



**Annual Report
and Accounts 2013**

General Chiropractic Council

Annual Report and Accounts 2013

For the year ended 31 December 2013

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



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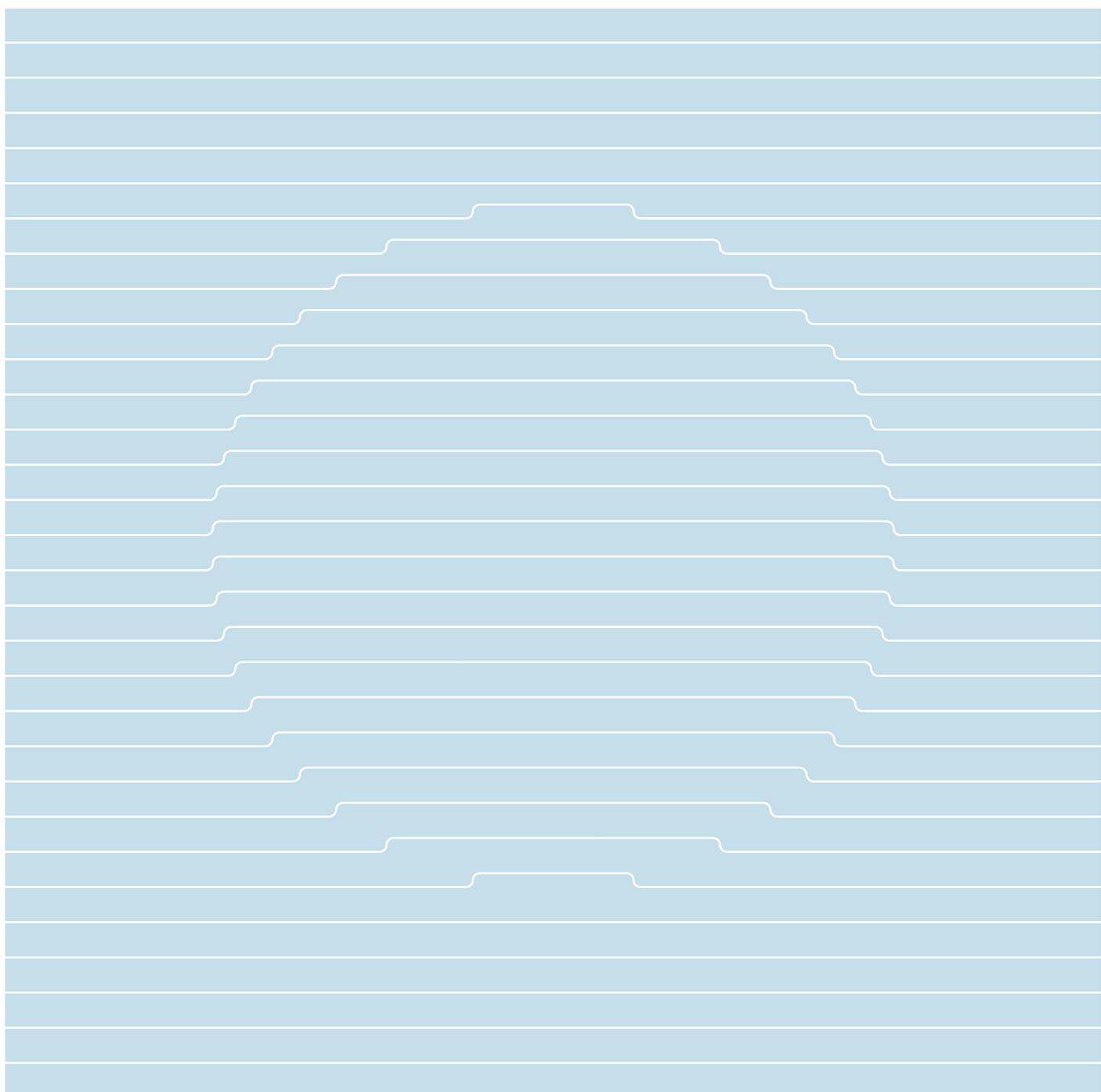
This publication is available from our website at www.gcc-uk.org

Contents

4	Statutory purpose
6	Chair's foreword
8	Key achievements
10	Fitness to Practice
14	Education
22	Registration
28	Communications
32	Financial statements

Statutory purpose

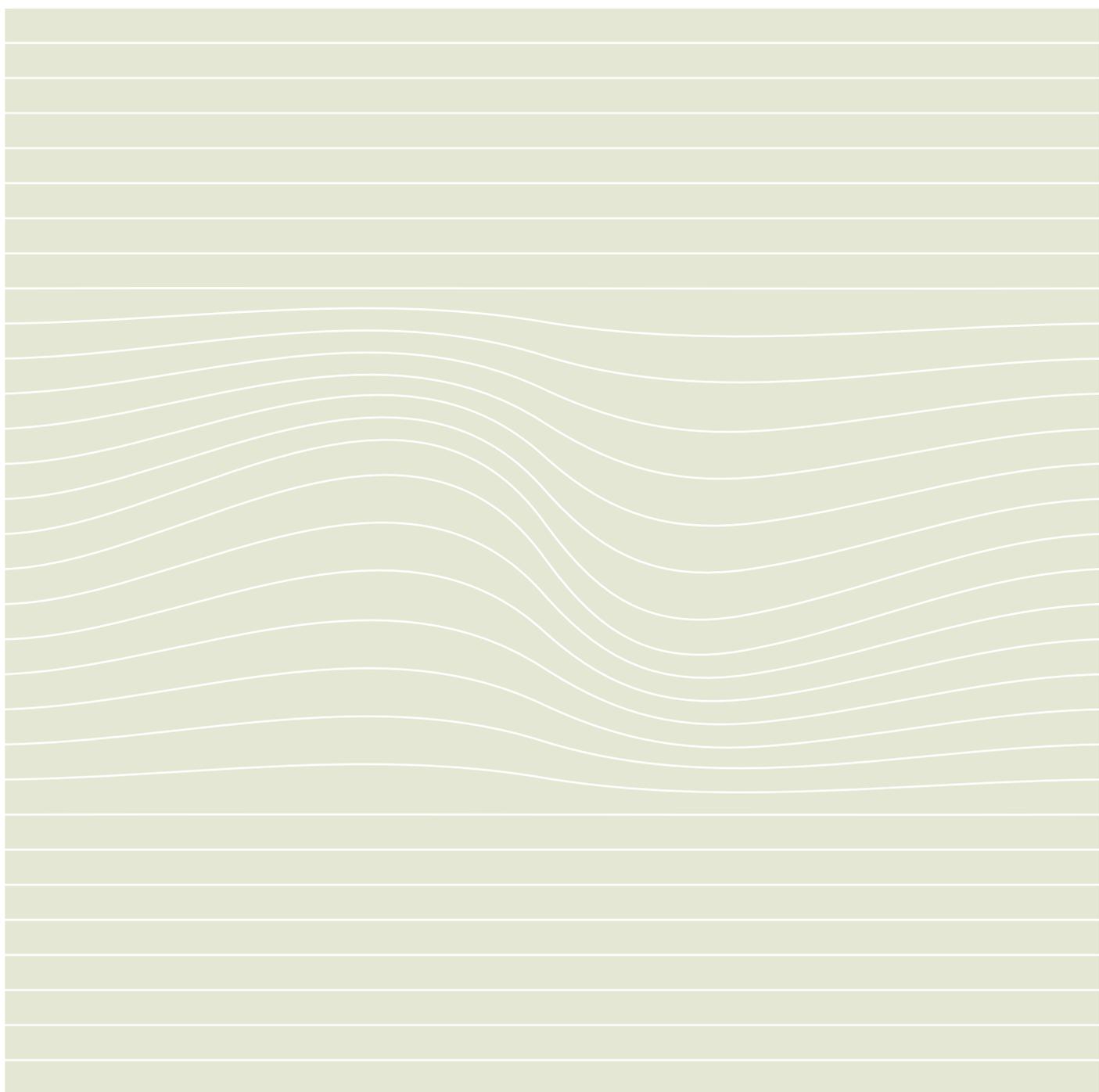
The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public. Our statutory functions are to:



- Set the standards of chiropractic education, conduct and practice
- 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
- Investigate and determine all complaints against our registrants

Chair's foreword

Welcome to my first Annual
Report as Chair of the
General Chiropractic Council



I am delighted to have been appointed to chair the Council at such an interesting time. Events this year were dominated by the publication of the second Francis Report. That Report clearly identified the importance of ensuring that patient care and safety remain at the very forefront of what healthcare professionals do, and marks a sea change in the relationship between patients and those who treat them.

I sought to use my first year in office to work with the Council in preparing for this challenge and to redefine the way that the GCC works with the profession.

Improving standards isn't something that the GCC can do on its own. If we are to be successful, we must work with registrants and our other stakeholders to ensure that the regulatory environment is proportionate, reasonable and flexible enough to respond proactively to changing circumstances.

The fact that the Professional Standards Authority (PSA) found the GCC's education, training and registration functions met the Standards of Good Practice was encouraging. The PSA also recognised not just the unprecedented challenges that our Fitness to Practice system has faced, but also the action that we took (and continue to take) to address the challenges that these issues have created.

