# General Chiropractic Council
## Meeting Agenda
### 17 June 2021 at 10:00
#### Virtual Meeting (MS Teams)

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome, apologies and declarations of interest</td>
<td>To note</td>
<td>Chair</td>
<td>10:00</td>
</tr>
<tr>
<td>2. A. Council Minutes of 16 March 2021&lt;br&gt; B. Matters Arising</td>
<td>To approve</td>
<td>Chair</td>
<td>10:05</td>
</tr>
<tr>
<td>3. Chair’s Report</td>
<td>To note</td>
<td>Chair</td>
<td>10:10</td>
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<tr>
<td>4. Chief Executive &amp; Registrar’s Report</td>
<td>To note</td>
<td>CER</td>
<td>10:15</td>
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<tr>
<td>5. Fitness to Practise Update</td>
<td>To note</td>
<td>D of FtP</td>
<td>10:25</td>
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<tr>
<td>6. Finance Update – Management Accounts to May 2021</td>
<td>To note</td>
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**BREAK (15mins)**

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<tr>
<th>Item</th>
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<tbody>
<tr>
<td>7. Business Plan 2021 Performance Update</td>
<td>To note</td>
<td>D of CS</td>
<td>11:05</td>
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<tr>
<td>9. Report from the Chair of the Education Committee</td>
<td>To note</td>
<td>Chair, EC</td>
<td>12:25</td>
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<tr>
<td>10. Report from the Chair of the Audit and Risk Committee</td>
<td>To note</td>
<td>Chair, ARC</td>
<td>12:35</td>
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<tr>
<td>11. Report from the Chair of the Remuneration and HR Committee</td>
<td>To note</td>
<td>Chair, REMCO</td>
<td>12:45</td>
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<tr>
<td>12. Forward look at meetings with Council in 2021</td>
<td>To note</td>
<td>Chair</td>
<td>12:55</td>
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<tr>
<td>13. Any Other Business</td>
<td></td>
<td>Chair</td>
<td>13:00</td>
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**Close of meeting: 13:05**

**Date of next meeting: 28 September 2021**
Minutes of the meeting of the General Chiropractic Council on 16 March 2021 by videoconference

Members present
Mary Chapman (Chair of Council)  
Roger Dunshea  
Steven Gould  
Gareth Lloyd  
Sharon Oliver  
Phil Yalden  
Ralph Pottie  
Keith Richards  
Carl Stychin  
Gay Swait  
Fergus Devitt  
Keith Walker  
Anne Newsam

Apologies
None

In attendance
Nick Jones, Chief Executive and Registrar;  
Penny Bance, Director of Development;  
Joe Omorodion, Director of Corporate Services;  
Eleanor Poole, Director of Fitness to Practise (Maternity Cover)  
Zuzanna Baranowska, Project and Information Officer;  
Mary Nguyen, Committee Administrator;  
Jamie Button, Registrations Officer (item 8)

Observers
John Witt – Capsticks  
Steve Wright – Professional Standards Authority  
Danielle Paul, GCC Fitness to Practise Investigator

1. Welcome, apologies and declarations of interest

The Chair opened the meeting by welcoming all Council members, observers and the newly appointed Project & Information Officer to the meeting.

No apologies were received.

The Chair announced that David Clark, Chair of General Chiropractic Council’s (GCC) Professional Conduct Committee had sadly died at the weekend prior to the meeting. David had served as a Chair since 2015, and on panels of several other regulators. The Chair paid tribute to David’s strong commitment to ensuring fairness and effective decision-making. She also noted the work David had done to develop the individuals serving on PCCs. He would be greatly missed. The CER would be sending condolences on behalf of the GCC.
Declarations of interest were declared as follows:

Agenda Item 5, Part B – Appointment of regulatory committee members

1. Phil Yalden
2. Gareth Lloyd
3. Annie Newsam
4. Keith Walker

Agenda Item 5, Part C – Re-appointment of Investigating Committee members

1. Annie Newsam
2. Sharon Oliver
3. Phil Yalden
4. Gay Swait
5. Gareth Lloyd

2. **Draft minutes of the Council meeting of 10 December 2020 and matters arising**

**A. Minutes** (CO210316-02)
Council agreed that the minutes were an accurate record of the meeting with the following correction:

- Next meeting date: “16 March 2020” to be corrected “16 March 2021”

**B. Matters arising** (CO210316-02a)
The Chair confirmed matters arising were included in the meeting papers.

The Committee Administrator noted corrections:

- Business Plan 2020 Performance Update: “Completed” to be amended to “Started”
- Business Plan 2020 Performance Update: Final sentence was incomplete and to be deleted.

3. **Chair’s report, December 2020 to March 2021**
The Chair presented her report of activities since the meeting with Council in December 2020 (CO210316-03), highlighting submissions were made for the reappointment of Members of Council and there were no further updates in relation to the report regarding regulatory reform.

Council noted the Chair’s report.

4. **Chief Executive and Registrar’s report**
The Chief Executive and Registrar (CER) presented his report (CO201210-04).
Council emphasised the importance of first aid training undertaken by registrants and that the training undertaken as reported in their submissions of their continuing professional development (CPD) was sufficiently specific. Council also queried whether first aid training was a sufficient feature in chiropractic education programmes.

The CER noted the analysis of CPD submissions had shown a diversity of relevant experience and a good level of competence, albeit some training programmes had been disrupted due to the pandemic. The CER also noted that education providers had provided assurances in early 2020 that their programmes had sufficient first-aid coverage.

Council noted the commitment from the CER that the matter will continue to be monitored closely.

Council asked whether the discussion paper on diagnostic imaging in chiropractic was available. The CER noted the expert reference group was scheduled to meet on 19 March 2021 and the discussion paper would be circulated to Members following that meeting.

**Action:** The Executive to circulate discussion paper to Council following the meeting with the expert reference group.

Council noted the report with no further comment.

5. **Director of Fitness to Practise report**

The Director of Fitness to Practise (FtP) presented her report (CO210316-05) giving an update on four areas of operation.

**Part A:** The Director of FtP highlighted the key data on operational performance for the period from 1 December 2020 to 28 February 2021.

Council commended the Fitness to Practise team for performance achieved in relation to enquiries.

The number of open cases drew Council’s attention and queried the stage at which the level of risk is assessed. The Director of FtP confirmed the risk level was assessed at the receipt of a complaint and continuously assessed as information was received.

Council acknowledged that higher risk cases were currently being prioritised during the COVID-19 pandemic.

The Director of FtP noted additional resources had been engaged to support throughput of cases during a period of higher than average staff absence.

Council noted Part A of the report with no further comment.

**Part B:** The Director of FtP sought approval for the appointment of 17 members to the Professional Conduct Committee (PCC), noting the high calibre of candidates nominated.
Approval was also sought to extend the terms of extant members of the PCC where any is involved in a case that is adjourned and part-heard and their term subsequently ends to allow the conclusion of a case.

Some Members of Council declared they had previously sat with Julie McKay during her term on Council that ended in 2016. It was agreed that this should not preclude them from the decision.

Council noted the equality monitoring information and expressed satisfaction with the improvement in diversity of applicants, in particular an increase in women and those from other backgrounds.

Council noted Part B of the report and approved the appointment of the new regulatory committee members.

Council also approved the conditional extension of extant Members on the basis powers allow. The CER confirmed the GCC had the powers to permit the extension.

Part C: The Director of FtP further presented to Council for approval the reappointment of 11 Investigating Committee (IC) members, reaching the end of their first term on 31 May 2021.

Some Members of Council declared they had worked with or knew some members put forward for reappointment.

Council noted Part C of the report and approved the reappointment of IC members.

Part D: The Director of FtP presented the Remote Hearing Protocol which was to be published. This was for noting.

Council noted Part D with no comment.

6. **Business Plan 2020 Performance Update**

The Project and Information Officer (PIO) presented an update on the progression of the Business Plan 2021 (CO210316-06) to Council, highlighting the improvements made to the dashboard, providing clarity to projects’ overall status. The PIO noted the revised dashboard revealed the projects’ progress, priority level, and risk level of deliverability within the financial year.

In responding to Council’s expectation of a measure of the impact of a project, the PIO introduced a benefit realisation plan template, emphasising that the template was a work in progress and data to populate the template would build up over time presenting a clearer picture as regards impact.

Those improvements were welcomed by Council. The Chair noted that projects that had not yet commenced and were shown as not due to have commenced were unhelpfully scored as ‘red’ – implying that they were falling
behind. She suggested the colour should be reviewed unless those projects were actually at risk.

**Action:** PIO to amend the ‘RAG’ status of projects not yet commencing unless they are running late against their scheduled start date.

It was suggested the finalised template should be incorporated into the business case for projects presented to Council for approval, with Council having clarity of the benefits expected from the proposed business case.

Attention was drawn to the project on the recruitment of “Expert witnesses” and its status of being at high risk of not being delivered in 2021. The Director of FtP explained this was erroneous as it was likely the project will progress but that the high risk would be the consequence of not being able to increase the current small pool of expert witnesses which was more a matter for the operational risk register The Director of FtP confirmed the project had commenced and that the project rating would be amended.

**Action:** Director of FtP to amend rating of the expert witness project

Council observed the benefit realisation plan ensured accountability to project managers and queried if this would be built into the appraisal process. The CER confirmed it would.

**Action:** Manager appraisals to include assessment of achievement of planned benefits.

Council *noted* the report.

7. **Finance Update – Management Accounts to February 2021**

The Director of Corporate Services presented the finance update report (CO210316-07), noting at the end of February 2021, a surplus of £62k was realised compared with a budgeted surplus of £18k for that same period.

Council queried whether the under-spend indicated under-performance in any area of operations. The Director of Corporate Services advised that it was early in the financial year and that the profile of expenditure meant that expenditure would align more closely with budget by the June 2021 meeting of Council.

**Balance sheet as of 28 February 2021**

The Director of Corporate Services reported there was slight decrease in value to GCC’s investments from £4.393m in January 2021 to £4.373m as of 28 February 2021.

It was also noted that the balance sheet remained strong at £3.213m.

Council *noted* the report.

8. **Annual Reports**
Annual Report from Fitness to Practise

The Director of Fitness to Practise presented the Annual Report (CO210316-08a) from Fitness to Practise.

The Chair of Education Committee complimented the report’s valuable information, noting how important it was to share this information with the profession and how the report demonstrated what patients valued from their care. The Chair of Council highlighted the value of findings as being of benefit to the development of education programmes.

Action: Chair of Education Committee to explore the connection between education and fitness to practise with the Education Committee.

The upward trend of complaints was raised by Council. The Director of FfP acknowledged the upward trend of complaint numbers over the last five years. Much of the increase in complaints received in 2020 was Covid-19 related (for example, that clinics should not be open or expectations as to the wearing of full PPE). Council suggested it would be helpful to identify any trends emerging across healthcare regulators in the nature of complaints and use the findings for comparison.

Action: Executive to research any trends emerging across healthcare regulators in complaints and use the findings for comparison.

Council noted the report with no further comment.

Annual Report from the Professional Conduct Committee

The Director of Fitness to Practise presented the Annual Report (CO210316-08b) from the Professional Conduct Committee (PCC).

Council noted the careful and considered approach taken on remote hearings, indicating that it be monitored and reviewed over time.

The Chair noted the commitment of David Clark [as overall Chair of PCC] in the development of the committee through appraisal and training at his appointment and her pleasure at seeing this evident in his report.

Council noted the report with no further comment.

Annual Report from Registrations

The Registration Officer presented the Annual Report (CO210316-08c) from Registrations.

An inconsistency was identified in the rate of increase in growth in registrant numbers in the covering paper and the correct figure of 1.3% in Chart 1 of the report.

Action: The covering paper in the published Council papers to be amended for clarity.

Council noted the report.
9. **GCC Registrant Survey 2020 Results**

The Director of Development presented the report (CO210316-09), drawing attention to the results found from the Registrant Survey conducted and commissioned by Enventure Research in September and October 2020.

Andrew Cameron, Research Manager of Enventure Research, attended the meeting by invitation to present the key findings from the survey. Andrew highlighted the survey had received 968 responses, a successful response rate of 28.6%. The survey had been open to all on the Register. Following the survey, a series of 20 depth interviews had been undertaken to explore perceptions, experiences and opinions in greater detail. The individuals were interviewed individually and remotely via Zoom.

Andrew informed Council the qualitative questions covered a range of topics, and individuals were given opportunity to add further comments at the end, of which none of them did. The future of the profession was a welcomed topic and there was an impression the younger generation was more optimistic about the profession’s future than the older generation.

A query was raised on whether any research had been undertaken to obtain feedback on the registrant’s view of the GCC. The CER noted formal stakeholder feedback on the GCC had not taken place.

Council thanked Andrew Cameron for the work and presentation and noted the report with no further questions.

10. **GCC Strategic Risk Register**

The CER presented the strategic risk register (CO210316-10), highlighting the identified issues which were being managed and monitored by the Executive and shared with the Audit & Risk Committee. The Chair emphasised the importance of agreeing that the risks identified accord with Council’s own assessment of the risks currently faced by the GCC.

Council suggested Strategic Risk 6 (SR6) be reworded as regulatory reform was out of GCC’s control. The CER agreed to clarify.

Action: Executive to reword Strategic Risk 6 (SR6) for better clarification.

Council queried the risk level for Strategic Risk 9 (SR9), given the challenges presented by the pandemic. It was clarified by the CER that the impact was felt early in 2021 due to absence, and that the size of the GCC made it susceptible to such factors but that since then more stability was evident.

