

**General Chiropractic Council
Meeting Agenda
28 September 2021 at 9:30
GCC, Park House, 186 Kennington Park Road
London SE11 4BT**

Item	Action	Presenter	Time
1. Welcome, apologies and declarations of interest		Chair	9:30
2. A. Council Minutes of 17 June 2021 B. Matters Arising	To approve	Chair	9:35
3. Chair's Report	To note	Chair	9:45
4. Chief Executive & Registrar's Report	To note	CER	10:00
5. Fitness to Practise Update	To note	D of FtP	10.15
6. Finance Update – Management Accounts to August 2021	To approve	D of CS	10:30
BREAK (15mins)			10:45
7. Business Plan 2021 Performance Update	To note	D of CS	11:00
8. GCC Strategy 2022 – 2024	To approve	CER	11.10
9. Report from the Chair of the Education Committee	To note	Chair, EC	11.50
10. Report from the Chair of the Remuneration and HR Committee	To note	Chair, REMCO	12:00
11. Any Other Business		Chair	12:10

Close of meeting: 12:15

Date of next meeting: 8 December 2021



**Minutes of the meeting of the General Chiropractic Council
on 17 June 2021 by videoconference**

Members present	Mary Chapman (Chair of Council) Steven Gould Sharon Oliver Phil Yalden Ralph Pottie	Keith Richards Carl Stychin Fergus Devitt Keith Walker
Apologies	Annie Newsam	
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); Mary Nguyen, Committee Administrator
Observers	John Witt – Capsticks Steve Wright – Professional Standards Authority	Sephora Futa, GCC Fitness to Practise Caseworker; Richard Campbell, GCC Policy and Communications Lead; Eva Lawes, GCC Information Officer

1.	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>Apologies were received from Annie Newsam.</p> <p>No declaration of interest was made.</p>
2.	<p>Draft minutes of the Council meeting of 16 March 2021 and matters arising</p> <p>A. Minutes (Item 2) Council agreed that the minutes were an accurate record of the meeting.</p> <p>B. Matters arising (Item 2a) The Chair confirmed most matters arising were included in the meeting papers with the exception of the following:</p>

	<ul style="list-style-type: none"> • Item CO210316-04 – reference to ‘<i>expert reference group</i>’ amended to ‘<i>imaging reference group</i>’ • Item CO210316-05 – At its meeting in March 2021 Council agreed to the recommendation to appoint new Members to the regulatory committees. Council was asked to rely on a section within the rules providing necessary powers. The reference was correct for appointments to the Professional Conduct Committee but not regarding appointments to the Health Committee. The error was corrected by Council in correspondence subsequent to the meeting enabling appointments to proceed and is formally noted here. • Item CO210316-11 – The CER advised Council the draft Equality, Diversity Action Plan would be subject to further consultation and discussion with stakeholders alongside consultation on the proposed GCC Strategy, covered later in the meeting.
3.	<p>Chair’s report, March 2021 to June 2021</p> <p>The Chair presented her report of activities since the meeting with Council in March 2021 (Item 3).</p> <p>The Chair thanked Council and staff for their continuous efforts and hard work throughout a prolonged period of reduced social contact in challenging times.</p> <p>The Chair formally reported that, at the additional meeting of Council members held on 17 May 2021, the recommendation by Education Committee of the proposed MChiro (Hons) programme AECC University College was approved.</p> <p>The Chair reported recruitment to fill two vacancies in Council was underway, noting a good gender balance for applications to both lay and registrant vacancy and two black, Asian or minority ethnic minority applicants for the lay vacancy. The Chair noted efforts were made to encourage applications from more women and those identifying as black, Asian or minority ethnic.</p> <p>The Chair proposed Sharon Oliver be reappointed as Chair of the Education Committee, referencing a note sent separately to Members outlining the rationale.</p> <p>Council agreed to reappoint Sharon Oliver as Chair of the Education Committee.</p> <p>Council noted the Chair’s report.</p>
4.	<p>Chief Executive and Registrar’s report</p> <p>The Chief Executive and Registrar (CER) presented his report (Item 4).</p> <p>In response to a question, the CER confirmed that the reasons for recent resignations by staff were understood following exit interviews undertaken, and that inevitably the impact of the pandemic in limiting staff engagement and</p>

	<p>interaction was a factor. The CER also noted the executive monitors staff well-being and works hard at engagement.</p> <p>The CER confirmed the Emerging Concerns Protocol was a formal recognition work the respective regulators, including the GCC, to advise others of any material concerns regarding an organisation or registrant that may have relevance for those bodies.</p> <p>Council noted the report with no further queries.</p>
5.	<p>Director of Fitness to Practise report</p> <p>The Director of Fitness to Practise (FtP) presented her report (Item 5).</p> <p>Part A: The Director of FtP highlighted the key data on operational performance for the period from 1 March 2021 to 31 May 2021. The Director of FtP noted the median age of open cases had increased but overall, the size of the Investigating Committee (IC) case load was beginning to decrease which in time would reduce the open median. The lower incoming referral rate was acknowledged, allowing the FtP team capacity to reduce the case load. The closed case median had continued to drop and was now within target.</p> <p>Council enquired about efforts to minimise repetitive issues occurring and how best to share the learning from FtP cases with registrants. The Director of FtP confirmed cases were reviewed on a monthly basis and common themes identified which formed content for the GCC newsletter.</p> <p>Council noted previous improvements to the data analysis presented within the performance <i>dashboard</i> and the Director of FtP noted further planned work to show how backlogs masked current good performance, and that data presented on a time series by quarter and/or year may better highlight actual performance.</p> <p>Action: The Director of FtP to further review the presentation of information on the performance dashboard.</p> <p>Part B: The Director of FtP sought approval for the appointment of Helen Potts to overall chair of the Professional Conduct Committee (PCC) and Health Committee (HC) for the remainder of her term, to 30 November 2022.</p> <p>Council approved the appointment of Helen Potts as overall chair for the PCC and HC to 30 November 2022.</p>
6.	<p>Finance Update – Management Accounts to May 2021</p> <p>The Director of Corporate Services presented the finance update report (Item 6).</p> <p>Performance in the period 1 January – 31 May 2021</p> <p>The Director of Corporate Services reported that at the end of May 2021, a surplus of £48k was realised compared with a budgeted deficit of £27k for that period.</p>

	<p>Balance sheet as at 31 May 2021 The Director of Corporate Services reported an increase in value to GCC's investments from £4.591m in April 2021 to £4.602m as of 31 May 2021.</p> <p>Following the Committee's request, the Chair of the Audit and Risk Committee welcomed the forecast income and expenditure statement presented.</p> <p>In responding to concerns raised about the accounting of investment management fees, the Director of Corporate Services noted that Council would be considering proposals on the forecast at its closed meeting.</p> <p>Council noted the report with no further comment.</p>
7.	<p>Business Plan 2021 Performance Update</p> <p>The Director of Corporate Services presented an update on the progression of the Business Plan 2021 (Item 7) to Council.</p> <p>The update identified good progress in the implementation of projects.</p> <p>The Director of Corporate services noted one project was completed and that the commencement of three projects were dependent on external factors (i.e., progress with regulatory reform and a return to office).</p> <p>Council welcomed the progression of projects proposing the inclusion of information to indicate more clearly progression within each, for example percentage-completion-value.</p> <p>Action: Executive to incorporate percentage-completion-value against each project into the Business Plan Performance update report.</p> <p>Council emphasised the importance of visibility of the benefits realised on the conclusion of projects. The CER reminded Council that business cases for each project identified intended benefits and that documentation would be reviewed ensuring better visibility of benefits realised at the conclusion of extant and future projects.</p> <p>Action: Executive to provide further detail on benefit realisation in its regular update report.</p> <p>Council noted the report.</p>
8.	<p>Review of the GCC Strategy 2022 – 2025</p> <p>The CER presented the draft GCC Strategy for 2022 – 2025 (Item 8) to Council for approval for consultation.</p> <p>Council reviewed each of the four aims. The key comments raised by Council were:</p> <p>Aim 1: Chiropractors</p>

	<p>It was suggested relabeling the categorisation of objectives, linking them more clearly to each aim (e.g. 1. a, 1. b. and 1. c) would aid clarity.</p> <p>Aim 2: Patients and Public</p> <p>It was suggested rearranging Aim 1 and 2, placing Patients and Public as Aim 1 and design improvements would provide more emphasis to the principal duties of the GCC.</p> <p>The CER clarified that the reference in the objective to the reporting of incidents was for chiropractors (rather than patients) to report these and for lessons to be learnt. .</p> <p>Aim 3: The GCC</p> <p>In responding to concerns raised as to the specificity of wording the CER clarified the aim related to the GCC’s core statutory functions and the activities shown were to improve the delivery against those functions.</p> <p>Aim 4: The Profession</p> <p>Council suggested amending “in the future” to “for the future”.</p> <p>The CER expressed gratitude to Council for the comments made and for their sustained involvement in the development of the new strategy.</p> <p>Action: Further to amendments to be made by the executive, Council agreed the final draft of the GCC Strategy 2022 – 2025 be approved by the Chair prior to going out for consultation.</p> <p>Council noted the plans to consult on the Strategy and approved (subject to final approval by the Chair) the draft GCC Strategy 2022 – 2025 and that following a report on the consultation the Strategy be presented to Council for approval at its meeting in September 2021.</p>
9.	<p>Report from the Chair of the Education Committee</p> <p>The Chair of the Education Committee presented an update report (Item 9) to Council, highlighting that the MChiro (Hons) 2021 undergraduate degree programme for AECC University College had been approved by the Privy Council.</p> <p>The Chair of the Education Committee noted a second submission had been made by the Scotland College of Chiropractic Charitable Trust (SCCCT) and would be reviewed in the lead up to the Education Committee meeting in July 2021.</p> <p>Council was concerned about the rather limited extent of students’ work experience in practising clinics in comparison to the practical work in college-based clinics. The Chair of Education Committee noted the concern was being</p>

	<p>addressed and universities were exploring opportunities for placements with chiropractic practices and other healthcare professionals.</p> <p>Council noted the report.</p>
10.	<p>Report from the Chair of the Audit and Risk Committee</p> <p>The Chair of the Audit and Risk Committee presented an update report (Item 10) to Council. The Chair of Audit and Risk Committee noted the key discussions were regularity of reporting the forecast, plans to conduct a Committee effectiveness review next year and work on internal auditing underway with other regulators.</p> <p>The Chair of the Audit and Risk Committee thanked the Committee and Executive for their support and guidance to chairing his first meeting with the Committee.</p> <p>Council enquired about the significance of the outcomes raised from the effectiveness survey conducted. The Chair of the Audit and Risk Committee provided assurances that no structural deficiencies or significant concerns were raised.</p> <p>Council noted the report and the action plan agreed by the Committee for implementing the outcomes of the 2020 ARC effectiveness survey. The progress being made in implementing the actions in the plan will be reviewed by the Committee at its next meeting in November 2021.</p>
11.	<p>Report from the Chair of the Remuneration and HR Committee</p> <p>The Chair of Remuneration and HR Committee presented a report (Item 11) to Council further to its meeting on 29 April 2021, highlighting the proposed future operating model was the principal area of discussion at the meeting.</p> <p>Council noted the report.</p>
12.	<p>Forward look at meetings with Council in 2021</p> <p>The Chair indicated the next meeting of Council on 28 September 2021 is planned to take place at the GCC office, with a 'development day' with a focus on team building held the day before.</p> <p>Council noted the update.</p>
13.	<p>Any other business</p> <p>The Chair thanked all Council members and GCC staff for their participation and closed the meeting.</p>
	<p>Date of next meeting: 28 September 2021</p>

Agenda Item: CO210928-02a
Subject: Matters Arising from 17 June 2021
Presenter: Mary Chapman, Chair GCC
Date: 28 September 2021