During the year we took action to place the Council in a better position to handle these new agendas. We reviewed our Strategic Aims and tied these more explicitly to our business objectives. We introduced a new governance structure and an improved reporting format.

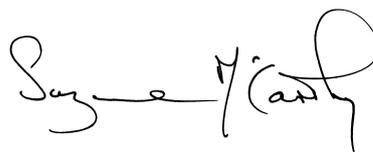
We have also determinedly sought to reduce our costs, and have been particularly successful at reducing the cost of our Fitness to Practice processes. We have worked closely with the Law Commission and the Department of Health preparing legislation which we hope will be introduced in the next Parliament. This legislation should help us to realise even further cost savings and efficiencies.

We also published a major piece of research (*Research into Patients' Views and Expectations of Chiropractic Care*) that provided us with new insights into what patients expect from a chiropractor. The Council will continue to produce research in the future that will ensure that we take evidence based decisions.

We recognise that we must ensure that effective communication channels are maintained. To that end we have produced a new communications plan to ensure registrants and other key stakeholders are kept informed about our activities and also have the opportunity to input into our work.

As part of this, I was privileged to have various opportunities to meet many registrants and other interested stakeholders, including the professional associations and the Royal College of Chiropractors. This is something that I intend to continue, and I look forward to working with them, the Council and the GCC executive in maintaining the profession's high standards.

This report demonstrates how over 2013 we have made real progress and I look forward to working with Council Members, David Howell and the executive team in 2014.



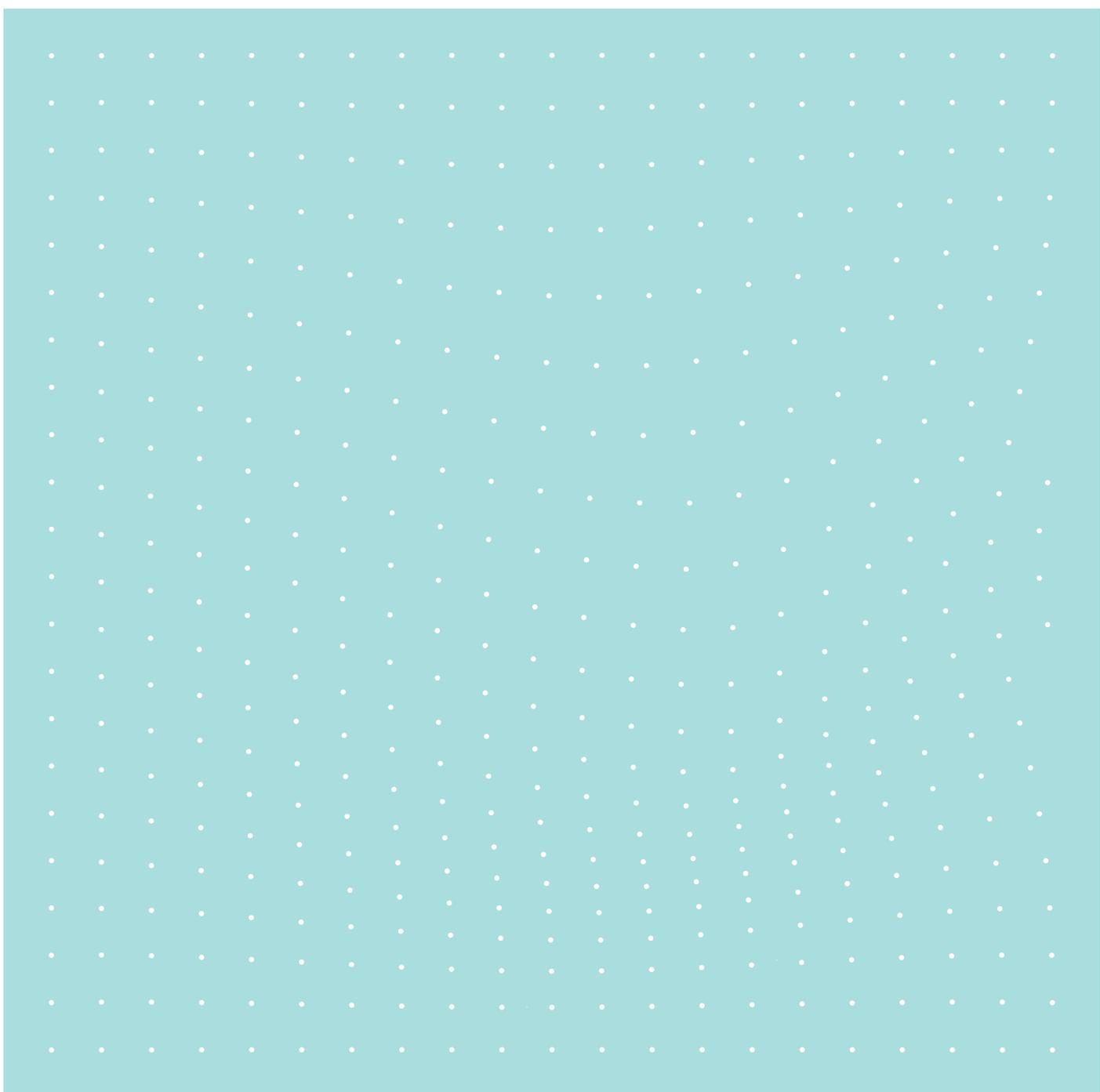
Suzanne McCarthy
Chair

Key achievements



- Ensuring public safety by taking action against seven registrants
- Reducing the time taken to deal with complaints against registrants
- A significant redesign of the website to make it easier for registrants to provide information to us, and to make it easier for members of the public to find information about chiropractic and to find a chiropractor in their area
- Introduction of a logo that registrants can use to indicate their status as a regulated chiropractor
- Introduction of a new communications strategy to ensure the GCC communicates effectively with registrants and stakeholders

Fitness to Practice



Protecting Patients

The GCC conducts investigations into complaints we receive against chiropractors for failing to maintain the standards that we expect them to meet (unprofessional conduct) or for incompetence. We also take action should failing health render a chiropractor unfit to practice.

We are required to investigate any complaint made to us about a chiropractor, and we investigate complaints of:

- unacceptable professional conduct;
- professional incompetence;
- criminal convictions;
- concerns about physical or mental conditions of chiropractors that has the potential to impact on a registrant’s ability to treat patients.

The GCC does not investigate complaints about companies or clinics, business disputes or about compensation or the refund of fees.

The Investigating Committee

The Investigating Committee (IC) is an independent, statutory committee of the Council. The Committee is comprised of two lay and two registrant members, and meetings are chaired by one of the lay members. A legal assessor is also present at meetings, to provide advice on points of law – whenever possible the same person is used for each meeting to ensure that the Committee receives consistent advice.

Following a complaint to the GCC about a chiropractor, the IC determines if the chiropractor’s fitness to practice may be in question. If the Committee decides it is, then it will send the complaint for a formal hearing before either the Professional Conduct Committee (PCC) or the Health Committee.

The IC’s caseload figures are:

Period	2013
Number of cases not determined by IC at start of period	58
Number of new cases in period (including the legacy cases)	79
Number of cases determined in period	98
Number of cases not determined by IC at end of period	39

During 2013, as in 2012, the IC dealt with a greater number of cases than in previous years. This was because 120 ‘legacy’ cases had not been dealt with in previous years, and the number of complaints being received in 2013 rising from the previous historic average of 35 cases per year to 79 in 2013.

This increase in workload necessitated changes being made to our processes to enable the GCC to process complaints more efficiently.

In particular, the legal assessor’s role was extended to include preparing the initial draft of the minutes of IC meetings and for any allegations to be referred for final agreement by the IC. This has seen both minutes and allegations being turned around in only a few days compared to the weeks it previously took.

We have also started to do work, such as taking statements, in-house. This was work that was previously outsourced to external solicitors. In addition, we have reduced the number of committee members attending each hearing.

Despite the increase in workload, these changes has seen a reduction in both the cost of hearings and the time taken to process them. The average cost per IC case dropped from £7,964 in 2010 to just £1,016 in 2013, while the median time taken from receipt of a complaint to being determined by the IC fell from 445 days in 2012 to 177 days in 2013.

The Professional Conduct Committee

The Professional Conduct Committee (PCC) is another independent, statutory committee of the Council. It is made up of chiropractic and lay panelists. The panelists are independent, but are required to take account of the GCC’s guidance. A legal assessor is also present to advise on points of law and takes no part in decision making. Expert witnesses are also often used (by both parties), and in cases relating to poor treatment, there is often a need to obtain an independent professional opinion.

The PCC considers complaints against chiropractors referred to it by the IC. It can decide whether to determine a complaint by a public hearing, or using private written submissions of evidence. If the PCC finds that a complaint against a chiropractor is well founded, the Committee can order one of the following sanctions:

- admonish the chiropractor;
- impose a “conditions of practice” order;
- order the Registrar to suspend the chiropractor’s registration for a specified period;
- order the Registrar to remove the chiropractor’s name from the register.

Committee hearings are usually held in public, and both parties usually have legal representation. Hearings typically take between three and five days to conclude, and a transcript is taken of the hearing.

