of regulation

We will do this by:

- a) providing clear and comprehensive information about ourselves and our work on our website: www.gcc-uk.org
- b) keeping the link to our website in the public eye
- c) identifying and using all possible distribution channels for our publications
- d) encouraging publicity of the outcomes of fitness to practise cases that result in removal or suspension from the Register
- e) participating in relevant collaborative activities with other organisations
- f) measuring any change in awareness via repeat Ipsos MORI [surveys](#).

4.2 Demonstrate how our work protects the public and supports the development of the profession

We will do this by:

- a) reviewing our *Code of Practice and Standard of Proficiency* regularly to ensure it sets out in plain English the standard of conduct and care that patients are entitled to expect and receive from chiropractors

- b) recognising only those chiropractic degree programmes that deliver all the learning outcomes derived from the requirements of the contemporary *Code of Practice and Standard of Proficiency*
 - c) registering only those individuals who are fit to practise in terms of character, health, competence and continuing professional development
 - d) dealing in a timely and effective manner with all complaints against chiropractors, while seeking legislative change that will allow us to move to a more proportionate, targeted approach and thereby reduce the cost of regulation
 - e) encouraging the profession to learn from the failings or misjudgements of colleagues
 - f) developing and implementing a proportionate, risk-based model of revalidation that complements an appropriate scheme of continuing professional development
 - g) exploring the potential value of specialist entries on the Register.
- d) ensuring that our *Communication Strategy* meets the identified needs of all interested parties
 - e) seeking and acting on feedback on our performance from all interested parties.

4.4 Influence regulatory systems in the UK, the rest of Europe and internationally

We will do this by:

- a) responding to all opportunities to contribute to CHRE's advice to government on UK regulatory matters
- b) participating actively in national working groups
- c) participating actively in European initiatives driven by the regulatory bodies (one such initiative is *Health Professionals Crossing Borders*)
- d) supporting the development of chiropractic regulation in other European member states
- e) collaborating with international chiropractic organisations.

4.3 Maintain and strengthen our working relationships with the profession, patients and the wider public

We will do this by:

- a) enhancing our understanding of the characteristics, aspirations and concerns of the profession
- b) ensuring that our activities are informed by that understanding, creating opportunities to engage in dialogue with members of the profession and students as well as their representative organisations
- c) striving to include patients/members of the public on all our project working groups, as well as our Communications Advisory Group and consultation workshops

Equality and diversity

In 2009, the GCC published an integrated *Disability, Gender and Race Equality Scheme*, and it applies to our duties as a regulator and an employer. The scheme sets out in plain English how the GCC fulfils its general and specific duties under the relevant legislation. The scheme applies to all core elements of the GCC's work and will be updated to comply with all requirements of the Equality Act 2010.

Governance and structure

Good governance: the GCC policy

Introduction

Governance is the term used to describe the systems and processes a body such as the GCC uses to lead the organisation. Good governance means effective leadership by the Council in carrying out its statutory functions in the best interests of the public. It achieves this by setting the strategic direction, taking account above all of the public interest, involving other stakeholders and key interest groups, putting in place effective systems of control and processes for delegation, and holding the executive to account.

The GCC plans to achieve good governance through the consistent application of seven key principles:

- Leadership
- Control
- High performance
- Review and renewal
- Delegation
- High ethical standards
- Openness and accountability.

Principle 1

Leadership

The organisation is led and controlled by an effective Council that collectively ensures delivery of its statutory purpose, sets its strategic direction and determines and upholds its values. The supporting principles are:

The role of the Council

Members have and must accept ultimate and collective responsibility for directing the affairs of the organisation, determining its desired outcomes and outputs in support of its purpose and values, ensuring it is financially viable, well run and delivering the outcomes for which it has been established.

Strategic direction

Members should be forward and outward looking, focusing on the future, assessing the environment and setting strategy. The means by which the outcomes and outputs are achieved should be a matter for the Chief Executive and staff, working within Council policy.

Principle 2

Control

The Members as a Council are collectively responsible and accountable for ensuring and monitoring that the organisation is performing well and complies with all its obligations. The supporting principles are:

Compliance

The Council must ensure that the organisation complies with its own and any other relevant legislation.

Internal controls

The Council must maintain and regularly review the organisation's system of internal controls, performance reporting, policies and procedures.

Prudence

The Council must act prudently and with probity to protect the assets and property of the organisation, and ensure that they are used to deliver the organisation's objectives.

Managing risk

The Council must regularly review the risks to which the organisation is subject and take action to mitigate identified risks.

Equality and diversity

The Council must ensure that it upholds and applies the principles of equality and diversity in all aspects of its performance.

Principle 3

High performance

The Council and its statutory Committees must have clear responsibilities and functions, and must be composed and organised to discharge them effectively and to hold the executive to account. The supporting principles are:

Members' duties and responsibilities

Members of Council and statutory Committees must understand their duties and responsibilities and must have a statement or statutory instrument defining them.

The respective roles and responsibilities of the Council and of its statutory Committees shall be clearly stated and action taken to realise them in practice.

This shall include measures to secure the accountability to the Council of the fitness to practise committees for their performance while respecting the independence from the Council of these committees in their decision making. The addendum to this policy makes explicit the collective responsibilities of the Council to the committees.

The effective Council

The Council must organise its work to ensure that it makes the most effective use of the time, skills and knowledge of Members.

Information and advice

Members of Council must ensure that they receive the advice and information they need to make good decisions and fulfil their control and monitoring functions.

As its chief advisor, the Chief Executive is responsible for ensuring that the Council, both collectively and individually, has the information and advice necessary to carry out its responsibilities.

Skills and experience

The Members of Council and statutory Committees should have the necessary range of skills, experience and knowledge.

Development, support and appraisal

Members of Council must ensure that they and members of the statutory Committees receive the necessary induction, training, appraisal and ongoing support needed to discharge their duties.

The Chief Executive

The Chief Executive is accountable to the Council for achievement of the organisation's outcomes and outputs. In assessing the extent to which these have been achieved, the Council must have predetermined criteria which are known to the Chief Executive and staff.

The Chief Executive is expected to be proactive in accounting for her/his stewardship to the Council.

The Council must make proper arrangements for the support, appraisal, development and remuneration of the Chief Executive.

Principle 4**Review and renewal**

The Council must periodically review its own and the organisation's effectiveness, and take any necessary steps to ensure that both continue to work well. The supporting principles are:

Performance appraisal

The Council must regularly review and assess its own performance and that of individual Members.

Renewal and recruitment

The Council must have a strategy for its own renewal. Recruitment of new Members must be open and focused on creating a diverse and effective Council.

Review

The Council must periodically carry out strategic reviews of all aspects of the organisation's work and use the results to inform positive change and innovation.

