



General Chiropractic Council

Annual Report and Accounts 2011

General Chiropractic Council

Annual Report and Accounts 2011

For the year ended 31st December 2011

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

© General Chiropractic Council (GCC) (2012)

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GCC copyright and the document title specified.

Any enquiries about this publication should be sent to us at the GCC, 44 Wicklow Street, London WC1X 9HL.

This publication is available from our website at www.gcc-uk.org and can also be downloaded from www.official-documents.gov.uk.

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, thereby protecting patients and the public. 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.

Contents

Chair's foreword | 2

Strategic Plan 2012–2014 | 5

Governance and structure | 9

Review of 2011 | 19

Standards and fitness to practise | 22

Education | 30

Registration | 36

Communications | 40

Financial statements | 44

Chair's foreword

This year has been one of change, challenge and a considerable amount of hard work. In February 2011 the government announced a review of the legislative framework for statutory regulation by the Law Commission and a review of cost-efficiency and effectiveness by the CHRE. The objective is to reduce the costs of regulation while continuing to protect the public. I'm very pleased to say that this year we have succeeded in achieving efficiency savings, which have enabled us to reduce significantly the initial registration fee by £500 from £1,250 to £750.

Our priority in all we do is to act in the public interest. To ensure that we remain focused, we have reviewed our strategic aims. The changing regulatory environment has given us an opportunity to take stock. Our Strategic Plan 2012–2014 builds on our previous work while looking ahead. It defines our core purpose and explains our strategic aims and how we are going to deliver them.

We are reviewing our fitness to practise procedures and are seeking amendments to the legislation governing them. For example, the introduction of two Case Examiners to replace our Investigating Committee and the introduction of new case management provisions for the Professional Conduct Committee. Changing our statutory fitness to practise procedures will reduce the time taken to deal with complaints and lower costs, while continuing to protect the public and maintaining fairness to registrants. In the meantime, we have reviewed our internal administrative procedures to establish efficiency savings that can be made without the need for legislative change. Some of these have already been implemented and other changes will be rolled out during 2012.

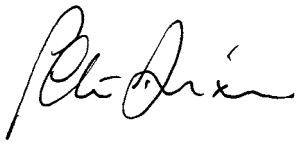
We will continue to push for change to the legislative framework, and also contribute fully to the Law Commission's review of statutory regulation.

Further, we are continuing our work to research and develop a proposed scheme of revalidation for chiropractors that is proportionate and risk based. We are now carefully researching and developing new proposals to assure the continuing fitness to practise of our registrants, during which we will engage with stakeholders and undertake a public consultation in 2012.

Our former Chief Executive and Registrar, Margaret Coats, retired earlier in the year following 12 years of dedicated hard work and commitment to public protection. Margaret was our first employee in June 1999 and was responsible for the GCC's achievement of many key milestones.

Satjit Singh was appointed as interim Chief Executive and Registrar in May and initiated a root and branch review of the GCC's efficiency, effectiveness and strategic direction.

David Howell joined us in November as Chief Executive and Registrar. David was previously the Director of Regulatory Services at the General Optical Council and prior to that the Director General of Army Legal Services. He brings in-depth skill and experience that will enhance our public protection activities, and I am looking forward to working with him very much.

A handwritten signature in black ink, appearing to read 'Peter Dixon', written in a cursive style.

Peter Dixon
Chairman

2011: some key achievements at a glance

- Strategic review undertaken and *Strategic Plan 2012–2014* published
- *Business Plan 2012* published
- Governance reviewed
- Key performance indicators established across GCC activities to improve performance
- Efficiency savings made by reviewing internal administration of fitness to practise procedures
- Reduction of registration fees

Strategic Plan 2012–2014

Our mission

The mission or core purpose of the GCC is:

Safeguarding people who use chiropractic by setting and upholding standards for the profession

We will deliver our mission by carrying out our key statutory duties:

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

Our Vision

The vision that we have set for ourselves is to be seen by all our stakeholders as an organisation:

Delivering fairness, engendering respect

Strategic aims

The GCC's vision will be underpinned by the following strategic aims:

- continually drive up organisational performance
- ensure that standards of practice are fit-for-purpose
- deliver value for money by embedding efficiency
- engage effectively with our stakeholders.

Delivering our strategic aims

Each of these strategic aims contains a number of objectives (critical success factors) that we will need to achieve.

Continually drive up organisational performance

We have good oversight of risk management through our Audit Committee and ensure financial probity and prudence through our Resource Management Committee.

We are strengthening the working relationship between Council and the executive by further enhancing governance through performance reporting and monitoring, which will be linked to the objectives of individual members of staff.

Members of staff and Council should be clear about their respective roles and objectives. Members of staff should be confident and empowered to make decisions and recommendations in relation to the work for which they are responsible while being accountable to the Council for the organisation's performance. Each Council member should be fully engaged with the work of the organisation.

We must be clear how we will work together and with others. We have developed our shared values that are built on our mission and vision. We must now integrate them into appraisal, training and development of members of staff and Council alike.

We will achieve this by:

- building a competent organisation working coherently towards common objectives
- embedding appropriate governance structures and processes
- establishing a forward-looking culture that takes advantage of opportunities and at the same time managing risk effectively.

Ensure that standards of practice are fit-for-purpose

Profession-specific regulators were established to achieve regulation appropriate to the different needs of each sector and its users. The GCC must understand and respond to the issues in a sensitive and appropriate way.

Our depth of understanding and ability to respond promptly will enable us to set appropriate standards of conduct and practice.

This means that we must:

- understand developments within the chiropractic profession, patients' expectations and those of society as a whole
- be integral to discussions about the future of health regulation and understand how other regulators operate in the UK and worldwide
- anticipate, analyse and respond to key issues

We will achieve this by:

- ensuring our fitness to practise processes are assured effectively and reviewing our CPD scheme
- ensuring that the standards and guidance for practice and proficiency are appropriate
- ensuring that educational standards/criteria and accreditation of colleges are appropriate.

Deliver value for money by embedding efficiency

The demand for achieving better efficiency and effectiveness in regulation with fewer resources means that the GCC must streamline fitness to practise procedures and make full use of IT systems to deal with complaints more quickly and keep costs down.

We have a small workforce; making maximum use of their abilities and time is a priority. We have already started rationalising our non-statutory administrative processes across the organisation. We are also looking at ways we can work with other similar organisations to deliver what is required more efficiently and effectively.

The next essential step is to achieve changes to our statutory fitness to practise procedures that would enable us to take a more proportionate and less costly approach – for example, by the introduction of the consensual disposal of cases by the Investigating Committee.

We will achieve this by:

- continually improving the efficiency and effectiveness of processes, including fitness to practise processes
- reviewing and reducing organisational costs
- as a result, reducing registration fees
- seeking legislative change.

Engage effectively with our stakeholders

As an organisation working in the public interest and accountable to Parliament, it is essential for us to understand what our stakeholders think about chiropractic services and regulation.

Stakeholder groups and individuals provide insight, knowledge and experience and broaden our understanding. We may not always be able or willing to do what stakeholders want, but their views will inform our approach to regulation, and we will respond constructively.

Stakeholder engagement has been a priority for us from the outset, and we routinely involve stakeholders in our work, for example, through our Communications Advisory Group and project specific stakeholder consultation events. We will continue to look for ways in which we can listen to and learn from the views and comments of our stakeholders.