The PCC's caseload figures were:

PCC Hearings	2013
Number of cases bought forward	17
Number of cases referred by IC in the year	26
Number of cases heard in the year	19
Number of cases carried forward	24

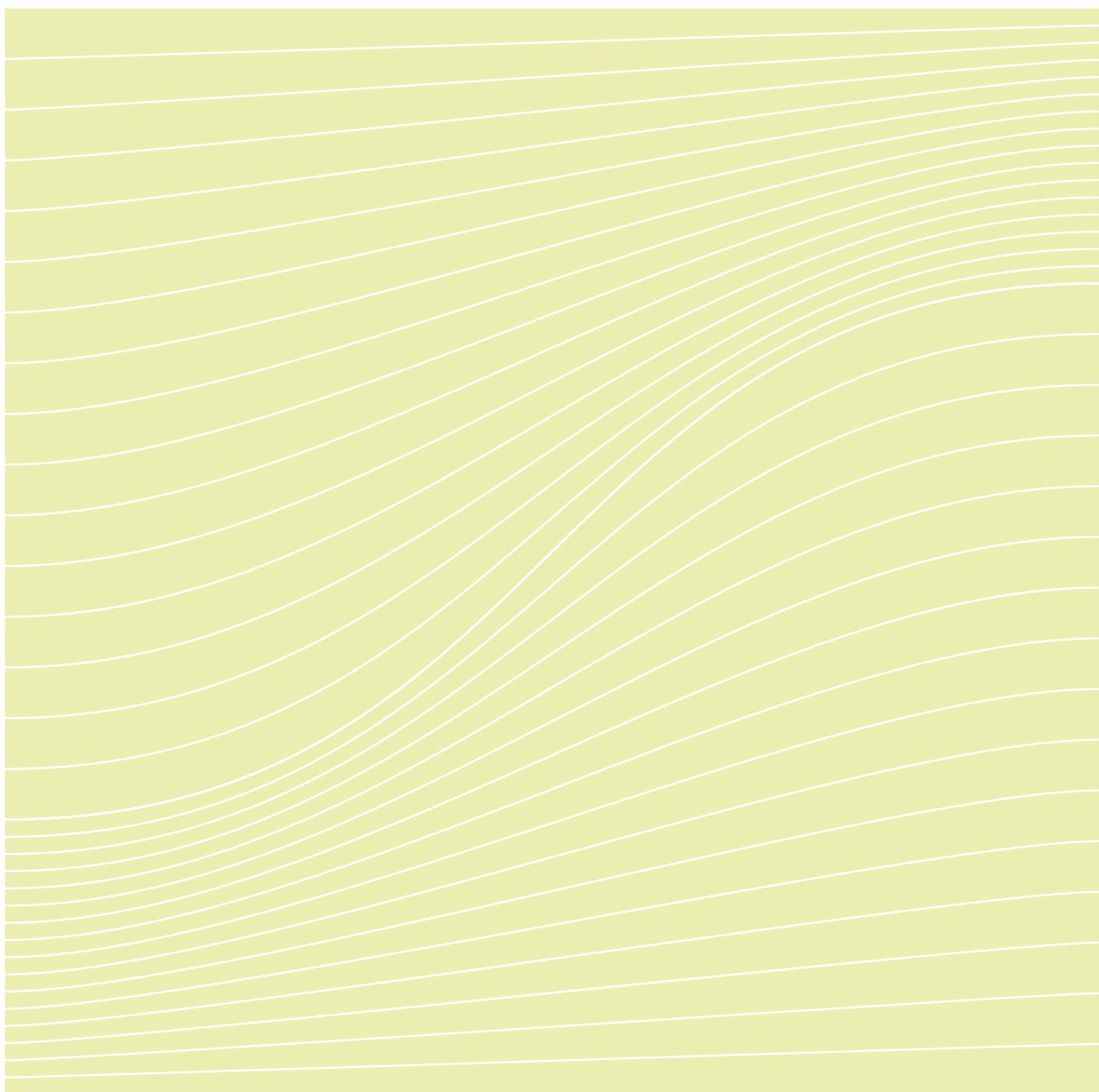
The downward trend in hearing costs that we reported for 2012 has been maintained, and the cost per hearing day is now just £6,716 as compared to £15,271 in 2011.

This reduction in costs is again attributable to our decision to use an in-house fitness to practice team rather than external solicitors. We hope to strengthen the team further in 2014 as part of our initiative to reduce costs.

Despite this reduction in costs per day, the PCC's overall costs increased to £826,072 as a consequence of an increase in the number of hearing days from 50 in 2012 to 118 in 2013.

Education

Ensuring high standards in chiropractic training and education lies at the very heart of the GCC's mission to protect the public. It is vital that education providers equip chiropractic students with the skills and knowledge that they need to deliver a high standard of safe, chiropractic treatment, and that registrants maintain their skills and knowledge base throughout their careers.



Redevelopment of the Test of Competence

The Test of Competence (TOC) is used to assess applicants to the register who have overseas qualifications that are not recognised by the GCC.

The current contract for administering the TOC is held by the University of South Wales, and was initially scheduled to expire in 2013. The University agreed to an extension of the contract to allow the GCC to make further developments to the system. The contract is now due to expire in September 2014, and it is planned that the new system will go live by the end of 2014. The GCC has worked with the University to formulate a detailed transition plan and the development of guidance for chiropractic applicants from overseas to ensure a seamless transition.

We took advantage of this change to review the TOC, and carried out a series of activities during 2013 to that end including:

- mapping the content of the TOC to the Code of Practice and Standard of Proficiency (CoP and SoP) and the programme outcomes of the Degree Recognition Criteria;
- comparing the content of the GCC Degree Recognition Criteria with those of other worldwide chiropractic jurisdictions;
- reviewing the practices of the worldwide chiropractic regulatory authorities / licensing boards in assessing overseas-qualified applicants;
- reviewing the processes used by other healthcare profession regulators to assess whether overseas applicants are fit for registration;
- reviewing the outcomes of research projects undertaken by other regulators in similar areas of work;
- linking to developments in the worldwide chiropractic community on mutual recognition of qualifications; and
- gaining information and feedback from the University of South Wales' Commercial Services on the test, applicant success and failure rates and related issues.

Assuring the Continuing Fitness to Practise of Registrants and Continuing Professional Development

Towards the end of 2013, the GCC suspended the work it had done on revalidation in order to consider how other regulators were approaching the continuing fitness to practice of their registrants.

All registrants currently undertake a minimum of 30 hours of CPD each year of which at least 15 hours needs to involve learning with others. Chiropractors report their CPD activities to the GCC each year (the CPD year runs from 1 September to 31 August) in the form of a learning cycle setting out what their learning needs have been and how they have met these needs as well as an evaluation of their learning.

In 2013, the Council agreed that a review of CPD should be undertaken alongside broader considerations as to how to assure the continuing fitness to practise of registrants.

Linked to this, we commenced our five yearly review of the GCC's Code of Practice and Standard of Proficiency (CoP and SoP). The Review began with an online survey in late 2013 designed to understand the views of registrants, patients, students and other healthcare professionals. We also met with various stakeholders throughout the year to obtain a deeper understanding of their views.

The aim is that the revised CoP and SoP to be published during 2015.

The GCC's Degree Recognition Criteria

The GCC's regular review of the CoP and SoP is followed by a review of our Degree Recognition Criteria which are designed to make sure that new graduates meet the requirements of the GCC's CoP and SoP.

The GCC's current version of the Degree Recognition Criteria was published in May 2010 with an amended version published in 2012. Council has agreed that the next review of the Degree Recognition Criteria will begin in 2015 following the publication of the new CoP and SoP.

Supplementary Guidance

The GCC participates in many inter-regulatory forums to ensure that we are aware of developments within the regulatory environment, and are up to date with current best practices. The Inter-Regulators' Education Events provide one such opportunity to identify important themes and discuss areas of key interest.

One of the aims of the review of the CoP and SoP is to highlight areas where further guidance for registrants and information for the public is needed. As a consequence, we put work on our 'Becoming a Chiropractor: A Guide for Disabled People' and 'Principles of Students acting as models for other students of the same or different sexes' guidance on hold until the review of the CoP and SoP is completed.

GCC recognised chiropractic degree programmes

Currently the GCC recognises master's degrees in chiropractic from three UK institutions. Over the year we carried out three Recognition Visits to two of these institutions that were developing new degree programmes. These visits ensured that the programmes adhered to the GCC's Degree Recognition Criteria. Conditions of recognition and recommendations are given to each institution as an outcome of our visit.

Reports of the Recognition Visits can be found at <http://www.gcc-uk.org/education/assuring-quality-in-chiropractic-education/approvals-undergraduate-education.aspx>

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.

Annual Monitoring

All recognised chiropractic degree courses are subject to an annual monitoring process. The Education Providers were, for the first time, invited to attend an Education Committee meeting in order to share best practice. Subjects discussed included equality and diversity, staffing, patient and public involvement, external examiners and future monitoring.

Patient and Public Involvement in Chiropractic Education

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.

GCC visiting panels include a meeting with patients as one of the elements of 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. Each of the Education Providers were invited to discuss their patient and public involvement at an Education Committee meeting as part of the annual monitoring process.

In 2013 we also created a page on our new website encouraging patients and the public to give their details to us so that they could be contacted for public consultations on changes to chiropractic education matters such as Continuing Professional Development and the redevelopment of the Test of Competence.

Student Fitness to Practise

Providers of chiropractic degree courses are required to notify the GCC of any sanctions imposed on students through their Student FtP processes. Relevant information relating to conduct or character can then be taken into account when graduates apply for registration with the GCC.