Principle 5**Delegation**

The Council must set out the function of non-statutory Committees, Working Groups and the Chief Executive in clear, delegated authorities and must monitor their performance. The supporting principles are:

Clarity of roles

The Council must define the roles and responsibilities of the Chair in writing.

Effective delegation

The Council must ensure that the Chief Executive has sufficient delegated authority to discharge his or her duties. All delegated authority must have clear limits relating to budgetary and other matters.

Terms of reference

The Council must set clear terms of reference for Committees and Working Groups making clear what delegated authority, if any, they have.

Monitoring

All delegated authorities must be subject to regular monitoring by the Council.

Principle 6**High ethical standards**

The Council and individual Members must act according to high ethical standards and ensure that the Nolan principles of public life are upheld. The supporting principles are:

Selflessness and objectivity

Members must take decisions solely in the public interest. They must not do so to gain financial or other material benefits for themselves, their family or friends. Decisions should be made solely on their merits.

Integrity

Members should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their duties.

Honesty

Members must identify and promptly declare any actual or potential conflicts of interest affecting them.

There must be clear guidelines for receipt of gifts or hospitality by Members.

Principle 7**Openness and accountability**

The Council must be open, responsive and accountable to the public and its other key stakeholders and interest groups. The supporting principles are:

Communication and consultation

The Council must identify those with a legitimate interest in its work (stakeholders) and ensure that there is a strategy for regular and effective communication with them about the organisation's achievements and work.

Openness and accountability

The Council must be open and accountable to stakeholders about its work and the governance of the organisation. It should give reasons for its decisions and restrict information only when the wider public interest clearly demands.

Stakeholder involvement

The Council must encourage and enable the engagement of key stakeholders in the organisation's planning and decision making.

Addendum

- 1 The Council will not intervene in or seek to influence decisions made by the Investigating, Professional Conduct and Health Committees on individual cases.
- 2 Where it judges appropriate, the Council will issue general guidance to assist the committees in their responsibility to act in the public interest when making decisions on individual cases. The committees are expected to take full account of the Council's guidance as it applies in their view in the particular circumstances of each case.
- 3 Before deciding guidance to the committees, the Council will consult the committees and take account of their views.
- 4 The Council will appraise, train, develop and support committee members for the effective performance of their responsibilities.
- 5 From time to time, the Council will seek and consider the views of the committees on how best to improve the delivery and performance of the Council's fitness to practise function.
- 6 The Council will monitor and evaluate the performance of its fitness to practise responsibilities, including the performance of the Investigating, Professional Conduct and Health Committees. This will be done openly through the consideration of management information and independent audit (including the decisions and feedback of CHRE). The committees will be consulted on issues which arise.
- 7 The Council will follow fair and equitable procedures to address concerns that may be raised in relation to the performance or conduct of an individual committee member or which are raised by a committee member in respect of the Council or a member of its staff.

Structure

Council

The General Council is made up of seven lay people (non-chiropractors) and seven chiropractors, appointed by the [Appointments Commission](#) on behalf of the Privy Council.

All Members must comply with the GCC's:

- [Code of Conduct for Members of Council](#), which includes a requirement to maintain an up-to-date entry in the Register of Members' Interests
- [Guidance to Council Members](#) on separation of function.

Council Members as of 31 December 2009 were:

Alan Breen	Chiropractor
David Byfield	Chiropractor
Martin Caple	Lay person
Roger Creedon	Lay person
Christina Cunliffe	Chiropractor
Peter Dixon	Chiropractor (Chair)
David Plank	Lay person
Grahame Pope	Lay person
Christopher Stephens	Lay person
Judith Worthington	Lay person
Ian Dingwall*	Chiropractor
Julie McKay*	Chiropractor
David Murphy*	Lay person
Stephen Williams*	Chiropractor

Council Members have been appointed for three or four years: ten with effect from 9 February 2009 and four (where indicated*) with effect from 1 May 2009.

GCC statutory committees

Committee	Duties
Education Committee	<ul style="list-style-type: none"> ● Promote high standards of education and training in chiropractic and keep the provision made for that education and training under review ● Give advice to the General Council on matters relating to chiropractic education, training, examinations or test of competence, either on being consulted by the Council or where it considers it appropriate to do so
Investigating Committee	<ul style="list-style-type: none"> ● Investigate all claims against UK-registered chiropractors ● In the course of its investigation, order the Registrar to suspend a chiropractor's registration, when it is satisfied that it is necessary to do so to protect members of the public ● Having taken such steps as are reasonably practicable to obtain as much information as possible about the case, consider whether there is a case to answer ● Where it concludes there is a case to answer, formulate an allegation for referral to the Health Committee or the Professional Conduct Committee
Health Committee	<ul style="list-style-type: none"> ● Consider any allegation referred to it by the Investigating Committee or the Professional Conduct Committee ● Decide whether it is desirable to consider the allegation at a public hearing or in private on the basis of written evidence and submissions only ● In the course of its consideration, order the Registrar to suspend a chiropractor's registration, when it is satisfied that it is necessary to do so to protect members of the public ● Where it is satisfied, following full consideration, that the allegation is well founded, it shall: <ol style="list-style-type: none"> a) impose a conditions of practice order, or b) order the Registrar to suspend the chiropractor's registration for a specified period
Professional Conduct Committee	<ul style="list-style-type: none"> ● Consider any allegation referred to it by the Investigating Committee or the Health Committee ● In the course of its consideration, order the Registrar to suspend a chiropractor's registration, when it is satisfied that it is necessary to do so to protect members of the public ● Where it is satisfied, following full consideration, that the allegation is well founded, it shall take one of the following steps unless, in the case of a criminal conviction, it considers that the offence in question has no material relevance to the fitness of the chiropractor concerned to practise chiropractic: <ol style="list-style-type: none"> a) admonish the chiropractor b) impose a conditions of practice order c) order the Registrar to suspend the chiropractor's registration for a specified period d) order the Registrar to remove the chiropractor's name from the Register

Following regulatory reform that was implemented in 2009, Members of General Council no longer sit on the Investigating, Professional Conduct or Health Committees, which are collectively referred to as the fitness to practise committees. The GCC commissioned the [Appointments Commission](#) to manage and quality assure the recruitment of committee members and chairs who could demonstrate that they had the skills to undertake the tasks required of them.

All committee members and chairs receive training and participate in appraisal of their performance. They are required to sign and abide by a [Code of Conduct](#) so that the public and chiropractors may have confidence in the effectiveness and impartiality of committees.

Each committee sits with a Legal Assessor, whose role is to provide advice on points of law.