Council reviewed the report and agreed that, with the minor amendments suggested, the register accurately reflected its assessment of risk.

11. **GCC Equality, Diversity and Inclusion policy - Update**

The CER presented an update (CO210316-10) on GCC’s ambition to be a fair and inclusive regulator and employer. Council welcomed the report.
The importance of the policy meeting the expectations of the PSA as regards it meeting the standards of good regulation was emphasised by Council.

The status of the draft EDI policy was raised by the Chair. The CER clarified this draft policy statement is to be published with comments welcomed. The final version will be presented to Council for approval in June 2021.

**Action:** The Executive to consult on the draft policy statement and presented to Council for approval at its meeting in June 2021.

Council **noted** the report.

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<thead>
<tr>
<th>12.</th>
<th><strong>Report from the Chair of the Audit &amp; Risk Committee</strong></th>
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<tbody>
<tr>
<td></td>
<td>The Chair of the Audit &amp; Risk Committee presented a report (CO201210-11) to Council further to its meeting on 1 March 2021, drawing particular attention to the positive external audit of the annual accounts.</td>
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<td></td>
<td>The Chair thanked the Audit &amp; Risk Committee for its hard work.</td>
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<td></td>
<td>Council <strong>noted</strong> the report.</td>
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<tr>
<th>13.</th>
<th><strong>Any other business</strong></th>
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<tr>
<td></td>
<td>The Chair expressed gratitude for the significant contributions to Council made by three Members retiring on 31 March 2021, with this being their final meeting of Council. The Chair thanked Roger Dunshea, Gareth Lloyd and Gabrielle Swait and wished them well.</td>
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**Date of next meeting: 17 June 2021**
## Agenda Item: CO210316-02a
### Subject: Matters Arising from 16 March 2021
### Presenter: Mary Chapman, Chair GCC
### Date: 17 June 2021

<table>
<thead>
<tr>
<th>Item</th>
<th>Actions</th>
<th>Update</th>
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<tbody>
<tr>
<td>CO210316-04</td>
<td><strong>Chief Executive and Registrar’s Report</strong></td>
<td>Completed – see Agenda Item 6 in closed meeting</td>
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<td></td>
<td>Regarding the expert reference group convened to meet on 19 March 2021.</td>
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<td><strong>Action:</strong> The Executive to circulate discussion paper to Council following the meeting with the expert reference group.</td>
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<td>CO210316-05</td>
<td><strong>Fitness to Practise</strong></td>
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<td>The March 2021 paper erroneously quoted only Professional Conduct Committee (PCC) appointment provisions for Lay, Registrant and Chair members (Rules 7(1) and 8(1)).</td>
<td>Council Members were emailed post-Council meeting to approve the clarification. All Members agreed. It was noted it would be raised in Matters Arising at Council’s next meeting in June.</td>
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<td></td>
<td>The paper should have included appointment provisions for the Health Committee (HC) (Rules 9(1) and 10(1)).</td>
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<tr>
<td>CO210316-06</td>
<td><strong>Business Plan 2020 Performance Update</strong></td>
<td>Completed – Agenda Item 7</td>
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<td></td>
<td>Regarding the status ‘not yet commenced’ that is identified as red.</td>
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<td></td>
<td><strong>Action:</strong> PIO to amend the ‘RAG’ status of projects not yet commencing unless they are running late against their scheduled start date.</td>
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<tr>
<td>CO210316-07</td>
<td><strong>Business Plan 2020 Performance Update</strong></td>
<td>Completed – Agenda Item 7</td>
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<td>Regarding the project on the recruitment of “Expert witnesses.” The Director of FtP confirmed the project had commenced and that the project rating would be amended.</td>
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<td><strong>Action:</strong> Director of FtP to amend rating of the expert witness project</td>
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<tr>
<td>CO210316-08</td>
<td><strong>Business Plan 2020 Performance Update</strong></td>
<td>Complete</td>
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<td>Council observed the benefit realisation plan ensured accountability to project managers.</td>
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<td></td>
<td><strong>Action:</strong> Manager appraisals to include assessment of</td>
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### CO210316-10 Annual Reports

Regarding the Annual Report of Fitness to Practise.

**Action:** Chair of Education Committee to explore the connection between education and fitness to practise with the Education Committee.

*Completed – was discussed in context of CPD at the Education Committee meeting on 20 April 2021*

### CO210316-10 Annual Reports

Council suggested it would be helpful to identify any trends emerging across healthcare regulators in the nature of complaints and use the findings for comparison.

**Action:** Executive to research any trends emerging across healthcare in complaints and use the findings for comparison.

*The FtP Directors of the health and social care regulators meet every two months and will continue to compare caseload trends, horizon scan and share information. The PSA Annual Report produces helpful comparative data.*

### CO210316-10 Annual Reports

An inconsistency was identified in the rate of increase in registrant numbers in the covering paper and the correct figure of 1.3% in Chart of the report.

**Action:** The covering paper in the published Council papers to be amended for clarity.

*Completed – the paper was updated*

### CO210316-10 GCC Strategic Risk Register

Council suggested Strategic Risk 6 (SR6) be reworded as regulatory reform as out of GCC’s control.

**Action:** Executive to reword Strategic Risk 6 (SR6) for better clarification.

*Completed – amended to “Regulatory reform (though not within GCC’s control) fails to take place caused by lack of willingness or parliamentary time to achieve legal changes to primary or secondary legislation. This may result in the GCC continuing to operate inefficiently under out-of-date legislation that increasingly fails to be fit-for-purpose.”*

### CO210316-11 GCC Equality, Diversity and Inclusion policy – Update

Regarding the status of the draft EDI policy statement.

**Action:** The Executive to consult on the draft policy statement and present the Council for approval at its meeting in June 2021.

*In progress – Executive to present the policy statement in September after the new Strategy Plan is approved*
Chair’s Report

Meeting paper for Council on 17 June 2021

Agenda Item: 3

Introduction

1. It has been more than a year since the lockdown restrictions were implemented in 2020 and, like other organisations, we have adapted to the changed working environment. I am aware that staff have faced a variety of challenges directly as a consequence of the pandemic, particularly during the first quarter of 2021. I would like to express thanks to all staff and partners for their continuous efforts and contribution to the valuable work we do. It has never been more appreciated than during the very difficult circumstances of the pandemic.

Council Business

2. Firstly, I was pleased we were able to hold an additional meeting in private, on 17 May 2021, to build on our meeting in March 2021 in developing new strategic objectives for the GCC. My thanks to members for their contributions in providing a clear steer for the Executive in developing the strategy.

3. At that additional meeting, the Education Committee recommended approval of the AECC University College MChiro (Hons) Programme. The request was made outside of the normal cycle of Council meetings to allow sufficient time for the granting of Privy Council approval, ahead of the programme commencing in September 2021. Council approved the AECC University College MChiro (Hons) Programme, and for authorisation to be sought from the Privy Council. I place on public record here Council’s agreement to the recommendation.

Governance

4. Further to Council’s decision at the meeting in December 2020, it has been a busy period in terms of reappointments and open recruitment to Council. I am pleased that Keith Richards, Sharon Oliver and Ralph Pottie were successfully reappointed by the Privy Council for a second and final term of office. I can also
report, and am very pleased to do so, that my own reappointment as Chair of Council for a second and final term of office has been confirmed by Privy Council.

5. Furthermore, a recruitment exercise for one lay and one registrant Member of Council has commenced. The response to the wide-ranging advertising campaign to attract a diverse pool of candidates was positive. I have convened an appointment panel comprising Fergus Devitt, Ralph Pottie, and independent member Jacqui Francis. Shortlisting has been completed and interviews will be conducted later this month.

6. In anticipation of the departure of three Members of Council in March 2021 I reviewed membership of Committees. Considering the current balance of skills on Council and appraisals conducted earlier in the year, I have appointed the following Council Members to the respective Committees:

   a. Keith Richards (Lay Member) – Remuneration & HR Committee. Keith is currently a member of the Audit & Risk Committee and has kindly agreed to remain a member there until the end of September 2021.

   b. Annie Newsam (Registrant Member) – Remuneration & HR Committee.

   c. Keith Walker (Registrant Member) – Education Committee

Committee membership is shown in full at the annex.

7. Taking into consideration the membership terms of Committees, we will see Sharon Oliver complete her first term as Chair of Education Committee next month. I remind Council the appointment of Chair to the Education Committee is distinct from the reappointment of Member of Council. I have set out my proposal to recommend the reappointment of Sharon as Chair of the Education Committee under separate cover for Council’s consideration. I am pleased that Sharon has confirmed that she is keen to continue to Chair the Committee for a further term. Council is asked to consider the recommendation and approve Sharon’s reappointment as Chair of Education Committee.

Regulatory Reform

8. Further to the Department of Health and Social Care (DHSC) issuing its proposals for policy reform in a consultation on 25 March 2021, I wanted to take the opportunity to discuss those with stakeholders.

9. The CER and I met with the President and Chief Executive of the Royal College of Chiropractors on 5 May 2021, and with the President and CEO of the British Chiropractic Association (BCA), President of the Scottish Chiropractic Association (SCA), President of the McTimoney Chiropractic Association (MCA) and Vice President of the United Chiropractic Association (UCA) on 12 May 2021. We discussed the policy proposals on the reform of professional regulation
and the independent review that DHSC is commissioning on how the professional health and care regulatory bodies might be 'reconfigured to achieve maximum public benefit'.

10. I was also invited by the RCC to speak to the Deans’ Forum on 14 May 2021, providing a good opportunity to discuss those areas of reform relating to education and continuing professional development with chiropractic education leaders.

11. The meetings were largely positive, with overall support for the direction of travel. Further, some areas were highlighted of interest: the importance and need for registrants to be involved in governance and decision-making; the annotation of the Register playing an important role in demonstrating to the public a specific set of competencies of a Registrant; and the risks of an overly-prescriptive CPD system.

12. Council may recall it was agreed at its meeting in September 2020, I would write to the DHSC addressing our concerns as to impact of the revised timetable of regulatory reform. A response to our letter from the DHSC was received on 24 March 2021, noting that the timetable for the delivery of professional reforms to each of the professional regulators was not yet confirmed but that Government remains committed to working with us to deliver these vital changes. Furthermore, it was unlikely that they will be able to take forward changes in relation to the GCC prior to progress with wider reform.

Engagements

- 23 March 2021: with Nick Jones, CER, met with Alan Clamp, CEO, and Caroline Corby, Chair of Professional Standards Authority (PSA)
- 20 April 2021: attended in part the GCC’s Education Committee meeting
- 5 May 2021: with Nick Jones, CER, met with Mark Gurden, President, and Rob Finch, Chief Executive of the Royal College of Chiropractors (RCC)
- 11 May 2021: attended the Westminster Health Forum – The future of professional healthcare regulation reform
- 12 May 2021: with Nick Jones, CER, met with Catherine Quinn, President, and Tom Mullarkey, CEO of BCA; Bernadette Martin, President of MCA; Ross McDonald, President of SCA; and Marc Muncila, Vice President of UCA
- 13 May 2021: with Nick Jones, CER, met with Mark Bennett, Deputy Director of Professional Regulation, and Gavin Larner, Director of Workforce at the Department of Health and Social Care
• 14 May 2021: led a discussion at the Forum of Chiropractic Deans
• 27 May 2021: chaired a shortlisting meeting of the Appointments Panel

Mary Chapman
Chair
## Annex – Committee Membership from April 2021

### Members of the Education Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Member Details</th>
<th>Dates of Membership</th>
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<tbody>
<tr>
<td>Sharon Oliver</td>
<td>Council lay member and Chair</td>
<td>August 2017 - July 2021</td>
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<tr>
<td>Mike Barber</td>
<td>External registrant member</td>
<td>June 2020 – June 2023</td>
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<tr>
<td>Philip Dewhurst</td>
<td>External registrant member</td>
<td>July 2017 – June 2021</td>
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<tr>
<td>Aaron Porter</td>
<td>External lay member</td>
<td>June 2020 – June 2023</td>
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<tr>
<td>Ralph Pottie</td>
<td>Council registrant member</td>
<td>July 2019 – July 2023</td>
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<td>Carl Stychin</td>
<td>Council lay member</td>
<td>Jan 2018 – Jan 2023</td>
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<tr>
<td>Keith Walker</td>
<td>Council registrant member</td>
<td>May 2021 – May 2024</td>
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<tr>
<td>Carol Ward</td>
<td>External lay member</td>
<td>July 2017 – June 2021</td>
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### Members of the Audit and Risk Committee

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<thead>
<tr>
<th>Name</th>
<th>Member Details</th>
<th>Dates of Membership</th>
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<tr>
<td>Fergus Devitt</td>
<td>Council lay member and Chair</td>
<td>May 2021 – May 2024</td>
</tr>
<tr>
<td>Keith Richards</td>
<td>Council lay member</td>
<td>Nov 2019 – Sept 2021</td>
</tr>
<tr>
<td>Philip Yalden</td>
<td>Council registrant member</td>
<td>Feb 2018 – Feb 2022</td>
</tr>
<tr>
<td>Shelagh Kirkland</td>
<td>Independent external member</td>
<td>July 2019 – July 2022</td>
</tr>
</tbody>
</table>

### Members of the Remuneration & HR Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Member Details</th>
<th>Dates of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven Gould</td>
<td>Council lay member and Chair</td>
<td>Sept 2017 – Sept 2025</td>
</tr>
<tr>
<td>Mary Chapman</td>
<td>Chair of Council</td>
<td>Aug 2017 – July 2025</td>
</tr>
<tr>
<td>Annie Newsam</td>
<td>Council registrant member</td>
<td>April 2021 – Aug 2024</td>
</tr>
<tr>
<td>Keith Richards</td>
<td>Council lay member</td>
<td>April 2021 – Aug 2024</td>
</tr>
<tr>
<td>Sharon Wilson</td>
<td>Independent external member</td>
<td>May 2017 – April 2022</td>
</tr>
</tbody>
</table>
Chief Executive & Registrar Report

Meeting paper for Council on 17 June 2021
Agenda Item: 4

Purpose

This regular report summarises key developments in the period since the last Council last met, on 16 March 2021.