Item	Actions	Update
5	<p>Fitness to Practise Update Report</p> <p>Regarding the data presented in the FtP performance dashboard.</p> <p>Action: The Director of FtP to further review the presentation of information on the performance dashboard.</p>	Completed – Agenda Item 5
7	<p>Business Plan 2021 Performance Update</p> <p>Council suggested to include progress percentage against each project.</p> <p>Action: Executive to incorporate percentage-completion-value against each project into the Business Plan Performance update report.</p>	Completed – Agenda Item 7
7	<p>Business Plan 2021 Performance Update</p> <p>Regarding the clarity of a benefits realisation for each business case presented to Council.</p> <p>Action: Executive to provide further detail on benefit realisation in its regular update report.</p>	Completed – Agenda Item 7
8	<p>Review of GCC Strategy 2022 - 2025</p> <p>Regarding the draft GCC Strategy 2022 – 2025 presented to Council for approval for consultation.</p> <p>Action: Further to amendments to be made by the executive, Council agreed the final draft of the GCC Strategy 2022 – 2025 be approved by the Chair prior to going out for consultation.</p>	Completed – Agenda Item 8

Chair's Report

Meeting paper for Council on 28 September 2021

Agenda Item: 3

Introduction

1. I am delighted that we are holding this meeting of Council in person, the first time we have been able to do so since March 2020. We have of course held Council and additional meetings online since then and demonstrated that we are able to fulfil our governance responsibilities through that medium. However, I am hopeful that we can continue to meet together physically for the advantages it brings, in particular the informal conversations on the margins of the meeting and being able to meet the staff team.
2. Similarly, and as outlined in the CER's report, the GCC staff team are returning to the office, albeit within a different operating framework, having been working from home since March 2020. During this period there has been quite a change in personnel, and I was delighted to meet again with staff at a virtual coffee morning at the end of July where, amongst other things, I was able to express my gratitude, on behalf of Council, for their perseverance and hard work during this undoubtedly challenging period for all.
3. It is important to me that Council has the opportunity to spend time on our development as a team. Monday afternoon will enable us to get to know each other again and to meet with new colleagues. I am sure that it will be a valuable opportunity to deepen our connections and contribute to our effectiveness as Council enters the next phase of its work in a climate of some uncertainty.

Council Business

4. Our main business at September's meeting, alongside reviewing performance, is to confirm the proposed strategy for the Council for the next three years. This is the culmination of work that Council has led for most of this year and now takes account of the views expressed in the consultations with stakeholders over the summer period. I am pleased and grateful that so many were able to help us develop our thinking and plans and I look forward to our discussion and decision.

Governance

5. Following completion of an extensive recruitment campaign to appoint new Members to Council and approval of the Privy Council we are delighted to welcome two new Members to Council with effect from 1 September 2021, and to their first meeting today.
6. Jennifer Adams, as lay member, and Elisabeth Angier, as registrant member, bring a wealth of experience and knowledge to Council. We have issued a statement providing further details of the background and experience of both.
7. I am very grateful to Ralph Pottie and Fergus Devitt for their support on the Appointments Panel.
8. In my Chair's report in June 2021, following completion of reappointments and other changes to membership of Council, I set out membership of Committees of Council. The appointments of new Members enable the conclusion of that exercise. As such, Jennifer and Elisabeth are both appointed to the Audit and Risk Committee. Keith Richards, who generously agreed to continue to serve until the end of September, is now able to step down from his membership of that Committee.
9. This completes the extensive activity relating to appointments and reappointments undertaken both last year and this. Membership is now settled at 12, and we will next consider appointments at our meeting in March 2022. I will bring forward proposals in the light of any decisions regarding governance of regulators agreed as part of the Regulatory Reform agenda.

Regulatory Reform

10. The consultation by the Department of Health and Social Care on its proposals for policy reform has closed. A formal report back on that consultation has not been issued, to date. That said, work continues at some pace on developing the policy instructions enabling the implementation of secondary legislation under s.60 powers, initially as regards the General Medical Council's powers.
11. As Members will be aware, government is undertaking a review of 'how the regulatory bodies might be reconfigured to achieve maximum public benefit culminating in recommendations to ministers.' The review is considering:
 - The similar role that regulators carry out in respect of the professions they regulate and the extent to which ongoing reforms to the regulatory bodies will standardise the legal frameworks under which they operate;
 - The opportunities to streamline and create cost savings and efficiencies, including consideration of mergers;
 - The number of regulators currently delivering multi-profession regulation, the effectiveness of such a model and whether there is scope to extend it; and

- The potential benefits associated with a reduction in duplication and an increase in efficiency, and whether this could lead to reduced costs to registrants.

12. To support the review by government, KPMG has been appointed to develop considerations and criteria by which decisions could be taken as to the future architecture of regulatory bodies, by the end of 2021. The CER and I met (as did the other bodies) with the KPMG team in August at their invitation, for a helpful discussion. Council will be invited to consider our response to a further survey of regulators on a range of areas.

Engagements

- 21 and 22 June 2021: Chaired Appointments Panel interviews for Council Member recruitment.
- 7th July: Remuneration and HR Committee
- 12 July 2021: Appointments Panel meeting to discuss Council Member recruitment
- 30 July 2021: Karen Whitemore, Positive Dynamics, regarding Council development.
- 6 August 2021: Simon Lawrence, Central Consultancy, regarding Council development
- 23 August 2021: with Nick Jones, CER, met with Claire McMahon, Hannah Alban and Neil Thomas of KPMG, further to DHSC's commission to review healthcare professional regulators
- 31 August 2021: Sir David Warren, Chair of Nursing and Midwifery Council as part of his induction to the regulatory sector.
- 9 September 2021: Induction discussion with new lay Council Member, Jennifer Adams
- 9 September 2021: Simon Lawrence, Central Consultancy, regarding Council development
- 13 September 2021: Induction discussion with new registrant Council Member, Elisabeth Angier
- 20 September 2021: Dr Bill Gunnyeon, Chair of General Osteopathic Council, regarding shared interests, regulatory reform and DHSC's review.

Mary Chapman

Chair

Chief Executive & Registrar Report

Meeting paper for Council on 28 September 2021

Agenda Item: 4

Purpose

This regular report summarises key developments in the period since the last Council last met, on 17 June 2021.

Recommendations

Council is asked to note the report.

General overview

1. To remind Members, my overview presents a summative assessment of our performance since the last meeting, as well as an update on important matters for information.
2. Until mid-September 2021, staff continued to work from home; and all activities such as committees; hearings; test of competence panels and so on have functioned virtually and successfully. Following the lifting of the fourth and final restrictions set by the Government, and work on implementing the new GCC operating model agreed at the Council meeting in June 2021, the staff team is now working in a 'hybrid' way.
3. We developed an operating framework building on the principles agreed by Council and which emphasises we are all responsible for its success; that we know there are advantages from working together and co-location; and we expect to divide our team between home and office for work. We are at the early stages in doing so, having decided to wait until the end of the holiday season before starting, and will evaluate experience and effectiveness on a regular basis.

4. Staff have continued to work very hard, whilst being active in taking their annual leave over the summer. The work on the strategy development, education approvals and reform has been somewhat intense at times.
5. As can be seen from the FtP performance report we are doing well handling new and current cases and in clearing PCC cases. We can see the wood from the trees, and the team feel positive as a consequence. Project work feels challenging, with a sense that some of the activity can only be squeezed in at the margins of operational work. That said, we are making progress on several fronts and much work will come to fruition on the next few weeks – for example on toolkits, imaging and so on.
6. We are in the midst of recruiting to fill three vacancies, and we are conscious the UK labour market is recovering with a record high of vacancies positioning us in a competitive market against other similar vacant roles. That said, we are optimistic as to our ability to recruit well although time taken to get up to speed is a factor for all organisations, albeit the consequences feel greater in small organisations like ours.

Department of Health and Social Care

a) Regulatory Reform

7. The report from the Chair of Council outlines status and recent developments. Along with the other regulatory bodies we are involved in the development of the Department's thinking (on each of the policy areas) as they turn the policy proposals into instructions to lawyers as the basis for secondary legislation to amend our respective powers, in due course.
8. I also note – as is covered in the item on our proposed new strategy – the profession is interested in developments, and we will need to develop methods for engagement with registrants to meet expectations.

b) Independent Medicines and Medical Devices Safety (IMMDS) Review

9. The DHSC published its [response](#) to the IMMDS review that was published in July 2020. Annex A sets out the background of the review. The publication details the response to the report's 9 strategic recommendations and 50 'actions for improvement'- however, Recommendation 8 is most pertinent to the GCC. That is:

- **Recommendation 8:** *'Transparency of payments made to clinicians needs to improve. The register of the General Medical Council (GMC) should be expanded to include a list of financial and non-pecuniary interests for all doctors, as well as doctors' particular clinical interests and their recognised and accredited specialisms. In addition, there should be mandatory reporting for the pharmaceutical and medical device industries of*

payments made to teaching hospitals, research institutions and individual clinicians.'

10. Lead policy members of the area above approached healthcare profession regulators to seek support for expanding the declaration of interest aspect to other professions, albeit not as part of the Register. We welcomed the opportunity to support the overall objective.
11. In terms of the next steps, the GCC is currently engaged with an inter-regulatory working group to review the report's conflicts of interest recommendation 8 and subsequent Government response. It is expected that a joint response will be developed and issued by the working group in 2022 with next steps and actions, to be enacted either collectively or by individual regulators. In short, this is likely to lead to an expectation that registrants highlight interests that may be perceived to be 'in conflict' with a patient's interest.

Professional Standards Authority Performance Review Process

12. In August 2021, the Professional Standards Authority (PSA) published the consultation findings on its proposed changes to the current performance review process which has been in operation since 2016.
13. The consultation, which ran from December 2020 to March 2021, sought the views from stakeholders on what performance reviews should cover, their timings, how best to identify risk, the most appropriate system for assessing performance and if there should be a thematic approach to supporting improvement. Overall, respondents (as we did) supported a more agile and flexible performance review process which is risk-based and proportionate, as well as greater transparency in the PSA's decision-making procedures. Most regulators favoured a full review every five years with a revised form of monitoring in the intervening years.
14. There was a general support to change the current 'met, not met' approach to assess performance, although there was no consensus on an alternative. As such, the PSA will continue with the current binary approach. Regarding thematic reviews to identify areas of good practice and/or emerging risks, most consultation respondents were in favour of this approach. Finally, respondents stated that any new performance review process should not impact on a regulator's resources, thereby potentially increasing registrant fees.
15. The PSA will commence with changes to their performance review process in 2022, with the aim of making assessments more robust and outcomes clearer and more accessible. This targeted assessment approach will focus resources more proportionately on areas of risk and/or concern. This may involve a detailed review of a regulator's performance in the first year of a three- or five-year cycle.

- 16.** The PSA held a meeting on 17 September 2021 with healthcare profession regulators to discuss the changes they are proposing to the performance review process. Penny Bance, Director of Development, attended as a representative from the GCC. The PSA will be consulting on the changes from October to December and the PSA Board will formally approve the process in January 2022.