GCC non-statutory committees

Committee	Terms of reference
<p>Audit Committee Advisory committee with delegated authority from Council concerning:</p> <ul style="list-style-type: none"> ● appointment of auditors ● agreeing with auditors the scope of the annual audit ● review of the full Risk Register. 	<ul style="list-style-type: none"> ● 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 auditor and responses to the external auditor's management letter ● Setting up and reviewing the Council's Risk Register
<p>Fitness to Practise Committee Advisory committee with no delegated authority.</p>	<p>Provide strategically focused advice to Council to:</p> <ul style="list-style-type: none"> ● assure and advise Council on the effective delivery of its fitness to practise responsibilities ● advise Council on the development and improvement of those responsibilities.
<p>Resource Management Committee Advisory committee with delegated authority from Council to:</p> <ul style="list-style-type: none"> ● approve designated human resources policies and health & safety policies ● approve appointment of bankers ● approve changes to banking facilities, including opening and closing of bank accounts ● review and approve cost-of-living salary increases. 	<ul style="list-style-type: none"> ● 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

Review of 2009

Governance

Strategic aims

During the year Council reviewed and agreed a number of key strategic documents:

- A new governance policy
- An equality and diversity scheme in respect of disability, gender and race
- A five-year GCC *Strategic Plan 2010–2014*
- A scheme of delegation, which delineates the respective roles and responsibilities of Council, its non-statutory Committees and the Chief Executive.

Performance review by CHRE

During 2009 the GCC met all of CHRE's performance standards. In its 2008/09 performance review CHRE described the GCC as an 'effective and efficient' regulator with 'well-planned and thought-out strategies'. Overall, CHRE identified:

- eight areas of excellence
- no area that is less than good performance
- no areas where improvement is required.

CHRE's performance review reports comprise an assessment of performance against five functions: standards and guidance, registration, fitness to practise, education, and governance and external relations.

In its report for 2009/10, CHRE also noted that the GCC's overall regulatory activities had not been adversely affected by the unexpected 1,500% increase in complaints received during 2009. CHRE commended the GCC on the speed with which it had implemented arrangements to manage the situation.

Standards and fitness to practise

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 is a comprehensive document that deals not only with specific aspects of ethical practice and public protection but also has a broader focus on the personal conduct of chiropractors.

Review of the *Code of Practice and Standard of Proficiency*

The Code and Standard are living documents that are reviewed and revised every five years. The most recent full-scale review of the Code and Standard began in the summer of 2008 and included a series of UK-wide workshops attended by chiropractors, patients, students of chiropractic and members of the public. The new version of the Code and Standard was published in June 2009 and will come into effect in June 2010.

The underlying principles of the Code and Standard (December 2005–June 2010) were confirmed as sound and appropriate. The Code and Standard effective from 30 June 2010 is written in plain English and contains clear guidance on how the principles of good practice should be applied. The GCC held a series of UK-wide briefing events for chiropractors in the autumn of 2009 to help familiarise them with the new Code and Standard.

Declaration regarding the Code of Practice and Standard of Proficiency

Since 1 January 2009 all chiropractors have been 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".

Chiropractors will be required to submit a newly signed declaration to the GCC every five years after the publication of each updated Code and Standard.

Fitness to Practise Report

The GCC's annual *Fitness to Practise Reports*, which are sent to all UK chiropractors, 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 misjudgements or 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 statutory Investigating Committee considers every complaint the GCC receives about a chiropractor. It is essential that the public and the profession have clear information about the process and so we publish *How to complain about a chiropractor*, in print and an electronic version published on www.gcc-uk.org. Its content and format was informed by a template produced by CHRE, and it was revised in 2009. The new version complies with standards of plain English and adopted several suggestions made by CHRE. For example, to ensure that people know before they make a complaint that they may have to disclose sensitive personal information at some stage in the process.

Named staff members also advise members of the public about the GCC's remit and complaints processes.

What type of complaints does the GCC consider?

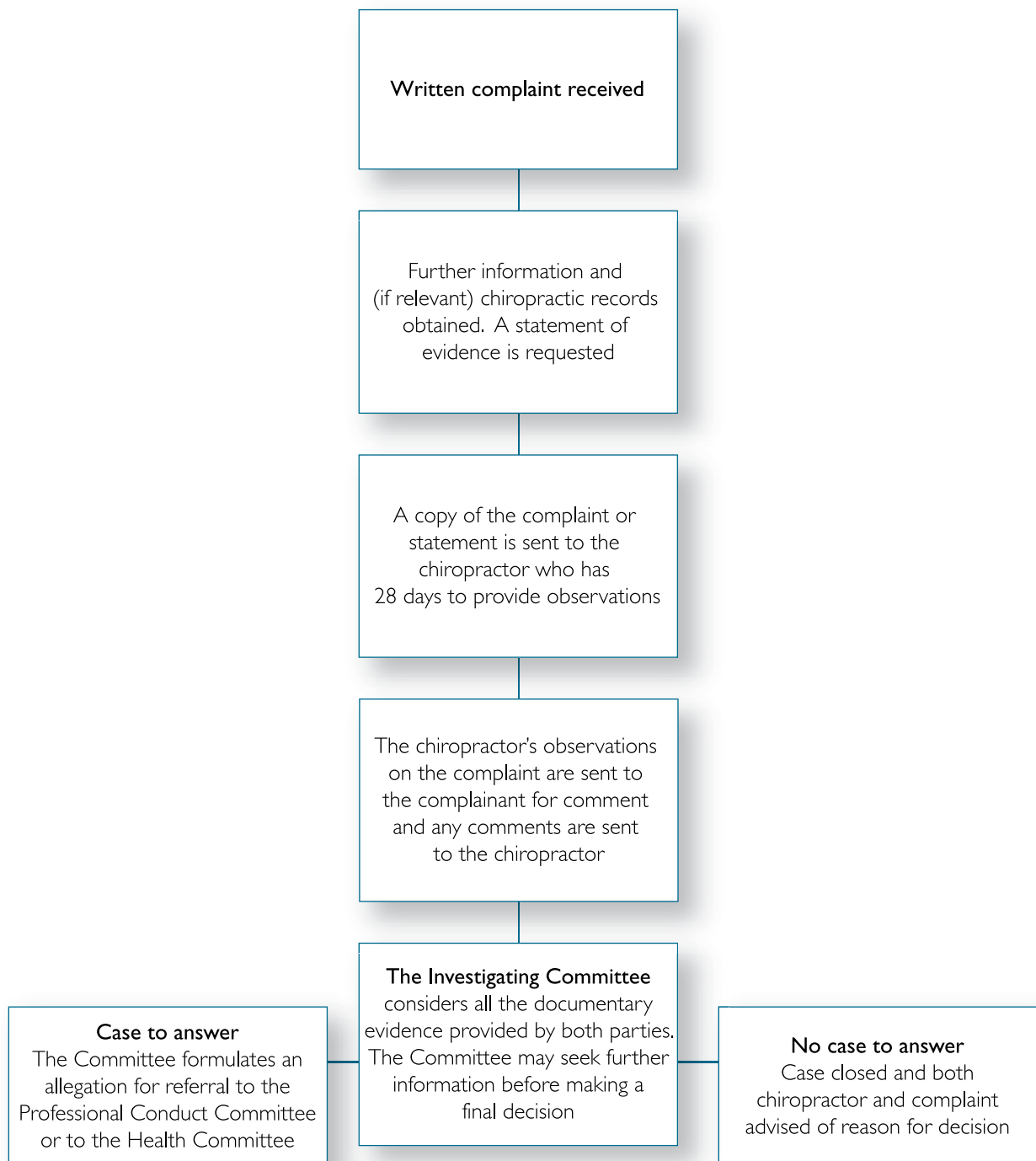
The GCC investigates every complaint it receives about chiropractors across the full spectrum of:

- personal conduct
- professional conduct
- competence
- health
- criminal conviction.

“We consider that the GCC displays excellent performance by showing consistent performance and continuous improvement in terms of its transparency of the information it provides to complainants”.

CHRE Performance review report 2009/10

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 ten days' notice of the hearing and of their right to argue their case.



Investigating Committee

The Investigating Committee's service standards for 2009 were:

- 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.

Achieved:

- 96% of final decisions of the Investigating Committee were taken within four months of its first consideration of the complaint
- 100% of final decisions of the Investigating Committee were taken within six months of its first consideration of the complaint.

Outcomes of complaints considered by the Investigating Committee between 1 January and 31 December 2009

The Investigating Committee met nine times and considered 37 complaints in total. Of these, 24 were complaints received during the 12-month reporting period. Thirteen complaints from the previous year were concluded in 2009 and, at the end of the year, five cases remained to be concluded in 2010.

Outcome of complaints

	1 Jan–31 Dec 09	1 Jan–31 Dec 08
Complaints considered		
Total complaints considered	37	43
• Complaints received in previous years	13	26
• Complaints received in current year	24	17
Outcomes		
Withdrawn	6	6
No case to answer	7	16
Referred to Professional Conduct Committee	19	17
Referred to Health Committee	0	0
Decision pending at year end	5	4

Source of complaints

Patient/relative of patient	19	15
Public (non-patient)	5	5
Other chiropractor	4	7
Other health professional	2	1
Registrar	7	9
Other source	0	6
Total	37	43

Interim Suspension Orders

The Investigating Committee imposed Interim Suspension Orders on two chiropractors. This means that a chiropractor's registration is suspended, and they must cease to describe themselves as a chiropractor, for a maximum of two months while the Investigating Committee considers the complaint. Interim Suspension Orders are imposed by the Committee where it is satisfied that this is necessary to protect the public.

CHRE view

In 2009 CHRE audited complaints closed at the initial stages of fitness to practise procedures by all nine UK regulators of health professionals, including the GCC. No recommendations for change were made by CHRE concerning the GCC.

“
...the GCC deals with initial fitness to practise decisions effectively. It makes consistent decisions that are sound, that protect the public, and that should maintain public confidence in the regulation of the chiropractic profession.

The investigating committee's decisions were reasonable and were explained clearly...”

CHRE Fitness to practise audit report: Audit of health professional regulatory bodies' initial decisions. February 2010.

Professional Conduct Committee

The service standard for 2009 was:

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

Achieved:

- 93% of hearings commenced within nine months or notification of allegations to the respondent.

Outcomes of cases considered by the Professional Conduct Committee (PCC)

In 2009 the PCC met for a total of **75.5** days in relation to cases concerning **18** chiropractors.

The Committee found that the allegations amounted to unacceptable professional conduct in relation to **13** chiropractors and imposed the sanctions as shown in the table below.

Of the remaining **five** chiropractors, two were found not guilty of unacceptable professional conduct; one allegation was dismissed by the Committee following consideration of a submission during proceedings; and in two cases the GCC offered no evidence.

Sanctions imposed	2009
Removed from the Register	2
Suspension Order imposed	2
Conditions of Practice Order imposed	5
Admonished	4
Total	13

Suspension Orders and Conditions of Practice Orders can be imposed for any period up to three years.

Review hearings

The PCC met for a total of **8.5** days to review either conditions of practice orders or suspension orders relating to **seven** chiropractors.

GCC Indicative Sanctions Guidance

The GCC publishes *Indicative Sanctions Guidance*, designed to support consistency in the PCC'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.

A review of the *Indicative Sanctions Guidance* has commenced and is expected to be completed in 2010. This is essential work to make sure that the guidance remains up to date and fit for purpose.

All decisions made by the PCC are reviewed by CHRE. If CHRE thinks the decision is too lenient, it can refer the decision to the courts.

CHRE has not considered any of the PCC's decisions to have been unduly lenient, and has therefore made no referrals to the High Court (or equivalent) for review.

“*The public can be reassured that the GCC is focused on protecting patients and other members of the public through the operation of its fitness to practise procedures. Its processes and procedures operate effectively and ensure that cases are dealt with appropriately and in a timely manner*”.

CHRE Fitness to practise audit report: Audit of health professional regulatory bodies' initial decisions. February 2010.

Equality and diversity

The GCC has attributable ethnicity and disability data on 80% of its registrants and holds data on age and sex for all registrants.

Internal audits of decisions of the Investigating Committee and Professional Conduct Committee have not identified any evidence of discrimination on grounds of ethnicity, disability, age or sex. It should be noted, however, that the numbers involved are too small to be statistically relevant.

There have been no hearings of the Health Committee in 2009.

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.

Keeping the GCC's degree recognition criteria up to date

Our [Criteria for the Recognition of Degrees in Chiropractic](#) have been agreed with the current UK providers of chiropractic education. These criteria are designed to ensure that graduates meet the requirements of the GCC's [Code of Practice and Standard of Proficiency](#). Our regular, five-yearly review of the Code and Standard is followed by a review of our degree recognition criteria.

Following an extensive consultation process, the GCC published the [Code of Practice and Standard of Proficiency: effective from 30 June 2010](#). To enable chiropractors to familiarise themselves with amendments, the GCC is required to publish any revisions to the Code and Standard 12 months before they become effective.

The review of the [Criteria for the Recognition of Degrees in Chiropractic](#) commenced in September 2009 and will finish in May 2010. The review will include:

- an analysis and interpretation of worldwide developments in criteria set by chiropractic educational bodies
- consultation with current education providers, students, chiropractic professional organisations and public and patient representatives.