Recommendations

Council is asked to note the report.

General overview

1. This section is a revision to my usual report, setting out my summary assessment of our performance – itself a function of people, resources, and processes. The subsequent papers on the agenda set out those areas and associated risks in some detail, enabling scrutiny and so on. Members may welcome this, my summative assessment.

2. As reported for over a year now, the staff team continue to work from home; and all activities such as committees; hearings; test of competence panels and so on function virtually, and successfully. The real impacts of Covid-19 experienced most in the early part of this year, and reported at the previous meeting of Council, have significantly eased. That said, ‘turnover’ of staff in the last few weeks after a largely steady year is adding some pressure.

3. Along with the GCC Remuneration and HR Committee, we have been giving serious thought to the GCC future operating model considering the extended period of home-working, and the imminent lifting of restrictions. We consistently stress consideration of any return to the office is dependent on the progression of
the roadmap steps set out by Government. The expectation that most restrictions will be lifted on 21 June 2021, the fourth and final step of the roadmap in England, is currently less certain albeit our planning to establish the GCC operating model is advanced. It recognises the benefits to learning, teamwork and collaboration of office work, alongside flexible arrangements where the benefits of some working from home continues. Council will be considering proposals at its meeting later today.

4. Our small team have been working hard; the senior team is alert to stresses and strains, as we are close to people and their activity. I continue to observe a highly self-motivated and committed team and we try hard to get the balance right between achieving and support, albeit as ever this is tricky and requires calibration. We know that having a clear sense of purpose is a significant feature of building a resilient workforce. We participated in Mental Health Awareness Week in May; creating opportunities to discuss emotional well-being and space for a virtual team walk – in addition to the production of a mental health toolkit aimed at registrants. Looking after our own (and others) physical and mental health has a positive impact and helps to maintain and improve our effectiveness and professionalism.

5. The reports on business plan progress and fitness to practise activity show significant achievement, notably the FtP caseload feels more controlled than ever, and our median performance in closing cases is now exceeding our target. We have also made good progress on backlog hearings delayed because of the pandemic. The reports from Committee Chairs also reveal a substantial body of work across all our key duties.

6. The ‘backlog’ was a significant contributory factor to the Council setting a deficit budget for 2021. Whilst we have outperformed the budget to date, the detailed work undertaken on forecasting indicates that the year-end outturn is likely to be under, but close to the budgeted deficit position. Some additional, and unavoidable, cost pressures have largely been absorbed within the budget envelope although we seek Council’s approval for modest additional proposed expenditure to support the future operating model.

**Regulatory Reform**

7. On 26 March 2021, the Department of Health and Social Care (DHSC) issued its consultation document on its proposals for policy reform. We welcome the proposals as they represent real and positive change as it affects the profession and our ability to protect patients and the public. As the Chair’s report sets out, we took the opportunity to engage positively with our key stakeholders, which was interesting and helpful. The consultation closed on 16 June 2021, and we submitted our response to the 70 questions largely agreeing with the proposals in each.
8. An aspect generating some debate, relates to the proposal not to extend the PSA’s s.29 appeal powers (currently only covering substantive hearings) to new case examiner accepted outcome decisions on the basis this could impair the agility of a regulator by increasing costs, consuming more resources and creating delays and uncertainty for all parties. The PSA is concerned this will not be in the interests of patients PSA public protection concerns. We understand the concerns raised – risks of lower levels of public protection, public confidence, and professional standards; and less transparency and accountability for regulators. That said, our view, shared with the other regulatory bodies, is that there will be enough checks and balances including the ability for ‘anyone’ to refer decisions to the Registrar (including the PSA) which is a more proportionate alternative.

Professional Standards Authority matters

a) Covid Learning Review

9. The PSA completed a case-study review of the regulators’ respective responses to the pandemic and published its report on 15 April 2021. Much of the report is detailed but the key findings identified were that regulators that the PSA oversee swiftly responded to the pandemic and adapted to the new working arrangements to control the spread of infection, support and guide registrants and contribute to an increased workforce.

b) Performance Review

10. Our annual review of performance (for 2020) is underway. We have received notice of those standards where the PSA require further information by way of ‘targeted review’ questions. Those areas include

- Standard 3: Aspects of our approach to monitoring of equality and diversity information, of registrants and applicants for roles.
- Standard 4: Establishing learning from complaints; feedback from the experience of those involved in FtP matters; and surveys.
- Standard 11: Reasons for difference of lower ToC pass rate in 2020
- Standard 15: Details on complaints about misleading claims and advertising.
- Standard 17: Timeliness in relation to interim suspension order hearings.

11. As in previous years we will be developing our detailed response to the areas identified. Our view is that these are areas where would expect some scrutiny and as such, have much to say on each, which we will be subject to our submission due by the end of June 2021.

Emerging Concerns Protocol

12. The GCC, along with several other of the smaller healthcare regulators, have recently signed up to an updated Emerging Concerns Protocol, which will be
launched in June 2021. All the partners who have signed up to this protocol share the common objective of ensuring that health and social care professionals and systems across the UK serve to protect the public, while maintaining the health, safety and wellbeing of the professionals themselves, those using services, families and carers.

13. It has been in development for some time, but the protocol is designed to help regulators share information about emerging concerns with each other and system partners in a timely fashion. This would include information that might undermine or harm the reputation of the professions or the regulators and their registrants, and particularly information that caused ongoing concern but may not be shared under existing arrangements. Its purpose is to provide a clearly defined mechanism for organisations with a role in the quality and safety of care provision, to share information that may indicate risks to people who use services, their carers, families or professionals. Monthly meetings are held to that effect.

Cyber Essentials

14. This is a government backed certification that demonstrates an organisations capability in resisting cyber threats and its commitment to cyber security. We were granted status last year, and is subject to annual re-certification. I am pleased to report that we have been successful in our assessment under the Cyber Essentials scheme, valid to June 2022.

Meetings and engagements (all virtual unless stated otherwise)

March 2021

- 17 March – with the Executive team, met with Bianca Nimmo, Lydia Giaffreda and Rebekah Thompson of DHSC to discuss IMMDS Review: Recommendation 8
- 19 March – with the Director of Development, met with the Imaging expert reference group
- 23 March – with the Chair of Council, met with Caroline Corby, Chair, and Alan Clamp, CEO of PSA
- 24 March – attended Chief Executives of Health and Social Care Regulators Steering Group (CESG)
- 24 March – with Senior Management, met with Steve Wright, Scrutiny Officer of PSA
- 26 March – attended Mental Health Foundation webinar on “How to use campaigns and awareness days to drive conversations in your workplace”
- 29 March – met with Sumaya Ahmed of Society for Promoting Chiropractic Education to discuss diversity and inclusion
April 2021

- 14 April – attended the Chiropractic Education Reimagined conference
- 30 April – attended the monthly meeting of CEORB

May 2021

- 5 May – attended webinar on “Key legal and practical considerations when staff return to the workplace following the Covid lockdown roadmap”
- 5 May – with the Chair of Council, met with Mark Gurden, President, and Rob Finch, Chief Executive, of Royal College of Chiropractors
- 7 May – attended the monthly meeting of COPOD
- 10 May – met with John Barwick, CER, of the Health and Care Professions Council (HCPC)
- 12 May – with the Chair of Council, met with Catherine Quinn, President, and Tom Mullarkey, CEO of BCA; Bernadette Martin, President of MCA; Ross McDonald, President of SCA; and Marc Muncila, Vice President of UCA
- 13 May – with the Chair of Council, met with Mark Bennett, Deputy Director of Professional Regulation, and Gavin Larner, Director of Workforce of DHSC
- 14 May – attended the meeting of the Forum of Chiropractic Deans
- 20 May – met with Andy Jarvis of Aura Creative to discuss British Chiropractic Association Vision Consultation
- 27 May – met with Andrea Sutcliffe, CER of Nursing and Midwifery Council
- 27 May – attended the GCC Inspire and Innovate session, with Andrea Sutcliffe as guest speaker
- 28 May – attended the monthly meeting of CEORB

June 2021

- 8 June – met with James McMahon, Head of Estates and Facilities Management of HCPC to discuss H&S and hygiene arrangements in place at GCC offices
- 8 June – met with graduates of AECC in anticipation for their transition to registration
- 11 June – met with Matthew Redford, CER of General Osteopathic Council (GOsC)
- 14 June – attended GCC training on personal development plan and building feedback skills

Nick Jones
Chief Executive & Registrar
Fitness to Practise update

Meeting paper for Council on 17 June 2021
Agenda Item: 5

Purpose

This paper provides Council with an update on the following:

Part A  Commentary on the Fitness to Practise (FtP) dashboard (Annex A)
Part B  Appointment of an overall Chair of the Professional Conduct Committee and Health Committee

Recommendations

Council is asked to note this report and approve the proposed appointment in Part B.

Part A: Commentary on FtP Dashboard

1. The dashboard at Annex A covers the period of operational performance from 1 March 2021 to 1 June 2021.

2. Overall, our performance is good and improving, despite navigating a difficult period. The pre-Investigating Committee (IC) caseload reduced from 80 cases last time to 69 open cases. The median time to close cases in the last 12 months was 27 weeks, a reduction from 29.5 weeks last time bringing this metric within our target of 28 weeks – a great achievement by the team. That said, the median age of open cases (complaints being investigated) has increased, as a consequence of caseload growth and a focus on higher risk cases during the pandemic. The performance improvements to address this are underway and will take a little longer to filter through to the report. All Professional Conduct Committee (PCC) hearings are listed (bar the two cases referred in May 2021) and the protection of title caseload continues to fall (17 cases in March 2021 down to eight cases in June 2021).
3. There were 15 enquiries opened in the last quarter - six enquiries are currently open.\textsuperscript{1} The median age of open enquiries is currently 13 weeks, slightly outside of the 12 week target.\textsuperscript{2} Only five of these enquiries related to requests for general information or queries. The rest were held at enquiries stage, due to reasons such as the chiropractor complained of was unknown, the complainant withheld consent or wanted to be anonymous or it was unclear if the individual was making a complaint.\textsuperscript{3}

4. In the last quarter, the team have resolved 38 enquiries, closing 34 and promoting four into fitness to practise.\textsuperscript{4} The median time taken to close enquiries in the last quarter was seven weeks (target 12 weeks).\textsuperscript{5}

5. We saw 15 new fitness to practise complaints in the performance period, compared to 23 complaints in the same period in 2020.\textsuperscript{6} At an average of five complaints received per month, the incoming complaint rate was slightly lower than the average over the last 12 months.\textsuperscript{7}

6. Of the 15 complaints received in this quarter, the risk rating (‘RR’) of these complaints is as follows:

| RR1 Low     | No injury has taken place and/or issues have been addressed | 7 |
| RR2 Moderate | Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed | 1 |
| RR3 High    | Sexual misconduct, issues complained of remain unresolved, ongoing risk to patients / public from the chiropractor’s clinical practice / behaviour, conduct is persistent and / or deliberate | 7 |
| RR4 Severe  | Sexual misconduct, life may be in danger, risk of major injury or serious physical or mental ill health. The conduct is increasing in frequency and/or severity | 0 |

\textsuperscript{1} Annex A – item 3 and 4
\textsuperscript{2} Annex A – item 2
\textsuperscript{3} Annex A – item 5
\textsuperscript{4} Annex A – item 6
\textsuperscript{5} Annex A – item 7
\textsuperscript{6} Annex A – item 8
\textsuperscript{7} Annex A – item 9
The makeup of the cases received in the period are as complex and high risk as those received in the previous quarter (December-February 2021 – RR1-8, RR-2, 3, RR-3 6, RR-4 0).

7. At 1 June 2021, the pre-IC caseload was 69 open cases down from 80 cases in the last reporting period. There were 69 open cases pre-IC at the same point last year.8

8. Of the total open cases pre-IC, the median age of those complaints is currently 33 weeks, from the date a case was opened.9 This is outside of the 20-week target and is up from 27 weeks in the last performance period. The overall age of the caseload continues to increase. The caseload grew by 16% in 2020 and the team had to focus stretched resources on progressing high risk cases during the pandemic. Some lower risk cases have therefore aged. Temporary resource was in place from February to early May 2021. That has allowed us to progress over a third of the caseload although with long run up times to IC decision due to the two month statutory observation process, it will take some time for those efforts to translate to the data. We have also spent time amending the way we record progress on cases so statistical analysis of what might be delaying case progression can be undertaken. This should support informed consideration of future resourcing needs.