We will achieve this by:

- involving the public and patients in our work
- strengthening engagement with the [Department of Health](#) (DH) and CHRE and having influence on policy development
- building constructive relationships with professional organisations and the profession
- influencing the Law Commission's agenda
- delivering clear and consistent messages to all stakeholders.

Our values

The public interest must be at the heart of all that we do. We are committed to our values, which represent the culture of the GCC as whole and inform what we do and how we do it.

We strongly believe that, to be successful in keeping the public interest at the forefront of the GCC's culture and work, the GCC must have the following values:

- Integrity – be honest and accountable
- Openness – in decision making and in willingness to engage and learn
- Fairness – deliver impartial, proportionate regulation
- A commitment to continuous improvement – in all we do.

Equality and diversity

The GCC is committed to promoting equality and diversity in all its work. Among other things, to achieve this we:

- ask our registrants to complete a diversity questionnaire so we can produce statistics to help us monitor the effectiveness of our policies and practices
- consider equality and diversity issues as early as possible when formulating policy.

The GCC's duties under the Equality Act 2010

We are listed in the Equality Act 2010 as a Public Authority and so must have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The public sector equality duty applies to the GCC in relation to the exercise of its public functions.

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

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 that 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 that 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 2011 were:

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

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: <ul 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: <ul 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

The Investigating, Professional Conduct or Health Committees are collectively described 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; they take no part in decision making.

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 and 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.

Risk management statement

The Council has ultimate responsibility for risk management at the GCC. To that extent it has ensured that there are formal structures and processes in place to facilitate effective risk identification, evaluation, mitigation and monitoring.

The Council has delegated responsibility for routine oversight of risk management arrangements to the Audit Committee, which meets four times a year. It receives regular reports from the Committees on the major strategic risks facing the Council.

The GCC has a formal risk management framework to identify, evaluate, mitigate, monitor and report on risks associated with its activities.

The Audit Committee receives reports on the operational and strategic risks at all its meetings and reviews the actions in place to mitigate or minimise any risks.

Review of 2011

Governance

In November 2010 the GCC re-established its Governance Working Group to undertake the specific task of considering concerns of the four UK chiropractic professional associations about the 'process, interpretation and proportionality' of the GCC's 'regulation of the chiropractic profession'. The Working Group undertook:

- to investigate the governance issues raised by the professional associations
- to advise Council on an appropriate response to the professional associations and on any associated governance issues that may arise
- not to comment or advise in a manner that could be seen to intervene in proceedings on individual cases in the regulatory process.

In 2011, the Governance Working Group presented a detailed report to Council. A majority of the professional associations' concerns were not found to have any basis. However, Council agreed a number of recommendations, for example, to review:

- the GCC's Disclosure Policy with regard to the publication of notices and allegations to be heard by the Professional Conduct Committee
- Quality Assurance arrangements with regard to fitness to practise processes
- the drafting of allegations and to assess the case for written guidance
- registration fees

and to

- improve relations with Professional Associations.

A proportion of the recommendations were referred by Council to the Fitness to Practise Committee, which monitors and evaluates the performance of the GCC's statutory fitness to practise committees while maintaining a [separation of function](#). Council members do not sit on the statutory fitness to practise committees.

The UK chiropractic professional associations jointly wrote to the GCC in June 2011 and indicated that while they '...did not necessarily agree with all the conclusions reached', they were grateful that many of the concerns had been addressed.

Performance review by CHRE

In July 2011, CHRE published its review of the performance of the nine UK regulators of health professionals. CHRE noted that:

'We are satisfied the GCC has continued to perform as an effective regulator despite the testing year it has faced. It has had to continue to manage the challenges associated with the unprecedented and unanticipated number of complaints that it received in summer 2009 concerning the content of some chiropractors' websites... We recognise that the significant increase in workload has placed heavy demands on GCC staff, investigating and professional conduct committee members. We consider that the GCC has responded to and dealt with the challenges associated with these complaints well.'

The GCC has also had to respond to an expression of no confidence from some members of its profession. The four chiropractic professional associations jointly wrote to the GCC in October 2010 to outline concerns about a wide range of issues including: the approach taken by the GCC in investigating the complaints about the content of some chiropractors' websites; registration fees; the level of involvement of the professional associations in the regulator's work; and the GCC's revalidation proposals. The GCC commissioned an investigation into the joint professional associations' concerns, which concluded that there was no basis to the majority of the concerns that had been raised. However, it was accepted that it would be timely to consider the GCC's approach to internal quality assurance of decisions; the role of the council in the GCC's work; and to improve communications with the professional associations. We expressed concern at the time about the GCC's response to the letter from the chiropractic associations and noted that there was a risk it would be deflected from its task of protecting the public by the interests of the profession. The GCC assured us that this was not the case, and we have concluded that the GCC investigated the concerns raised by the professional associations satisfactorily without being diverted from its core duties as a regulator. The GCC should now return to continuing to focus on protecting the public and maintaining confidence in the profession through its regulatory functions.'

The following extract from the CHRE's report highlights activities undertaken by the GCC it considered to be of particular note, and those areas that CHRE intend to follow up in next year's performance review.

CHRE noted that the GCC:

- *'Implemented an online service for registrants to use when renewing their registration and when submitting their continuing professional development summaries*
- *Published guidance for people with disabilities who are interested in becoming chiropractors*
- *Amended its degree recognition criteria so that it now requires education providers to involve patients and the public in programme design and student assessments.*

The GCC has also made progress in the areas we identified in last year's review for follow up:

- *As outlined above, the GCC has identified and mitigated against the risks associated with handling the large number of complaints it received in 2009 concerning the content of some chiropractors' websites.*
- *The GCC has put in place a written agreement with employers of chiropractors about the range of information that should be exchanged between them.*

We are content that during 2010/11 the GCC has managed to maintain its performance in its regulatory functions, improved its performance in a number of areas and managed and responded well to a number of challenges.

As a result of this year's review, we have identified that we would like to review the following areas in next year's performance review:

- *The review of the GCC's practitioner-led continuing professional development scheme*
- *Any progress made by the GCC in considering only requiring a self-declaration in relation to an individual's health, rather than a certified health declaration*
- *Any progress in developing and implementing changes to the rules governing the GCC's investigating and professional conduct committees.'*

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 with a broader focus on the personal conduct of chiropractors.

The Code and Standard are living documents that are reviewed and revised every five years. The most recent version of the Code and Standard was published in June 2009 and came into effect in June 2010. It is written in plain English and contains clear guidance on how the principles of good practice should be applied; the guidance about advertising was slightly amended in December 2011.

Declaration regarding the Code of Practice and Standard of Proficiency

All newly registered chiropractors and those restored to the register are 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 after the publication of each updated *Code of Practice and Standard of Proficiency*.