Supplementary guidance

In parallel with the review of degree recognition criteria, the GCC explored with education providers the governance of their outpatient clinics and subsequently issued [supplementary guidance](#) on this matter.

The GCC is also facilitating work by the chiropractic education providers and their equality and diversity leads to develop common policies in relation to chiropractic education. Collaborative work is currently being undertaken to publish in 2010 a guide for disabled people on becoming a chiropractor.

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 Professions](#) by the former Department for Innovation, Universities and Skills (since June 2009 the Department for Business, Innovation 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.

In consultation with the education providers and the [Equality Challenge Unit](#), the GCC will publish guidance in 2010 for disabled people wishing to train as a chiropractor.

UK chiropractic degrees

As of 31 December 2009, 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) Visit Report	2003–2008 ⁽ⁱ⁾
	Master of Chiropractic (MChiro) Visit Report	2013–2017 ⁽ⁱⁱ⁾
McTimoney College of Chiropractic	BSc(Hons) Chiropractic Visit Report	2006–2011 ⁽ⁱⁱ⁾
	Master of Chiropractic (MChiro) 5-Year Programme Visit Report	2011–2016 ⁽ⁱⁱ⁾
	Master of Chiropractic (MChiro) 4-Year Programme Visit Report	2013–2016 ⁽ⁱⁱ⁾
University of Glamorgan	BSc(Hons) Chiropractic Visit Report	2005–2010 ⁽ⁱⁱ⁾
	Master of Chiropractic (MChiro) Visit Report	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, 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, who is a member of every visiting panel and contributes to the decision-making process.

Public and patient involvement in chiropractic education programmes

In common with the approaches taken by other professions on involving patients and 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. With effect from 2009, panels will meet with patients separately from members of staff.

The 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.

Increasing the number of chiropractic degree providers: an ongoing challenge

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 Education Committee has been discussing the possibility of developing practice-based placements for the clinical training period. This would need to be piloted by one of our current education providers, and no decision has yet been made.

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.

Up-to-date information for the public

It is essential that members of the public and patients have easy access to relevant and helpful information about registered chiropractors. This contributes to the protection of the public by identifying practitioners who are subject to statutory regulation and who must comply with standards of conduct, practice and education.

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.

The information we provide is kept up to date and includes:

- chiropractors' names, practice addresses and phone numbers
- findings of the GCC's disciplinary committees.

Protecting the public from unregistered practitioners

It is a criminal offence, under Section 32(1) of the [Chiropractors Act 1994](#), for anyone in the UK to describe themselves (whether expressly or by implication) as a chiropractor when not registered with the GCC. When the GCC receives sufficient evidence about possible offences, it refers 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.

Revalidation

We have been researching and developing a system of revalidation as recommended in the government white paper [Trust, Assurance and Safety](#), published in 2007, which said that revalidation should:

- ensure that all health professionals *"have an opportunity to demonstrate their continuing fitness to practise..."*
- *"...will provide the objective assurance that the public now expects to underpin their trust in health professionals. The measures are framed in a way that is proportionate to the risk inherent in each professional group and designed to assure patient safety in relation to that risk".*

The GCC has commissioned Europe Economics to ensure that a scheme of revalidation for chiropractors meets the white paper's essential requirements, namely:

- that the costs of revalidation are proportionate to the benefits it could potentially deliver
- to develop a credible business case by evidence gathering, piloting and testing concepts
- to measure the 'counterfactual' (the gap between having, and not having, revalidation).

Before any system of revalidation is introduced, the GCC must first be clear about the links between the frequency and/or detail of revalidation and:

- its cost
- its effectiveness in reducing errors and violations of best practice that impact on public safety.

Our work in developing a system of revalidation for chiropractors has been helped by the continued input, through our Revalidation Working Group, of members of the public, representatives of chiropractic professional organisations and representatives of chiropractic patients.

The GCC is planning an extensive consultation of the chiropractic profession in late 2010.

Legislative changes in 2009

Amendments to the Registration Rules

[The General Chiropractic Council \(Registration\) \(Amendments\) Rules Order of Council 2009](#) came into force on 1 September. Its effects are:

- removal of various application forms from the statutory instrument; this will mean that forms can be quickly amended when necessary
- removal of the exemption from payment of the annual retention fee for registrants who are subject to investigation, proceedings or suspension
- removal of the £75 fee for a change of registered address.

Provisions for 'locked-out' chiropractors

Due to an anomaly within legislation, chiropractors who qualified before 15 June 2001, and who did not apply for GCC registration during the two-year 'transitional period' following the opening of the Statutory Register of chiropractors on 15 June 1999, were ineligible to apply for GCC registration.

[The GCC \(Registration of Chiropractors with UK Qualifications that are not Recognised Qualifications\) Rule Order of Council 2009](#) provides an opportunity for such chiropractors to apply for GCC registration by 1 January 2011.