9. In the last quarter, three IC meetings were held, hearing 29 cases and four preliminary matters. Of the 29 cases considered, 25 were closed, two were adjourned for more information and two were referred to the PCC. The total number of closed cases in 2021 is currently 39 - a 18% increase in productivity from the same point last year.10

10. The median time to close cases in the last 12 months was 27 weeks, a reduction from 29.5 weeks in the last reporting period bringing this metric within target (28 weeks).11

11. The number of referrals to the PCC year to date is four cases with the total number of ‘no case to answer’ decisions at 35.12 The current conversion rate to PCC is 10%13 and is aligned with budget assumptions.

12. One interim suspension hearing was held during the period resulting in no order being imposed. The time taken from identifying the need for an interim suspension hearing to the hearing taking place was just under 3 weeks. The

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8 Annex A – item 11
9 Annex A – item 13
10 Annex A – item 14 – 33 cases had been closed by the IC by 1 June 2020, as opposed to 39 cases by 1 June 2021.
11 Annex A – item 15
12 Annex A – item 17
13 The PCC conversion rate in March 2021 was 17%.
current median in 2021 from the date it was identified an interim suspension hearing was needed to the hearing taking place is 5 weeks.\textsuperscript{14}

\textbf{13.} There are 11 cases awaiting a PCC hearing. The target to list a PCC matter is nine months from IC referral to the matter being listed. There are three cases where the target has not been met and four cases where the target is no longer applicable as the hearing has started, but not completed.\textsuperscript{15} Two cases have met the target. Listing for the two newest cases referred to the PCC is underway.

\textbf{14.} The number of part-heard hearings is unfortunate but all are relisted to conclude before October 2021. Any new referrals from this point onwards will likely be listed in 2022.

\textbf{15.} Our performance against progression of section 32 (protection of title) complaints has improved. At 1 June 2021, only eight active cases, relating to eight individuals are open, a decrease from the last reporting period (17 active cases about 13 individuals).\textsuperscript{16}

\textbf{16.} The internal target for complaints received after 1 January 2019 has been set at 16 weeks. The median time taken to close s.32 cases (discounting ‘backlog’ cases) in 2021 is 72 weeks.\textsuperscript{17} The reason for such a high median year to date is that more than half the cases closed have been 2019 cases. Only one ‘backlog’ case remains.\textsuperscript{18}

\textbf{17.} On general matters of interest to Council, in May 2021, we held our third fitness to practise stakeholder meeting with representation from the professional associations and their instructed legal providers. These continue to be productive, identifying improvements in processes.

\textbf{18.} Business plan project 12 relates to the creation of a regular feedback process for fitness to practise cases. A feedback survey has been designed for registrants, complainants and witnesses. Shortly after the conclusion of a case, parties will be written to seeking their views on a range of areas such as the quality of information given about the process, timeliness of case progression, frequency of updates and the quality of customer service and support. Statistical and thematic information will be received by the senior team quarterly. Collection of feedback will begin from 1 July 2021.

\textsuperscript{14} Only one other interim suspension hearing has taken place in 2021 and due to an adjournment request, the time taken to hearing was longer than would usually be tolerated. The small volume of data is adversely affecting the median.
\textsuperscript{15} Annex A – item 19
\textsuperscript{16} Annex A – item 23 and 24
\textsuperscript{17} Annex A – item 29
\textsuperscript{18} Annex A – item 25
Part B: Appointment of an overall Chair of the Professional Conduct Committee and Health Committee

19. At its March 2021 meeting, Council was informed that the overall Chair of the Professional Conduct Committee (PCC) and Health Committee (HC) had sadly passed away.

20. The training and onboarding of new regulatory committee members (approved by Council in March 2021) is progressing but we identified an urgent need for the role to be filled to lead this work and in supporting the Committee during the transition from settled to new membership.

21. The Director of Fitness to Practise and Chief Executive and Registrar led an exercise to identify an experienced Chair with sufficiency of term remaining. Further to expression of interest, and interview, Helen Potts demonstrated she more than meets the requirements and expectations of the role and also confirmed she is enthusiastic and comfortable taking on the challenge.

22. Helen’s final term runs until 30 November 2022. In accordance with Rule 8(4) and 10(4) of The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order for Council 2009 (as amended) her appointment to overall Chair of the PCC and HC can only run until that date (or as long as her substantive membership on the Committee continues).

23. Under The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009 (as amended), Rule 8(2) and 10(2), Council is asked to approve the appointment of Helen Potts as overall Chair of the PCC and HC until 30 November 2022. If approved, her appointment will commence from 18 June 2021.

Eleanor Poole
Director of Fitness to Practise
1. Total number of open enquiries
   6

2. Median age of open enquiries
   13 weeks
   Target = <12 weeks

3. Total number of enquiries opened in last quarter
   15

4. Total number of open enquiries

5. Categories of enquiries opened in last quarter

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside of remit</td>
<td>0</td>
</tr>
<tr>
<td>No consent</td>
<td>1</td>
</tr>
<tr>
<td>Wants to be anonymous</td>
<td>0</td>
</tr>
<tr>
<td>No consent and wants to be anonymous</td>
<td>1</td>
</tr>
<tr>
<td>General enquiry</td>
<td>5</td>
</tr>
<tr>
<td>Unclear if it is a complaint</td>
<td>6</td>
</tr>
<tr>
<td>Chiropractor unknown</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

6. Total number of enquiries closed/promoted in last quarter
   38

7. Median time taken to close/promote enquiries in last quarter
   7 weeks
   Target = <12 weeks
8. New complaints received per month

9. Average new referrals per month over last 12 months
7

10. Average new referrals per month over last 5 years
6

11. Complaints currently open
69 (0% vs May 2020)

12. Risk rating of open complaints

13. Median time cases have been open for
33 weeks

Target = <20 weeks

(+6 weeks vs Feb 2021)
14. Number of complaints closed by the Investigating Committee in 2021

39  (+18% vs Year previous)

15. Median time taken to close cases in last 12 months

27 weeks  
Target = <28 weeks

16. Number of cases not closed within target timeframe in last quarter (Mar-May)*

(+5 cases vs Feb 2021)  
12

Number of cases not closed within target that are categorised as severe or high risk

(+5 cases vs Feb 2021)  
8

*based on promoted date

17. Decisions of the IC in 2021

- PCC, 4
- No case to answer, 35

18. Interim Suspension hearing decisions in 2021

1 (0 suspended)

Median time from date complaint received to hearing = 16 weeks
Median time from date enough information received to hearing = 5 weeks
Cases referred for hearing

### 19. Cases awaiting a PCC hearing

<table>
<thead>
<tr>
<th>Case</th>
<th>Date referred from IC</th>
<th>Date listed for hearing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>20/08/2019</td>
<td>15/03/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 2</td>
<td>28/01/2020</td>
<td>05/05/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 3</td>
<td>20/03/2020</td>
<td>19/04/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 4</td>
<td>02/04/2020</td>
<td>08/09/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 5</td>
<td>21/05/2020</td>
<td>07/01/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 6</td>
<td>21/09/2020</td>
<td>21/06/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 7</td>
<td>14/12/2020</td>
<td>08/11/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 8</td>
<td>16/02/2021</td>
<td>06/12/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 9</td>
<td>16/02/2021</td>
<td>11/10/2021</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 10</td>
<td>18/05/2021</td>
<td>Not listed</td>
<td>Part heard</td>
</tr>
<tr>
<td>Case 11</td>
<td>18/05/2021</td>
<td>Not listed</td>
<td>Part heard</td>
</tr>
</tbody>
</table>

### 20. Target

All cases to be listed for a hearing within 9 months of being referred by IC

⚠️ Target not met

### 21. Recent hearings activity

- **Number of PCC hearings held in last quarter**: 5
- **Number of hearings concluded in last quarter**: 2
- **Number of adjournments/case going part heard in last quarter**: 3

### 22. Decisions of the PCC in 2021

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Struck off</td>
<td>0</td>
</tr>
<tr>
<td>Suspended</td>
<td>1</td>
</tr>
<tr>
<td>Conditions of Practice</td>
<td>0</td>
</tr>
<tr>
<td>Admonishment</td>
<td>1</td>
</tr>
<tr>
<td>No UPC</td>
<td>2</td>
</tr>
<tr>
<td>No Evidence Offered</td>
<td>0</td>
</tr>
</tbody>
</table>
23. Total number of current Section 32 complaints
   8  (-77% vs May 2020)

24. Total number of current Section 32 individuals being investigated
   8

25. Number of open complaints received before 1 Jan 2019 (‘backlog’)
   1

26. Number of open complaints received after 1 Jan 2019
   7

27. Median time taken to close cases in 2021
   72 weeks

   Target = <16 weeks (discounting ‘backlog’ cases)

28. Open cases at the start of the month

29. Complaints closed in 2021
   9

30. Total number of current Section 32 complaints
   8

Section 32 complaints (illegal use of title ‘chiropractor’ etc.)
Finance Update – Management Accounts to May 2021

Meeting paper for Council on 17 June 2021

Agenda Item: 6

Purpose

This paper presents the management accounts report for the period to 31 May 2021.

The results for the period (before investment gains) show a surplus of £48k compared to the budgeted deficit of £27k for the same period. The reasons for the variances are outlined in the report.

Recommendations

The Council is asked to note this report.

Introduction

1. The management accounts pack is comprised of the:

   • Income and expenditure accounts for the period to 31 May 2021;
   • Balance sheet as of 31 May 2021; and
   • Recommendations.
Income and expenditure accounts for the period to 31 May 2021

Summary

2. The surplus for the period is £48k (column A of the table below), compared to the budgeted deficit of £27k (column B) for the period under review.

3. The variance between the actual and budgeted income and expenditure is shown in column C. There is a positive income and expenditure variance of £7k and £67k, respectively, in the period. The reasons for the variance are provided from paragraph 9 of this report.

4. The gross budgeted deficit for the year is £145k (column D). However, after allowing for the expenditure of £10k, which is to be funded from the Department of Health (DH) restricted fund (on the balance sheet) for the development of a risk proportionate system of continuous Fitness to Practise (revalidation) for chiropractors, the net/underlying budgeted deficit is £135k.

5. By the end of this financial year, the gross forecast deficit is £129k (column E); the net deficit is expected to be £117k after accounting for the £12k that is expected to be spent from the DH restricted reserve.

<table>
<thead>
<tr>
<th></th>
<th>£'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>YTD Actual</td>
</tr>
<tr>
<td>Income</td>
<td>£1,154</td>
</tr>
<tr>
<td>Expenditure</td>
<td>£1,106</td>
</tr>
<tr>
<td>Surplus /(Deficit)</td>
<td>£48</td>
</tr>
</tbody>
</table>

Year-To-Date (YTD) variance analysis threshold policy

6. From January of this year, the Audit and Risk Committee (ARC) agreed to implement a £10k variance analysis threshold policy. This means that a detailed commentary will be provided on each income and departmental expenditure budget line which has a positive or adverse cumulative variance of £10k or more.

7. Other budget lines in the management accounts below the variance analysis threshold are to be, on a risk and materiality basis, noted and considered as immaterial for control and monitoring purposes – but may be commented on as necessary.
8. Based on the variance analysis threshold, the following comments are provided on the income and expenditure variances in the period under review.

YTD income variance – overall actual income is more than budget £7k

9. The breakdown of the total income variance is shown in the Report by Income & Cost Centre section of this report.

10. The total income received in the period is more than budget by £7k from the following sources:

   a) Registration fee income of £5k – this is due to more income being received from retention-practising registrants than had been budgeted for in the period.
   b) Test of Competence (TOC) income of £2k – this is because fees for the test were received from 11 applicants compared to the 10 that were budgeted for.

YTD expenditure variance – total actual spend is under budget by £67k

11. The breakdown of the total expenditure variance is shown in the Report by Income & Cost Centre section of this report.

12. The total budgeted expenditure is under-spent in the period by £67k.

13. Applying the variance analysis threshold policy, the following cost centres (from the Report by Income & Cost Centre section of the report) have been over-spent by £10k or more in the period.

   a) Governance cost centre – under spent by £13k: This represents a saving which arises from the vacancies carried on Council (i.e., current members are 10 but the budget was for 14); and the reduced costs of governance meetings due to remote meetings being held (though face-to-face meetings were prudently planned for).

   b) Investigations cost centre – over-spent by £18k: The over-spend of this budget is caused by the unavoidable hiring of two temporary staff who were required during the period within the Fitness to Practise team. One of the temporary staff provided support during a period of staff absence. The other collated the detailed information for subject access requests from two registrants.
Both temporary staff engagements ended on 4 and 7 May 2021. The Executive have adjusted for this cost in the forecast income statement for the period June – December ’21.

c) **Professional Conduct Committee (PCC) cost centre – under-spent by £13k:** This is because the amounts budgeted for venue hire, accommodation and travel (for the Scholten hearing) were not spent in the period.

d) **Interim Suspension Hearings (ISH) cost centre – under-spent by £10k:** There were two days of hearing held in the months of January – May of this year (budgeted for five hearing days in the period). Hence, the reduced expenditure on legal fees and allowances. The costs are driven by the level of caseload and actual work done.

14. The remaining expenditure budget lines which have been under-spent by less than £10k in the period are as follows:

a) **CER, Technology, Human Resources and Property budget lines** – The under-spend of these budget lines represent a saving of £19k in the period. This is made up as follows: CER, £6k; Technology, £2k; HR, £7k and Property, £4k.