Fitness to Practise matters

a) NIHR Research on Witnesses in Fitness to Practise

- 17.** In 2017-18, the National Institute for Health Research (NIHR) commenced the scoping of a research project aimed at improving how patient/family members/colleagues engage as witnesses with Fitness to Practise (FtP) proceedings. The outputs and outcomes sought were a greater understanding of their expectations and experiences at all stages of the process, evaluation of best practice innovations introduced by regulators (such as victim support services, preparatory materials), co-developed guidelines which might be adopted by the PSA and training materials (including short films) for FtP panellists, professional bodies, and the general public.
- 18.** Following approvals and so on, this first independent multi-regulator research conducted on FtP processes in the UK is now underway. For now, the GCC has agreed to participate as interested observers by way of attending the Regulatory Advisory Group first meetings in September 2021 with the potential for more involvement by way of provision of data if we can do so.
- 19.** The data collection exercise is due to start from November 2021, with the project estimated to conclude in January 2024. The cost of the research is estimated at £750k and funded by the NIHR, with no direct cost to the GCC.

b) Williams Review: Memorandum of Understanding (MoU)

- 20.** In 2018, Sir Norman Williams led a review into gross negligence manslaughter (GNM) in healthcare settings commissioned by the Secretary of State for Health and Social Care.
- 21.** The review was set up to consider the wider patient safety impact resulting from concerns among healthcare professionals that simple errors could result in prosecution for gross negligence manslaughter, even if they occur in the context of broader organisation and system failings. In particular, there was concern this fear had had a negative impact on healthcare professionals being open and transparent should they be involved in an untoward event, as well as on their reflective practice, both of which are vital to learning and improving patient care. The review made a number of recommendations to support a more just and learning culture in the healthcare system.

- 22.** Recommendation 2 covered what is expected of expert witnesses, in particular, that they should consider the systems in place at the time of the incident which may have had a bearing on an individual's conduct as well as human factors, to understand the possible underlying causes of incidents, and, in cases where it is appropriate, to support a fair and consistent evaluation of the actions of individuals. The Academy of Medical Royal Colleges led work to promote and deliver high standards and training for healthcare professionals providing an expert opinion or appearing as expert witnesses, and new guidance published by the Academy of Medical Royal Colleges was shared by us with expert witnesses involved in cases brought by the GCC.
- 23.** Another recommendation (recommendation 3) related to a new memorandum of understanding (MoU) to be agreed between relevant bodies for the process for investigating gross negligence manslaughter and information sharing to cover incidents occurring in a healthcare setting where suspected criminal activity on the part of an individual leads to or significantly contribute to the avoidable death or serious life-changing harm (whether of a physical or psychological nature) of a patient or service user. It recommended that, as a minimum, the MoU should establish a common understanding of the respective roles and responsibilities of the organisations involved, support effective liaison and communications.
- 24.** The DHSC has since the review, worked with the CQC, CPS, HSE, HSIB, NPCC and NHSE&I, the GDC, GPhC, GMC and NMC on implementing that recommendation and a final draft of the new MoU was agreed. It is now being extended to all healthcare regulators operating in England, and the GCC (along with other regulatory bodies) has agreed to be a signatory.

Meetings and engagements (all virtual unless stated otherwise*)

June 2021

- 18 June – met with Alan Clamp, Chief Executive of PSA
- 18 June – met with Kenneth Young, University of Central Lancashire (UCLan)
- 23 June – attended the AECC University College breakfast to celebrate the completion of Year 4 MChiro final examinations*
- 29 June – attended training session on goal setting and performance management facilitated by Rachel Parmley, Consultant of Positive Dynamics

July 2021

- 1 July – with Penny Bance, Director of Development, met with Rob Finch, CEO, and Mark Gurden, President of Royal College of Chiropractors (RCC) for a regular catch-up
- 2 July – attended the monthly meeting of COPOD
- 5 July – with Eleanor Poole and Nirupar Uddin, Director of Fitness to Practise, met with Good Thinking Society

- 8 July and 9 July – supported interviews for appointment of Director of Change of General Optical Council (GOC)
- 14 July – attended the GCC's Education Committee meeting
- 15 July – met with the Imaging expert reference group
- 21 July – met with Matthew Redford, Chief Executive & Registrar (CER) of General Osteopathic Council (GOsc)
- 27 July – met with World Federation of Chiropractic (WFC) representatives to discuss talk at upcoming WFC Congress meeting on regulation
- 28 July – attended the Ministerial Roundtable for health and care regulators to discuss the Professional Qualifications Bill
- 29 July – attended the monthly meeting of CEORB
- 29 July – attended the Human Resources and Associates & Partners HC Regulator meeting

August 2021

- 16 August – met with John Barwick, CER of Health and Care Professions Council (HCPC)
- 19 August – attended DHSC's workshop to discuss the Duty to assess the proportionality of amendments from Governance and Operating Reform
- 23 August – with Mary Chapman, met with KPMG, to discuss the review of healthcare professional regulators
- 24 August – attended the GCC Inspire and Innovate session, with Dionne Spence, Director at GOC as guest speaker
- 25 August – hosted the GCC Strategy 2022-25 open consultation webinar with registrants
- 27 August – attended the monthly meeting of CEORB

September 2021

- 6 September – hosted the GCC Strategy 2022-25 open consultation webinar with registrants
- 7 September – with Joe Omorodion, met with John Barwick, CER, and James McMahon, Head of Estates and Facilities of HCPC to discuss changes to building
- 7 September – with Penny Bance, met with Presidents of Chiropractic Associations to discuss views of the GCC Strategy
- 14 September – with Jennifer Adams, new lay Council Member, for induction meeting
- 16 September –with Elisabeth Angier, new registrant Council Member for induction meeting
- 23 September – attended Quarterly Defence meeting
- 23 September – attended the Chief Executives of Health and Social Care Regulators Steering Group (CESG)
- 23 September – gave talk at Royal College of Chiropractors CPD series on communicating with patients

- 24 September – attended and was a panel speaker at the World Federation of Chiropractic Biennial Congress

Nick Jones

Chief Executive & Registrar

Annex A – Background of the Independent Medicines and Medical Devices Safety (IMMDS) Review

An IMMDS review was undertaken by Baroness Cumberlege on behalf of the Department of Health and Social Care. The review was undertaken to investigate two medications and one medical device:

1. **Primodos** (and similar), hormone pregnancy tests (HPTs) which are thought to have caused birth defects and miscarriages
2. **Sodium valproate**, an anti-epileptic drug which causes malformations, developmental delays and autism when taken during pregnancy
3. **Pelvic mesh implants** which have been linked to life-changing complications

A key concern highlighted was the limited information provided to women on these medicines and devices. Furthermore, when concerns were raised, women struggled to be heard or believed and were routinely dismissed by the medical profession. This led to many personal issues, such as breakdowns of relationships, loss of employment and feelings of personal guilt etc.

The report supported medical innovation, but a lack of comprehensive testing and long-term monitoring was considered a predominant thread throughout this review with little information on patient numbers, use of medications or devices and their side or after effects. As an example, neither the NHS nor manufacturer knew how many people had used HPT over its 28-year use.

The review also found a failure to acknowledge issues for fear of blame and institutional and professional resistance to change practices even when safety concerns were raised. There was a lack of joined-up working throughout the medical systems with a culture of denial, resistance to no-blame learning and overall effective accountability. There had been clear under-reporting with the complaints systems too complex and diffuse to allow early signal detection.

Fitness to Practise update

Meeting paper for Council on 28 September 2021

Agenda Item: 5

Purpose

This paper provides Council with an update on the following:

- Part A Correction to appointment of overall Chair of the Investigating Committee
- Part B Appointment of legal assessors to regulatory committees
- Part C Fitness to Practise performance report

Recommendations

- Part A Council is asked to approve and amend the appointment of Jill Crawford
- Part B Council is asked to approve the proposed appointments and reappointments of legal assessors
- Part C Council is asked to note this report

Part A: Correction to appointment of overall Chair of the Investigating Committee

1. At its December 2020 meeting, Council approved the appointment of Jill Crawford as overall Chair of the Investigating Committee until 6 December 2021.
2. Due to an inaccuracy in our records, Council were erroneously advised that Jill was in her final year of term with the GCC and in accordance with Rule 6(4), that her IC term was due to conclude on 6 December 2021 (her appointment to overall Chair of the Investigating Committee would also run until that date (or for as long as her substantive membership of the Committee continues)).
3. The error was identified and the correct expiry of Jill's term on Investigating Committee is 31 May 2022.

4. Under *The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009*, Rule 6(2), Council is asked to approve and amend the appointment of Jill as overall Chair of the Investigating Committee until 31 May 2022. We apologise for the error; the root cause of which has been identified.

Part B: Appointment of Legal Assessors to regulatory committees

5. The GCC Investigating Committee, the Professional Conduct Committee and the Health Committee are assisted by legal assessors, providing advice to each on questions of law arising in connection with any matters under consideration. The legal assessors are vital in ensuring the Committees act within the law, consider all legally relevant matters and explain their reasoning in a clear written determination.
6. In order to act as a Legal Assessor for the GCC, an individual must:
 - A. have a 10-year general qualification (within the meaning of section 71 of the Courts and Legal Services Act 1990); or
 - B. be an advocate or solicitor in Scotland of at least 10 years' standing; or
 - C. be a member of the Bar of Northern Ireland or solicitor of the Supreme Court of Northern Ireland of at least 10 years' standing.
7. Under section 27(1) of the Chiropractors Act 1994, the Council is required to appoint legal assessors for the role of legal assessor to the Council and its Committees.
8. In June and July 2021 the executive experienced a few issues trying to list PCC hearings and IC meetings (including Interim Suspension Hearings) where the availability of legal assessors became problematic resulting in the potential for cancelled or delayed meetings. In short, we needed to ensure those on our pool remain willing to act and also to supplement our pool with additional assessors.
9. An expression of interest process for additional legal assessors ran from 6 -19 August 2021 and those who expressed an interest were asked to submit a CV.
10. The following applicants meet the criteria under section 27(1) of the Chiropractors Act 1994 in order to act as a legal assessor for the GCC and have been selected for appointment by Council:
 - a. Peter Jennings
 - b. Mark Sullivan
 - c. Peter Steele
 - d. Francesca Keen
 - e. Margaret Obi
 - f. Mike Bell
 - g. Gerry Coll

- h. Megan Ashworth
- i. Helen Gower
- j. Hala Helmi

11. The following legal assessors meet the criteria under section 27(1) of the Chiropractors Act 1994 in order to act as a legal assessor for the GCC and have been selected for *reappointment* by Council.

- k. Suzanne Palmer
- l. Andrew Granville-Stafford
- m. Sean Hammond
- n. David Mason
- o. Paul Moulder
- p. David Swinstead
- q. Lachlan Wilson
- r. Mark Ruffell
- s. Richard Ferry-Swainson
- t. John Caudle
- u. Justin Gau
- v. Michael Levy
- w. David Marshall
- x. John Bromley-Davenport
- y. Lucia Whittle-Martin
- z. Iain Ross

12. Given the CVs contain personal information Members have access to these in a secure on-line portal. Council is asked to approve the proposed appointments and reappointments of legal assessors

Part C: Fitness to Practise performance Report

13. This paper provides Council with an update on the operational performance of the FtP team in Q3 (from 1 June 2021 to 14 September 2021).

14. In search of greater clarity we have reviewed and amended the FtP update paper building on the previous 'dashboard' of charts to produce a consolidated report showing commentary and charts together. To aid understanding, a glossary is provided at the Annex.

Executive Summary

15. Overall, our performance is good and improving. In Q1 and Q3 the FtP team have been busier than usual with pre-complaint 'enquiry' cases which relate to concerns received about advertising.