Figure 1 – Registrations

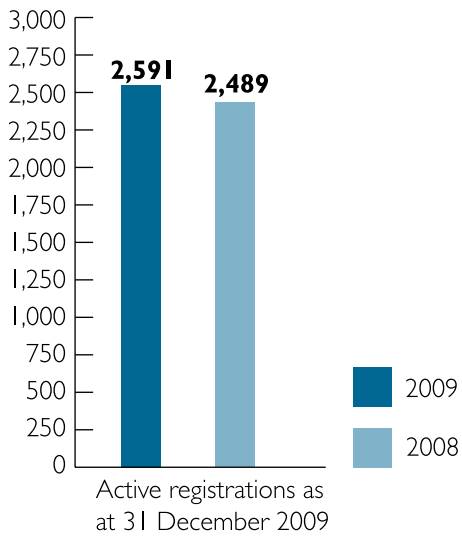


Figure 2 – Sex of chiropractors

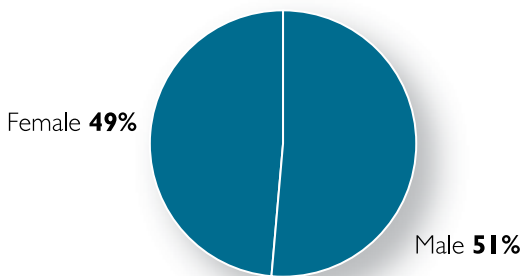


Figure 3 – Age of chiropractors

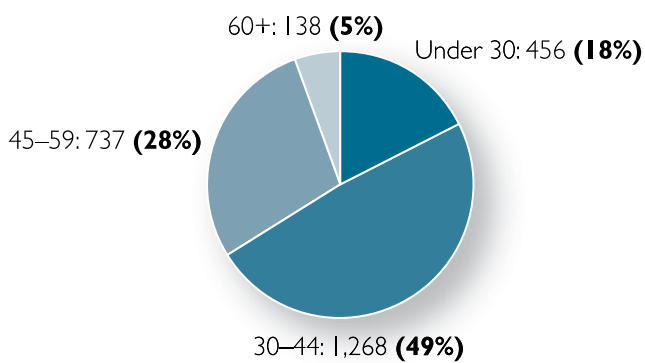
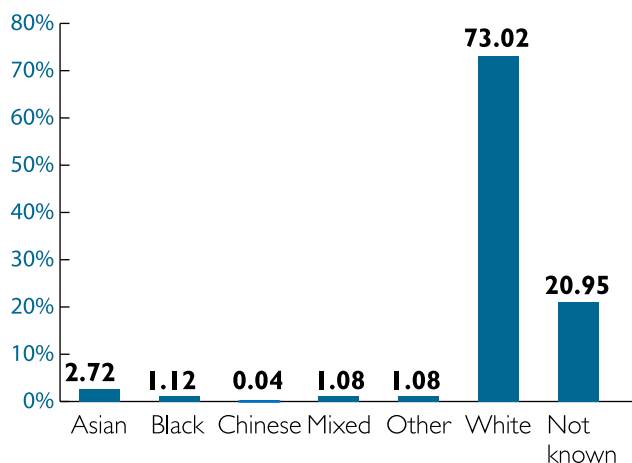


Figure 4 – Ethnicity



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.

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

Test of competence

The test of competence has been held 28 times between 1 August 2004 and 31 December 2009: 364 candidates have attempted the test (74 of whom had repeated it), 253 passed and 111 failed.

Mandatory Continuing Professional Development (CPD)

The fifth year of mandatory CPD ended on 31 August 2009. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2009.

Unless the Registrar is satisfied that there are extenuating circumstances, failure to comply with [mandatory CPD requirements](#) may result in removal from the Register. There were no such removals from the Register in 2009.

Communications

Communications Strategy 2008–2011

The *Communications Strategy* focuses on:

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

Key objectives

The key objectives of the GCC's *Communications Strategy* are informed by:

- *Implementing the White Paper Trust, Assurance and Safety: enhancing confidence in healthcare professional regulators* published in June 2008 by the Department of Health
- The GCC's *Strategic Plan 2010-2014*.

Implementation and review

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

The CAG is chaired by a lay Member of GCC Council and comprises members of the public, patients, representatives of chiropractic professional organisations, GCC Council Members and relevant staff.

Public awareness of chiropractic and regulation

In 2009 we commissioned Ipsos MORI to repeat a *baseline survey* undertaken in 2004 of public awareness of chiropractic and regulation. The results were encouraging. In particular:

- more than a third (37%) of the public knows that chiropractors treat back or spine pain/problems. This has increased from under a fifth (18%) in 2004
- over a third (36%) believes the chiropractic profession is regulated. This has increased from 28% in 2004. 11% believe that it is not a regulated profession (down from 15% in 2004)
- 78% have never visited a chiropractor (85% in 2004).

As in 2004, there is broad awareness and understanding of chiropractic. More mature, affluent people in south England (excluding London) appear to be most well informed. Young people, the less affluent and those in urban areas (e.g. London) are the opposite. Those who have consulted a chiropractor three times or more will have a better understanding about the profession and chiropractic.

Working with others: examples

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.

Regulators

As reported in previous annual reports, this includes participation in projects with other regulators. For example:

- Joint Health & Social Care Regulators' Public Patient Involvement Group
- Alliance of UK Health & Social Care Regulators in Europe
- Chief Executives' Steering Group.

Members of the public and patients

A lay Member of the GCC has chaired the Joint Health & Social Care Regulators' Public Patient Involvement Group since its inception in January 2005. The GCC remains an active member and is committed to the participation of members of the public and patients in its work.

For example, members of the public and patient representatives have made significant contributions to the work of the CAG and the Revalidation Working Group.

It is essential that patients and members of the public have a say in our work because they are the reason for the existence of the GCC and the chiropractic profession.

Registrants

In 2009 the GCC made greater use of email to communicate with chiropractors, because nearly 90% of registrants have provided us with an email address. This has enabled us to disseminate information quickly and directly. There has been a significant increase in the number of downloads from www.gcc-uk.org of core GCC documents that we have emailed to chiropractors.

The views and interests of chiropractors are represented and put to the GCC by [four chiropractic professional associations and the College of Chiropractors](#). The GCC's Chair meets with the leaders of the chiropractic professional organisations up to four times a year to discuss any relevant issues or matters of concern.

The GCC held a series of UK-wide briefing events for chiropractors in the autumn of 2009 to help familiarise them with the revised [Code of Practice and Standard of Proficiency: effective from 30 June 2010](#). Chiropractors were also given the opportunity to ask questions about the GCC. Evaluation feedback from attendees was very positive, with 98% saying that the events were good, very good or excellent.

CHRE

The GCC works openly and closely with [CHRE](#) to ensure that it has prompt access to the accurate information it needs to undertake its statutory duties. We also participate in a number of CHRE-convened fora, whose purpose is to encourage consistency of approach across regulation and promulgate good practice.

Government departments

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.

Speakers from the relevant government departments in the four countries were also invited to attend our four country briefing events to explain to chiropractors the requirements of the [Independent Safeguarding Authority](#) (England, Wales and Northern Ireland) and [Protection of Vulnerable Groups Scheme](#) (Scotland).

Publications

The GCC published:

- [News from the GCC](#) – our newsletter for chiropractors and others with an interest in the GCC
- [Code of Practice and Standard of Proficiency: effective from 30 June 2010](#)
- [Fitness to Practise Report 2008](#)
- [Annual Report 2008](#)
- GCC Post-Council Bulletins
- Press releases
- Information note: Independent Safeguarding Authority phases in vetting and barring (since updated)
- Updated: [How to complain about a chiropractor](#)
- Updated: [What can I expect when I see a chiropractor?](#)

Plain English

The GCC tries hard to avoid unnecessary jargon and to write in plain English, but it can be difficult when describing statutory functions and responsibilities. We have therefore focused on achieving plain English quality marks from the Word Centre for a number of our core documents. In 2009 we have achieved plain English marks for:

- [Code of Practice and Standard of Proficiency: effective from 30 June 2010](#)
- [Equality and Diversity Scheme](#)
- [How to complain about a chiropractor](#)
- [What can I expect when I see a chiropractor?](#)

In 2009 we added a feedback form to the print version of *How to complain about a chiropractor* to enable members of the public to tell us how we can make it more helpful and if it could be clearer.

For 2010 we aim to achieve a plain English quality mark for the revised *Criteria for the Recognition of Degrees in Chiropractic* and also the *Indicative Sanctions Guidance*.