Fitness to Practise Report

The GCC's annual *Fitness to Practise Report*, which is sent to all registrants, identifies trends and discusses 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 on 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

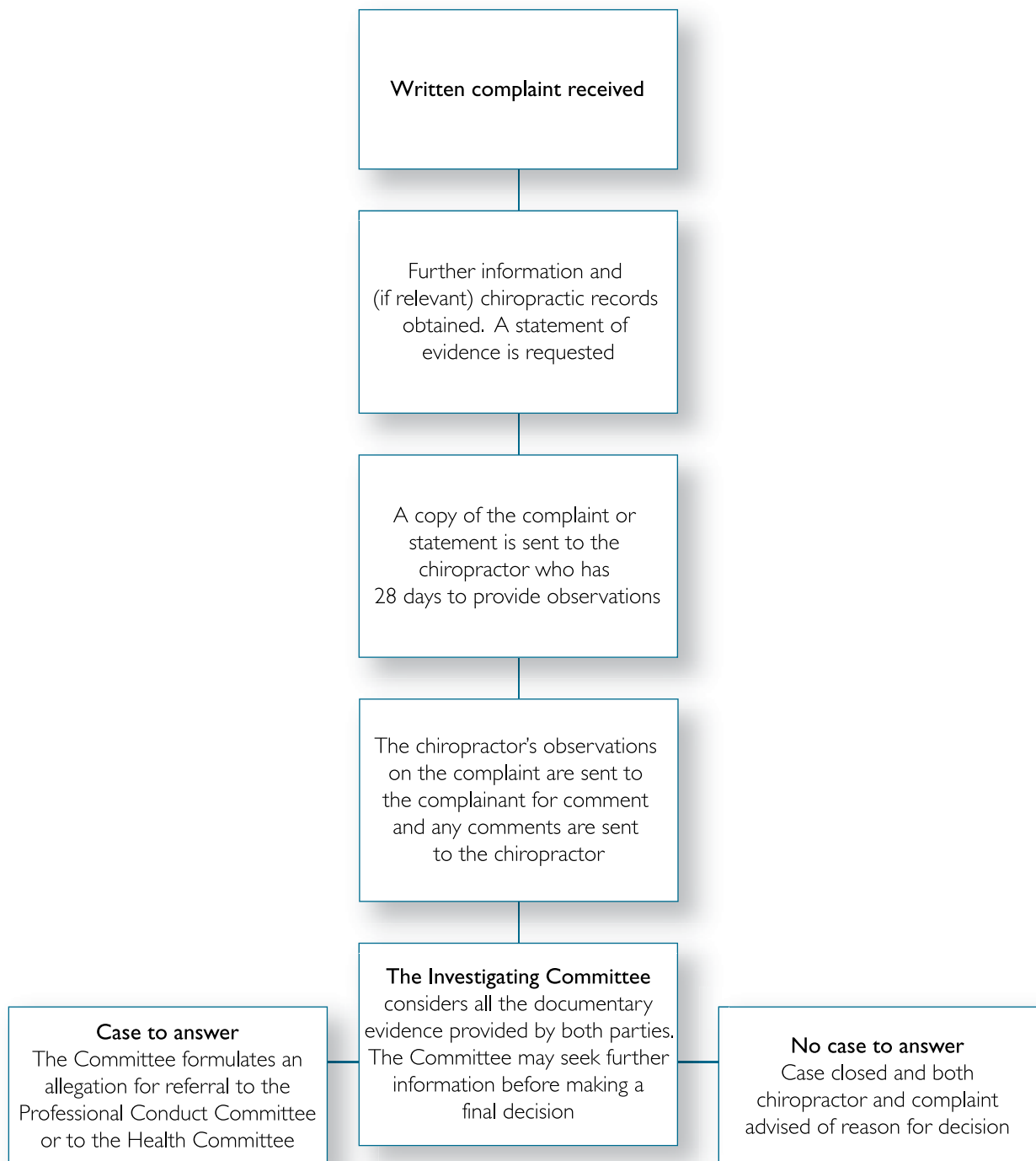
The statutory Investigating Committee considers every complaint the GCC receives about a chiropractor. It is essential that the public and the profession have clear information about the process and so we publish *How to complain about a chiropractor*, in print and an electronic version published on www.gcc-uk.org. Named staff members also advise members of the public about the GCC's remit and complaints processes.

What types 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 the chiropractor's right to argue the case.



Investigating Committee

The GCC's service standards for 2011 were:

- **75%** of final decisions of the Investigating Committee to be taken within four months of its first consideration of the complaint.
- **The current standard for 2011 is that 21 cases out of 24 cases determined in 2011 were decided within four months, a percentage of 87.5%.**
- **90%** of final decisions of the Investigating Committee to be taken within six months of its first consideration of the complaint.
- **The current standard for 2011 is that 22 cases out of 24 cases determined in 2011 were decided within six months, a percentage of 91.7%.**

Outcome of complaints considered by the Investigating Committee at 31 December 2011

Complaints determined	I Jan–31 Dec 2011	I Jan–31 Dec 2010
	Non-claims complaints	Non-claims complaints
Complaints received in previous years	3	12
Complaints received in current year	21	16

Decisions by the Investigating Committee	I Jan–31 Dec 2011	I Jan–31 Dec 2010
	Non-claims complaints	Non-claims complaints
Withdrawn	3	3
No case to answer	14	12
Referred to Professional Conduct Committee	7	9
Referred to Health Committee	0	
Decisions pending at year end	0	3

Source of complaints	I Jan–31 Dec 2011	I Jan–31 Dec 2010
	Non-claims complaints	Non-claims complaints
Patient/relative of patient	14	14
Public (non-patient)	3	3
Other chiropractor	2	3
Other health professional	2	3
Registrar	3	4
Other source	0	0
Total	24	27

During 2009 and 2010 a total of 718 complaints were received by the GCC in relation to website claims made by chiropractors. Of these cases 583 cases were referred to the Professional conduct Committee. All these complaints were made by a small number of individuals who were not patients of any chiropractor complained of.

Interim Suspension Orders

During 2011, the Investigating Committee imposed two Interim Suspension Orders on chiropractors. When an Interim Suspension Order is imposed, 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.

Professional Conduct Committee

- **90%** of cases to be listed for a meeting to commence within five months of referral by the Investigating Committee
- **No cases have been considered at a Professional Conduct Committee meeting in 2011.**
- **90%** of cases to be listed for a hearing to commence within nine months of referral by the Investigating Committee.
- **The current standard for 2011 is that all eight cases listed for a Professional Conduct Committee hearing were listed within nine months of referral, a percentage of 100%.**

Sanctions imposed by the Professional Conduct Committee	2011	2010
Removed from the Register		1
Suspension Order imposed	1	3
Conditions of Practice Order imposed	1	1
Admonished	1	4
Total	3	9

Of the 583 website complaint cases referred by the Investigating Committee in 2010 and 2011, a sanction of admonishment was imposed on 53 chiropractors by the Professional Conduct Committee in 2011. At the end of 2011, a total of three cases were still to be determined.

Review hearings

During 2011 the Professional Conduct Committee carried out four review hearings in relation to Conditions of Practice Orders (Orders).

GCC's Guidance on sanctions

The GCC's [Guidance on sanctions](#) published in 2010, supports consistency in the Professional Conduct Committee's decision making when determining a sanction, while ensuring that the Professional Conduct Committee 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.

CHRE

All decisions made by the Professional Conduct Committee 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 Professional Conduct Committee's decisions to have been unduly lenient and has therefore made no referrals to the High Court (or equivalent) for review.

Health Committee

There have been no hearings of the Health Committee in 2011.

Looking forward

Seeking legislative change

The GCC has for some years been seeking amendments to the legislation governing its fitness to practise procedures. It is notable that these amendments anticipated, and would actively contribute towards achieving, one of the key objectives of the coalition government to reduce the cost of regulation as articulated in its Command Paper *Enabling Excellence*.

We are now looking at obtaining more significant amendments to our legislation that would increase further the proportionality and cost-effectiveness of our fitness to practise procedures, while ensuring that legislation will enable us to protect the public.