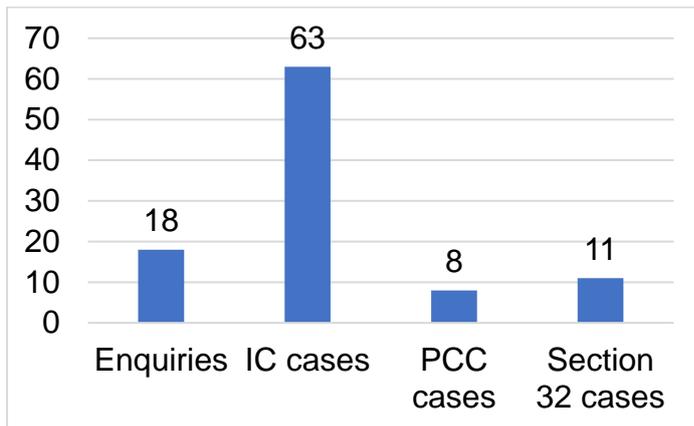
- 16.** The number of complaints received in Q3 is lower than in Q2 -on average four complaints per month. The Investigating Committee (IC) caseload fell slightly from 69 to 63. The median time to close complaints in the quarter was 36 weeks compared to 30 weeks in the previous quarter. This is outside of our internal target of 28 weeks but is a function of closing some older complaints. The median age of complaints that remain open increased to 35 weeks compared to 33 weeks in the previous quarter. This builds on the tremendous effort by the FtP team reported in the last two quarters and is a credit to their continuing hard work in the reporting period. This also coincides with a period of bedding in of new members of the team, protracted periods of sickness or bereavement leave in the last two quarters and is therefore even more significant that the team have continued to progress cases as efficiently as possible in these challenging times.
- 17.** The IC met on four occasions in this quarter, and considered 15 cases with 13 closed and two referred to the Professional Conduct Committee (PCC). An additional 11 cases are due to be considered in late September 2021 such that the overall number of cases considered by IC this quarter is similar to the previous quarter. This indicates a good and steady throughput of cases from receipt to consideration – a function of an increasingly effective and efficient team.
- 18.** Two interim suspension hearings (ISH's) were held in the quarter, one resulting in a suspension order being imposed and the other not. The time taken from identifying the need for the consideration of an Interim Suspension Order to the hearing taking place for the two cases was three weeks and five weeks respectively – with a median in 2021 of five weeks (the same as in the last quarter).
- 19.** The IC has so far referred six cases for PCC consideration in 2021. Members will be aware that the 'conversion rate' of IC cases being referred to PCC has significant budgetary considerations. The current rate is in line with assumptions made in the budget for 2021.
- 20.** Our performance in managing s.32 (protection of title) complaints in the last quarter has remained static as a result of priority given to facilitating and managing two complex PCC hearings taking place in September (one being a high-profile matter).
- 21.** We have provided further detailed information below for the following FtP activity in the following order:

 - A. Enquires
 - B. S.20 (IC) complaints
 - C. PCC cases
 - D. S.32 complaints

Summary of current FtP activity

Open Enquiries - 18
Open S.20 (IC) complaints - 63
Open PCC cases - 8
Open S.32 complaints - 11

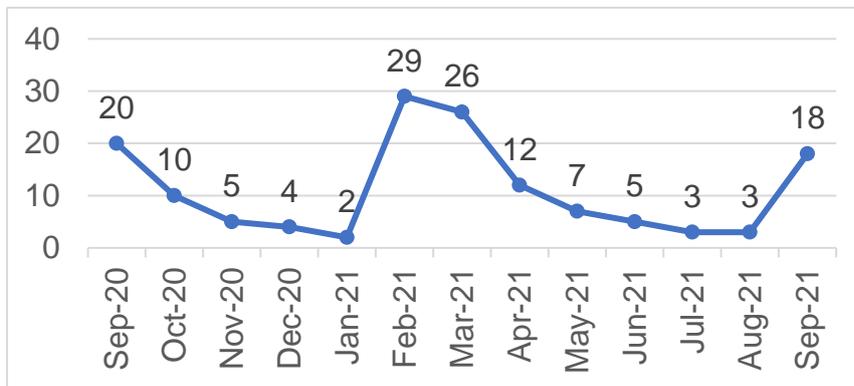
Chart 1



A. Enquiries

Open enquiries in last 12 months

Chart 2



In Q1 and Q3, the FtP team received a large number of enquiries related to advertising concerns.

Total number of enquiries opened in 2021

Table 1

	Q1	Q2	Q3
Outside of remit	0	0	0
No consent	0	1	0
Wants to be anonymous	1	0	0
No consent and wants to be anonymous	0	1	0
General enquiry	3	5	0
Unclear if it is a complaint	4	6	0
Chiropractor unknown	2	2	0
Other	26	0	18
Total	36	15	18

We received 36 enquiries in Q1, that was an increase from our usual number of enquiries, as a result of 26 enquiries received relating to advertising concerns (*noted in Table 1 under Other*). In Q3 the number of enquiries again has increased as a result of a further 17 advertising concerns.

Total number of enquiries closed/promoted in 2021

Table 2

	Q1	Q2	Q3
Total number closed	13	34	3
Closed with no further action	9	29	3
Promoted to s.20	4	5	0

Enquiries closed with no further action

Table 3

	Q1	Q2	Q3
Chiropractor unknown	1	2	0
General Enquiry	2	3	0
No consent	2	1	1
Unclear if it is a complaint	7	27	2
Wants to be anonymous	1	1	0

In Q2 34 enquires were closed, 29 of those were closed with no further action and 5 were promoted to be actioned as a s.20 complaint. In Q3, 3 enquires have so far been closed with no further action.

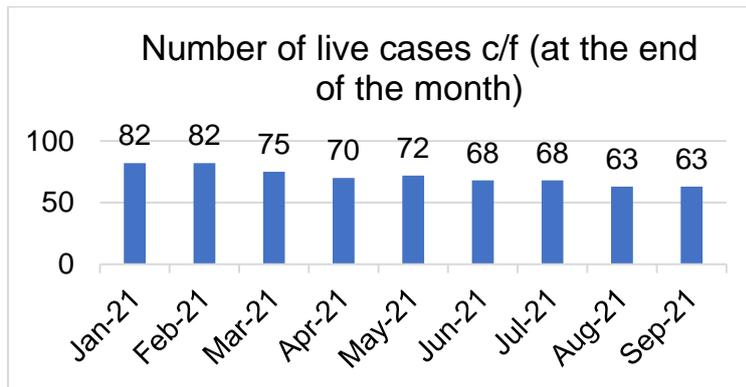
We currently have 18 open enquiries, 17 of them relate to advertising concerns and one relates to concern about a chiropractors conduct.

B. S.20 (IC) Complaints in 2021

Table 4

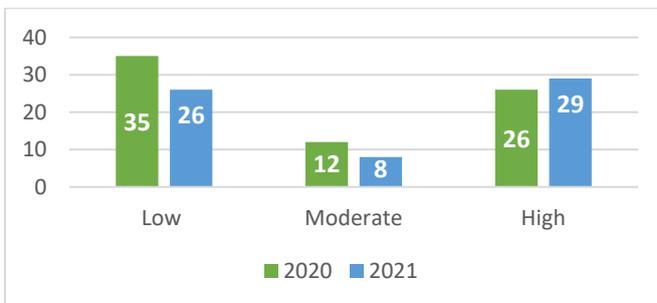
Complaints 2021	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Number of cases b/f (at 1st of the month)	83	82	82	75	70	72	68	68	63
Number of new cases in month	5	6	5	2	10	5	6	4	0
Number of cases determined in period	6	6	12	7	8	9	6	9	0
Number c/f (at the end of the month)	82	82	75	70	72	68	68	63	63

Chart 3



Risk rating of open IC complaints

Chart 4



In September 2020 we had 73 open complaints and 35 of them were categorised as low risk, 12 moderate risk and 26 high risk. This year, we currently have 63 open complaints of which 26 are categorised as low risk, 8 moderate risk and 29 high risk. As such, the FtP team are currently handling more high-risk complaints in comparison to 2020. High risk cases are by their nature more complex and as a result can be more time consuming.

Median time current complaints have been open

Table 5

	Internal Target	Q1	Q2	Q3
Median (weeks)	28	31	33	35

Breakdown of current complaints and how long they have been open

Table 6

	Q3
Under 52 weeks	41
52 weeks	20
104 weeks	2
156 weeks	0

Of the current case load of complaints, 41 complaints are under 52 weeks and there are only two cases which are over 104 weeks.

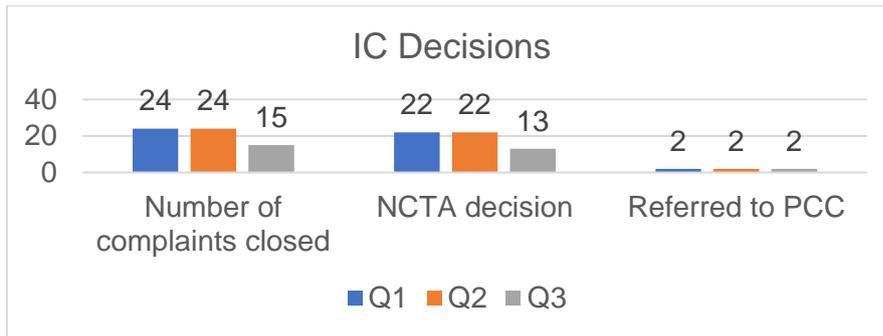
The first complaint is a referral from another regulator. The matter was referred to the IC in June 2021, but they adjourned for further information from the other regulator before they can determine the matter. The second complaint is from a fellow chiropractor regarding record keeping. This case is complex due to the volume of material (audits of the chiropractors records). The matter was referred to the IC in June 2021, but they adjourned for further information (full patient records of 33 patients) as well as a further expert report before they can determine the matter.

Number of complaints closed by the IC in 2021

Table 7

	Q1	Q2	Q3
Number of complaints closed	24	24	15
NCTA decision	22	22	13
Referred to PCC	2	2	2
Median time taken to close cases (weeks)	25	30	36

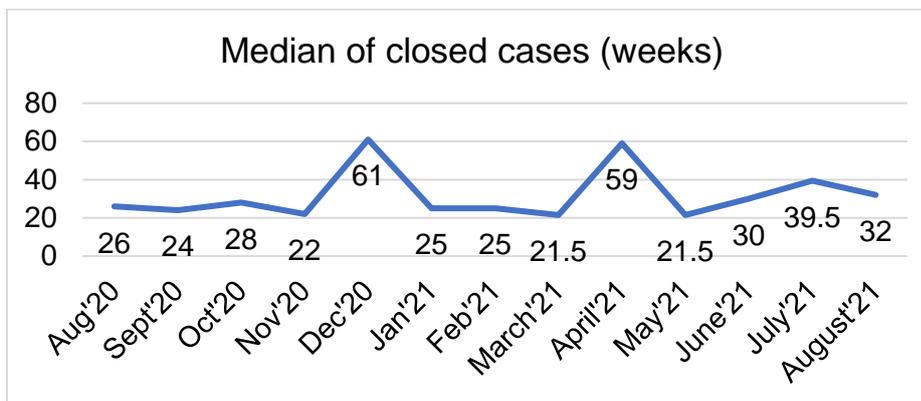
Chart 5



So far in 2021, 63 complaints have been closed by the IC (either with an outcome of no case to answer (NCTA) or by referral to the PCC).

Median time taken to close cases in last 12 months

Chart 6



C. Interim Suspension Hearings

Table 8

	Q1	Q2	Q3
ISH hearings	1	1	2
Suspension imposed	0	0	1
Suspension not imposed	1	1	1

In 2021, the median time from date complaint received to ISH is 16 weeks. The median time from date there is enough information received indicating risk to the ISH is 5 weeks.

D. PCC cases

PCC cases referred and closed in 2021

Table 11

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Number of PCC cases b/f	11	10	11	9	9	11	8	9	10
New Referrals from the IC	0	2	0	0	2	0	1	1	0
PCC Cases Closed	1	1	2	0	0	3	0	0	2

There are currently eight PCC cases open. Four cases are listed for this year and four cases are not listed yet. The number of PCC cases is stable and remains as in previous years between 9-11 cases per year.