NICE guidelines circulated to chiropractors and education providers:

- *Low back pain: early management of persistent non-specific low back pain* (clinical guideline 88)
- *When to suspect child maltreatment* (clinical guideline 89)
- *Behaviour change* (public health guidance 6).

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

www.gcc-uk.org

The GCC has continued to improve accessibility and the clarity of the information on its website. This includes an improved [search facility](#) and clearer presentation of the [outcomes of PCC hearings](#).

We are also making plans to improve the overall functionality of the website in 2010, including enabling chiropractors to submit applications for registration online, while maintaining appropriate firewalls and security.

Fees and expenses

Council meeting attendance 1 January 2009–31 December 2009

	Council meeting attendance			
	12 February	20 May	18 August	18 November
Alan Breen	✓	✓	×	✓
David Byfield	✓	✓	✓	×
Martin Caple	✓	✓	✓	✓
Roger Creedon	✓	✓	✓	✓
Christina Cunliffe	✓	✓	✓	✓
Ian Dingwall	*	✓	✓	✓
Peter Dixon (Chairman)	✓	✓	✓	✓
Julie McKay	*	✓	✓	✓
David Murphy	*	×	✓	✓
David Plank	✓	✓	×	✓
Grahame Pope	✓	✓	✓	✓
Chris Stephens	×	✓	✓	✓
Stephen Williams	*	✓	✓	✓
Judith Worthington	✓	×	✓	✓

*These members took office in May 2009

Fees paid to Council Members and expenses reimbursed

	Fees	Expenses
Alan Breen	£5,700	£3,479.41
David Byfield	£3,800	£1,876.92
Martin Caple	£7,050	£2,068.42
Roger Creedon	£3,750	£135.10
Christina Cunliffe	£4,650	£1,249.30
Ian Dingwall	£2,100	£631.60
Peter Dixon (Chairman)	£30,900	£6,923.48
Julie McKay	£2,400	£460.60
David Murphy	£1,500	£2,132.96
David Plank	£5,400	£565.53
Grahame Pope	£3,900	£0.00
Chris Stephens	£1,950	£548.40
Stephen Williams	£1,500	£414.20
Judith Worthington	£5,400	£4,132.04

expenses are reimbursed by the GCC and so are included in the table. The GCC books and directly pays for accommodation for other Council Members and these figures are not included in this table, which relates to fees and reimbursed expenses only.

Fees

Members of Council are paid a daily attendance fee of £300, which is subject to tax and National Insurance.

Council Members undertake a variety of duties for the GCC in addition to the Council meetings listed above. For example, attendance at statutory and non-statutory committees, training, consultation workshops, interviews, short-term working groups, meetings with other regulators and professional associations.

Expenses

Expenses were claimed by members for travel, accommodation and subsistence, and reimbursed by the GCC. With regard to accommodation, some Members book and pay for their own accommodation and then submit a claim; these

Financial statements

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 served as the Members of the Council from the 1st January 2009 to the 8th February 2009.

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)	
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

The General Chiropractic Council reviewed its governance arrangements in 2008 and agreed that there should be a reduction of Council Members from 20 to 14 and that all these Members should be appointed. The revised arrangements are included in The General Chiropractic Council (Constitution) Order 2008. Recruitment and selection of the reconstituted Council was carried out by the independent Appointments Commission. The table below contains details of the Members appointed along with their dates of appointment:

Name	Type of member	Date of appointment
Alan Breen	Chiropractor	9th February 2009
David Byfield	Chiropractor	9th February 2009
Martin Caple	Lay	9th February 2009
Roger Creedon	Lay	9th February 2009
Christina Cunliffe	Chiropractor	9th February 2009
Ian Dingwall	Chiropractor	1st May 2009
Peter Dixon	Chiropractor (Chairman)	9th February 2009
Julie McKay	Chiropractor	1st May 2009
David Murphy	Lay	1st May 2009
David Plank	Lay	9th February 2009
Grahame Pope	Lay	9th February 2009
Chris Stephens	Lay	9th February 2009
Stephen Williams	Chiropractor	1st May 2009
Judith Worthington	Lay	9th February 2009

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

Capsticks
77/83 Upper Richmond Road
London SW15 2TT

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 2009

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

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 2009.

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.

Financial review

The results for the year show a surplus of £290,415 (2008: £216,045) before taxation.

The Council is dependent on income from fees and hire income which has increased by £216,896 in 2009 to £2,925,729. During the year, the GCC processed 181 (2008: 167) applications for initial registration. As at 31st December 2009, 2,591 (31st December 2008: 2,489) chiropractors were registered with the GCC.

Expenditure has increased in 2009 by £142,526 to £2,635,314. The increases were primarily in relation to a large number of complaints against registrants received in the year. Additional costs were borne in relation to increases in staff costs, research costs and Investigating Committee costs.

The Members of the 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 over 12 months' running costs at 31st December 2009.

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 12th May 2010 and signed on its behalf by:

Peter Dixon

Chairman

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, 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.

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

We have audited the financial statements on pages 6 to 13*.

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

Respective responsibilities of the Members of the Council and auditors

The 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 judgements 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 2009 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 2009, 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

12th May 2010

Income and Expenditure Account for the year ended 31st December 2009

	Notes	Year ended 31st December 2009 £	Year ended 31st December 2008 £
Income			
Registration fees – Initial registration		242,150	195,950
Annual retention		2,275,000	2,230,100
Other income	1	40,775	43,925
Income generated from room hire		303,804	238,858
Grant income	2	64,000	0
Total income		2,925,729	2,708,833
Expenditure			
Staff costs	3	672,939	578,961
Staff expenses		9,870	6,007
Regulatory costs	4	1,079,766	1,042,033
Committee expenses	5	174,929	243,278
Professional fees	6	103,721	102,288
Publicity		62,083	37,497
Printing		33,777	18,386
Postage		30,762	21,847
Stationery		18,256	9,306
Telephone		8,056	9,439
Costs of running Wicklow Street premises		168,480	145,955
Direct costs of room hire		70,138	50,358
Computer costs		30,988	28,702
Insurance		26,728	24,998
Subscriptions		1,995	1,141
Other sundry expenses		2,310	739
Bank charges		980	644
Mortgage interest		7,460	41,656
Depreciation		132,076	129,553
Total Expenditure		2,635,314	2,492,788
Operating Surplus/(Deficit) before taxation		290,415	216,045
Taxation	7	9,868	8,649
Surplus/(Deficit) for the period		280,547	207,396