The GCC also changed the notification process about student FtP. When individuals apply to join the register for the first time they must make a declaration as to whether they have ever been subject to any FtP sanctions when a chiropractic student and, if so, provide full details. Education providers must tell the GCC about any student who has been given a sanction by a student FtP panel.

In 2013, Annual Monitoring Submissions from Education Providers were reviewed in order to consider any changes that occurred to the programmes as a result of Student FtP Guidance and to find out whether the providers wished to suggest any changes to this guidance. All of the providers considered the GCC's guidance to be fit for purpose.

Increasing the number of chiropractic degree providers

We are keen to encourage the development of new education opportunities in chiropractic and any new programme developments that current or new providers might have. We would also welcome an increase in the number of educational providers.

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 Degree Recognition Criteria enable institutions to consider other forms of practical training (i.e. not only an on-site student clinic) in the hope that this will encourage a greater flexibility of approach and bring chiropractic more in line with other healthcare professions. However, in the current higher education context the development of new programmes remains 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 chiropractors in the UK.

We continue to work with joint regulatory organisations, 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.

Further information on the degree courses that we regulate can be found on the following institutions' websites:

Anglo-European College of Chiropractic (AECC)
www.aecc.ac.uk

University of South Wales
www.southwales.ac.uk

The McTimoney College of Chiropractic (MCC)
www.mctimoney-college.ac.uk

Communication

New Education pages were created on the new website launched in December 2013. Sections on this part of the website included:

- the GCC's role in chiropractic education;
- undergraduate education;
- Continuing Professional Development;
- assuring quality in chiropractic education.

The Role of the Education Committee

We produced new Terms of Reference for the Education Committee based on the requirements of the Chiropractor's Act.

These state that it is the Committee's purpose to:

- promote high standards of education and training in chiropractic and to keep the provision made for that education and training under review;
- provide or arrange for the provision of education or training where it considers it to be necessary with the discharge of its general duty;
- be consulted by the General Council on matters relating to education, training, examinations, tests of competence or recognition of a qualification;
- give advice to the General Council on education, training, examinations or tests of competence either at the request of Council or proactively; and
- appoint persons to visit any institution which is proposing a relevant course of study, holding any examination with any such course, or holding any test of competence connected with a course or for any other purpose of the Act.

The Education Committee has responsibility for:

- the redevelopment of the Test of Competence TOC;
- the review of the GCC's CPD Scheme;
- the review of the Degree Recognition Criteria.

In 2013 the Education Committee also began to oversee the review of the CoP and SoP.

Composition of the Education Committee

Council agreed that the Education Committee should be composed of five members of Council as well as the following:

- three educationalists – one from chiropractic, one who works in the healthcare field but who is not a chiropractor, and one other (from any field);
- a member of the public with some experience of higher education;
- one other (i.e. from any of the above categories).

The Committee also has a Quality Assurance Adviser who attends Committee meetings and is tasked with attending recognition visits to Education Providers and drafting visit reports.

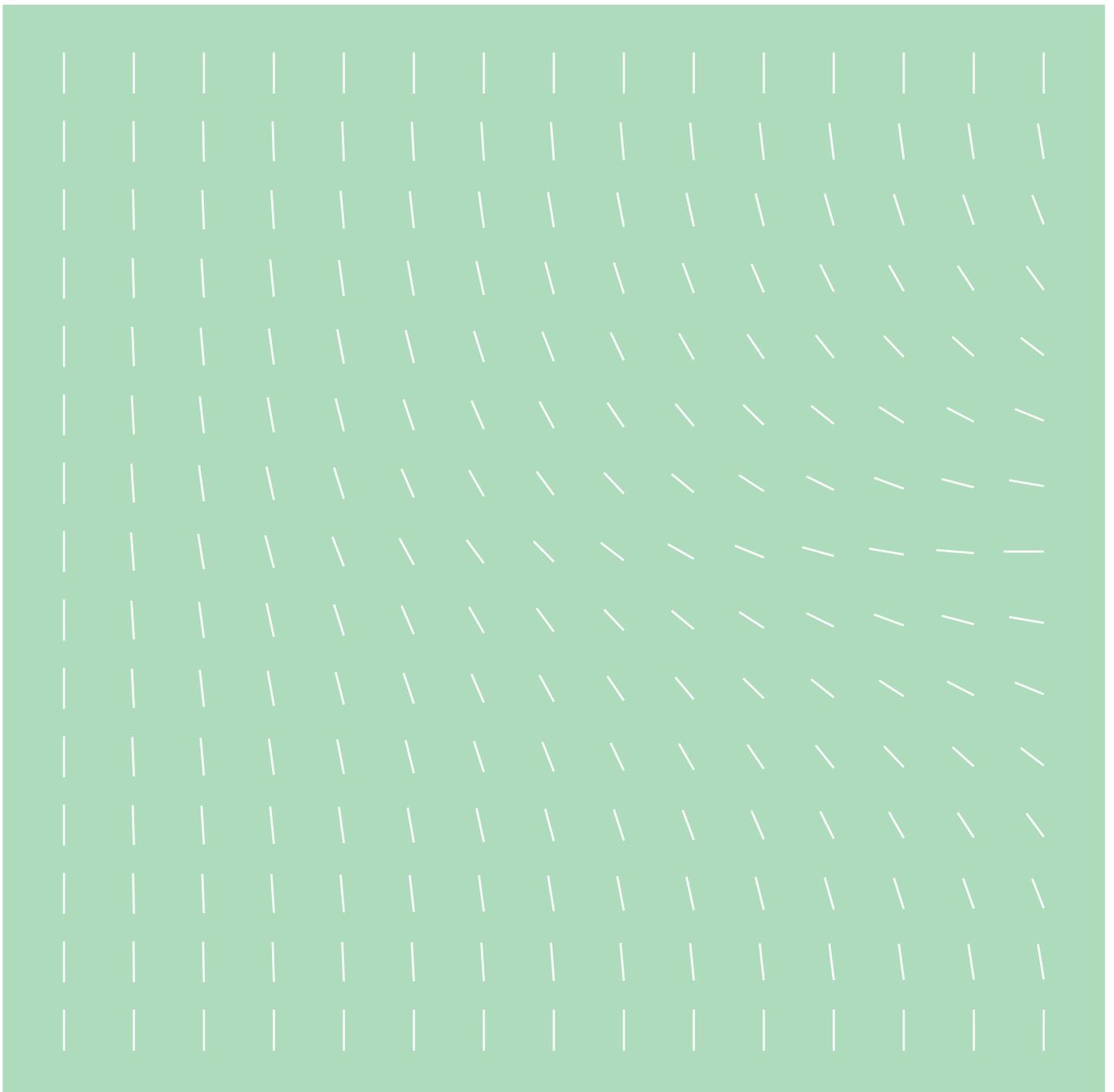
Registration

The title of 'Chiropractor' is protected by law, and to be called a chiropractor, an individual must be included on our register. To be registered with the GCC, an individual must have completed an approved chiropractic course, be of good standing, and follow our Code of Practice and Standard of Proficiency.

To ensure that standards are maintained, people on the register have to renew their registration

each year. This requires them to prove that they have maintained their good character, have professional liability insurance in place and that they have met our requirements for continuing professional development.

Members of the public can interrogate the register of chiropractors in real time via our website to ensure that they only use people who are registered with us.



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 and education.

There is a search facility on the GCC's website (at www.gcc-uk.org) to enable members of the public to check the registration status of chiropractors.

The information we provide is updated automatically throughout the day and includes:

- chiropractor's name, registered address, phone number and email address if in practice; and
- findings of the GCC's disciplinary committees.

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

A review of the information listed on our website, including registration, was completed during 2013 and was undertaken following the GCC's commissioning a new website. The result of this review was that significant additional registration information has now been made available to view online.

In addition to this registrants may still continue to:

- pay their retention fee online;
- fill in their annual CPD record summary;
- change the contact details we hold for them.

Audit of registration decisions

In January 2013 an independent member of the GCC's Audit Committee undertook an audit of registration decisions for the 2012 registration year. This audit will be repeated again in January 2014 in relation to decisions made in the 2013 registration year.

The purpose of the audit was to ensure that decisions made within the period were consistent with GCC policies and that these were being done within the GCC's target times.

In both instances the auditor concluded that the processing of applications was handled efficiently, with targets being met and appropriate decisions being made.

As a result of the two audits the following recommendations were made, which have now all been implemented:

- the process of registration is undertaken by one member of staff, raising a potential risk should that member of staff be absent from the office. For this reason the auditor recommended that the current registration manual be expanded upon to aid any member of staff deputising this function.
- it was noted that the GCC ask registrants to provide details of their professional indemnity insurance at the point of registration or retention on the Register. As no further check is made, the auditor recommended that a wording be included as part of registration applications that registrants must sign and declare that they are aware of their responsibility to ensure they hold indemnity insurance while in practice.
- the auditor noted that having two documents for registrants on the CPD scheme carried with it a risk of misinterpretation and misunderstanding. It was suggested that the documents be amalgamated into one, and work on this is being carried out in 2014.

New and updated GCC registration literature

We have produced an online leaflet for those considering applying for registration. The document provides general information on the different routes to registration and what is expected once registration is attained.