PCC hearings held

Table 12

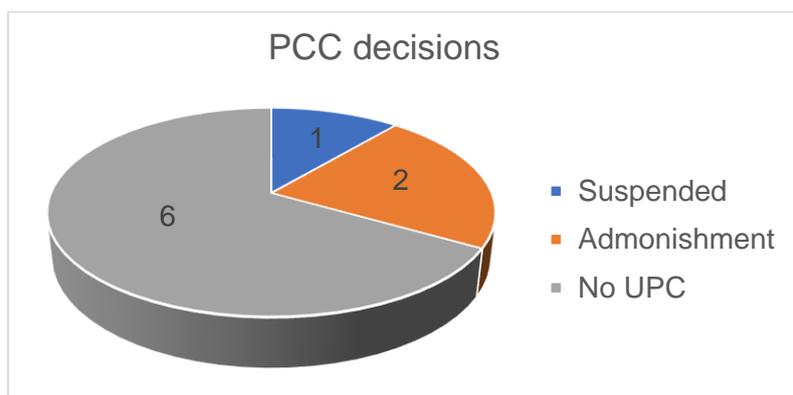
	Q1	Q2	Q3
PCC hearings held	6	5	4
Hearings Concluded	4	3	2
Part heard- relisted	2	2	2

Decisions of PCC cases in 2021

Table 13

Decision	Number
Struck off	0
Suspended	1
Conditions of Practice	0
Admonishment	2
No UPC	6

Chart 7



PCC cases listed / awaiting listing (target within 9 months)

Table 14

Case	Date referred from IC	Date listed for hearing	Status
Case 1	02/04/2020	08/09/2021	Part heard ■
Case 2	22/12/2020	08/11/2021	⚠
Case 3	18/02/2021	11/10/2021	✓
Case 4	18/02/2021	06/12/2021	⚠
Case 5	20/05/2021	Not listed	⌚
Case 6	20/05/2021	Not listed	⌚
Case 7	21/07/2021	Not listed	⌚
Case 8	17/08/2021	Not listed	⌚

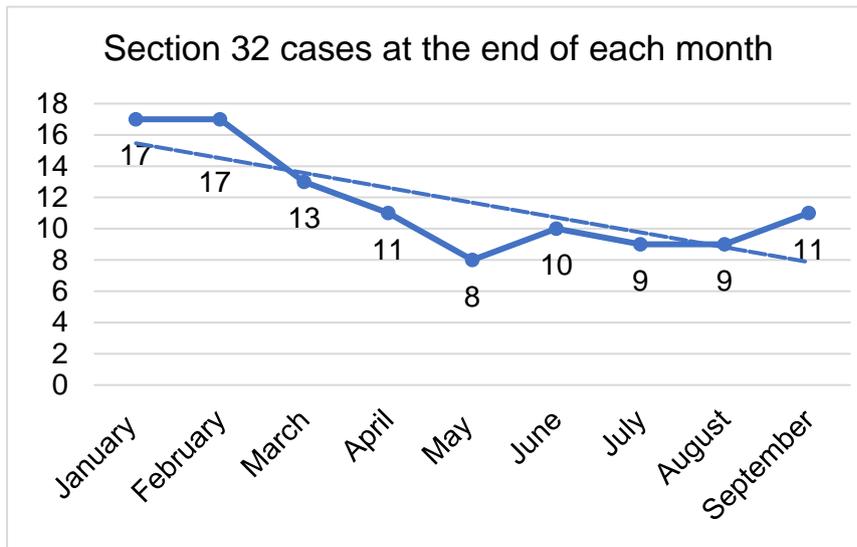
The PSA target to list cases for a PCC hearing is 9 months from date of referral from the IC.

E. Section 32 cases

Table 15

Section 32	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Number of cases (at the beginning of the month)	16	17	17	13	11	8	10	9	9
Number of new cases in a month	1	0	0	0	0	2	1	0	2
Number of cases closed in period	0	0	4	2	3	0	2	0	0

Chart 9



Our performance against progression of s.32 (protection of title) complaints has remained static in this quarter. There are only 11 active complaints, relating to ten individuals, an increase in 2 from the last quarter. 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 53 weeks. 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.

Niru Uddin

Director of Fitness to Practise

Annex A – Glossary

CA 1994	The Chiropractors 1994
Complaint / S.20 (IC) Complaint	An allegation (complaint) under Section 20 of the CA 1994, made against a chiropractor, to the effect that: <ul style="list-style-type: none"> a) he has been guilty of unacceptable professional conduct; b) he has been guilty of professional incompetence; c) he has been convicted of a criminal offence; or d) his ability to practise is seriously impaired due to a physical or mental condition.
CTA	Case to answer decision by the IC (which are referred for hearings before the PCC)
Enquiries	Under section 20 of the CA 1994, the GCC can only deal with an allegation (complaint) against a registered chiropractor where the complaint relates to fitness to practise matters. The GCC uses the term ‘Enquiry’ to describe any professional conduct communication containing information which <u>may</u> amount to an ‘allegation’ or ‘complaint’ under the Act however there is insufficient information to open as a s.20 complaint.
IC	Investigating Committee
ISH	Interim Suspension Hearing
ISO	Interim Suspension Order
NCTA	No case to answer decision by the IC
PCC	Professional Conduct Committee
Promoted enquiries	The GCC will assess the information received initially as an enquiry to determine whether sufficient information has now been received to open as a s.20 complaint. Where it is opened as a s.20 complaint, the date promoted relates to the date this changed from an enquiry to a s.20 complaint
Quarter 1	January – March
Quarter 2	April – June
Quarter 3	July – September
Quarter 4	October – December

Risk Rating	<p>A risk assessment is carried out on receipt of a complaint by the by the GCC and given a risk rating in order to capture the seriousness of the case.</p> <ul style="list-style-type: none"> ▫ Risk Rating 1: <u>Low risk:</u> (No injury has taking place and/or issues have been addressed) ▫ Risk Rating 2: <u>Moderate risk:</u> (Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed) ▫ Risk Rating 3: <u>High risk:</u> (Sexual misconduct. Issues complained of remain in place, there is an ongoing risk to patients / public from the chiropractor’s clinical practice / behaviour, conduct is persistent and / or deliberate ▫ Risk Rating 4: <u>Severe risk:</u> (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.
S.32 Complaint	Section 32 of the CA 1994 creates a criminal offence for a person who is not registered with the GCC describing themselves as a Chiropractor (also known in other regulatory bodies as protection of title or illegal practise cases)
	Target not met

Finance Update - Management Accounts to August 2021

Meeting Paper for the Council on 28 September 2021

Agenda Item: 6

Purpose

This paper presents the financial performance against the forecast income and expenditure targets in the period to 31 August 2021.

The Executive reviews the management accounts each month and takes the necessary corrective actions to manage material deviations from the set forecast targets.

Recommendations

The Council is asked to note this report.

Introduction

1. The management accounts pack is comprised of the:

- Statement of income and expenditure account for the period to 31 August 2021;
- Balance sheet as of 31 August 2021; and
- Recommendations.

Statement of income and expenditure account for the period to 31 August 2021

Summary

2. The surplus for the period is £142k (column A of the table below), compared to the forecast surplus of £66k (column B) for the period under review.

3. The variance between the actual and forecast income and expenditure is shown in column C. Column C is made up of the positive income and expenditure year-to-date (YTD) variance of £29k and £46k, respectively, in the period. The reasons for the variance are provided from paragraph 12 of this report.
4. The **fixed headline forecast** deficit for the year is £129k (column F). This is the forecast statement which Council received at its June 2021 meeting. The **dynamic gross forecast deficit** at the end of this financial year (if all income and spending plans remain unchanged) is £55k (column D).
5. The dynamic forecast tracks how we have performed against the fixed forecast during the period under review.
6. The **dynamic forecast** is arrived at by **adding** the actual income or expenditure for each line item in the forecast statement (for example, initial registration practising fee) for the period January – August '21 **to** the remaining forecast income from initial registration for the remaining months of the year (i.e., September – December '21).
7. The dynamic forecast also responds to the question, '*what surplus or deficit do we expect to have at the year-end?*'.
8. Both the dynamic and fixed forecasts are set against the annual budgeted deficit of £145k (column E).

	A	B	C	D	E	F
	YTD Actual	YTD Forecast	YTD Variance	Full Year Forecast [Dynamic]	Full Year Budget '21	Full Year Forecast '21 [Fixed]
£'000s	£	£	£		£	£
Income	1,888	1,858	29	2,803	2,769	2,774
Expenditure	1,746	1,793	46	2,858	2,914	2,902
Surplus /(Deficit)	142	66	76	-55	-145	-129

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

9. 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 forecast line which has a positive or adverse cumulative variance of £10k or more.

10. Other forecast income/expenditure 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.
11. Applying the variance analysis threshold, the following comments are provided on the income and expenditure variances in the period under review.

Commentary on YTD income variance – overall actual income is more than forecast by £29k

12. The breakdown of the total income variance is shown in the *Report by Income & Cost Centre* section of this report.
13. The total income received in the period is more than forecast by £29k from the following sources:
- a) Initial registrants fee income (£24k) – this is due to more income being received from initial registration (practising) registrants than we forecast for the period.

We expect the current positive variance of £24k to be maintained at approximately the same level at the end of this financial year.

- b) Restorations fee income (£5k) – this is because we received more income from restorations to the register than we expected in the period. We expect the restorations income to be slightly more than forecast at the end of this year.

Commentary on YTD expenditure variance – total actual spend is under forecast by £46k

14. The breakdown of the total expenditure variance is shown in the *Report by Income & Cost Centre* section of this paper.
15. During the period, the total forecast expenditure is under-spent by £46k.
16. The following cost centres (from the *Report by Income & Cost Centre* section of the report) have been **under-spent by £10k or more** in the period.
- a) **Professional Conduct Committee (PCC) Cost Centre – under-spent by £25k:** This forecast expenditure line is driven by the caseload and number of hearings held in any given period. We had forecast 65.3 hearing days, but the actual hearings days were 64 in the period under review.

The underspend is made up of the professional fees' expenditure lines in the forecast statement – i.e., stenographers, (£7k); legal fees, (£7k); and experts, (£11k).

As there was less demand for the professional support services in the period, this resulted in reduced costs being incurred in the period to August '21.

This actual spend of these forecast expenditure lines will vary from month-to-month. Hence, the current underspend is not expected to remain static during the remaining four months of this financial year.

17. The other expenditure forecast lines which have been **under-spent by between £5k and £10k** in the period are:

- a) **Interim Suspension Hearings (ISH) cost centre – under-spent by £7k:**
The forecast is currently under-spent because four days of hearings were held in the months of January – August of this year; we had forecast eight hearing days in the same period.

The reduced hearing days and given that the ISH forecast expenditure is caseload-driven, resulted in the under-spend of the forecast expenditure on legal fees and allowances.