In the meantime we have reviewed our internal administrative procedures to establish efficiency savings that can be made without the need for legislative change. Some of these have already been implemented and other changes will be rolled out during 2012.

Section 60 changes to be requested

We will now be approaching the DH with proposals to:

- Replace the Investigating Committee with two Case Examiners: one lay and one registrant
- Replace the 'case to answer' test with the 'realistic prospect' test
- Empower the Professional Conduct Committee to make a Wasted Costs Order.

Professional Conduct Committee

The GCC is also seeking to amend the statutory Rules that govern the running of the Professional Conduct Committee. We want to improve the efficiency and cost-effectiveness of proceedings to deliver swifter outcomes for the benefit of patients, the public and chiropractors. All this will be achieved while maintaining fairness and increasing transparency.

The GCC consulted on proposed changes to the Professional Conduct Committee Rules, and Council, after carefully considering the responses and legal advice, agreed that the proposed amendments should be made and submitted to the DH. Examples of the proposed changes include (but are not limited to):

- providing a mechanism, which does not currently exist under the Rules, for cases to be cancelled prior to a hearing where the presenter considers there is no longer a realistic prospect of proving the case

- enabling procedural points to be resolved between parties at 'case reviews' in advance of hearings, rather than at the hearing itself
- changing from the criminal to the civil rules of evidence
- defining who may be treated as a 'vulnerable witness' and the adaptations that could be made to the way they give their evidence eg use of video links, screens, prevention of a respondent cross-examining a witness/complainant where allegations are of a sexual nature.

Review of internal administrative procedures

Our review includes:

- introducing an in-house legal team
- drafting witness statements and allegations in-house
- use of video and teleconferencing facilities
- rationalising the provision of independent professional opinion at the Investigating Committee to reduce duplication
- review of the terms of the contracts for legal counsel and reducing the day rate for legal assessors.

Education

The statutory responsibility

The GCC's primary role is to act in the public interest to protect the public. With this aim, the [Chiropractors Act 1994](#) places a duty on the GCC to 'develop and regulate the profession of chiropractic'. The achievement of key elements of these duties fall to the GCC's Education Committee to promote high standards of education and training in chiropractic and to keep under review how this is done.

The foundations for the Education Committee's responsibilities include:

- the [Degree Recognition Criteria](#)
- 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
- registrants' continuing professional development.

Keeping the GCC's Degree Recognition Criteria up to date

Our *Degree Recognition 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*.

The GCC's current version of the *Degree Recognition Criteria* was published in May 2010. It was used for the first time in the recognition of an MSc (Chiropractic) in 2011. To ensure that the Criteria and its associated guidance work well in practice, the Education Committee sought feedback from the GCC's Visiting Panel and the education provider both of whom suggested improvements to the guidance to clarify the expectations.

Further, the Education Committee also considered the recommendations of the UK Health and Social Care Regulators' Public and Patient Involvement Group's seminar on Regulation and Mental Health and, in the light of this, recommended amendments relating to mental health.

Council subsequently agreed amendments to the detailed wording of the *Degree Recognition Criteria* guidance, which has been republished and circulated to the education providers

Supplementary guidance

The GCC participates in many inter-regulatory forums to ensure that it is aware of developments within the regulatory environment, and is up to date with good practice. The Inter-Regulators' Education Forum provides one such opportunity to identify key themes; the Education Committee has used this to audit its work and identify further areas of possible development.

When undertaking any new piece of work in education, developments in other areas, such as the practice of other regulators, are analysed to identify key themes and areas of good practice and to minimise the cost of development.

Two pieces of work to draft supplementary advice and information are under way:

- following a query from an education provider, the Education Committee is developing principles on students acting as models for other students, and treating patients, of the same and different sexes. This is to address patient safety concerns and also cultural and religious differences
- in partnership with chiropractic education providers, the Education Committee is developing guidance on Student Fitness to Practise for students and providers.

GCC recognised chiropractic degrees

The GCC has recognised master's degrees in chiropractic from the following UK institutions. Further information on the degree courses concerned can be read on the institutions' websites.

[Anglo-European College of Chiropractic \(AECC\)](#)

13-15 Parkwood Road
Bournemouth
Dorset
BH5 2DF

Tel: 01202 436200
Fax: 01202 436312
Email: swhitlock@aecc.ac.uk
Web: www.aecc.ac.uk

[University of Glamorgan](#)

Welsh Institute of Chiropractic
Pontypridd
Glamorgan
CF37 1DL

Tel: 01443 483555
Fax: 01443 483756
Email: dbyfield@glam.ac.uk
Web: <http://hesas.glam.ac.uk/subjects/chiropractic/>

[The McTimoney College of Chiropractic \(MCC\)](#)

Kimber House
1 Kimber Road
Abingdon
Oxfordshire
OX14 1BZ

Tel: 01235 468575
Fax: 01235 523576
Email: course-office@mctimoney-college.ac.uk
Web: www.mctimoney-college.ac.uk

Reports of the Recognition Visits are published on www.gcc.uk.org:

- [AECC Master of Chiropractic \(MChiro\)](#) for students graduating between 2013 and 2017
- [AECC Master of Science \(Chiropractic\) \(MSc Chiro\)](#) for students graduating between 2016 and 2021
- [MCC Master of Chiropractic \(MChiro\)](#) for students graduating between 2011 and 2016 on the five-year programme and between: 2013–2016 on the four-year programme.
- [University of Glamorgan Master of Chiropractic \(MChiro\)](#) for students graduating between 2009 and 2014.

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, the GCC's *Degree Recognition Criteria* includes requirements for public and patient involvement in educational programmes.

Specifically, GCC visiting panels include a meeting with patients as one of the elements in the visit schedule to education providers when submissions are being considered. The Annual Monitoring Process seeks information from each provider on patient and public involvement over the previous 12 months, plans for improving the education programme as a result of the involvement and plans for improving the involvement of patients and the public in the following year.

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 relating to conduct or character can then be taken into account when graduates apply for registration with the GCC.

The GCC is in the process of drafting detailed guidance on Student Fitness to Practise for providers and students. This will consider whether any changes need to be made to the notification process to the GCC.

Increasing the number of chiropractic degree providers: an ongoing challenge

The major barrier to the development of new degree programmes is the investment required to establish the programme. Unlike other regulated health professions, there is no dedicated government funding for chiropractic clinical training. The revised *Degree Recognition Criteria* published in 2010 allow for different forms of practice (i.e. not only an on-site student clinic) to help address this issue and bring chiropractic more in line with other healthcare professions. However, recent changes to the structure and funding of higher education in the UK still make the development of new programmes a challenge.

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 work with joint regulatory fora, such as the Alliance of UK Health Regulators on Europe (AURE), to identify and highlight possible tensions between emerging European policies, 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.

Revalidation

In March 2011, following Council's consideration of the outcomes of our consultation with stakeholders, we decided not to introduce a scheme of revalidation that was:

- based on identifying sub-optimal outcomes
or
- structured around an enhanced model of our mandatory CPD process.

In reaching their decision, Council members were also conscious of the government's view set out in its Command Paper *Enabling Excellence* that before any system of revalidation would be introduced, 'there must be evidence of significant added value in terms of increased safety or quality of care for users of health care services from additional central regulatory effort on revalidation'.

Council decided, on the basis of evidence derived during research, development and consultation, that our proposals for a revalidation scheme would not meet the government's objective of 'significant added value'. This was primarily because of evidence that chiropractic is low risk in terms of potential harm, and the majority of fitness to practise concerns considered by the GCC are about misconduct by chiropractors rather than their lack of competence.