   The saving arises from the CER’s external events, Technology and HR costs which were not incurred in the period; and the saving in office/property costs due to remote working.

b) **Corporate Services cost centre** – The over-spend of this cost centre’s budget by £9k is made up of the investment management fees for the five months of this financial year. The fees, which are usually accounted for in month 12, were not allowed for in the initial budget. However, these have now been adjusted for in the forecast income statement for the period June – December ’21.

c) **Investigating Committee, Protection of Title and Development cost centres** – the under-spend of these budgets are mainly due to the timing of planned expenditures.
**Balance sheet as at 31 May 2021**

15. A summary of the GCC’s assets, liabilities and reserves is presented on the *GCC Balance Sheet* page of this report.

**Investments performance as of 31 May 2021**

16. The value of the investments increased by £11k from £4.591m in April 2021 to £4.602m as of 31 May 2021.

17. The unrealised investment gains (i.e., paper gains) in the period is £183k (April 2021: paper gains of £172k).

**Working capital**

18. The current ratio shows that the GCC has £0.39 (April ‘21: £0.47) available to settle every £1 owed to its short-term suppliers/creditors. The ratio is below the standard level of at least £1/£1, and this is largely due to the 2021 registrant fees which were received in advance in the prior year.

19. The relatively low current ratio is not considered to be a material solvency issue; only technical. This is because the amounts deferred from last year into this year’s accounts will be fully released into the income and expenditure accounts by the end of this financial year.

**Total net assets**

20. The total net assets of £3.442m are represented by the general and designated reserves (December 2020: £3.211m).

**Implications**

21. The non-achievement of the forecast deficit of £117k for 2021 may impact negatively on the realisation of the Council’s sustainability plan which is aimed to be achieved by December 2023 at the latest.
Risks

22. Due to potential resource constraints, the risk of failing to deliver the 2021 business plan (BP) projects, as allowed for in the 2021 budget, is currently assessed to be moderate/medium. The risk rating and strategy for mitigating this risk are outlined in the table below.

<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk score</th>
<th>Risk rating</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to deliver the BP 2021 projects</td>
<td>3</td>
<td>3</td>
<td>12</td>
<td></td>
<td>This risk is regularly managed by members of the Business Plan (BP) Steering Group and the Executive.</td>
</tr>
</tbody>
</table>
<pre><code>                                                             |            |         |            |             | Currently, all projects in the 2021 BP are planned to commence before the close of Q3 of this year. |
</code></pre>

Joe Omorodion

Director of Corporate Services
### General Chiropractic Council
### May 2021 Management Accounts

#### Overview - Income and Expenditure Accounts

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Actual £</th>
<th>Budget £</th>
<th>Variance £</th>
<th>Var %</th>
<th>Year-To-Date (YTD)</th>
<th>Actual £</th>
<th>Budget £</th>
<th>Variance £</th>
<th>Var %</th>
<th>Full Year</th>
<th>Budget '21</th>
<th>Forecast '21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrant fees</td>
<td>215,488</td>
<td>210,674</td>
<td>4,814</td>
<td>0</td>
<td>1,078,888</td>
<td>1,074,171</td>
<td>4,717</td>
<td>0%</td>
<td>2,595,342</td>
<td>2,594,807</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
<td>50,000</td>
<td>50,000</td>
<td>0</td>
<td>0%</td>
<td>120,000</td>
<td>120,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test of Competence (ToC)</td>
<td>4,000</td>
<td>4,000</td>
<td>0</td>
<td>0</td>
<td>22,000</td>
<td>20,000</td>
<td>2,000</td>
<td>10%</td>
<td>48,000</td>
<td>52,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Income</td>
<td>543</td>
<td>509</td>
<td>34</td>
<td>0</td>
<td>3,150</td>
<td>2,545</td>
<td>605</td>
<td>24%</td>
<td>6,109</td>
<td>6,714</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>230,030</strong></td>
<td><strong>225,183</strong></td>
<td><strong>4,847</strong></td>
<td></td>
<td><strong>1,154,037</strong></td>
<td><strong>1,146,716</strong></td>
<td><strong>7,321</strong></td>
<td></td>
<td><strong>2,769,451</strong></td>
<td><strong>2,773,521</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| EXPENDITURE | | | | | | | | | | | | | | |
| Governance costs¹ | 7,661 | 10,456 | 2,795 | 0 | 43,277 | 56,644 | 13,367 | 24% | 139,216 | 105,824 |
| Shared Central costs² | 67,066 | 73,131 | 6,065 | 0 | 341,659 | 352,190 | 10,531 | 3% | 892,200 | 894,106 |
| Fitness to Practise (FtP)³ | 100,184 | 111,899 | 11,715 | 0 | 557,442 | 578,251 | 20,809 | 4% | 1,338,668 | 1,354,450 |
| Development costs⁴ | 29,767 | 29,844 | 77 | 0 | 163,638 | 186,219 | 22,581 | 12% | 544,388 | 547,838 |
| **TOTAL EXPENDITURE** | **204,678** | **225,330** | **20,652** | | **1,106,016** | **1,173,304** | **67,288** | | **2,914,472** | **2,902,218** |

| OPERATING SURPLUS / (DEFICIT) | | | | | | | | | | | | | | |
| | 25,353 | -147 | 25,500 | | | | | | | | | | |
| Percentage | 11% | 0% | 11% | | | | | | | | | | |

| GAINS/LOSSES ON INVESTMENTS | | | | | | | | | | | | | | |
| | 183,462 | | | | | | | | | | | | |

| SURPLUS / (DEFICIT) BEFORE TAXATION | | | | | | | | | | | | | | |
| | 208,815 | | | | | | | | | | | | |

<table>
<thead>
<tr>
<th>Full Year</th>
<th>Budget '21</th>
<th>Forecast '21</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAINS/LOSSES ON INVESTMENTS</td>
<td>183,462</td>
<td></td>
</tr>
<tr>
<td>OPERATING SURPLUS / (DEFICIT)</td>
<td>25,353</td>
<td>-147</td>
</tr>
<tr>
<td>Percentage</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>SURPLUS / (DEFICIT) BEFORE TAXATION</td>
<td>208,815</td>
<td></td>
</tr>
</tbody>
</table>

### Notes
1. Council, ARC and RemCo
2. CER, Technology, HR, Finance and Property
3. Investigations, IC, PCC, ISH and Protection of Title
4. Policy, Education, Registration, QA, ToC, Communications, Education Committee
<table>
<thead>
<tr>
<th>General Chiropractic Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2021 Management Accounts</td>
</tr>
<tr>
<td>Report by Income &amp; Cost Centre</td>
</tr>
</tbody>
</table>

### Detailed Income Statement

<table>
<thead>
<tr>
<th>Dept</th>
<th>May 2021</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Budget</th>
<th>Full Year Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Regn Fees - Practising</td>
<td>6,625</td>
<td>5,750</td>
<td>875</td>
<td>0</td>
</tr>
<tr>
<td>Initial Regn Fees - Non-practising</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Retention Fee- Practising</td>
<td>203,133</td>
<td>201,765</td>
<td>1,368</td>
<td>0</td>
</tr>
<tr>
<td>Retention Fee- Non Practising</td>
<td>2,042</td>
<td>1,842</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>Non- Practising to Practising</td>
<td>1,600</td>
<td>1,117</td>
<td>483</td>
<td>0</td>
</tr>
<tr>
<td>Restorations</td>
<td>14,188</td>
<td>12,700</td>
<td>1,488</td>
<td>0</td>
</tr>
<tr>
<td>Total Registrant Fees</td>
<td>215,488</td>
<td>210,674</td>
<td>4,814</td>
<td>0</td>
</tr>
<tr>
<td><strong>To Income</strong></td>
<td>74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>10,000</td>
<td>10,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>543</td>
<td>509</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Total Investments &amp; Other</td>
<td>14,543</td>
<td>14,509</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>230,030</td>
<td>225,183</td>
<td>4,847</td>
<td>0</td>
</tr>
</tbody>
</table>

### Governance costs

<table>
<thead>
<tr>
<th>Dept</th>
<th>May 2021</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Budget</th>
<th>Full Year Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Council</td>
<td>7,661</td>
<td>10,456</td>
<td>2,795</td>
<td>0</td>
</tr>
<tr>
<td>Audit &amp; Risk Committee</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Governance</td>
<td>7,661</td>
<td>10,456</td>
<td>2,795</td>
<td>0</td>
</tr>
</tbody>
</table>

### CER Office costs

<table>
<thead>
<tr>
<th>Dept</th>
<th>May 2021</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Budget</th>
<th>Full Year Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>CER’S Office</td>
<td>12,968</td>
<td>14,492</td>
<td>1,524</td>
<td>0</td>
</tr>
<tr>
<td>Technology</td>
<td>11,187</td>
<td>7,770</td>
<td>-3,417</td>
<td>-4</td>
</tr>
<tr>
<td>Human Resources</td>
<td>823</td>
<td>25,000</td>
<td>24,177</td>
<td>99%</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>23,038</td>
<td>22,330</td>
<td>-708</td>
<td>-3%</td>
</tr>
<tr>
<td>Property</td>
<td>19,049</td>
<td>19,959</td>
<td>910</td>
<td>0</td>
</tr>
<tr>
<td>Total Shared Central Costs</td>
<td>67,066</td>
<td>73,131</td>
<td>6,065</td>
<td>8%</td>
</tr>
</tbody>
</table>

### Shared Central costs

<table>
<thead>
<tr>
<th>Dept</th>
<th>May 2021</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Budget</th>
<th>Full Year Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Investigations</td>
<td>30,310</td>
<td>36,392</td>
<td>6,082</td>
<td>0</td>
</tr>
<tr>
<td>Investigating Committee</td>
<td>17,640</td>
<td>16,451</td>
<td>-189</td>
<td>-1%</td>
</tr>
<tr>
<td>Professional Conduct Committee</td>
<td>49,179</td>
<td>53,682</td>
<td>4,503</td>
<td>0</td>
</tr>
<tr>
<td>Interim Suspension Hearings</td>
<td>3,055</td>
<td>3,144</td>
<td>89</td>
<td>3%</td>
</tr>
<tr>
<td>Protection of Title</td>
<td>0</td>
<td>2,230</td>
<td>2,230</td>
<td>-100%</td>
</tr>
<tr>
<td>Total FIP</td>
<td>100,184</td>
<td>111,899</td>
<td>11,715</td>
<td>10%</td>
</tr>
</tbody>
</table>

### Fitness to Practise costs (FtP)

<table>
<thead>
<tr>
<th>Dept</th>
<th>May 2021</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Budget</th>
<th>Full Year Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Policy team</td>
<td>24,557</td>
<td>22,619</td>
<td>-1,938</td>
<td>-8%</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>0</td>
<td>390</td>
<td>390</td>
<td>-100%</td>
</tr>
<tr>
<td>Test of Competence</td>
<td>4,173</td>
<td>4,631</td>
<td>458</td>
<td>11%</td>
</tr>
<tr>
<td>Communications</td>
<td>588</td>
<td>2,204</td>
<td>1,616</td>
<td>72%</td>
</tr>
<tr>
<td>Education Committee</td>
<td>450</td>
<td>-450</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Total Education &amp; Regulation</td>
<td>29,767</td>
<td>29,844</td>
<td>77</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

### Development

<table>
<thead>
<tr>
<th>Dept</th>
<th>May 2021</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Budget</th>
<th>Full Year Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
<td>Variance</td>
<td>Var %</td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL OPERATING COSTS</td>
<td>204,678</td>
<td>225,330</td>
<td>20,652</td>
<td>0</td>
</tr>
<tr>
<td>OPERATING SURPLUS / (DEFICIT)</td>
<td>25,353</td>
<td>-147</td>
<td>25,500</td>
<td>0</td>
</tr>
<tr>
<td>Percentage</td>
<td>21%</td>
<td>0%</td>
<td>-11%</td>
<td>-8%</td>
</tr>
<tr>
<td>GAINS/LOSSES ON INVESTMENTS</td>
<td>183,462</td>
<td>0</td>
<td>183,462</td>
<td>0</td>
</tr>
<tr>
<td>SURPLUS / (DEFICIT) BEFORE TAXATION</td>
<td>208,815</td>
<td>231,484</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
## GCC Balance Sheet
### As at 31 May 2021

<table>
<thead>
<tr>
<th>Fixed Assets</th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible Assets</td>
<td>83</td>
<td>48</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>4,430,553</td>
<td>4,602,329</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,430,636</td>
<td>4,602,377</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Assets

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debtors</td>
<td>76,266</td>
<td>-235,117</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank</td>
<td>1,718,433</td>
<td>897,640</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,794,699</td>
<td>662,523</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMRC and pensions</td>
<td>44,293</td>
<td>46,778</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments in advance</td>
<td>2,495,450</td>
<td>1,455,563</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade creditors</td>
<td>178,550</td>
<td>125,051</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate tax</td>
<td>13,010</td>
<td>13,010</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other creditors</td>
<td>163,812</td>
<td>62,794</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,895,115</td>
<td>1,703,196</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Current Assets less Current Liabilities:

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>-1,100,417</td>
<td>-1,040,673</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Assets less Current Liabilities:

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>3,330,220</td>
<td>3,561,704</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Long Term Liabilities

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>119,553</td>
<td>119,553</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Assets less Total Liabilities:

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>3,210,667</td>
<td>3,442,151</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Funds of The Council

<table>
<thead>
<tr>
<th></th>
<th>Balance Brought Forward</th>
<th>£</th>
<th>£</th>
<th>As at 31st 'May 2021</th>
<th>£</th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves</td>
<td>3,210,665</td>
<td>3,210,665</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P &amp; L Account</td>
<td>2</td>
<td>231,486</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,210,667</td>
<td>3,442,151</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Business Plan 2021 Performance Update

Meeting paper for Council on 17 June 2021

Agenda Item: 7

Purpose
The paper provides an update on our performance against the 2021 Business Plan.