As well as the new guidance leaflet, all application forms were reviewed to aid clarity and ensure they remained fit for purpose.

'I'm registered' logo

We produced a new logo for registrants to use on their professional literature and websites to aid members of the public in identifying those registered to practise. The logo is available to download, by registrants, from the website.

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 is treated in the strictest confidence compliant with the Data Protection Act 1998. Those diversity monitoring forms completed and returned to us by post are destroyed once the data has been entered onto the database.

We have for some years sought and collected information from registrants to meet our duties under the Equality Act with regard to age, sex, ethnic origin and disability. We also now collect data on gender identity, religion and/ or belief and 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 overleaf.

Figure 1
Registrations

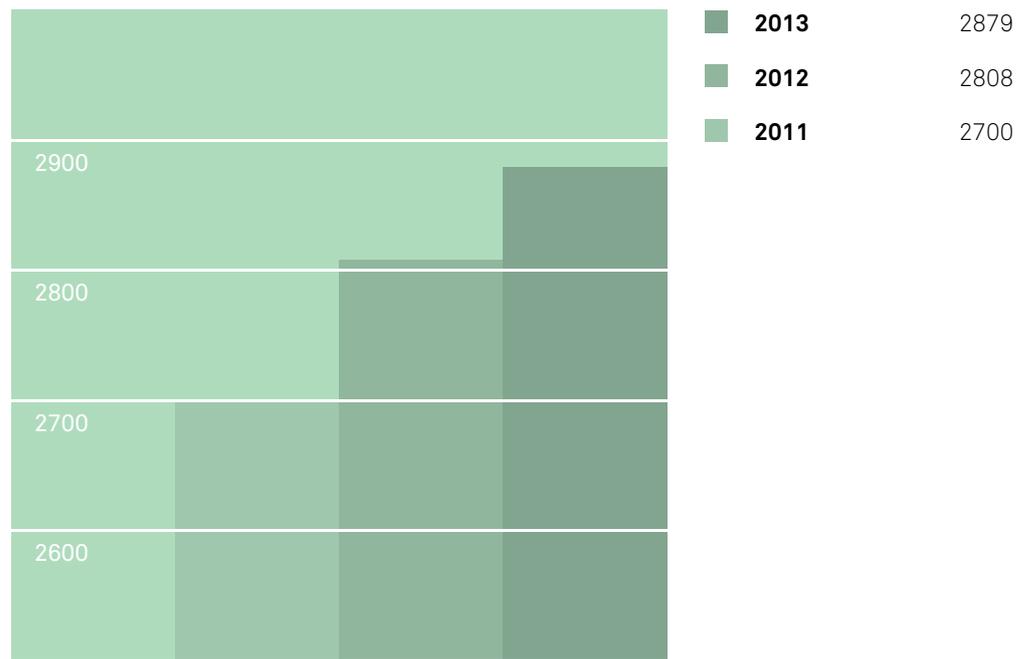


Figure 2
Sex of chiropractors

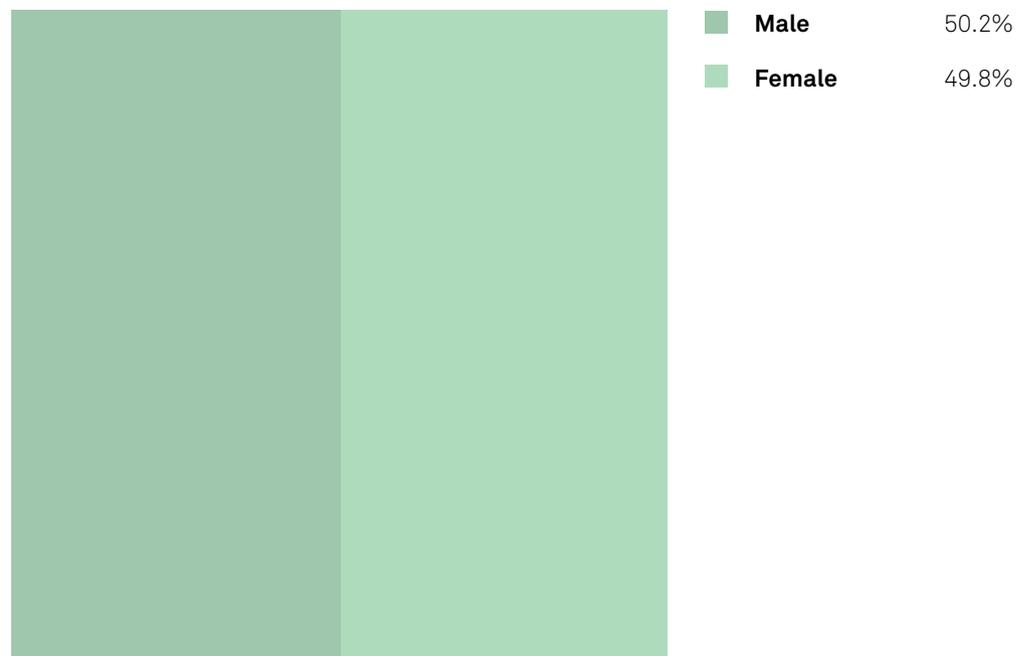


Figure 3
Age of chiropractors

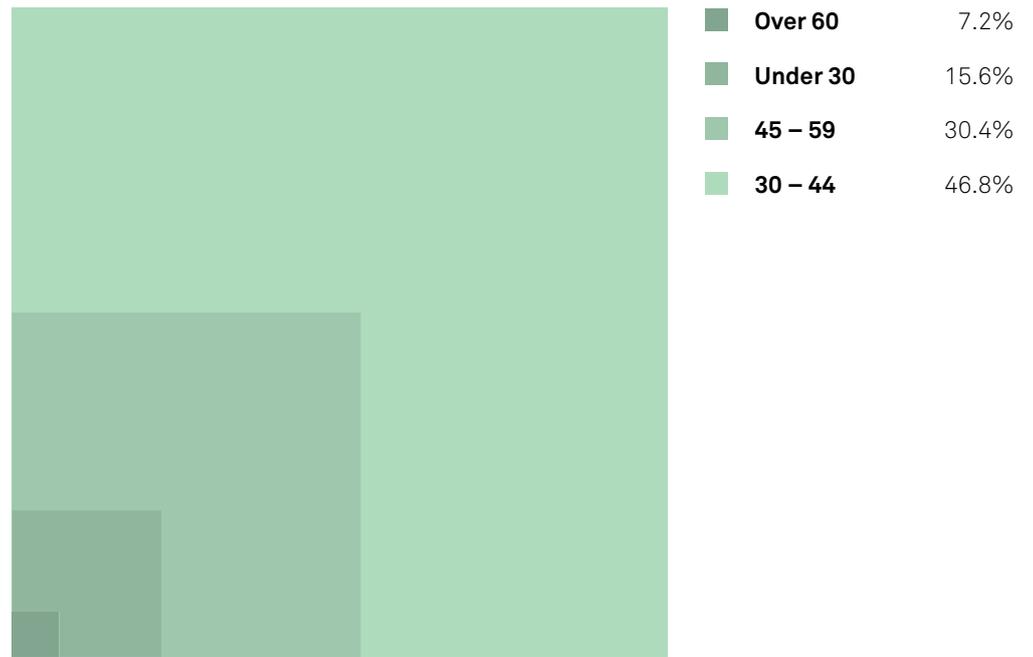
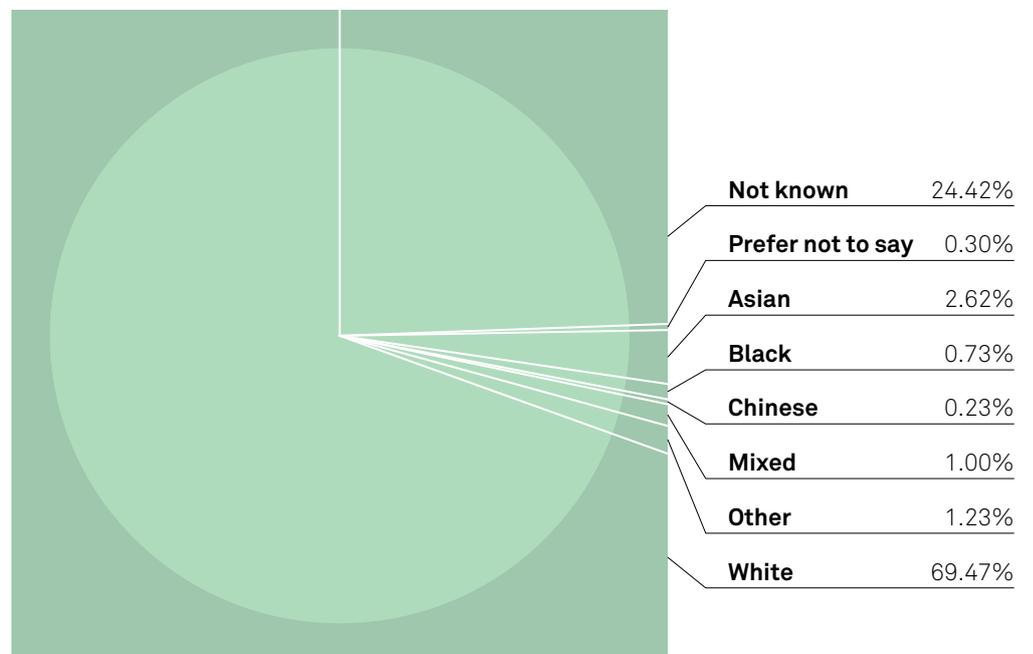
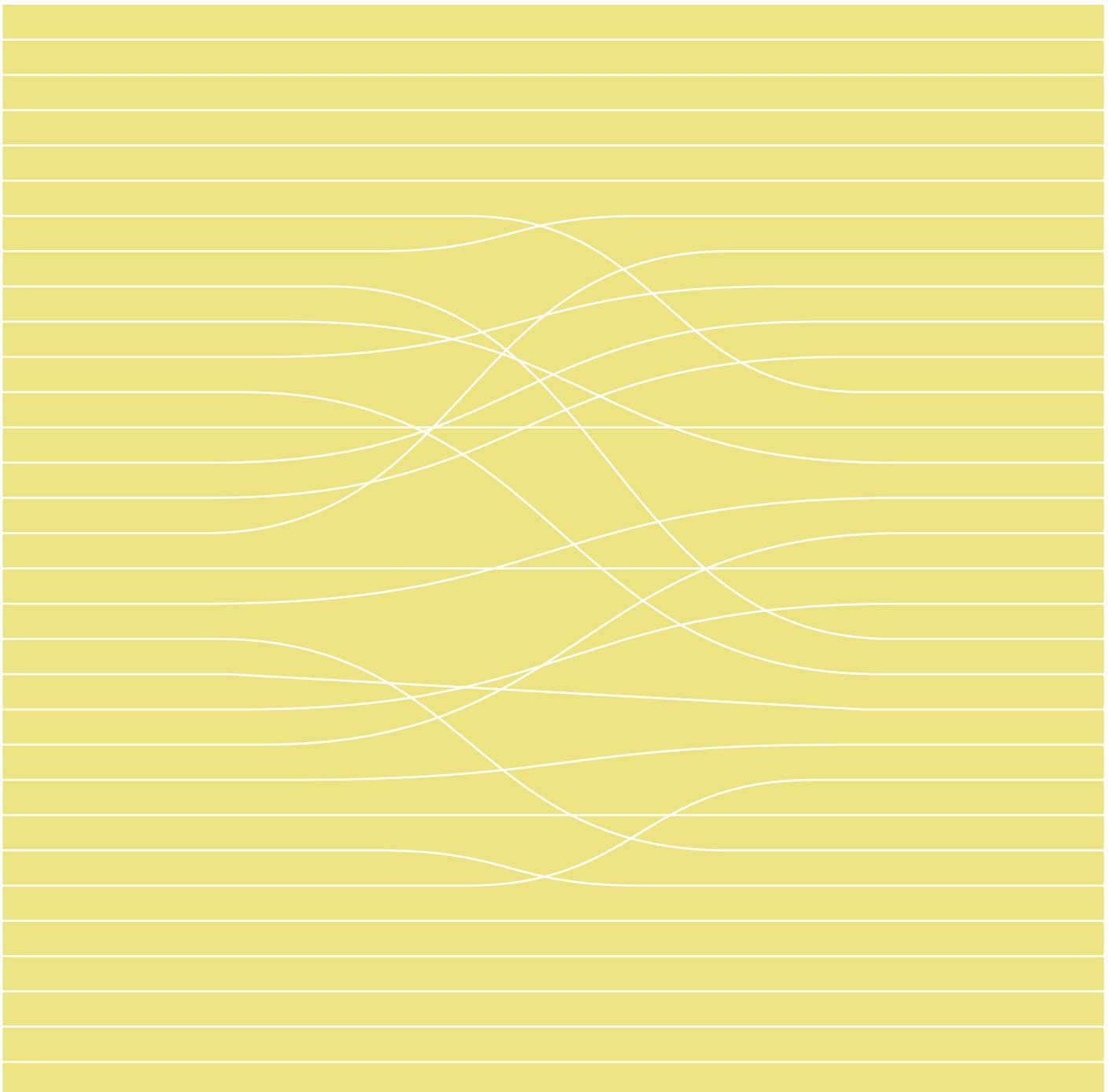