Balance sheet as of 31 August 2021

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

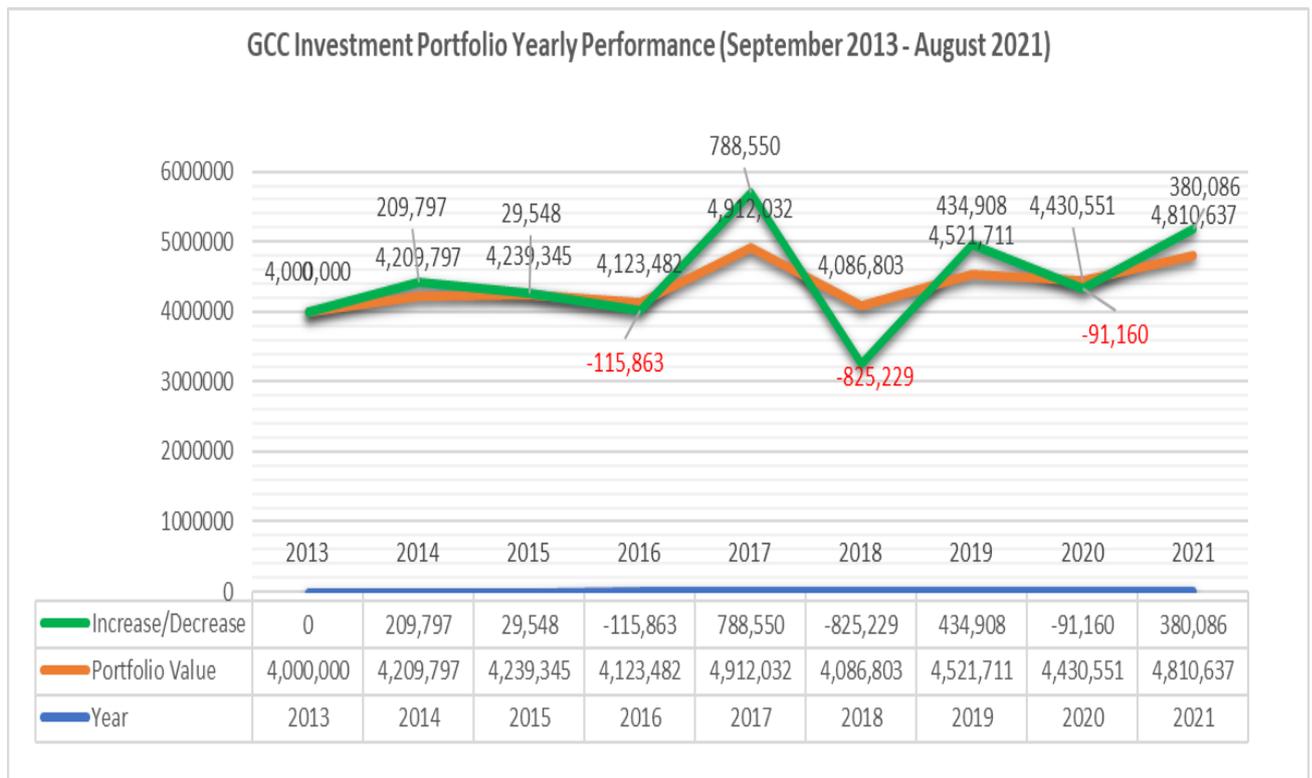
Investments performance as of 31 August 2021

19. The value of the investments increased by £380k from £4.431m in December 2020 to £4.811m as of 31 August 2021.

20. The unrealised investment gains (i.e., paper gains) in the period is £397k (July 2021: paper gains of £283k).

21. In the last eight years of setting up the GCC investment portfolio, the value of the investments has increased by £810k (20%). This is after taking into account the capital withdrawals of £500k in 2018 (which was not replenished) and £100k in 2020 (which was repaid into the fund the same year).

22. The annual peaks and troughs of the portfolio are presented in the graph below.



23. The graph shows that the portfolio was first set up with £4m in September 2013. The value as of 31 August 2021 was £4.811m. This shows an increase of £810k over the past eight years.

Working capital

24. The current ratio shows that the GCC has £0.15 available to settle every £1 owed to its short-term suppliers/creditors (July '21: £0.23). 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.

25. 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.

26. Additionally, the above ratio will become much healthier (at about £0.70/£1 owed) after the retention renewal period in November 2021.

Total net assets

27. The total net assets of £3.750m are represented by the general and designated reserves (December 2020: £3.211m).

Implications

28. The non-achievement of the fixed forecast deficit for 2021 will impact negatively on the realisation of the Council's sustainability plan which is aimed to be achieved by December 2023 at the latest.

Risks

29. The risk of not delivering two of the 17-business plan (BP) projects for 2021 is currently rated as high. These are projects 4 and 9 (i.e., potential changes relating to Education and Registrations including CPD and changes relating to FTP and Governance).

30. The assessed risk of the non-delivery of both projects is attributed to the uncertainty surrounding outcome/completion of the ongoing regulatory reform work by the DHSC.

31. The remaining 15 projects in the BP are currently assessed to be deliverable by the December 2021.

Identified risk	Likelihood	Impact	Risk score	Risk rating	Strategy to manage risk
Failure to deliver 2 of the 17 projects in the BP for 2021	5	5	15		The two projects are 4 and 9 as outlined in paragraph 20.

Joe Omorodion

Director of Corporate Services

Overview - Statement of Income and Expenditure Account

INCOME	August				Year-To-Date (YTD)				Full Year Forecast [Dynamic] 2021 ⁵	Full Year Budget '21 ⁶	Full Year Forecast '21 [Fixed] ⁷
	Actual £	Forecast £	Variance £	Var %	Actual £	Forecast £	Variance £	Var %			
Registrant fees	238,788	225,941	12,847	0	1,767,650	1,737,515	30,135	2%	2,624,947	2,595,342	2,594,807
Investments	10,000	10,000	0	0	80,000	80,000	0	0%	120,000	120,000	120,000
Test of Competence (ToC)	0	4,000	-4,000	-1	36,000	36,000	0	0%	52,000	48,000	52,000
Other Income	43	509	-466	-1	4,039	4,677	-638	-14%	6,074	6,109	6,714
TOTAL INCOME	248,831	240,450	8,381		1,887,689	1,858,192	29,497		2,803,022	2,769,451	2,773,521
EXPENDITURE											
Governance costs ¹	7,146	7,069	-77	-0	66,287	66,534	247	0%	105,678	139,216	105,824
Shared Central costs ²	75,647	69,348	-6,298	-0	558,454	558,083	-372	0%	894,763	892,200	894,407
Fitness to Practise (FtP) ³	97,901	110,733	12,833	0	849,502	889,455	39,953	4%	1,316,255	1,338,668	1,354,450
Development costs ⁴	36,229	40,212	3,983	0	271,920	278,561	6,641	2%	540,897	544,388	547,537
TOTAL EXPENDITURE	216,923	227,363	10,440		1,746,163	1,792,632	46,469		2,857,593	2,914,472	2,902,218
OPERATING SURPLUS / (DEFICIT)	31,908	13,087	18,821		141,526	65,560	75,966		-54,571	-145,021	-128,697
<i>Percentage</i>	13%	5%	7%		7%	4%	4%				
GAINS/LOSSES ON INVESTMENTS	397,347				397,347						
SURPLUS / (DEFICIT) BEFORE TAXATION	429,255				538,872						

NOTES

- Council, ARC and RemCo
- CER, Technology, HR, Finance and Property
- Investigations, IC, PCC, ISH and Protection of Title
- Policy, Education, Registration, QA, ToC, Communications, Education Committee
- Dynamic Forecast - tracks performance against the Fixed Forecast
- Budget for Year 2021 - as agreed by Council in December 2020
- Fixed Forecast 2021 - as received by Council in June 2021

General Chiropractic Council
 August 2021 Management Accounts
 Report by Income & Cost Centre

Detailed Income Statement Dept	August					Year-To-Date (YTD)					Full Year	Full Year	Full Year
	Actual	Forecast	Variance	Var %	Actual	Forecast	Variance	Var %	Forecast [Dynamic]	Budget	Forecast [Fixed]		
	£	£	£		£	£	£		2021	2021	2021		
Income													
72 Initial Regn Fees - Practising	29,975	18,000	11,975	1	92,850	67,875	24,975	37%	119,103	120,750	94,127		
72 Initial Regn Fees - Non-practising	0	0	0	0	1,000	800	200	25%	1,000	100	800		
72 Retention Fee- Practising	203,933	203,933	0	0	1,629,867	1,629,866	1	0%	2,445,599	2,421,179	2,445,599		
72 Retention Fee- Non Practising	2,042	2,041	1	0	16,433	16,433	0	0%	24,599	22,100	24,598		
72 Non- Practising to Practising	0	1,117	-1,117	-1	4,800	5,751	-951	-17%	9,267	13,400	10,217		
72 Restorations	2,838	850	1,988	2	22,700	16,790	5,910	35%	25,380	17,813	19,467		
Total Registrant Fees	238,788	225,941	12,847		1,767,650	1,737,515	30,135		2,624,947	2,595,342	2,594,807		
74 ToC Income	0	4,000	-4,000	-1	36,000	36,000	-	0%	52,000	48,000	52,000		
33 Investments	10,000	10,000	0	0	80,000	80,000	-	0%	120,000	120,000	120,000		
33 Other	43	509	-466	-1	4,039	4,677	-638	-14%	6,074	6,109	6,714		
Total Investments & Other	10,043	14,509	-4,466		120,039	120,677	-638		178,074	174,109	178,714		
TOTAL INCOME	248,831	240,450	8,381	0	1,887,689	1,858,192	29,497	2%	2,803,022	2,769,451	2,773,521		
Governance costs													
10 Council	7,146	7,069	-77	-0	65,387	65,234	-153	0%	104,178	134,957	104,024		
11 Audit & Risk Committee	0	0	0	0	600	600	-	0%	900	3,209	900		
12 Remuneration Committee	0	0	0	0	300	700	400	57%	600	1,050	900		
Total Governance	7,146	7,069	-77		66,287	66,534	247		105,678	139,216	105,824		
CER Office costs													
30 CER's Office	14,206	13,181	-1,025	-0	104,984	104,586	-398	0%	160,010	167,351	159,611		
Shared Central costs													
31 Technology	13,638	9,916	-3,722	-0	81,186	81,055	-131	0%	159,650	161,132	158,788		
32 Human Resources	5,950	4,035	-1,915	-0	33,794	33,721	-73	0%	57,861	53,960	57,587		
33 Corporate Services	23,028	23,525	497	0	190,010	190,946	936	0%	293,997	274,690	294,781		
34 Property	18,824	18,691	-133	-0	148,481	147,775	-706	0%	223,246	235,067	223,640		
Total Shared Central Costs	75,647	69,348	-6,298		558,454	558,083	-372		894,763	892,200	894,407		
Fitness to Practise costs (FtP)													
50 Investigations	28,151	27,835	-316	-0	263,269	266,526	3,257	1%	398,553	384,943	402,135		
51 Investigating Committee	17,953	18,486	534	0	132,798	135,648	2,850	2%	219,471	202,458	219,795		
52 Professional Conduct Committee	46,770	59,248	12,478	0	439,309	463,594	24,285	5%	663,045	688,151	687,359		
53 Interim Suspension Hearings	5,027	3,864	-1,163	-0	12,326	18,857	6,531	35%	26,325	41,936	33,272		
54 Protection of Title	0	1,300	1,300	-1	1,800	4,830	3,030	63%	8,860	21,180	11,890		
Total FtP	97,901	110,733	12,833		849,502	889,455	39,953		1,316,255	1,338,668	1,354,450		
Development													
70 Policy team	35,293	35,220	-73	-0	200,737	201,418	681	0%	373,719	367,900	374,399		
73 Quality Assurance	364	290	-74	-0	4,123	5,768	1,645	29%	13,889	24,940	15,534		
74 Test of Competence	242	4,372	4,131	1	25,236	27,426	2,190	8%	45,609	46,036	47,799		
75 Communications	330	330	0	0	38,032	39,970	1,938	5%	101,751	97,320	103,689		
13 Education Committee	0	0	0	0	3,793	3,979	186	5%	5,930	8,192	6,116		
Total Education & Regulation	36,229	40,212	3,983		271,920	278,561	6,641		540,897	544,388	547,537		
TOTAL OPERATING COSTS	216,923	227,363	10,440	0	1,746,163	1,792,632	46,469	3%	2,857,593	2,914,472	2,902,218		
OPERATING SURPLUS / (DEFICIT)	31,908	13,087	18,821		141,526	65,560	75,966		-54,571	-145,021	-128,697		
Percentage	13%	5%	-7%		7%	4%	4%		-2%	-5%	-5%		
GAINS/LOSSES ON INVESTMENTS	397,347	0	397,347		397,347	-	397,347		-	-	-		
SURPLUS / (DEFICIT) BEFORE TAXATION	429,255				538,872								

Business Plan 2021 Performance Update

Meeting paper for Council on 28 September 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 third 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
 - Two projects are not proceeding this year due to external factors
 - Thirteen projects are currently active (of which four are due to be completed by the end of Q3)
 - One project is due to commence in Q4 following the return to the office in late September 2021
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 receive feedback from those participating in our complaints process. As part of this process, a survey has been designed to receive feedback from complainants/witnesses and registrants. It will be sent to participants at the conclusion of each case, and started from July 2021.