Clarifications

The DH subsequently clarified the government's position. We told the DH of our decision and the reasons for it, and we sought the Department's agreement to our plans. The DH made it clear that it expects regulators to be able to assure themselves, members of the public and patients, that registrants are fit to practise and up to date. This means setting up a proportionate process that measures 'outcomes' and is not based on self-assessment.

Further, CHRE also clearly stated that it wants to see evidence of how the GCC has assured itself and the public that its registrants will remain up to date and fit to practise in the absence of a scheme of revalidation.

Revalidation Working Group: the next phase

Following these developments, Council set up a Revalidation Working Group (RWG) in September 2011 to consider of how the GCC could assure the continuing fitness to practise of its registrants. Council considered a report from the RWG at its meeting on 24 November 2011 and:

- recognised the value of having a means of assuring the continuing fitness to practise of registrants as an indicator of being a good regulator
- agreed to work towards developing a means of assuring continuing fitness to practise that is consistent with the Principles of Non-Medical Revalidation while maintaining flexibility as thinking develops
- committed to putting a means of assuring continuing fitness to practise into place by a date for the Council to determine, but in the context that the DH is looking at 2014 for non-medical revalidation

- confirmed that the RWG will continue to develop the approach itself (until there is a need for wider scale development/consultation) feeding back to the Council as the development progresses and seeking the Council's agreement to move forward as and when necessary
- noted its commitment to the introduction of a scheme to assure the public of registrants' continuing fitness to practise which fulfils the '*Key Principles of Non-Medical Revalidation*' and, accordingly, asked the Revalidation Working Group to bring forward proposals to achieve this including consultation, further testing and timelines.

It is expected that preliminary proposals will be put to Council by the RWG in July 2012, with further research and input from stakeholders informing the RWG's fully worked-up recommendations that will be put to Council in September 2012 for agreement and subsequent public consultation.

Reviewing mandatory Continuing Professional Development (CPD)

The GCC has embarked on a review of its scheme of mandatory CPD in the context of its work programme of assuring the continuing fitness to practise of its registrants. It has commissioned two studies to inform the planning of the review:

- an analysis of 2010 CPD activities to allow for consideration of trends in the CPD being undertaken
- a qualitative analysis of the learning cycles being undertaken by registrants.

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 clearly identifying regulated practitioners, who must comply with standards of conduct, practice, education and continuing professional development.

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 and is staffed 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.

Significant reductions of registration fees

In September 2011, the GCC set in motion plans to reduce registration fees, to take effect from early 2012 following required amendments to the GCC's statutory Registration Rules, subject to Privy Council approval. In reaching its decision Council decided on the option that provided significant savings for the most number of registrants:

- Initial registration fee reduced by £500 from £1,250 to £750
- Annual retention fee reduced by £200 from £1,000 to £800
- Restoration to the register fee reduced by £500 from £1,250 to £750
- Transfer to practising registration fee reduced by £200 from £1,000 to £800

In reaching this decision Council was satisfied that the reduction in fees was financially prudent and could be sustained; the Privy Council and DH agreed to expedite the necessary amendments to the statutory Registration Rules.

New on-line services on www.gcc-uk.org

During 2011 we continued to improve the accessibility and overall functionality of our website. A majority of registrants now submit applications for renewal of annual registration on-line, where they can also:

- pay the annual retention fee
 - complete their annual CPD summary
- and
- change their contact details.

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. The policy adopted by the GCC, and which we intend to review during 2012, is that when we receive sufficient evidence about possible offences, we refer the matter to the police, who investigate the offences, and the Crown Prosecution Service, which determines what, if any, further action it is necessary to take in the public interest.

The GCC's duties under the Equality Act 2010

We are listed in the Equality Act 2010 as a Public Authority and so must have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Act lists nine groups of individuals who have 'protected characteristics': age, disability, gender, race, religion or belief, sexual orientation – and the three new protected characteristics: gender reassignment, marriage and civil partnership, and pregnancy and maternity.

The Equality Act replaces existing anti-discrimination laws, including the Disability Discrimination Acts 1995 and 2005 (DDA). It aims to make the law more consistent, clearer and easier to follow. The Equality Act has kept key parts of the DDA and so many of its provisions remain the same

Diversity monitoring

The GCC is committed to promoting and developing equality and diversity in all its work. We want to be as sure as possible that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us monitor the effectiveness of our policies and practices, we ask registrants to complete a diversity questionnaire on a voluntary basis. This information is kept securely and separately from registrants' registration files and is treated in the strictest confidence compliant with the Data Protection Act 1998. Completed print forms returned by registrants to the GCC are destroyed once the data has been entered onto our database.

We have for some years also sought and collected information from registrants to meet our duties under the DDA with regard to age, sex, ethnic origin and disability. We have recently also introduced new questions on the monitoring form concerning gender identity, religion and/or belief and sexual orientation; so far returns in these areas are low and do not provide statistically useful information and so are not included in the registration data tables below.

Registrations

Figure 1 – Registrations

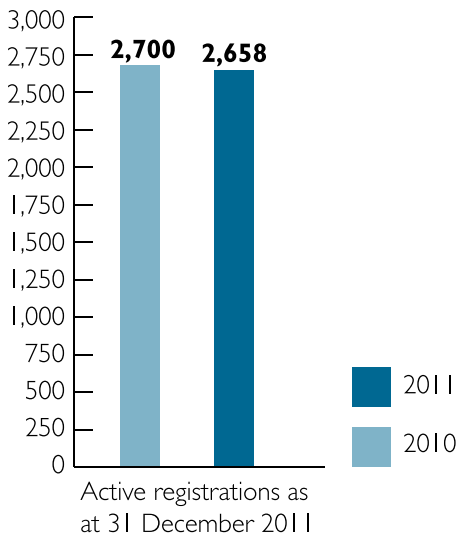


Figure 2 – Sex of chiropractors

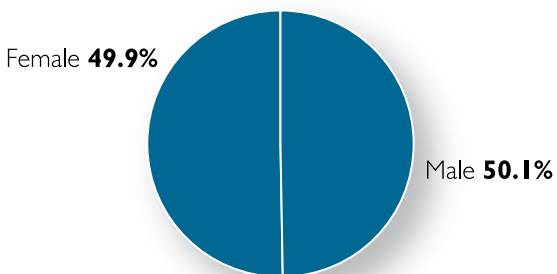


Figure 3 – Age of chiropractors

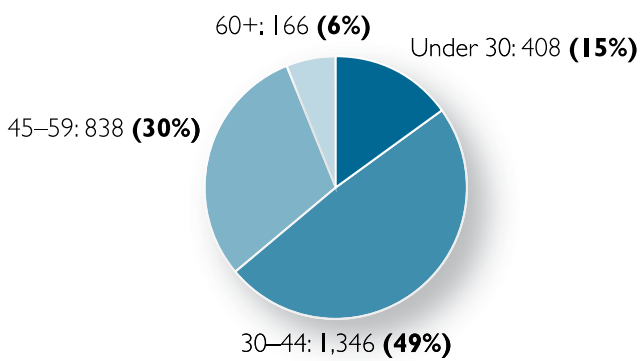
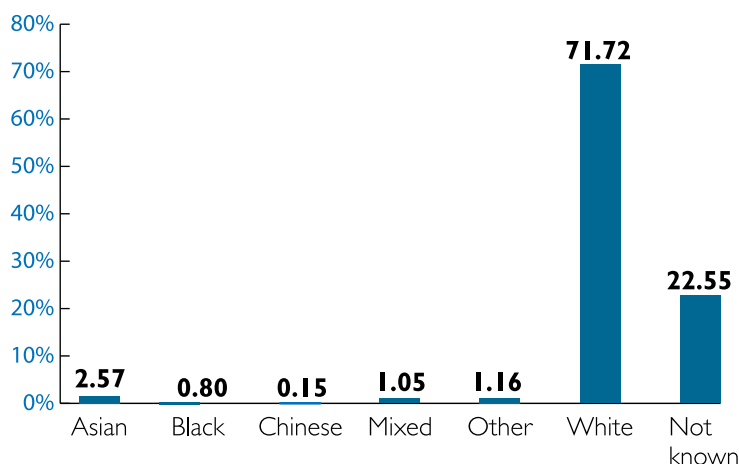