Figure 4
Ethnicity



Communications

We seek to ensure that patients, members of the public, registrants and other stakeholders can easily engage with us, and that they have the opportunity to participate in our decision making. Over the year we continued to work on our communications activity, and published both a new Communications and Engagement Strategy and also a Social Media Strategy to facilitate this engagement.



Why Good Communication Matters

Our role is to protect the public by regulating chiropractors. To do this effectively, the GCC must be able to do more than maintain a register. We must engage not just with chiropractors, but with other regulators, stakeholders and, not least, patients, while at the same time ensuring that we are fully alive to the wider environment affecting the GCC, individual chiropractors and patients.

We must also communicate effectively to ensure that the profession fully understands the effects and advantages of regulation and how it helps chiropractors deliver the highest standards of care. Allied to this, patients need to be aware of our role, to ensure they can be confident that, by utilising the services of a regulated chiropractor, they will receive a proper professional service.

Further impetus to develop the Council's communication activity over the year came from the Second Francis Review. That Review identified a need for regulators to raise their profile so that patients are aware of how to complain and raise concerns. It also found that confusion often exists in the public's mind over the roles of different bodies, and that members of the public were particularly confused over the respective roles of regulators and trade unions.

The Communications and Engagement Strategy 2013-2015

To ensure that we communicate effectively, we developed a new Communication and Engagement Strategy 2013-2015. The strategy seeks to extend our engagement with both registrants and the public, along with other regulators and the professional associations, Royal College, education institutions and other stakeholders.

Ensuring that we engage successfully with both registrants and the public has been one of our main priorities, and as such we have carried out a number of specific activities as explained below:

Internet Site

The GCC's website (which can be found at www.gcc-uk.org) was re-launched during the year. The new website allows registrants to interact with the Council electronically. It also provides extensive information on the role of the Council and how we operate. The new website also has a 'Find a Chiropractor' feature that enables the public to locate chiropractors near to them. It also includes information on any FtP proceedings the chiropractor may have been subject to.

All of the GCC's press releases, statements, newsletters and other documentation are available on the website.

Social Media

The Council has established a presence on the Linked-In website. The Council's page allows us to engage with registrants and others with an interest in the Council's activities.

We also have a Wikipedia entry that provides information on the Council and our role.

Information for Chiropractors

We have continued to provide registrants and others with information to assist them. This year, for example, we have published advice for students on how to apply for GCC membership.

We have also introduced a logo that registrants can use to promote their registered status with patients and the public.

Engagement with the Profession

Engaging with the profession is one of our key communication objectives. We now have the email addresses of over 98% of registrants, providing us with the opportunity to communicate rapidly and directly with them. This is primarily via our Newsletter, which is now emailed directly to recipients. We also email registrants directly on issues of particular interest or urgency.

We have also sought to ensure that we have a two way dialogue with the profession. We regularly meet with the four professional chiropractic associations and the Royal College of Chiropractors to discuss issues of mutual interest.

Engagement with other groups

We have continued to work closely with a wide range of other organisations throughout the year.

We put in a considerable amount of work into liaising with officials from the Department of Health, the Professional Standards Authority and other public bodies. This includes both responding to questions and consultations and advising on new legislation. This is, of necessity, often done to very tight deadlines in order to respond to the Parliamentary timetable.

During 2013 we have been particularly busy working with the Law Commission and the Department of Health on their proposals to reform the healthcare regulation system. We believe that the Commission's proposals would, if implemented by Government, allow us to make great savings with respect to our FtP costs.

We have also participated in a number of external groups including:

- Alliance of UK Health Regulators in Europe
- Health Regulator Chairs Group
- Chief Executives' Steering Group
- Communications Managers Forum
- Regulators' Equality and Diversity Forum
- Regulators' Education Forum
- Regulators' Revalidation Forum
- Human Resources' Forum
- Regulation Collaboration Network
- Inter-Regulators' Education Events

Research into Patients Views and Expectations of Chiropractic Care 2012

During 2013 we published a major piece of research looking at the views and expectations patients have of chiropractic.