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 8) Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways*
- *(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*

Due to start in Q4

- *(Ref 17) Review our physical documentation in the office and external archive*

Impact measurement

5. The measurement and reporting of impact will start to take place approximately three months after the delivery of a project, at the earliest. That means reporting on the impact of BP2021 projects are expected to start after March 2022.

Implications

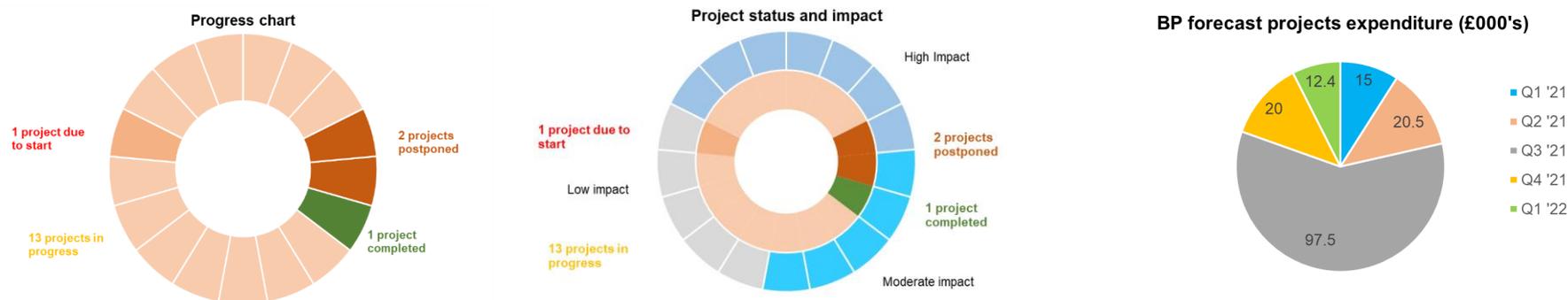
6. The business plan relates directly to the five-year strategy. There are no legal, equality or communications implications arising from this paper.

Eva Lawes

Information Officer

Annex A: Business Plan Dashboard, September 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.



Key information on BP 2021 projects

Ref	Project	Aim	Status	Priority level*	External impact	Risk of not delivering in 2021
1	Digital toolkit - websites/advertising	Standards	In progress	1	High	Low
2	Digital toolkit for registrants– comm with patients	Standards	In progress	2	High	Low
3	Patients/Public area of website	Standards	In progress	2	Moderate	Low
4	Regulatory reform - Ed & Reg	Standards	Start date depends on DHSC	1	Moderate	High
5	Education Standards scoping review	Standards	In progress	1	Moderate	Low
6	Imaging and incident reporting	Development	In progress	1	High	Low
7	Research - existing chiro patients	Development	In progress	1	High	n/a (2022)
8	Career pathways	Development	In progress	2	Low	Medium
9	Regulatory reform – FTP	Investigate	Start date depends on DHSC	1	High	High
10	Streamline FTP	Investigate	In progress	2	High	Low
11	Expert witnesses	Investigate	In progress	1	Moderate	Low
12	FTP feedback	Investigate	Completed	2	Moderate	Delivered
13	EDI	Deliver value	In progress	1	High	Low
14	Operating efficiencies	Deliver value	In progress	1	Low	Low
15	Review IT contract	Deliver value	In progress	2	Low	Low
16	Review IT doc management	Deliver value	In progress	2	Low	Low
17	Physical storage archive	Deliver value	Due to start in Q4	2	Low	Medium

*Priority level: 1 (highest priority) and 2 (medium)

Annex B: Business plan status table, September 2021

The table below presents detailed progress of the projects/activities.

Ref	Activity	Lead	Start date	Delivery date	Percentage of completion stage	Outcome/impact measurement	Status/progress
1	Develop a digital toolkit to assist chiropractors to reflect on their own website and web material	Development PB	Q2	Q3	90%	Long term reduction in number of complaints related to misleading and/or inappropriate advertisements and website/social media content on chiropractors' owned platforms. This project will enable 2022 Strategic Plan Project One C1.	Three toolkits drafted and to be designed. Draft of the revised advertising guidance and social media guidance in final stages prior to design. Launch and Comms plan in train.
2	Develop a digital toolkit to support chiropractors with their communication with patients/public.	Development PB	Q1	Q4	50%	Long term reduction in number of complaints related to chiropractors 'behaviour or communication with patient. This project will enable 2022 Strategic Plan Projects One C1 and One B1.	Projects 2 &3 are linked, and resources to be co-produced with patients and registrants. Two online fora, one for patients and one for registrants have concluded and research findings collated. Discussions with comms agency on next steps to develop resources for registrants.
3	Produce engaging, supporting information for patients/public and a dedicated area on our website	Development PB	Q1	Q4	50%	A greater public/patient understanding of chiropractic treatments (before, during and after) as well as increased brand awareness of the GCC and Registrants, helping assure patients of a chiropractor's professionalism. Secondly, creation of a dedicated public portal at GCC-uk.org where web traffic metrics can be benchmarked from 2022 onwards using Google Analytics.	As above. Patient online forum results received and under consideration to plan for development of resources for each step of the patient's journey. Further online forum planned for October/November to share worked up web pages and resources for patient feedback prior to finalisation and design.

4	Respond to potential legislative changes relating to Education and Registrations including CPD, emerging from DHSC's regulatory reform agenda	Development PB	not happening in 2021	not happening in 2021	0%	N/A	N/A
5	Determine the need for changes to our Education Standards and Quality Assurance processes by carrying out a scoping review	Development PB	Q2	Q4	60%	This project will enable 2022 Strategic Plan Project on reviewing the Education Standards	Research with Education Committee, Education visitors, Education institutions, patients and the RCC will conclude in September 2021. Research with employers planned for October.
6	Embed best practice in imaging and incident reporting to ensure safer care	Development NJ	2020	Q3	80%	New guidance for the profession	Follow-up work on first aid CPD returns completed Expert reference group meetings have now taken place and output being considered at September 2021 meeting of Council
7	Complete research started in 2020 to survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice	Development PB	2020	Q2 2022	50%	This research continues into the 2022 Strategic Plan as Project One A1	Phase 1 completed. Literature Review was published in July and article in GCC newsletter. Phase 2 has commenced.
8	Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways	Development PB	Q3	Q4	40%	The creation of videos and content to promote the value of research and academic careers. Secondly, further enhanced engagement with GCC partners in academia and Royal College.	Registrants have been identified for filming and this has commenced with the RCC.

9	Respond to potential legislative changes relating to FTP and Governance emerging from the Department of Health and Social Care's regulatory reform agenda	FTP NU	not happening in 2021	not happening in 2021	0%	N/A	N/A
10	Continue to streamline our processes and make relevant operational changes within FTP within the remit of our current legislative framework	FTP NU	Q1	Q4	50%	KPIs for timeliness is evident in reporting	Quarterly workshops with defence bodies taking place. Various improvement initiatives being brought to each meeting. Will continue throughout the year.
11	Consider our expert witness arrangements	FTP NU	Q1	Q4	50%	Improved speed in case progression visible in statistics	Collecting names and details. Liaising with the defence. Roadmap for milestones was discussed at the defence meeting on Friday 21 May. Induction session for new experts to take place Sept / Oct.
12	Improve our processes around obtaining feedback from individuals involved in the FTP process	FTP NU	Q1	Q2	100%	Development and implementation of a structured feedback process from individuals involved within the FTP process (at start and end?). An annual review of the feedback will assist in determining and/or directing any future improvements to FTP processes. We set up structured process to obtain feedback from individuals. That feedback will then be analysed and will feed into any improvements in FTP processes.	Completed. A process has been put in place to seek feedback from those participating in our complaints process at the conclusion of a case.

13	Review our Equality & Diversity policy and engage with the profession on equality and diversity to ensure we are an inclusive regulator	Cross functional PB/NJ	Q1	Q4	60%	EDI policy drafted. Process set up to gain more complete EDI data from registrants in 2021 renewal.	EDI policy draft is on the website and EDI work for 2021 all in place – notably EDI renewal data; EDI data gathering on FtP complaints. Work continues into 2022 business plan.
14	Seek operating efficiencies to achieve maximum value	Corporate JO	Q1	Q4	90%	<p>Organisation-wide financial impact is that the efficiency savings made help to boost the financial reserves.</p> <p>Efficiency savings are gained each time a service or project is re-tendered, or the required number of quotations obtained. During the 2021 financial year to September '21, total efficiency savings of £140k were made for the period to 2021-2026 (i.e., tenders of the investment management service and review of CRM contract).</p>	Ongoing – i.e., efficiency maximisation strategies are explored each time a project or service is re-tendered, or quotations sought and obtained.
15	Review IT support contract arrangements	Corporate JO	Q3	Q3	70%	Improved IT service and functionality to the GCC.	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. The review will inform the decision on whether the current IT contract is to be out to tender.
16	Review our IT document management arrangements	Corporate JO	Q2	Q3	30%	Improved access, connectivity and efficiency: reduced drop-out of larger spreadsheets and documents.	Tier One is to prepare a more comprehensive proposal regarding moving to SharePoint/ replacing VPN. Currently scoping file structures and preferred IT solution.

17	Review our physical documentation in the office and external archive	Corporate JO	Q3	Q4	0%	<p>As part of its 2021 business planning exercise, the Executive has agreed to implement a cloud-based document storage/management system. Thus, this will be a move away from the current external archiving/physical storage system.</p> <p>To achieve the above objective, a review of the current storage system will be undertaken. The review should lead to some long-term cost savings, and these will become much clearer by comparing current costs of external archiving to the costs of implementing a cloud-based storage system.</p>	<p>Due to start in Q4, after the return to the office. Mapping the project before July. Finalising retention policy and then stored documentation can be scanned or disposed of accordingly. The cost of hiring a 'temporary support staff' has been allowed for in the 2021 budget.</p>
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Review of GCC Strategy 2022-2024

Meeting paper for Council on 28 September 2021

Agenda Item: 8

Purpose

This paper proposes a final GCC Strategy for 2022-2024, following consultation, for approval.

Recommendations

Council is asked to agree that the GCC Strategy 2022-2024 (**Annex A**) be approved and published.

Background

1. Following changes to the external health and social care landscape, including the significant impact from COVID-19 pandemic and more immediate prospects of regulatory reform, Council agreed to the development of a new GCC strategy.
2. At its March 2021 meeting, Council considered initial strategic propositions and priorities for the GCC from 2022 onwards. At an additional meeting of the Council in May 2021 those were further refined. In June 2021, a draft GCC Strategy 2022-2024 was approved by Council for consultation.
3. The strategy sets out the GCC's statutory functions and four new aims supported by 12 new objectives. All aims are explained in terms of purpose and rationale as well as the impact in meeting these over the strategy's three-year period.
4. At its June meeting, Council agreed that the draft strategy should be open for consultation. The purpose was to seek stakeholder feedback on the strategy's aims and objectives but also to take the opportunity to raise awareness of the GCC's future plans as well as try new methods of engaging with registrants. We believe we succeeded in this endeavour. The consultation was open from 7 July to 7 September 2021. A report on the consultation can be found at **Annex B**.