Recommendations
The Council is asked to note the report.

Background

1. The 2021 Business Plan was agreed by Council in December 2020 and is the third year of the five-year strategy 2019-2023. The delivery of the business plan is reported at each meeting of the Council.

Summary

2. This is the second report to Council on the 2021 business plan. Key information on the progress being made is displayed in the dashboard in Annex A. In summary, out of 17 projects in this year's business plan:

   - One project has been completed
   - Twelve projects are currently active
   - One project is due to start in Q3
   - Starting date of three projects depends on external factors

3. A more detailed update on each of the projects is provided in Annex B.
Completed project

4. FTP (Ref 12) Improve our processes around obtaining feedback from individuals involved in the FTP process. A process has been put in place to seek feedback from those participating in our complaints process at the conclusion of a case. As part of this process, a survey has been designed to receive feedback from registrants, complainants and witnesses. Feedback collection will start in July 2021 and the data will be statistically and thematically analysed one a quarter.

Active projects

- (Ref 1) Develop a digital toolkit to assist chiropractors to reflect on their own website and web material
- (Ref 2) Develop a digital toolkit to support chiropractors with their communication with patients/public.
- (Ref 3) Produce engaging, supporting information for patients/public and a dedicated area on our website
- (Ref 5) Determine the need for changes to our Education Standards and Quality Assurance processes by carrying out a scoping review
- (Ref 6) Embed best practice in imaging and incident reporting to ensure safer care
- (Ref 7) Complete research started in 2020 to survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice
- (Ref 10) Continue to streamline our processes and make relevant operational changes within FTP within the remit of our current legislative framework
- (Ref 11) Consider our expert witness arrangements
- (Ref 13) Review our Equality & Diversity policy and engage with the profession on equality and diversity to ensure we are an inclusive regulator
- (Ref 14) Seek operating efficiencies to achieve maximum value
- (Ref 15) Review IT support contract arrangements
- (Ref 16) Review our IT document management arrangements

Projects yet to start

- (Ref 4) Respond to potential legislative changes relating to Education and Registrations including CPD, emerging from DHSC’s regulatory reform agenda
- (Ref 9) Respond to potential legislative changes relating to FTP and Governance emerging from the Department of Health and Social Care’s regulatory reform agenda
- (Ref 8) Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways
- (Ref 17) Review our physical documentation in the office and external archive

Impact measurement
5. The way we will measure impact will vary depending on the nature of project. That means reporting on the impact of particular 2021 business plan projects will not be possible before September 2021.

6. We have also considered impact measurement of some of the projects delivered within the 2020 business plan. These include Public perception research published in March 2021 and Registrants Survey 2020 results published in April 2021. The research was made available through our digital communication platforms, including newsletter and website. The digital statistics (below) provide an insight into the level of readership and will form part of the wider long-term impact assessment.

<table>
<thead>
<tr>
<th>Digital statistics as of 25/05/21</th>
<th>Public Perception (published on 05/03/21)</th>
<th>Registrants Survey (published on 08/04/21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>News article views</td>
<td>86</td>
<td>71</td>
</tr>
<tr>
<td>Newsletter click-throughs</td>
<td>117</td>
<td>68</td>
</tr>
<tr>
<td>PDF openings</td>
<td>125</td>
<td>26</td>
</tr>
</tbody>
</table>

**Implications**

7. The business plan relates directly to the five-year strategy. There are no legal, equality or communications implications arising from this paper.

**Zuzanna Baranowska**

**Project and Information Officer**
Annex A: Business Plan Dashboard, June 2021
This dashboard presents BP 2021 projects' progress, priority level, external impact and risk of not delivering in the current financial year. The order in which the projects are listed is according to their progress. In the chart below we present the allocated expenditure by quarter.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project</th>
<th>Aim</th>
<th>Status</th>
<th>Priority level*</th>
<th>External impact</th>
<th>Risk of not delivering in 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>FTP feedback</td>
<td>Investigate</td>
<td>Completed</td>
<td>2</td>
<td>Moderate</td>
<td>Delivered</td>
</tr>
<tr>
<td>1</td>
<td>Digital toolkit - websites/advertising</td>
<td>Standards</td>
<td>In progress</td>
<td>1</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>2</td>
<td>Digital toolkit for registrants— comm with patients</td>
<td>Standards</td>
<td>In progress</td>
<td>2</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>3</td>
<td>Patients/Public area of website</td>
<td>Standards</td>
<td>In progress</td>
<td>2</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td>5</td>
<td>Education Standards scoping review</td>
<td>Standards</td>
<td>In progress</td>
<td>1</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td>6</td>
<td>Imaging and incident reporting</td>
<td>Development</td>
<td>In progress</td>
<td>1</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>7</td>
<td>Research - existing chiro patients</td>
<td>Development</td>
<td>In progress</td>
<td>1</td>
<td>High</td>
<td>n/a (2022)</td>
</tr>
<tr>
<td>10</td>
<td>Streamline FTP</td>
<td>Investigate</td>
<td>In progress</td>
<td>2</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>11</td>
<td>Expert witnesses</td>
<td>Investigate</td>
<td>In progress</td>
<td>1</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td>13</td>
<td>EDI</td>
<td>Deliver value</td>
<td>In progress</td>
<td>1</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>14</td>
<td>Operating efficiencies</td>
<td>Deliver value</td>
<td>In progress</td>
<td>1</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>15</td>
<td>Review IT contract</td>
<td>Deliver value</td>
<td>In progress</td>
<td>2</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>16</td>
<td>Review IT doc management</td>
<td>Deliver value</td>
<td>In progress</td>
<td>2</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>4</td>
<td>Regulatory reform - Ed &amp; Reg</td>
<td>Standards</td>
<td>Start date depends on DHSC</td>
<td>1</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>9</td>
<td>Regulatory reform - FTP</td>
<td>Investigate</td>
<td>Start date depends on DHSC</td>
<td>1</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>8</td>
<td>Career pathways</td>
<td>Development</td>
<td>Start date tbc</td>
<td>2</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>17</td>
<td>Physical storage archive</td>
<td>Deliver value</td>
<td>Due to start in Q3</td>
<td>2</td>
<td>Low</td>
<td>Medium</td>
</tr>
</tbody>
</table>

*Priority level: 1 (highest priority) and 2 (medium)
Annex B: Business plan status table, June 2021

The table below presents progress of the projects/activities in more detail.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Activity</th>
<th>Lead</th>
<th>Start date</th>
<th>Delivery date</th>
<th>Status/progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Improve our processes around obtaining feedback from individuals involved in the FTP process</td>
<td>FTP</td>
<td>Q1</td>
<td>Q2</td>
<td>Completed The purpose of the project was to implement regular feedback gathering at case closure. A survey has been designed that will be sent to complainants/witnesses and registrants at the completion of the case. This activity will start in July 2021.</td>
</tr>
<tr>
<td>1</td>
<td>Develop a digital toolkit to assist chiropractors to reflect on their own website and web material</td>
<td>Development</td>
<td>Q2</td>
<td>Q3</td>
<td>In progress Drafting the proposition on how this is going to look like on the website. Also drafting the revised advertising guidance and social media guidance.</td>
</tr>
<tr>
<td>2</td>
<td>Develop a digital toolkit to support chiropractors with their communication with patients/public.</td>
<td>Development</td>
<td>Q1</td>
<td>Q3</td>
<td>In progress Linked to research on public perceptions. Projects 2 &amp; 3 are linked, and resources are to be co-produced with patients and registrants. Patient online forum ran in April and Registrant forum w/c 24 May. A lot of registrants volunteered. Feedback will be analysed and the development of resources planned.</td>
</tr>
<tr>
<td>3</td>
<td>Produce engaging, supporting information for patients/public and a dedicated area on our website</td>
<td>Development</td>
<td>Q1</td>
<td>Q3</td>
<td>In progress Optima is restructuring the website – page for patients and sections for resources for registrants.</td>
</tr>
<tr>
<td>5</td>
<td>Determine the need for changes to our Education Standards and Quality Assurance processes by carrying out a scoping review</td>
<td>Development</td>
<td>Q2</td>
<td>Q4</td>
<td>In progress Steering group of Education Committee members in place. The group met on 17/05. Gay Swait has been engaged as a researcher/consultant.</td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Category</td>
<td>Year 1</td>
<td>Year 2</td>
<td>Status</td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------</td>
<td>----------</td>
<td>--------</td>
<td>--------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>6</td>
<td>Embed best practice in imaging and incident reporting to ensure safer care</td>
<td>Development</td>
<td>2020</td>
<td>Q3</td>
<td><strong>In progress</strong> Follow-up work on first aid CPD returns underway. Imaging review somewhat delayed. Expert reference group meeting took place on 19/03/2021 - draft of new paper for consultation practically complete.</td>
</tr>
<tr>
<td>7</td>
<td>Complete research started in 2020 to survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice</td>
<td>Development</td>
<td>2020</td>
<td>Q1 2022</td>
<td><strong>In progress</strong> Phase 1 completed. To be published in June.</td>
</tr>
<tr>
<td>10</td>
<td>Continue to streamline our processes and make relevant operational changes within FTP within the remit of our current legislative framework</td>
<td>FTP</td>
<td>Q1</td>
<td>Q4</td>
<td><strong>In progress</strong> Quarterly workshops with defence bodies taking place. Various improvement initiatives being brought to each meeting. Will continue throughout the year.</td>
</tr>
<tr>
<td>11</td>
<td>Consider our expert witness arrangements</td>
<td>FTP</td>
<td>Q1</td>
<td>Q4</td>
<td><strong>In progress</strong> Individuals going through training. Collecting names and details. Liaising with the defence. Roadmap for milestones discussed at the defence meeting on Friday 21 May.</td>
</tr>
<tr>
<td>13</td>
<td>Review our Equality &amp; Diversity policy and engage with the profession on equality and diversity to ensure we are an inclusive regulator</td>
<td>Cross functional</td>
<td>Q1</td>
<td>Q3</td>
<td><strong>In progress</strong> EDI report delivered as part of registrant survey 2020. EDI monitoring routinely part of internal and external recruitment. EIAs now carried out. EDI blogs published following on from EDI registrant workshops. EDI policy draft is on the website.</td>
</tr>
<tr>
<td>14</td>
<td>Seek operating efficiencies to achieve maximum value</td>
<td>Corporate</td>
<td>Q1</td>
<td>Q4</td>
<td><strong>In progress.</strong> When applicable.</td>
</tr>
<tr>
<td>15</td>
<td>Review IT support contract arrangements</td>
<td>Corporate</td>
<td>Q1</td>
<td>Q3</td>
<td><strong>Ongoing</strong> Executive reviews service contracts, including the IT contract, on an ongoing basis. A preliminary/desk review of the IT service contract will be undertaken in Q3 after the return to the office.</td>
</tr>
<tr>
<td>No.</td>
<td>Task Description</td>
<td>Department</td>
<td>Q2</td>
<td>Q4</td>
<td>Status</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
<td>----</td>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>16</td>
<td>Review our IT document management arrangements</td>
<td>Corporate</td>
<td>Q2</td>
<td>Q4</td>
<td>In progress. Currently scoping file structures and preferred IT solution.</td>
</tr>
<tr>
<td>4</td>
<td>Respond to potential legislative changes relating to Education and Registrations including CPD, emerging from DHSC’s regulatory reform agenda</td>
<td>Development</td>
<td>Timetable depends on DHSC</td>
<td>Timetable depends on DHSC</td>
<td>Start date depends on DHSC. Policy instructions are already well underway. The project to work on drafting/review and changes to our specific legislation cannot commence until a timetable for enacting the changes is communicated. The timetable is entirely dictated by DHSC and is likely to be delayed.</td>
</tr>
<tr>
<td>9</td>
<td>Respond to potential legislative changes relating to FTP and Governance emerging from the Department of Health and Social Care’s regulatory reform agenda</td>
<td>FTP</td>
<td></td>
<td></td>
<td>Start date depends on when it will be possible to film registrants.</td>
</tr>
<tr>
<td>8</td>
<td>Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways</td>
<td>Development</td>
<td>Tbc</td>
<td>Tbc</td>
<td>Due to start in Q3, after the return to the office. Finalising retention policy and then stored documentation can be scanned or disposed of accordingly. ‘Temporary’ support will be identified by July 2021.</td>
</tr>
<tr>
<td>17</td>
<td>Review our physical documentation in the office and external archive</td>
<td>Corporate</td>
<td>Q3</td>
<td>Q4</td>
<td></td>
</tr>
</tbody>
</table>
Review of GCC Strategy 2022-2025

Meeting paper for Council on 17 June 2021
Agenda Item: 8

Purpose

This paper proposes a final draft GCC Strategy for 2022-2025, further to discussion and agreement at previous meetings of Council, for approval.

Recommendations

Council is asked to agree that the plan is a firm basis for consultation with stakeholders.