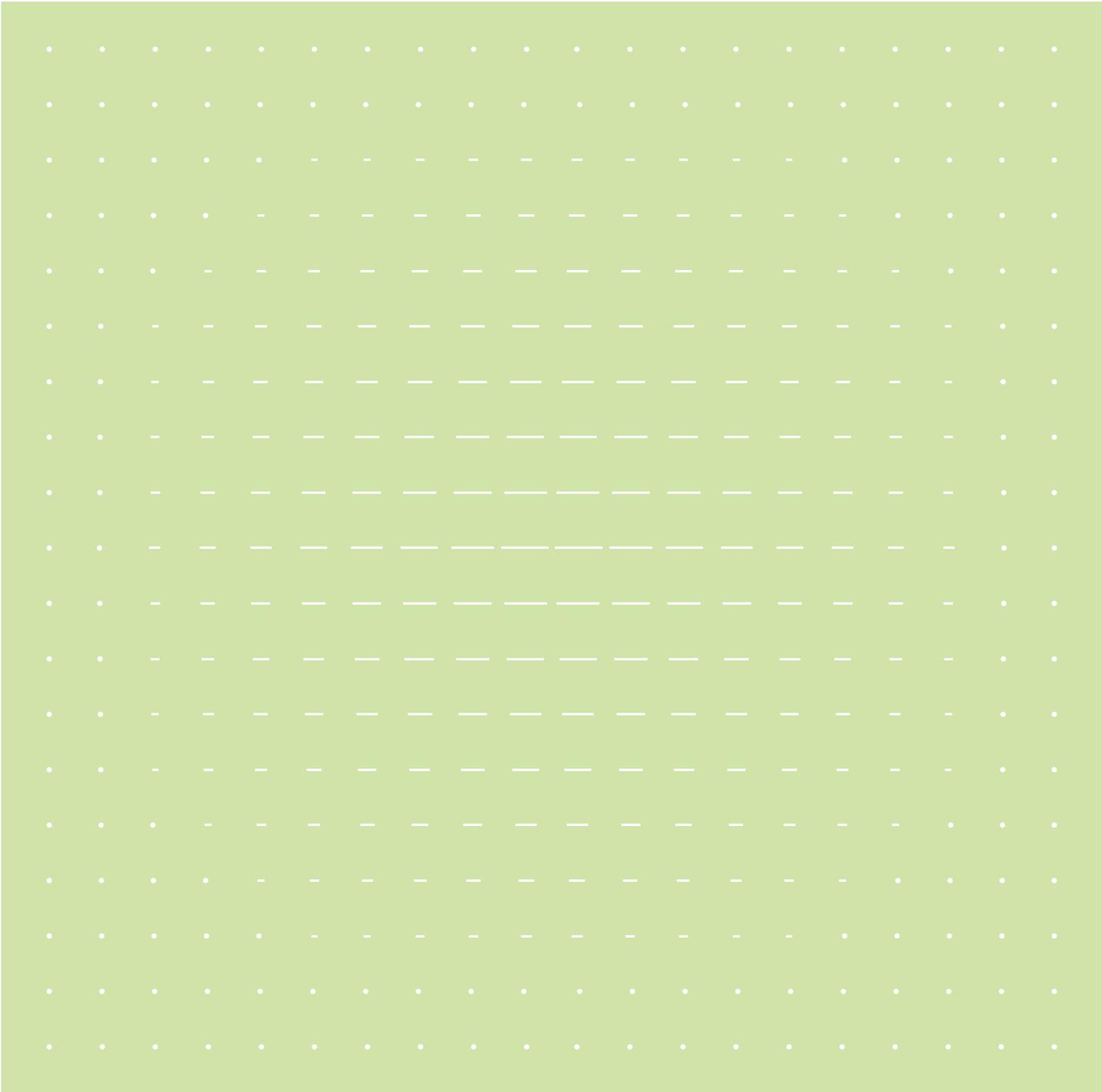
The research found that patients main concerns centre on being treated by someone who wasn't properly qualified or by someone whose practice was poor. The manner and general approach of the chiropractor was also a key factor in their experience of chiropractic, with patients valuing warmth and friendliness. The two greatest benefits were identified by patients as reduced pain and increased mobility.

The research can be found at <http://www.gcc-uk.org/publications>

Financial statements

Status

The General Chiropractic Council is a body corporate established under the provisions of the Chiropractors Act 1994 (enacted on 5 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 during the period 1 January 2013 to the 31 December 2013. During the year, six members came to the end of their tenure and five members were appointed. A further member was recruited in 2014.

		Date of appointment	End of office	Meetings attended in 2013
Sophia Adams Bhatti	Lay	1 April 2013	31 March 2017	5
Alan Breen	Chiropractor	9 February 2009	8 February 2013	0
David Byfield	Chiropractor	9 February 2009	8 February 2013	0
Martin Caple	Lay	9 February 2009	8 February 2013	0
Marie Cashley	Chiropractor	1 July 2012	30 June 2016	5
Roger Creedon	Lay	9 February 2009	8 February 2016	5
Christina Cunliffe	Chiropractor	9 February 2009	13 June 2015	4
Peter Dixon (Chairman to 8 February 2013)	Chiropractor	9 February 2009	8 February 2013	0
Roger Dunshea	Lay	1 April 2013	31 March 2017	4
Gareth Lloyd	Chiropractor	1 April 2013	31 March 2017	4
Suzanne McCarthy (Chair from 9 February 2013)	Chair	9 February 2013	8 February 2017	5
Julie McKay	Chiropractor	1 May 2009	30 April 2016	3
David Plank	Lay	9 February 2009	8 February 2016	5
Grahame Pope	Lay	9 February 2009	8 February 2016	3
Elizabeth Qua	Lay	6 June 2011	5 June 2015	3
Julia Sayers	Chiropractor	1 July 2012	30 June 2016	5
Chris Stephens	Lay	9 February 2009	8 February 2013	0
Gabrielle Swait	Chiropractor	1 April 2013	31 March 2017	4
Judith Worthington	Lay	9 February 2009	8 February 2013	0

The first meeting in 2013 was on 25 April.

Legal and administrative details

Chief Executive & Registrar

David Howell

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
26 Red Lion Square
London
WC1R 4AG

Report of the Council

The Members of the Council submit their report and the financial statements of The General Chiropractic Council ("GCC") for the year ended 31 December 2013.

Objectives

The Council was established to develop and regulate 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; and
- to develop the profession of chiropractic.

Financial review

The results for the year show a surplus of £606,616 (2012: £61,396 deficit) before taxation.

The Council is dependent on income from registration and retention fee income. This income has increased by £51,700 in 2013 to £2,182,800 (2012: £2,131,100).

Expenditure has increased by £162,250 in 2013 to £2,816,888 (2012: £2,654,638). The increase is primarily in relation to an increase in costs relating to the Professional Conduct Committee which have increased from £594,835 in 2012 to £826,072 in 2013. This was due to an agreed increase in hearing days in 2013 where 118 hearing days took place in comparison with 50 hearing days in 2012.

The Council completed the planned sale of 44 Wicklow Street on 11 April 2013 for £5,528,000 plus VAT. The outstanding loan of £1,207,196 was fully repaid on the same date.

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 over fifteen months' running costs as at 31 December 2013.

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 3 April 2014 and signed on its behalf by:



Suzanne McCarthy
Chair

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 affairs at the year-end and of its surplus or deficit for the financial year. In preparing those financial statements the Members are required to:

- a) select suitable accounting policies and then apply them consistently;
- b) make judgements and estimates that are reasonable and prudent;
and
- c) prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Council will continue in operation.

The Members are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Council and to enable them to ensure that the financial statements comply with the requirements of the Chiropractors Act 1994. They are also responsible for safeguarding the assets of the Council, and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Members have sought assurance from the Chief Executive that there are no other matters which require disclosure in relation to these statements.

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

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

We have audited the financial statements on pages 6 to 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.

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 2013, and of its surplus for the year then ended, and have been properly prepared in accordance with the Chiropractors Act 1994.

haysmacintyre
26 Red Lion Square
London
WC1R 4AG

April 2014

Income and expenditure account for the year ended 31 December 2013

	Notes	Year ended 31 December 2013	Year ended 31 December 2012
Income			
Registration fees – New registration		118,200	131,900
Annual retention		2,040,800	1,967,000
Other income	1	23,800	32,200
Income generated from room hire		–	256,554
Bank interest receivable		23,477	5,546
Grant Income	2	–	200,042
Investment Income		1,116	–
Profit on sale of assets	9	1,216,111	–
Total income		3,423,504	2,593,242
Expenditure			
Staff costs	3	803,647	823,162
Staff expenses		20,288	24,213
Regulatory costs	4	1,020,161	804,205
Grant Expenditure re Revalidation	2,12	79,061	107,503
Council expenses	5,14	232,973	247,221
Professional fees	6	146,700	112,482
Publicity		9,930	16,441
Printing		9,061	11,629
Postage		22,287	21,239
Stationery		9,678	9,561
Telephone		8,876	9,795
Office costs		171,627	208,519
Accommodation costs	15	128,498	–
Direct costs of room hire		6,093	33,950
Computer costs		58,662	45,150
Insurance		23,542	27,890
Subscriptions		–	4,472
Other sundry expenses		3,950	639
Bank charges		1,074	10,457
Mortgage interest		6,996	30,018
Depreciation		53,784	106,092
Total expenditure		2,816,888	2,654,638
Operating surplus/(deficit) before taxation			
		606,616	(61,396)
Taxation	7	–	6,747
Surplus/(deficit) for the period		606,616	(68,143)

The operating surplus for the period arises from the Council's continuing activities.

Balance Sheet as at 31 December 2013

	Notes	31 December 2013 £	31 December 2012 £
Fixed assets			
Tangible assets	8	64,070	4,291,028
Leasehold premises		99,897	–
Investments	16	4,106,631	–
Current assets			
Debtors	10	19,282	102,862
Cash at bank		1,859,406	2,117,189
		1,878,688	2,220,051
Creditors			
Amounts falling due within one year	11	2,519,895	2,460,321
		(641,207)	(240,270)
Total assets less current liabilities		3,629,391	4,050,758
Creditors			
Amounts falling due after more than one year		–	1,134,615
Total assets less total liabilities		3,629,391	2,916,143
Funds of the Council			
General reserves	12	3,439,282	2,753,604
Revaluation Reserve	12	106,631	–
Department of Health Grant	12	83,478	162,539
Total funds		3,629,391	2,916,143

Approved and authorised for issue by the Members of Council on 3 April 2014, and signed on their behalf by:



Suzanne McCarthy
Chair

Financial statements for the year ended 31 December 2013

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

All assets are written off a year after they have been fully depreciated.