Figure 4 – Ethnicity



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 44 times between November 2002 and 31 December 2011: 420 candidates have attempted the test (80 of whom had repeated it), 297 passed and 123 failed.

Mandatory Continuing Professional Development (CPD)

The sixth year of mandatory CPD ended on 31 August 2011. Chiropractors submitted their CPD summary sheets with their application for annual retention by the deadline of 30 November 2011. 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 2011.

Communications

Introduction

In November 2011, the GCC approved a *Strategic Plan 2012–2014* that sets out its organisational high-level aims. Together with the annual Business Plan, this sets out our objectives and how we intend to deliver them.

We are now reviewing the GCC's *Communications Strategy 2008–2011* to ensure that our communications and engagement activities are aligned with GCC's new Strategic Plan. Informing this work will be:

- The *Public Patient Involvement Good Practice Handbook*, October 2010, Joint Health and Social Care Regulators' Public and Patient Involvement Group; this publication is maintained by the GCC
- *Patient and public participation in health professional regulation*, July 2011, Council for Healthcare Regulatory Excellence (CHRE)
- The approaches of other regulators, the input of our Communications Advisory Group and members of Council.

A process to report communications and engagement activities to Council through a regular Performance Report is being refined, will commence in 2012, and will be kept under review.

Why good communication is essential

The purpose of our communications activities is to support the GCC's statutory responsibilities and corporate aims by ensuring that our key stakeholders are aware of and understand our intentions.

Our key objectives are to:

- raise public awareness and understanding of the education and regulation of chiropractors; and
- facilitate engagement with stakeholders.

We aim to deliver our objectives in a targeted and proportionate manner. For example with:

- ongoing inclusive engagement with key stakeholders through the GCC's Communications Advisory Group
- project-specific stakeholder events and consultations
- seeking opportunities to use existing engagement networks and readily available expertise.

The Communications Strategy 2008–2011

The aim of the *Communications Strategy 2008–2011* is primarily to increase public and professional awareness of the GCC's role. In particular, explaining to members of the public what registration means and the importance of checking that chiropractors are registered. This will remain a priority as will our continued engagement with our stakeholders. The GCC-commissioned ipsosMORI survey undertaken in 2009, indicated an increase in public awareness of chiropractic and the GCC since 2005. We intend to refocus our efforts to engage with our stakeholders and to do so while making the best use of our resources. We plan to undertake another survey in 2014.

The Communications Advisory Group (CAG)

CAG's role is help the GCC to implement its Communications Strategy. It meets up to three times a year, has no decision-making powers and its activities and recommendations are regularly reported at meetings of Council.

Those who have an interest in the GCC's work are members of CAG and are supplemented by members of the public who have volunteered to help us. Membership comprises:

- members of public, and patients
- representatives of patient groups
- representatives from chiropractic professional organisations and a student organisation, members of Council and staff.

Working with others and engaging with our stakeholders

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.

Regulator and CHRE forums

The GCC participates in a wide-range of forums to ensure that we are aware of developments within the regulatory environment and learn from, and contribute towards, the good practice of others. For example:

- [Alliance of UK Health Regulators on Europe](#)
- Chief Executives' Steering Group
- Public and Patient Engagement Learning Circle (Formerly Joint Health & Social Care Regulators' Public Patient Involvement Group)
- Communications Managers/Press Officers Forum
- Regulators' Equality and Diversity Forum
- Regulators' Education Forum
- Regulators' Revalidation Forum
- Human Resources Forum
- Regulation Collaboration Network: registration benchmarking and best practice group.

Members of the public and patients

The GCC 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 RWG.

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

About 98% of registrants have provided us with their email addresses, and during 2011 the GCC's use of electronic communication with registrants increased. This means we can disseminate information quickly and directly.

Registrants' use of our on-line registration service has increased considerably. The number of downloads from www.gcc-uk.org of core GCC documents indicates that a significant number of registrants access the links that we email to them.

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, Chief Executive and a number of Council members meet 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 plans to hold UK-wide revalidation consultation workshops for chiropractors and others with an interest in what we do, in late 2012.

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 puts a considerable amount of work in to liaising with DH 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, guidance and information notes

All the GCC's press releases, statements and core documents can be read on www.gcc-uk.org. We email chiropractors about new documents or updates on our website and send printed copies to chiropractors who do not have email.

www.gcc-uk.org

During 2011 we continued to improve the accessibility and overall functionality of our website. A majority of registrants now submit applications for renewal of annual registration on-line, where they can also:

- pay the annual retention fee
 - complete their annual CPD summary
- and
- change their contact details.

Next year we plan to upgrade the website.

Plain English

A number of key GCC publications have achieved a plain English mark from Word Centre. For instance the:

- *Code of Practice and Standard of Proficiency*
- *Degree Recognition Criteria*
- *How to complain about a chiropractor*

Press releases

The GCC issues statements to relevant local media where the Professional Conduct Committee imposes a sanction resulting in a respondent chiropractor's removal or suspension from the statutory Register.

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 2011 to the 31st December 2011.

Name	Type of member	Date of appointment	End of office
Alan Breen	Chiropractor	9th February 2009	8th February 2013
David Byfield	Chiropractor	9th February 2009	8th February 2013
Martin Caple	Lay	9th February 2009	8th February 2013
Roger Creedon	Lay	9th February 2009	8th February 2016
Christina Cunliffe	Chiropractor	9th February 2009	8th February 2013
Ian Dingwall	Chiropractor	1st May 2009	Resigned on 25th September 2011
Peter Dixon (Chairman)	Chiropractor	9th February 2009	8th February 2013
Julie McKay	Chiropractor	1st May 2009	30th April 2016
David Murphy	Lay	1st May 2009	Resigned on
12th May 2011			
David Plank	Lay	9th February 2009	8th February 2016
Grahame Pope	Lay	9th February 2009	8th February 2016
Elizabeth Qua	Lay	6th June 2011	5th June 2015
Chris Stephens	Lay	9th February 2009	8th February 2013
Stephen Williams	Chiropractor	1st May 2009	30th April 2012
Judith Worthington	Lay	9th February 2009	8th February 2013

Legal and administrative details

Registrar & Chief Executive

Margaret Coats (to June 2011)

Satjit Singh (Interim appointment from April 2011 to November 2011)

David Howell (From November 2011 to date)

Principal address

44 Wicklow Street
London WC1X 9HL

Solicitors

Field Fisher Waterhouse
35 Vine Street
London EC3N 2AA

Capsticks
77/83 Upper Richmond Road
London SW15 2TT

Bankers

Alliance & Leicester plc
Bridle Road
Bootle
Merseyside
L30 4GB

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

Auditors

haysmacintyre
Fairfax House
15 Fulwood Place
London
WC1V 6AY

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 2011.