Background

1. We considered our environmental context and initial propositions for the focus of strategic priorities for the GCC from 2022 at the meeting of Council in March 2021. At an additional meeting of the Council in May 2021, those were refined as follows:

   a. **Promoting excellence and professionalism in care**: A focus on actions to prevent the necessity of taking enforcement activity; directing more of our resources upstream - concentrating activity on establishing the right incentives and enhancing communication from learning and engagement with the profession

   b. **Placing patients and their expectations of care at the centre of all our work**: Seeking the views and experiences of patients when taking decisions. We will make sure our efforts are focussed on issues of genuine concern to patients, seeking meaningful patient input, maximising the opportunities
patients and the public have to share their views. Central to this is work to enhance the safety of patients.

c. **Doing regulation well, cost effectively, continuously improving:** We will meet all of our core statutory objectives we have been given, ensuring that all the resources we need are used to the best effect. In doing so we will be open and transparent and treat all with respect and care. It is important that we are innovative and take opportunities to enhance our performance by embracing a culture of learning and improvement.

d. **Enhancing the nature and form of the regulation of the profession in the future:** Reform of professional health and care regulation is taking place. Decisions will be taken on the changes to be made, and to which regulatory bodies they will be applied. Our starting point is the value of regulation in ensuring the safety and quality of care on behalf of patients. The organisation and design of the regulatory system is for government. We can offer our expertise and experience – alongside those of the profession - to participate in and inform proposals for reform and improvement of the current system.

2. Furthermore, the plan was presented with much detail serving to illustrate how these priority areas would manifest in relation to activities. We were clear that the final version would have less detail but balanced with sufficient information, particularly in relation to the difference we wanted to see.

3. Additionally, Council made the following points for consideration in discussion.

   - Generally, the proposals were received positively
   - Ensuring the format of the final draft is sharp and clear, particularly as regards statutory objectives
   - Preference for regulatory, over enforcement, as terminology
   - In relation to consultation ensuring a process to obtain feedback from education providers and students
   - The risks of excluding registrants from objectives focusing on patients and the public
   - Being ready to implement rule changes if permitted, and also contributing to the independent review of the form of regulation – and seeing each as distinct.

**Proposal**

4. These points have been incorporated in the final draft as presented at Annex A – GCC Strategy 2022-2025.
5. We set out four key aims, supported by 12 objectives – and do so on a single page. In elaborating, we take each aim and set out the purpose (what we want to achieve) and then the rationale (why it is important that we do).

6. Finally, we set out the impact we want to see in meeting our objectives and therefore our aims.

**Next steps**

7. Subject to comments our intention is to consult stakeholders on the draft strategy. We see considerable merit in doing so, in relation to buy-in and developing specificity, particularly in relation to the activities to support the delivery of the objectives;

8. Our proposals for consulting are set out in Annex B.

9. The final strategy will be presented to Council at its meeting in September 2021, together with a business plan for 2022, for approval.

10. Council is asked to agree the draft strategy, and that it is a firm basis for consultation with stakeholders.

**Nick Jones**

**CER**
Annex A

GCC STRATEGY
2022-2025
Introduction

‘The General Chiropractic Council is the UK regulator for the chiropractic profession’

The General Chiropractic Council (GCC) is an independent statutory body established under the Chiropractors Act (1994). Its purpose is to regulate the chiropractic profession and protect the health and safety of the public by setting and maintaining the highest standards of practice.

The title of ‘chiropractor’ is protected by law. It is a criminal offence for anyone to describe themselves as a chiropractor without being registered with the General Chiropractic Council.

Before registration, the GCC checks to ensure all chiropractors, including those from outside the UK, are properly qualified and fit to practise. The Council also approves and monitors programmes offered by education providers responsible for the training of chiropractors in the UK.

Through all these activities, the GCC helps to support and raise public confidence in the profession and its place within the wider healthcare system.

Our Vision, Mission and Values

Vision
To be a respected regulator of a trusted profession

Mission
To enhance professionalism in chiropractic and promote high-quality care that the public can access safely and confidently by regulating effectively. Our priorities will be informed by the concerns of patients.

Values

**Togetherness:** Working as a team within the GCC and with others, appreciating diversity, listening effectively and supporting each other.

**Achievement:** Working hard toward a common goal, encouraging and supporting each other, fostering improvement and innovation and celebrating success.

**Accountability:** Taking responsibility, using resources wisely and setting clear attainable targets.

**Integrity:** Communicating openly and honestly, building mutual respect and trust, having an open mind to reflect and learn lessons.
STRATEGY 2022-2025

Development

In December 2018 the GCC strategy 2019-2023 was agreed. The first two years of delivery saw digital transformation to the GCC website and registrants’ portal. Changes were implemented in fitness to practise and CPD processes. The GCC also launched several new communication and engagement activities for stakeholders, aimed at positioning the regulator as part of the chiropractic system.

Following significant changes to the external healthcare landscape, including the impact of the Covid-19 pandemic, and more immediate prospects of regulatory reform, Council saw the need for the development of new strategic priorities.

The draft GCC Strategy 2022-2025 has four Aims:

One: Chiropractors

To promote chiropractic excellence, professionalism and value within the health and care system.

Two: Patients and public

To place patients and their expectations at the centre of all GCC work.

Three: The GCC

To regulate effectively, efficiently, innovatively and inclusively.

Four: The profession

To enhance the nature and form of regulation for the profession in the future.
Supporting Objectives

The Aims will be realised through implementing 12 objectives, delivered over the four-year span of the strategy. These will be detailed in annual business plans agreed by Council [usually in December of each year]:

One: Chiropractors

Our Aim: to promote chiropractic excellence, professionalism and value within the healthcare system will be achieved through the delivery of three objectives:

**ONE**
To identify, collect and analyse data and insights from regulatory and statutory activity.

**TWO**
To share learning through the gathering and dissemination of GCC internal data and public, patient and registrant research.

**THREE**
To work with educational providers and stakeholders to instil professionalism in registrants from the start to end of their careers.

Two: Patients and Public

Our Aim: to place patients and their expectations of care at the centre of all GCC work will be achieved through the delivery of three objectives:

**FOUR**
To gain a greater understanding of patients' needs and expectations so these can be reflected in the work of the GCC.

**FIVE**
To promote and enforce standards that take full account of patients' needs and legitimate expectations.

**SIX**
To enhance the information GCC provides to help patients make better informed judgements about their chiropractic care.

Three: The GCC

Our Aim: to regulate effectively, efficiently, innovatively and inclusively will be achieved through the delivery of three objectives:

**SEVEN**
To take right touch action on complaints, the misuse of title, or where registration standards, including CPD requirements, are not met.

**EIGHT**
To set and promote educational, professional and registration standards.

**NINE**
To be a sustainable and effective organisation committed to equality, diversity and fairness.

Four: The Profession

Our Aim: to enhance the nature and form of regulation for the profession in the future will be achieved through the delivery of three objectives:

**TEN**
To ‘shape the future’ of the profession by influencing the conclusions of the DHSC consultation and review of health and care regulation.

**ELEVEN**
To maximise knowledge sharing and expertise, drive efficiencies and seek opportunities to delegate and/or attain economies of scale.

**TWELVE**
To take forward the development of rules to be applied upon agreed legislative change.
The purpose and rationale of our **Aims** and **Objectives**

To promote chiropractic excellence, professionalism and value within the healthcare system. This aim will be achieved through the delivery of three objectives:

**ONE**
To identify, collect and analyse data and insights from regulatory and statutory activity.

**TWO**
To share learning through the gathering and dissemination of GCC internal data and public, patient and registrant research.

**THREE**
To work with educational providers and stakeholders to instil professionalism in registrants from start to end of their careers.

**Purpose of Aim**

For GCC to focus its resources towards preventative projects and actions, thereby reducing the level of its regulatory activities. The aim will be achieved by directing GCC resources upstream, most notably increased and enhanced communication and engagement with the profession.

Although GCC has made progress in this area, more can be done to shift the focus from short-term, case-by-case interventions to identifying and addressing systemic issues that may exist within the profession – for example around advertising, consent and communication. We will review the Code of Practice, Education standards and strengthening CPD.

**Rationale for Aim**

Professionalism encompasses a core set of qualities, skills, competences and behaviours that all health professionals are expected to uphold. This includes working to defined standards of performance, demonstrating evidence-based clinical reasoning and decision-making, managing sensitive information and considering complex ethical and moral issues.

Chiropractors can demonstrate professionalism by adhering to the GCC Code, working within their scope of practice and competence, maintaining and developing professional relationships and expertise and, most importantly, delivering safe, effective and compassionate care to their patients.

Upholding and maintaining professionalism is essential as serious failings in conduct or performance has the potential to undermine public confidence in the chiropractic profession. In turn, this affects the willingness of patients to seek chiropractic care and deters people from entering the profession.
Purpose of Aim

For GCC to ensure the views and experiences of patients are central to all regulatory decision-making processes and activities. Our focus will be on seeking meaningful patient input on issues of genuine concern to them, along with maximising opportunities for patients and the public to share their views, thereby improving the quality of care and enhancing the safety of patients. Patients expect that when things go wrong that these incidents are reported and lessons learnt, thereby reducing any potential reoccurrence.

Rationale for Aim

The safety of patients is central to the work of the GCC, determining all its actions and outcomes. The needs of patients shape the chiropractic profession, from undergraduate academic requirements to development and regulation of The Code. It is vital that the views and experiences of patients and the public are proactively sought and considered in all GCC decision-making activity.

Patients and the public offer real-life insight to the profession and an external perspective which the GCC and registrants lack. Without these, the GCC and profession cannot fully understand if their actions and activities meet the needs and expectations of the people that they are legally bound to protect.
To regulate effectively, efficiently, innovatively and inclusively. This Aim will be achieved through the delivery of three objectives:

<table>
<thead>
<tr>
<th>Three: The GCC</th>
<th>SEVEN</th>
<th>EIGHT</th>
<th>NINE</th>
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<tbody>
<tr>
<td>To take right touch action on complaints, the misuse of title, or where registration standards, including CPD requirements, are not met.</td>
<td>To set and promote educational, professional and registration standards.</td>
<td>To be a sustainable and effective organisation committed to equality, diversity and fairness.</td>
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Purpose of Aim

For GCC to undertake its regulatory commitments effectively and efficiently, seeking innovative and inclusive solutions to enhance its performance and further develop the culture of learning and improvement within the profession.

Rationale of Aim

Although the GCC is somewhat constrained under the provisions of the Chiropractors Act (1994), this does not prevent the organisation from continuing to seek improvements in how it operates and leads the chiropractic profession.

As the healthcare sector evolves, recognising and adjusting to ever-changing patient, technological, political and environmental needs, so must the GCC and the chiropractic profession. Core to this is ensuring the GCC regulatory functions and actions continue to be fit-for-purpose and relevant to the environment in which it operates. This includes ensuring educational standards are aligned with today’s ever-more complex and diverse healthcare requirements and that registrants continue to develop and enhance their skills and abilities.

Through social, legal and legislative initiatives, the UK is slowly adapting and working towards becoming a more inclusive and accepting society. The GCC and chiropractic profession must ensure that it embeds equality and fairness in its processes.
Purpose of Aim

For GCC to input its knowledge and experience, working collaboratively when possible, to influence the future direction and shape of the profession, positioning chiropractic as an essential and valuable component of the UK health and care system.

Rationale of Aim

Reform of professional health and care regulation is underway. Decisions will soon be taken on the changes to be made and to which regulatory bodies they will be applied.

Ultimately, the design of the regulatory system is for government we wish to offer our expertise and experience – alongside those of patients and the public and the profession - to participate in and inform proposals for reform and improvement of the current system.

As with many commercial and third sector organisations, the drive for greater efficiency and effectiveness has led to collaborative and innovative solutions. The GCC sees opportunities for greater collaboration with our regulatory partners and believe that benefits from doing so will flow, both in relation to efficiencies and maintaining the regulatory distinctiveness of the chiropractic profession.

The GCC must be ready to take swift advantage of the ability of regulators to establish ‘rules’ that enhance flexibility and improve regulation (taking into account the outdated nature of the current GCC rules). This will be subject to the GCC being granted the ability to do so, requiring extensive consultation with patients, the profession and other stakeholders.

To enhance the nature and form of regulation for the profession in the future. This Aim will be achieved through the delivery of three objectives:

TEN

To ‘shape the future’ of the profession by influencing the conclusions of the DHSC consultation and review of health and care regulation.

ELEVEN

To maximise knowledge sharing and expertise, drive efficiencies and seek opportunities to delegate and/or attain economies of scale.

TWELVE

To take forward the development of rules to be applied upon agreed legislative change.
Impact of the Objectives

Success in delivering all 12 objectives will be seen in:

- Fewer, avoidable complaints from patients leading to formal fitness to practise considerations.
- Greater collaboration and co-production between the regulator and those that represent chiropractors.
- Greater direction around CPD with a focus on areas that matter the most.
- More resources and guidance to help manage patient expectations.
- Patients placed at the centre of their care.
- Chiropractic care that is safer, more effective, and more compassionate.

- Greater use of insights and experience obtained to help others learn.
- Greater knowledge and skills in communicating and collaborating with other health professionals.
- Patients trusting that they are considered an important constituent and valuable voice within the chiropractic profession.
- Greater patient confidence and participation in the regulation of chiropractic.

- Effective regulator meeting PSA standards of good regulation.
- Well informed standards, guidance and regulatory processes for the chiropractic profession.
- Maintaining financial discipline and rigour, exploiting efficiencies, limiting the financial burden on registrants.
- Recognised as a diverse, inclusive and fair regulator by its key stakeholder groups.