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.

Investments

Investments are included in the financial statements at market value at the balance sheet date. The movement on the value of the investments in the year has been included in the revaluation reserve.

Notes to the Financial Statements for the year ended 31 December 2013

1	Other income	Year ended 31 December 2013 £	Year ended 31 December 2012 £
	Restoration fee	7,800	13,800
	Non-practising to practising fee	16,000	18,400
		23,800	32,200

2	Department of health grant	2013 £	2012 £
	Balance brought forward	162,539	70,000
	Income	0	200,042
	Expenditure	(79,061)	(107,503)
	Balance carried forward	83,478	162,539

3	Staff costs		
	The average monthly number of persons (excluding the Members) employed by the Council during the year was as follows:	11	10

	Year ended 31 December 2013 £	Year ended 31 December 2012 £
Staff costs for the above persons:		
Wages and salaries	623,789	510,611
Social security costs	72,952	58,942
Other pensions costs	39,094	36,628
Temporary staff costs	51,282	110,059
Staff restructuring costs	16,530	106,922
	803,647	823,162

4	Regulatory costs	Year ended 31 December 2013 £	Year ended 31 December 2012 £
	General regulation	9,462	14,371
	Registration	12,472	9,158
	Education Committee	81,330	72,738
	Investigating Committee	81,266	109,922
	Professional Conduct Committee	826,072	594,835
	Committee Social security costs	9,559	3,181
		1,020,161	804,205

Professional Committee costs have increased in 2013 due to the increase in the number of hearing days as a result of an increase in the number of cases referred by the Investigating Committee in both 2012 and 2013.

5	Council expenses	Year ended 31 December 2013 £	Year ended 31 December 2012 £	Year ended 31 December 2011 £
	Members' fees	108,085	119,967	102,150
	Social security costs	4,016	6,745	5,587
	Expenses	41,123	71,948	62,933
	Organisation development	3,797	1,562	–
	Committee and Council appointments	75,952	46,999	40,800
		232,973	247,221	211,470

As of 9 February 2013, Council members are remunerated by way of an annual salary of £6,650 with the Chair of Council being remunerated at £23,000 per annum. This replaced the previous system of paying for attendance at £300 per day. There was an appointment process for both Council members and for Fitness to Practice panel members in the year.

6	Regulatory costs	Year ended	Year ended	Year ended
		31 December	31 December	31 December
		2013	2012	2011
		£	£	£
	Legal fees	57,882	2,100	33,242
	Auditors' remuneration:			
	Audit fees	10,850	10,450	10,050
	Accountancy services (including Value Added Tax advice)	2,790	4,769	7,245
	Other advisory services	7,304	8,217	2,635
	Database design, development, and support	42,914	18,661	48,768
	Human resources and job evaluation	7,107	38,278	23,419
	Appointment of Investment Manager	5,520		
	Website design and development	4,200	29,100	3,288
	Data protection and FOIA advice	8,133	907	1,822
		146,700	112,482	130,469

There was an increase in legal fees in the year as the organisation sought advice on a number of employment issues. The Fitness to Practice case management system development increased the database costs for the year.

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.

	Year ended	Year ended
	31 December	31 December
	2013	2012
	£	£
Current year tax:		
UK corporation tax (current tax charge)	–	6,747
Under provided in previous periods	–	–
Tax charge per the income and expenditure account	–	6,747
Factors affecting the tax charge for the year:		
Operating surplus before taxation	606,616	(61,396)
Tax on loss on ordinary activities at the relevant rate of UK corporation tax of 20% (2012: 20%)	121,323	(12,279)
Effects of:		
Adjustment to prior year tax charge	–	–
Elements of the operating deficit that are not taxable	319,051	486,698
Income not taxable for tax purposes	(436,560)	(466,228)
Unexplained difference	–	(1)
Dividend and distribution income	(223)	
Unrelieved tax losses carried forward	2,766	
Capital allowances in excess of depreciation	(6,357)	(1,443)
Current tax charge	–	6,747

8	Fixed assets	Freehold land & buildings	Leasehold	Computer equipment	Furniture & office equipment	Total
	Cost:					
	1 January 2013	5,281,205	–	276,031	158,726	5,715,962
	Additions	–	107,717	40,599	26,696	175,012
	Disposals and write offs	(5,281,205)	–	(259,231)	(158,726)	-(5,699,162)
	31 December 2013	–	107,717	57,399	26,696	191,812
	Depreciation:					
	1 January 2013	1,006,510	–	259,698	158,726	1,424,934
	Charge for the period	26,406	7,820	15,860	3,698	53,784
	Disposals and write offs	(1,032,916)	–	(259,231)	(158,726)	(1,450,873)
	31 December 2013	–	7,820	16,327	3,698	27,845
	Net book value:					
	31 December 2013	–	99,897	41,072	22,998	163,967
	1 January 2013	4,274,695	–	16,333	–	4,291,028

9 Sale of fixed assets

The Council completed the sale of 44 Wicklow Street on 11 April 2013 for £5,528,000 + VAT; therefore giving a profit on sale of £1,215,330; calculated using the NBV at 11 April 2013 of £4,248,289 and deducting other allowable expenditure. At this date the proceeds from the sale of the building were used to repay the loan to Alliance and Leicester of £1,207,196. There was a further £781 profit from the sale of office furniture.

10	Debtors	Year ended 31 December 2013 £	Year ended 31 December 2012 £
	Due within one year:		
	Trade debtors	813	3,675
	Other debtors	8,036	20,888
	Prepayments and accrued income	10,433	78,299
		19,282	102,862

11	Creditors	Year ended 31 December 2013 £	Year ended 31 December 2012 £
Amounts falling due within one year:			
	Bank loan on freehold premises	–	72,581
	Trade creditors	230,250	189,176
	Retention fees in advance	2,097,350	2,056,950
	Tax payable	43,581	30,211
	Other creditors	30,828	34,596
	Accruals and deferred income	117,886	76,807
		2,519,895	2,460,321

12	Funds	B/B/F	Income	Expenditure	Gains, losses and transfers	B/C/F
	General Reserves	2,753,604	3,423,504	2,737,827	–	3,439,282
	Revaluation Reserve	–	–	–	106,631	106,631
	Department of Health Grant	162,539	–	79,061	–	83,478
	Total funds	2,916,143	3,423,504	2,816,888	106,631	3,629,391

General Reserves

The Council has no restrictions on the use of these funds for the 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.

Revaluation Reserve

The investments are shown at market value in the balance sheet and the revaluation reserve identifies the difference between the book value and market value on the last day of the financial year.

Department of Health Grant

The General Chiropractic Council received a grant from the Department of Health to enable the Council 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

	2013		2012	
	Fees (1)	Expenses paid in year (2)	Fees (1)	Expenses paid in year (2)
Sophia Adams Bhatti	4,987	326	–	–
Alan Breen	–	–	8,900	5,857
David Byfield	300	129	5,550	2,619
Martin Caple	683	290	7,000	2,026
Marie Cashley	6,200	4,999	2,400	2,374
Roger Creedon	6,350	7	4,950	92
Christina Cunliffe	8,266	3,286	13,250	5348
Peter Dixon	3,450	3,304	33,450	15,704
Roger Dunshea	6,147	2,451	–	–
Gareth Lloyd	4,987	236	–	–
Suzanne McCarthy	21,305	625	–	–
Julie McKay	7,100	1,395	7,950	2,750
David Plank	9,216	573	12,167	976
Grahame Pope	8,200	0	7,850	927
Elizabeth Qua	7,100	4,873	7,800	5,468
Julia Sayers	7,907	535	3,150	333
Chris Stephens	300	164	2,700	524
Gabrielle Swait	4,987	638	–	–
Judith Worthington	600	729	9,800	5,321

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

(1) Fees

Members of Council were paid a daily attendance fee of £300 up to 8 February 2013. Thereafter, members are remunerated on a salary of £6,650 per annum. The Chair's remuneration is £23,000 per annum. These payments are subject to tax and National Insurance. Chairs of Committees were paid an additional £2,000 per annum and Chairs of working groups are also paid an additional £1,000 per annum. The additional payments to Chairs of Committees and Working groups were ceased following a decision by Council in October 2013

(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 line with the expenses policy. For most members, the GCC will book accommodation requirements and make payments directly to the hotel for the accommodation.

Council meeting attendance

The Council met on five occasions in 2013. Some of these were two day meetings.

15 Accommodation costs

Following the sale of the freehold premises in April 2013, the GCC agreed a leaseback on part of the premises for the office accommodation. The accommodation costs include rental costs, service charge costs and the cost of hiring external venues for hearings and meetings.

16	Investments	Year ended 31 December 2013 £
	Market value b/f	–
	Additions	4,000,000
	Disposals	–
	Revaluation in year	106,631
	Market value c/f	4,106,631
	Historical cost	4,000,000

The GCC sold the freehold building during the year (note 9). Of the proceeds, £4,000,000 was invested with Cazenove Capital Management following a formal tender application. The Council has agreed an investment strategy which governs the investment portfolio and regular reports on the performance on the portfolio will be reported to Council.

General Chiropractic Council
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July 2014