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.

Financial review

The results for the year show a surplus of £251,921 (2010: £37,069) before taxation.

The Council is dependent on income from registration and retention fees and room hire income. This income has increased by £98,764 in 2011 to £2,993,371 (2010: £2,894,607). During the year, the GCC processed 139 (2010: 170) applications for initial registration.

As at 31st December 2011, 2,700 (31st Dec 2010: 2,650) chiropractors were registered with the GCC.

Expenditure excluding taxation has decreased in 2011 by £151,619 to £2,819,928 (2010: £2,971,547). The decrease is primarily in relation to a reduction in staffing following the determination of most of the regulatory complaints received in 2009 along with a reduction in regulatory costs for the year. Excluding the effect of the rates rebate in 2010, premises costs are largely consistent year on year.

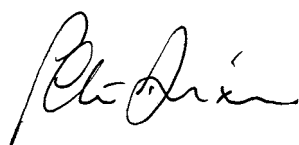
The members of Council consider that the organisation is a going concern and the financial statements have been prepared on this basis. The Council has general reserves to cover just over 12 months running costs at 31st December 2011.

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 24th May 2012 and signed on its behalf by:

A handwritten signature in black ink, appearing to read 'Peter Dixon', written in a cursive style.

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:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- 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 have sought assurance from the Chief Executive that there are no other matters which require disclosure in relation to these statements.

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 7 to 16*.

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 GCC financial statements audited by haysmacintyre and incorporated into this Annual Report

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 2011, 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

24 May 2012

Income and Expenditure Account for the year ended 31st December 2011

	Notes	Year ended 31st December 2011 £	Year ended 31st December 2010 £
Income			
Registration fees – new registration		175,700	173,300
Annual retention		2,385,400	2,348,300
Other income	1	47,700	26,850
Income generated from room hire		384,571	346,157
Bank interest receivable		7,948	2,101
Grant income	2	70,000	111,908
Sale of assets		530	–
Total income		3,071,849	3,008,616
Expenditure			
Staff costs	3	814,458	886,838
Staff expenses		9,456	5,665
Regulatory costs	4	1,037,687	1,189,341
Grant Expenditure re Revalidation	2,10,12	20,742	91,166
Council expenses	5	211,470	146,130
Professional fees	6	130,469	73,781
Publicity		16,636	34,289
Printing		36,999	40,256
Postage		23,902	32,844
Stationery		10,751	24,552
Telephone		10,313	7,977
Costs of running Wicklow Street premises		188,112	102,345
Direct costs of room hire		48,963	65,611
Computer costs		45,408	36,485
Insurance		27,888	27,125
Subscriptions		1,010	3,602
Other sundry expenses		2,057	1,987
Bank charges		6,481	35,705
Mortgage interest		29,278	22,804
Depreciation		147,848	143,044
Total Expenditure		2,819,928	2,971,547
Operating Surplus/(Deficit) before taxation		251,921	37,069
Taxation	7	31,965	16,797
Surplus/(Deficit) for the period		219,956	20,272

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 2011

	Notes	31st December 2011 £	31st December 2010 £
Fixed assets			
Tangible assets	8	4,380,319	4,528,168
Current assets			
Debtors	9	70,552	116,709
Cash at bank		2,730,482	2,357,735
		2,801,034	2,474,444
Creditors			
Amounts falling due within one year	10	3,069,313	3,103,304
Net current liabilities		(268,279)	(628,860)
Total assets less current liabilities		4,112,040	3,899,308
Creditors			
Amounts falling due after more than one year	11	1,127,754	1,134,978
Total assets less total liabilities		£2,984,286	£2,764,330
Funds of the Council			
General reserves	12	2,914,286	2,743,588
Department of Health Grant	12	70,000	20,742
Total funds		£2,984,286	£2,764,330

Approved and authorised for issue by the Members of Council on 24th May 2012, and signed on their behalf by:

Peter Dixon
Chairman

Financial statements for the year ended 31st December 2011

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 2011

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
I. Other income		
Restoration fee	17,700	8,850
Non-practising to practising fee	30,000	18,000
	£47,700	£26,850

2. Department of Health Grant

The General Chiropractic Council received a grant of £381,950 in 2010 from The Department of Health to enable the GCC to develop a risk proportionate system of revalidation for chiropractors. Council suspended its revalidation programme in 2010 and as a result of this the unspent monies had been included as a creditor in the accounts last year and the income was reduced to show the provision to repay the monies to the Department of Health. The Council has now re-started work on the programme and received agreement from the Department of Health for the use of £70k of the grant in 2012. The balance of £200,042 is subject to final agreement and remains held as a creditor balance. See note 10 and 12.

3. Staff costs

The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:	12	14
---	-----------	----

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
Staff costs for the above persons:		
Wages and salaries	520,070	598,479
Social security costs	58,891	67,679
Other pensions costs	48,306	54,364
Temporary staff costs	56,297	146,988
Staff recruitment costs	38,014	19,328
Consultancy fees	92,880	–
	£814,458	£886,838

Staff costs decreased this year due to a reduction in temporary and contract staff required to help in determining the prior year's increases in regulatory cases. An interim Chief Executive was recruited on a consultancy basis during April 2011 to November 2011.

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
4. Regulatory costs		
General regulation	24,217	34,833
Education Committee	61,548	19,567
Investigating Committee	114,959	215,035
Professional Conduct Committee	807,712	847,892
Revalidation	20,904	57,429
Committee Social security costs	8,347	14,585
	£1,037,687	£1,189,341

On average, the Council receives approximately 40 cases per annum, but in 2009 and 2010, there were 718 complaints received primarily in relation to claims by chiropractors or against chiropractors and the use of their websites. Most of these cases were determined by the Investigating Committee in 2010 and this is reflected in the costs reducing from £215,035 in 2010 to £114,959 in 2011.

Education costs in 2011 have increased due to additional work carried out by an external consultant in advising the Committee.

Costs incurred in relation to revalidation which are not within the terms of the grant received from the Department of Health are shown in the note above. Additional research work was carried out in 2010.

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
5. Committee expenses		
Attendance allowances	102,150	84,750
Social security costs	5,587	5,140
Expenses	62,933	48,949
Organisation development	-	7,291
Committee and Council appointments	40,800	-
	£211,470	£146,130

Committee expenses in relation to expenses and attendance allowance incurred in relation to Statutory Committees are included in Regulatory costs. Some members of Council are also members of the Education Committee and these costs are shown separately in regulatory costs. Council member Education Committee attendance fees for the year are £4,500.

The Council incurred costs of £40,800 in the year on recruitment of members of Council and Committees of which there were none in 2010.

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
6. Professional fees		
Legal fees	17,570	35,092
Property valuation and advice	7,843	–
Auditors' remuneration:		
Audit fees	10,139	10,769
Other advisory services	500	1,500
Accountancy services (including Value Added Tax advice)	2,453	2,350
Database design, development and support	19,735	40,678
Human resources and job evaluation	4,911	1,666
Website design and development	4,066	7,429
Data protection and FOIA advice	6,564	4,237
	£73,781	£103,721

Database development costs decreased in the year to £19,735 (2009: £40,678) as this project nears completion. The GCC commissioned a valuation of its freehold building at 44 Wicklow St to facilitate a review of its financing arrangements and advice was also received on any limitations to the funding options that the Council could enter into.