- Greater protection of patients and the public.
- Recognising specific risks while seeking to protect the rights of professionals
- GCC as a valued contributor to the development of the health and care regulatory system, ready to implement changes as an independent organisation or by transfer of its functions.
Introduction

An effective strategy, alongside its strategic delivery plan, can only be achieved through input, co-operation and agreement from an organisation’s stakeholder groups. As such, the GCC will undertake a consultation exercise with its key stakeholders throughout summer 2021, seeking input and support to the proposed Aims and Objectives outlined in the GCC Strategy 2022-2025.

The following activity aims to engage with registrants, employees, the public, academia and Council & Committee members. Their input will provide invaluable guidance in finalising the GCC Strategy 2022-2025.

All activity timings are based on Council/SMT approval of the draft GCC Strategy.

<table>
<thead>
<tr>
<th>Registrants</th>
<th>Consultation Activity</th>
<th>Month/s</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Development of an online strategy consultation page with feedback form.</td>
<td>June</td>
</tr>
<tr>
<td></td>
<td>Articles placed in GCC newsletter; dedicated copy and inclusion within the Registrar’s column.</td>
<td>July &amp; August</td>
</tr>
<tr>
<td></td>
<td>‘Meet the Registrar’ webinars (closed, by invitation)</td>
<td>July &amp; August</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employees</th>
<th>Consultation Activity</th>
<th>Month/s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Presentation of Strategy at 9 July ‘live’ event.</td>
<td>June - August</td>
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<tr>
<td></td>
<td>Strategy elements (relevant to role) to be tabled within 1-1s and review processes</td>
<td>June - August</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Council &amp; Committee Members</th>
<th>Consultation Activity</th>
<th>Month/s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strategy document to be an agenda item for meetings with input from members.</td>
<td>June - September</td>
</tr>
<tr>
<td></td>
<td>Members to have a dedicated strategy e-mail address allowing comment to be input outside of Council and Committee activity.</td>
<td>June - September</td>
</tr>
<tr>
<td>Academia Consultation Activity</td>
<td>Month/s</td>
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<tr>
<td>1-1 qualitative feedback with each of the five academic institutions</td>
<td>June - August</td>
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<table>
<thead>
<tr>
<th>Public/ patients Consultation Activity</th>
<th>Month/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creation of a public facing strategy page on website (containing elements most relevant to them)</td>
<td>June</td>
</tr>
<tr>
<td>Social media messaging around the strategy</td>
<td>June – August</td>
</tr>
<tr>
<td>Input and feedback from patient and public stakeholder groups</td>
<td>July - August</td>
</tr>
</tbody>
</table>
Report from the Chair of the Education Committee

Meeting paper for Council on 17 June 2021
Agenda Item: 9

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Education Committee.

Issues arising from Education providers and programmes

Clinical Experience for Graduating Students in 2021

1. The Education Committee had previously seen and provided initial comment on proposals from three education institutions regarding clinical practice experience for graduating students in 2021, brought about as a result of ongoing COVID-19 restrictions. The Committee agreed that it was reassured by the subsequent clarification on particular points of concern and welcomed the collaborative approach taken by the institutions. They recognised that students were potentially more concerned about these issues and fear that they might somehow appear less attractive to future employers than graduates in previous years. We have long sought to move away from the number of patients a student must see yet this remains in the mind of the profession. We are sure that this can be addressed through a potential review of the Education Standards but also through articulating to the profession and patients that students are gaining the necessary skills, knowledge and experience, that the learning outcomes and summative assessments are unchanged and that all institutions have robust quality assurance procedures in place.

General Chiropractic Council (GCC) / General Osteopathic Council (GOsC) Patient Involvement in Education Workshop
2. The Committee noted that a joint workshop had been held with GOsC with representation from all five chiropractic programme providers, osteopathic institutions and patients from both disciplines. The workshop also included presentations from the patient involvement manager from the University of Leeds Medical School and a patient healthcare education lead from the University of Hertfordshire; both highlighted examples of best practice from other educational settings. The workshop also encouraged education institutions to reflect on patient involvement more broadly and the impact of COVID-19 on patient and public involvement in their work. Further collaboration and joint work between the professions is planned.

AECC University College – approval of MChiro (Hons)

3. The Committee received and discussed the Visiting Panel’s report at its meeting and recommended that, subject to final approval of the Privy Council, the GCC Council recognises the MChiro (Hons) 2021 undergraduate degree programme. A paper and report were subsequently considered by Council at its extraordinary meeting on 13 May 2021 and the recommendation agreed.

Scotland College of Chiropractic Charitable Trust – application as a provider of a chiropractic qualification (Stage 2)

4. The Committee considered the submission from the Scotland College of Chiropractic Charitable Trust (SCCCT) relating to Stage 2 of the approval process and received on 25 March 2021. It decided that it was not able to approve the business case and proposed a meeting with the SCCCT trustees and other representatives to discuss this further (which has subsequently taken place on 13 May 2021).

Scoping Review of the Education Standards and Quality Assurance Procedures

5. The Committee discussed the outline plans for the scoping review of both the Education Standards and the Quality Assurance Procedures. A small Steering group of members has been formed and a consultant would be engaged to support the work. Research had commenced and a final report with recommendations would be considered by the Committee at its November meeting.

CPD Audit and Proposals for ‘Directed’ CPD

6. The Committee considered the Royal College of Chiropractors’ Audit report on their evaluation of chiropractic registrants’ responses to the first aid questions posed, and first aid activities undertaken for the 2019/20 CPD return. Those registrants who had failed to adequately address the issues had been asked to resubmit their responses. A brief report on the outcomes of the audit has been
published on the website along with slightly updated guidance, first issued to the profession in March 2020.

7. The Committee agreed the proposal for checks on CPD summaries for 2020/21, which would focus on the CPD activity that registrants have decided to reflect on (i.e. the learning they felt was most significant) and include a qualitative analysis of the responses to the four reflective questions.

8. The Committee agreed the general utility and value of 'directed' CPD and how effective this had been with first aid. Council should be aware that the following has therefore been decided:

- 'Directed' CPD for **new graduates** with a clinical governance focus. This would assist with the transition into practice, enable them to consolidate and apply their knowledge of aspects of clinical governance and continue their learning in a consistent way with adequate support during the first year of practice.

- Proactive, reflective focus for **all** registrants' CPD in areas identified by the GCC as of importance to the profession as a whole. Mandatory subjects would change over time and would be identified from persistent issues in fitness to practise cases, research findings or the introduction of new or revised legislation or guidance applicable to chiropractors. For 2021/22 the requirement would be communication skills relating to Principle F in the Code, which requires chiropractors to communicate properly and effectively with patients, colleagues and other healthcare professionals.

**Test of Competence**

9. The Committee received the Test of Competence Annual Report and the External Examiner’s report along with the progress made on her recommendations and work on the Test of Competence generally. The reports have been published on the GCC website. The number of candidates taking the TOC has not declined and feedback from candidates sitting remotely has been positive. TOC interviews are currently being held monthly and virtually via MS Teams.

**Education Provider Annual Monitoring 2019-20**

10. The Committee reviewed each of the reports of the meetings held with each education provider and agreed points of feedback to the provider. Committee members involved in these meetings agreed that this approach had allowed for more engaging, in depth conversations to discuss issues in an open and honest way.

Sharon Oliver

Chair of the Education Committee
Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 17 June 2021

Agenda Item: 10

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Audit and Risk Committee.

Recommendations

There are no recommendations from the Audit and Risk Committee meeting of 1 June 2021. Consequently, Council is asked to note this report.

Meeting of the Audit and Risk Committee (ARC) since March 2021

1. The Audit and Risk Committee (ARC) met once, on 1 June 2021, since the last Council meeting in March 2021.

Matters considered by the ARC at its 1 June 2021 meeting

New chair of the ARC (Fergus Devitt (FD), from 1 June 2021)

2. Members of the ARC congratulated FD for his appointment as the Committee’s Chair.

3. FD thanked Roger Dunshea for his support and wisdom in advance of him accepting the role of ARC chair.

Management accounts for the period to 30 April 2021
4. The Committee reviewed the report for the period to 30 April 2021. It was noted that the management accounts report was typically prepared by the Executive within five working days of the month. As the Audit and Risk Committee (ARC) meeting was scheduled to be held on 01/06/21, it had not been possible to produce the May 2021 report for the June ARC meeting.

5. However, the May 2021 management accounts report and the forecast income statement for the period June – December 2021 would be produced and presented to Council at its June 2021 meeting.

6. The Independent Member on the ARC would also be sent the management accounts pack for the period to 31 May 2021 and the 2021 forecast income statement by mid-June 2021.

7. The Committee noted that for the period 1 January to 30 April 2021, there was a surplus of £23k in comparison to the budgeted deficit of £26k. The Committee further noted the value of investments increased from £3.475m to £4.591m. The Chair agreed to work with the Executive team on the presentation of financial information, particularly around forecasting.

8. Members of the Committee reviewed the register. It was noted that the risk levels remained the same as last March when the Committee last reviewed it. However, two of the risk ratings had improved.

9. The Committee noted that the risk scores in the report remained the same as those of March 2021 – with all scores continuing to be maintained within their desired/expected risk tolerance ranges.

10. Members further noted the ongoing arrangements to collaborate with another healthcare regulatory body to conduct internal audit on functional business areas such as business continuity and cyber security arrangements by the end of this financial year.

11. The Committee reviewed the assessment of the effectiveness of the external audit 2020. Following the review, Members resolved that the process was effective.

12. The attendance of the external auditors at the June and November meetings of the ARC (as they already attend the March meeting) was also discussed. It was agreed that the ARC Chair would discuss this with the auditors at his planned introductory meeting (as new ARC chair) with the auditors in due course.
Information governance report

13. The report provided the Committee with an update on the information governance (IG) matters (i.e., data breach incidents, data subject access and freedom of information requests and data governance complaints) between the Committee’s last meeting in March and May 2021.

14. The Committee noted that there was one external data breach reported to the GCC by a patient database platform support company in the period between March 2021 and May 2021. There was no data breach incident or information access request (i.e., data subject or freedom of information request) in the same period at the GCC.

ARC’s effectiveness survey 2020 – action plan

15. Members of the Committee noted that the 2020 survey findings indicated 86% of the respondents were satisfied with the effectiveness of the ARC’s work and performance. The Committee also considered the issues raised in the survey and the proposed actions (by the Executive) to be taken to address them.

16. Following the review of the issues raised in the survey, Members agreed the actions to be taken to address them and the completion deadline for each action.

17. To allow for more time to complete the actions arising from the 2020 survey, Members agreed that the next survey would be conducted in 2022.

Review of the CRM/iMIS service contract

18. The Committee noted that the GCC’s service contracts were reviewed on an ongoing basis. The Committee further noted that the service contract with ASI Europe, the CRM/iMIS provider, was reviewed by the Executive and a new contract was signed for another four-year period. The new contract would cover the period 1 September 2021 to 31 August 2025.

19. Members of the Committee further noted the saving of £40k to be made over the new four-year contract period with ASI Europe.

ARC meeting dates and workplan 2021

20. The workplan for the 2021 calendar year was reviewed, agreed and noted.

Fergus Devitt
Chair of the Audit and Risk Committee
Report from the Chair of Remuneration and HR Committee

Meeting paper for Council on 17 June 2021
Agenda Item: 11

Purpose

The purpose of this paper is for Council to receive an update from the Chair of the Remuneration and HR Committee.

Operational Matters

1. The Committee received a report from the CER which noted that:

   - The staff have continued to work remotely since March 2020. In anticipation of the Government lifting restrictions 21 June 2021, the Executive is developing the future operating model and would begin the process by consulting with staff. The Committee made a number of suggestions for the Executive to consider when developing the proposed model and members were able to comment on the paper in advance of its presentation to Council.

   - The had been 6% of staff turnover since March 2020. Exit interviews are conducted so we know the reasons for leaving which are as expected e.g. new role, higher salary and personal matters regarding health. The Committee asked to see the staff turnover data in a 12-month rolling period graph.

   - End-of-year appraisals for 2020 were complete and performance was determined satisfactory. The CER confirmed mid-year appraisals were held in June/July and end-of-year appraisal in January. The Committee
asked to see anonymised performance feedback on the Executive team.

- The action plan developed in response to the results of the 2020 staff engagement survey was progressing. An Awayday was due to take place in July 2021 and staff were participating in the Mental Health Awareness Week in May 2021. The Committee was pleased to see there was regular communication with staff and that they remained engaged.

**Committee Business**

2. Two members joined the Committee in April 2021 – Council Members Annie Newsam and Keith Richards, a registrant and lay member, respectively. They attended the first Committee meeting of the year, and we look forward to working with them.

3. I am pleased to also report that Sharon Wilson, an independent member of the Committee, is reappointed for one year. Sharon brings valuable Human Resource knowledge and experience to the Committee and will continue to do.

4. Taking into consideration of the new Committee membership, the Committee reviewed the workplan for 2021 and 2022. The workplan will ensure standardisation of the Committee meetings and ensure that it can hold the Executive accountable for delivery and fulfil the remit it has been given by Council.

**Annual Pay Award**

5. The Committee agreed to review the proposed staff pay award framework/policy at the next meeting in July 2021 for approval.

**Council Member Open Recruitment**

6. The Committee noted that open recruitment for two vacancies on Council was underway.

**Steven Gould**

Chair of Remuneration and HR Committee