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 2009

	Notes	31st December 2009 £	31st December 2008 £
Fixed assets			
Tangible assets	8	4,780,408	4,894,918
Current assets			
Debtors	9	46,214	65,492
Cash at bank		2,101,842	2,032,728
Creditors			
Amounts falling due within one year	10	3,297,962	3,237,017
Net current liabilities		(1,149,906)	(1,138,797)
Total assets less current liabilities		3,630,502	3,756,121
Creditors			
Amounts falling due after more than one year	11	886,444	1,292,610
Total assets less total liabilities		£2,744,058	£2,463,511
Funds of the Council			
Establishment funds	12	0	337,999
General reserves	12	2,744,058	825,512
Capital investment fund	12	0	1,300,000
Department of Health Grant	12	0	0
Total funds		£2,744,058	£2,463,511

Approved and authorised for issue by the Members of Council on 12th May 2010, and signed on their behalf by:

Peter Dixon
Chairman

Financial statements for the year ended 31st December 2009

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 2009

	Year ended 31st December 2009 £	Year ended 31st December 2008 £
1. Other income		
Restoration fee	17,800	16,550
Non-practising to practising fee	19,000	21,000
Change of address fee	3,975	6,375
	£40,775	£43,925

2. Grant income

	No. £64,000	No. £0
Department of Health		

3. Staff costs

	No. 11	No. 10
The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:		

Staff costs for the above persons:

Wages and salaries	493,598	409,362
Social security costs	54,712	46,172
Other pensions costs	43,074	44,583
Temporary staff costs	76,905	51,051
Staff recruitment costs	4,650	27,793
	£672,939	£578,961

4. Regulatory costs

General regulation	16,692	43,765
Education Committee	21,134	27,666
Investigating Committee	179,835	124,224
Professional Conduct Committee	796,089	846,378
Revalidation	66,016	0
	£1,079,766	£1,042,033

The revalidation costs were funded by a grant from the Department of Health of £64K. (See notes 2 and 12). On average, the GCC receives approximately 40 cases per annum but in 2009 received a total of 656, primarily in relation to claims by chiropractors or against chiropractors and the use of their websites. The Investigating Committee costs in 2009 are £179,835 (2008: £124,224). The increase of £55,611 is mainly due to legal fees in relation to dealing with the early stages of the large number of complaints received in 2009.

	Year ended 31st December 2009 £	Year ended 31st December 2008 £
5. Committee expenses		
Attendance allowances	80,550	82,123
Social security costs	14,110	14,829
Expenses	42,614	46,179
Organisation development	11,640	3,825
Committee and Council appointments	26,015	96,322
	£174,929	£243,278

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

There was a large-scale appointment process in 2008 for both Council and Committee members and this was followed up in 2009 by additional recruitment to vacancies on Council.

	Year ended 31st December 2009 £	Year ended 31st December 2008 £
6. Professional fees		
Legal fees	35,092	52,337
Auditors' remuneration:		
Audit fees	10,769	11,812
Other advisory services	1,500	588
Accountancy services (including expert advice regarding Value Added Tax)	2,350	3,868
Database design, development and support	40,678	20,339
Human resources and job evaluation	1,666	5,995
Website design and development	7,429	7,314
Data protection advice	4,237	35
	£103,721	£102,288

Database development costs increased in the year to £40,678 (2008: £20,339). The GCC commissioned a new registration and case management database to be developed in 2009 with completion in 2010.

7. 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 2009 £	Year ended 31st December 2008 £
Current year tax:		
UK corporation tax	9,224	8,649
Over provided in previous periods	-	-
Current tax charge	£9,224	£8,649
Factors affecting the tax charge for the year:		
Operating surplus before taxation	£290,415	£216,045
Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 21% (2008: 20%)	60,988	45,369
Effects of:		
Elements of the operating surplus that are not taxable	(48,564)	(14,753)
Depreciation in excess of capital allowances	(3,200)	(17,593)
Loss relief		(4,374)
Current tax charge	£9,224	£8,649

There was an under provision of £644 in 2008 and the total tax charge for the year is £9,868.

8. Fixed assets

	Freehold land and buildings	Computer equipment	Furniture and office equipment	Total
Cost:				
1st January 2009	5,438,005	200,932	151,855	5,790,792
Additions	0	15,220	2,346	17,566
Disposals and write offs	0	0	0	0
31st December 2009	5,438,005	216,152	154,201	5,808,358
Depreciation:				
1st January 2009	577,741	192,882	125,251	895,874
Charge for the period	108,760	11,666	11,650	132,076
Disposals and write offs	0	0	0	0
31st December 2009	686,501	204,548	136,901	1,027,950
Net book value:				
31st December 2009	4,751,504	11,604	17,300	4,780,408
31st December 2009	686,501	204,548	136,901	1,027,950

Year ended 31st December 2009 £	Year ended 31st December 2008 £
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9. Debtors**Due within one year:**

Trade debtors	18,634	28,331
Other debtors	2,968	5,986
Prepayments and accrued income	24,612	31,175
	£46,214	£65,492

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

Bank loan on freehold premises	376,011	355,505
Trade creditors	192,159	111,591
Retention fees in advance	2,350,450	2,293,450
Tax payable	171,511	163,221
Other creditors	111,509	139,390
Accruals and deferred income	96,322	173,860
	£3,297,962	£3,237,017

	Year ended 31st December 2009 £	Year ended 31st December 2008 £
11. Long-term creditors		
Amounts falling due after more than one year:		
Bank loan on freehold premise	£886,444	£1,292,610

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. At the end of March 2010, the Council refinanced the loan on the freehold property with a combination of a term loan over ten years and a revolving credit facility over three years.

	Year ended 31st December 2009 £	Year ended 31st December 2008 £
Loan maturity analysis:		
Due within one to two years	£381,223	£363,043
Due between two and five years	£505,221	£929,567
Due after more than five years	£0	£0

12. Funds

	B/B/F	Income	Expenditure	Transfers	B/C/F
Establishment funds	337,999			(337,999)	0
General Reserves	825,512	2,861,729	2,581,182	1,637,999	2,744,058
Capital Investment Fund	1,300,000			(1,300,000)	0
DH Grant	0	64,000	64,000	0	0
Total Funds	2,463,511	2,925,729	2,645,182	0	2,744,058

Establishment funds – The initial funding for the Council was provided by various bodies and as it represents permanent finance for the Council the Establishment fund has been transferred to the General Reserve.

Capital Investment Fund – This was established to designate reserves for the purpose of partially funding the cost of the Council's freehold premises. This fund was subsequently used to cover any diminution in the freehold property value and also ongoing maintenance costs. These are considered to be adequately resourced from the General Reserve and therefore the remaining balance has been transferred to this fund.

The Department of Health Grant was awarded to enable the GCC to develop a risk proportionate system of revalidation for chiropractors. The grant was fully expended during the year.

13. Pension commitments

The Council makes payments on behalf of 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 3 to the financial statements.

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