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 2011 £	Year ended 31st December 2010 £
Current year tax:		
UK corporation tax (current tax charge)	27,105	16,797
Under provided in previous periods	4,860	–
Tax charge per the income and expenditure account	31,965	£16,797
Factors affecting the tax charge for the year:		
Operating surplus before taxation	251,921	37,069
Operating surplus before taxation multiplied by the relevant rate of UK corporation tax of 20.25% (2010: 21%)	51,005	7,784
Effects of:		
Adjustment to prior year tax charge	4,860	11,573
Elements of the operating surplus that are not taxable	(21,926)	(2,560)
Depreciation in excess of capital allowances	(1,974)	
Current tax charge	31,965	£16,797

8. Fixed assets

	Freehold land and buildings	Computer equipment	Furniture and office equipment	Total
Cost:				
1st January 2011	5,281,205	259,231	158,726	5,699,162
Additions	–	–	–	–
Disposals and write offs	–	–	–	–
31st December 2011	5,281,205	259,231	158,726	5,699,162
Depreciation:				
1st January 2011	795,261	225,643	150,090	1,170,994
Charge for the period	105,624	33,588	8,636	147,848
Disposals and write offs	–	–	–	–
31st December 2011	900,885	259,231	158,726	1,318,842
Net book value:				
31st December 2011	4,380,320	–	–	4,380,320
31st December 2010	4,485,944	33,588	8,636	4,528,168

Year ended 31st December 2011 £	Year ended 31st December 2010 £
--	---

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

Trade debtors	13,655	53,127
Other debtors	7,737	37,667
Prepayments and accrued income	49,160	25,915
	£70,552	£116,709

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

Bank loan on freehold premises	72,723	72,810
Trade creditors	165,957	167,693
Retention fees in advance	2,477,850	2,431,350
Tax payable	33,360	61,161
Other creditors	224,188	334,980
Accruals and deferred income	95,235	35,310
	£3,069,313	£3,103,304

The amount included in other creditors has reduced from £270,042 in 2010 to £200,042 in 2011 primarily as £70k of the Department of Health grant has now been included in income for 2011.

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
11. Long-term creditors		
Amounts falling due after more than one year:		
Bank loan on freehold premise	1,127,754	1,134,978

The Council currently has finance secured on the freehold property with a combination of a term loan over 10 years and a revolving credit facility over 3 years. The 10-year term loan was to facilitate re-payment of any balance outstanding on the existing loan with AIB. The additional revolving credit facility was offered to support the shortfall in resources in determining the large number of complaints received in 2009. The Council has the option of converting this to a 7-year term loan at the end of the revolving credit facility period of 3 years. The GCC has to date not required any further drawdown above repayment of the original mortgage balance to its previous lenders.

	Year ended 31st December 2011 £	Year ended 31st December 2010 £
Loan maturity analysis:		
Due within one to two years	£74,262	£74,351
Due between two and five years	£232,352	£232,629
Due after more than five years	£828,882	£827,998

12. Funds

	B/B/F	Income	Expenditure	Transfers	B/C/F
General Reserves	2,743,588	3,001,849	2,831,151	–	2,914,286
Department of Health Grant	20,742	70,000	20,742	–	70,000
Total Funds	2,764,330	3,071,849	2,851,893	–	2,984,926

General Reserves – The Council has no restrictions on the use of these funds for carrying out its statutory duties. General Funds comprise all of the assets and liabilities of the Council except for those that are held in cash and form the assets of the Department of Health Grant Fund as explained below.

Department of Health Grant – The General Chiropractic Council received a grant from the Department of Health to enable the GCC to develop a risk proportionate system of revalidation for chiropractors.

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.

14. Council members fees and expenses

	2011		2010 restated	
	Fees(1)	Expenses paid in year(2)	Fees(1)	Expenses paid in year(2)
Alan Breen	6,000	5,864	5,400	4,476
David Byfield	5,700	3,818	3,600	2,553
Martin Caple	5,250	3,088	6,600	3,191
Roger Creedon	5,250	450	3,450	45
Christina Cunliffe	9,300	6,194	7,800	3,085
Ian Dingwall	1,950	1,154	3,300	1,069
Peter Dixon(Chairman)	32,700	12,259	29,400	6,609
Julie McKay	6,000	2,853	3,000	1,147
David Murphy	1,800	3,525	3,600	5,333
David Plank	9,600	1,840	6,600	1,490
Grahame Pope	5,250	1,453	4,050	1,747
Elizabeth Qua	3,000	3,166	–	–
Chris Stephens	3,600	663	2,550	729
Stephen Williams	2,250	1,914	1,800	1,144
Judith Worthington	8,700	4,929	5,700	3,902
Total	106,350	53,170	86,850	36,520

The table above shows the fees payable for work done in the year and actual reimbursed expenses only.

(1) 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 in note 15. For example, attendance at statutory and non-statutory committees, training, consultation workshops, interviews, short-term working groups, meetings with other regulators and professional associations.

(2) 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 accommodation requirements directly and these expenses are reimbursed by the GCC.

In most cases, the GCC will book accommodation requirements and make payments directly to the hotel for the accommodation. These direct payments for accommodation are included against the member's expenses for the period.

Council meeting attendance

The Council met on seven occasions in 2011.

15. Council member attendance at meetings during period 1st January to 31st December 2011

Name	Council	Education	Non-statutory Committees	Working Groups	Other	Total
Peter Dixon	10	–		3.5	95.5	109
Alan Breen	9.5	2	6.5	0.5	1.5	20
David Byfield	7	3	3	3.5	2.5	19
Martin Caple	9.5		7		1	17.5
Roger Creedon	9.5	1	4	1.5	0.5	17.5
Christina Cunliffe	10	3	4	3	10.	31
Ian Dingwall	4		1	1	0.5	6.5
David Plank	10		11	2	7	32
Grahame Pope	9.5	3	5			17.5
Elizabeth Qua	6		1	2	1	10
Julie McKay	10		5	2	3	20
David Murphy	4		1			6
Chris Stephens	6.5	3			2.5	12
Judith Worthington	9.5		10	1	6.5	29
Stephen Williams	5			2	0.5	7.5
Days	120	15	58.5	22	132	354.5
Rate per day	£300	£300	£300	£300	£300	£300
Total	£36,000	£4,500	£17,550	£6,600	£39,600	£106,350

Council attendance fees include Council meetings and informal meeting days.

Non-statutory Committees includes the attendance fees for meetings of the Resource Management Committee, Audit Committee, Fitness to Practise Committee and the Communications Advisory Group.

Working Groups are short term group set up for a defined purpose and period and in the year included groups set up to report to Council on Appraisals, Governance, Revalidation, Enabling Excellence and Ionising radiation (Medical exposure) regulation guidelines.

Other includes training days, interviews, meeting with other Regulators and Professional associations as well as other meetings. Within this is included 56 days per annum Council approved days for the Chair for daily interactions with the office and other Council members and preparation and outputs of Council meetings.

General Chiropractic Council
44 Wicklow Street
London WC1X 9HL

Tel 020 7713 5155
Fax 020 7713 5844
Email enquiries@gcc-uk.org
www.gcc-uk.org

July 2012