5. Feedback from the consultation events, meetings and submissions indicate strong agreement to our strategy's proposals along with some common themes in the comments received. The strategy was considered easy to read with the clear division of aims and objectives allowing the document to be accessible and understandable (and in turn, critically assessed). The aims and objectives were generally supported and were seen to be the 'right' areas of focus for the GCC. In reviewing the responses, we noted comments grouped around several specific areas.
6. The main themes of the feedback were:
 - **GCC engagement with patients:** There was acknowledgement that the GCC should have a stronger relationship with patients to both provide them with information as to what they can and should expect (both direct from the GCC as well as from registrants) and to have more transparency at the point of care, through safety reporting and better complaints handling locally. There was an acknowledgment that such steps will contribute to a changing of culture where care is provided and that this will be an evolutionary process. There was some concern on balancing and defining 'legitimate expectations' between patients and chiropractors, a point we have acknowledged in the final draft strategy.
 - **Broad support for our steps to promote professionalism:** Although there was some discussion on the use and understanding of the term 'professionalism' (some perceived there might be an implication that we thought the body of chiropractors were unprofessional - not our intention), there was general agreement to the proposals that the GCC enhance knowledge and professionalism through a range of activities. For example, the production of new topic specific guidance and toolkits, followed up with harder-edged expectations relating to CPD (albeit we were told we should guard against over-prescription given a view that CPD is best when it is self-directed, which is noted but not accepted). Further, there was broad support for distinct expectations relating to post-graduate registrants.
 - **The role of the regulator:** We have previously observed that the profession of chiropractic is an immature one, with some of the responsibilities of being a profession not always fully appreciated, albeit changing as new cohorts join the profession. Almost as a by-product of the consultation, and our experience during the early stages of the pandemic, is that there is a need for greater understanding by registrants and patients on the role of the regulator, its responsibilities, as well as the benefits of regulation to patients and professionals alike.
 - **Reform:** This is the area that catalysed significant levels of reaction throughout the consultation. There were strong views, and support, for changes in legislation and influencing reform such that the ongoing regulation of the profession is preserved and improved where possible. There is clearly much demand by registrants for continued involvement here and we must consider ways to doing so that are useful to registrants and manageable by the GCC.

- **Reputation:** That regulation and the activities of the regulator can be beneficial in the profession's activities to enhance the reputation of chiropractic through working with patients and the recognised high levels of satisfaction with chiropractic treatment.
- **Standard setting:** An expectation and awareness that the GCC will act when bad practice is found and complaints received, and the GCC might emphasise this more clearly as its fundamental role. That is, when we promote our public protection role, a similar emphasis on 'rooting out' bad practice where it is seen may assure most registrants that there are consequences for not meeting standards.
- **Improvements in our core work:** There was enthusiasm for the GCC getting better at what it does, for example reducing costs by better use of resources on legal and expert witnesses

7. Following analysis of the feedback, changes have been made to the draft GCC Strategy 2022-2024 as follows:

- Minor changes have been made to the introductory section with the wording 'at the heart of chiropractic' being replaced by wording better reflecting the role of the GCC.
- Most changes relate to Aims 1 and 2 and clarity around language and tone.
- Aim 1 has been amended indicating that the GCC does, and intends to, listen to a 'body of patients' views'. 'Expectations' has been removed to try and allay the fear that we are listening to one patient rather than patients. The rationale has been expanded to explain this.
- Aim 2 has been amended to include the word 'continuing' and explained in the rationale. 'Excellence' has been replaced with 'best practice' as this was perceived to imply exceptional performance as opposed to the GCC seeking to ensure professionalism across the entire register.
- Several objectives have also been slightly revised so that their meaning is a little clearer.

Proposal

8. The final version of the GCC Strategy 2022-2024 as presented at **Annex A** is for Council approval, subject to any changes agreed at the meeting being included.

Next steps

9. We are developing a range of projects to deliver the strategy, both new and in addition to what we are already doing, as well as improving upon current activities and processes. These projects, in the form of a Strategic Plan, will deliver the strategy over the next three years and will be discussed in more detail this afternoon.

10. We are working on broad activities and developing project proposals to deliver our aims and objectives, including:

Place patients and their care at the centre of all GCC work: Concluding our current programme of research with the public and patients, we will be drawing all the findings together to engage and involve patients in future GCC work. This will include the development of a patient portal, resources, guidance and toolkits, all with a focus on issues of genuine concern to patients, such as communication, consent, risks/benefits and safety. We will plan to give patients relevant opportunities to be involved with and inform, GCC activities, policies and processes.

Promote continuing chiropractic best practice, professionalism and value within the health and care system: We will focus on actions to prevent the necessity of taking enforcement activity. We will be carrying out deep-dive research into historical fitness to practise data to identify and collate information on the common causes of complaints. We will promote the duty of candour and the principle of incident reporting and the learning arising therefrom. We will publish and disseminate the professionalism research carried out jointly with HCPC in 2020-21 and develop resources to support registrants' understanding of professionalism around themes such as leadership, communication, competence, patient involvement and reflection. Linked to the theme of 'reflection' we will also develop materials to support registrants as reflective practitioners and outline the benefits regular reflection can have on practice and give examples of some of the ways registrants can achieve reflective practice.

Regulate effectively, efficiently, innovatively and inclusively: We will meet our core statutory objectives, 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. In ensuring that we review and revise our education and registration processes, policies and standards we are currently scoping out a review of the education standards so that the profession benefits from the supply of critical, evidence-based, multi-disciplinary, clinical governance-focused professionals. We are considering the review of guidance around consent, candour, conflicts of interest and confidentiality and will ensure we take patient needs for such information and guidance in these areas into account in our work.

Enhance the nature and form of regulation for the profession for the future: Reform of professional health and social 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 will offer our expertise and experience – alongside those of the profession - to participate in and inform proposals for reform and improvement of the current system.

Nick Jones
CER

GCC STRATEGY 2022-2024



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 develop and regulate the chiropractic profession and protect the health and safety of the public by setting the highest standards in a Code of Practice, investigating if standards are not met and, where found to be unfit to practise, removing a chiropractor from its Register.

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 sets education standards and 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 health and social care 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 and supporting each other effectively and fairly.

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 2022-2024

Development

In December 2018 the GCC Strategy 2019-2023 was agreed. In its first two years of delivery, widespread digital transformation to the GCC website and registrants' portal was undertaken and achieved. Changes were also implemented in fitness to practise and CPD processes and several new stakeholder communication and engagement activities launched, helping to further position the GCC as the essential conduit between all stakeholders.

Following changes to the external health and social care landscape, including the significant impact from the Covid-19 pandemic and more immediate prospects of regulatory reform, Council agreed to the development of a new GCC strategy.

Valuing People, Valuing Diversity

For this Strategy to succeed, it is essential that we recognise and value all the people involved in its delivery and impact. The GCC has a small, dedicated group of employees working hard to fulfil its regulatory functions. It is therefore essential that we support and nurture this talent, providing opportunities for professional growth and development while maintaining a good work/life balance. Our employees are committed to the aims of the GCC.

As well as its employees, the GCC works most effectively with the support of its many partners who serve on its Council, committees and panels. Their knowledge, expertise and dedication in undertaking a variety of roles ensures we operate well. We must maintain and build on these relationships, maximising the value from every meeting and ensuring lay and registrant partners are recognised for their commitment to the GCC and the chiropractic profession.

Finally, all organisations must meet legal duties on social equality and diversity. At the same time, social equality, diversity, inclusion and fairness is not a simple tick-box exercise. It must be embedded, embraced and lived by the organisation, its functions and the people who work within it. We must exemplify those values. Woven through our aims is a commitment to inclusivity and diversity in the way that we work and in encouraging the profession and other stakeholders to work with the GCC on that endeavour. It will require joint action.

Our Aims

The GCC Strategy 2022-2024 has four **Aims**:



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



To promote continuing chiropractic best practice, professionalism and value within the health and social care system.



To regulate effectively, efficiently, innovatively and inclusively.



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

Supporting Objectives

The **four Aims** of the GCC Strategy 2022-2024 will be achieved through the delivery of **12 objectives** across the timeframe of the strategy.



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

One A

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

One B

To promote chiropractic standards that take full account of patients' needs and expectations.

One C

To create, enhance and disseminate information to help patients make informed judgements about their chiropractic care.



Our Aim: to promote continuing chiropractic best practice, professionalism and value within the health and social care system will be achieved through the delivery of three objectives:

Two A

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

Two B

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

Two C

To work with education providers and stakeholders to continue the development and promotion of professionalism in registrants, from the start to end of their careers.



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

Three A

To act when and where we identify poor practice, from complaints, the misuse of title or when registration requirements, including annual CPD fulfilment, are not met.

Three B

To set and promote educational, professional and registration requirements to ensure they remain appropriate and fit for purpose.

Three C

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



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

Four A

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

Four B

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

Four C

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

The purpose and rationale of our **Aims** and **Objectives**



To place patients and their care at the centre of all GCC work. This Aim will be achieved through the delivery of three objectives:

One A

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

One B

To promote chiropractic standards that take full account of patients' needs and expectations.

One C

To create, enhance and disseminate information to help patients make informed judgements about their chiropractic care.

Purpose of Aim

For the GCC to ensure the views and experiences of the body of patients are central to its regulatory decision-making processes and activities. Our focus will be on seeking meaningful patient involvement and 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.

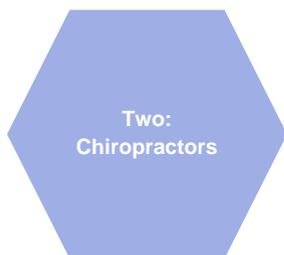
As with all other healthcare professions and professionals, patients expect an open and honest safety reporting culture led by the profession, and for lessons to be learnt when things go wrong. In establishing our expectations, the reputation of chiropractic will be further enhanced.

Rationale for Aim

First, Aim One has a focus on the needs and concerns of patients. Aim Two has its focus on chiropractors. This division allows the GCC to address patient needs and concerns, thereby fostering openness and transparency between patients and clinicians.

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 GCC Code. It is vital that the views and experiences of a diverse range of patients and the public are proactively sought and considered in GCC decision-making activity.

Patients and the public offer real-life insight to the profession and an external perspective which the GCC must access. In doing so, the GCC can better ensure its actions and activities meet the needs and legitimate expectations of the people that we are legally bound to protect.



To promote continuing chiropractic best practice, professionalism and value within the health and social care system. This Aim will be achieved through the delivery of three objectives:

Two A

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

Two B

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

Two C

To work with education providers and stakeholders to continue the development and promotion of professionalism in registrants, from the start to end of their careers.

Purpose of Aim

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

Although the 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. The GCC will review its guidance, education standards and strengthen CPD as well as introduce a range of supportive resources to assist the profession.

Rationale for Aim

Professionalism and excellence are ever-moving goals. There are legitimate expectations from the public, patients and government that registrants from all the regulated healthcare professions will continue to develop and evolve. Promoting excellence and professionalism in chiropractic does not suggest any specific issue with the profession but an acceptance that all registrants will continue to develop their skills and abilities in line with other healthcare professions and professionals. In doing so, they will continue to contribute the value of chiropractic to the health and social care system.

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 demonstrate professionalism by adhering to the GCC Code, working within their capabilities 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 have 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.



To regulate effectively, efficiently, innovatively and inclusively. This Aim will be achieved through the delivery of three objectives:

Three A

To act when and where we identify poor practice, from complaints, the misuse of title or when registration requirements, including annual CPD fulfilment, are not met.

Three B

To set and promote educational, professional and registration requirements to ensure they remain appropriate and fit for purpose.

Three C

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

Purpose of Aim

For the GCC to undertake its statutory duties more effectively and efficiently, continuously reviewing, streamlining and improving fitness to practise and registration processes, taking robust action in the face of poor practice and setting the highest expected standards for chiropractic, all of which benefit patients, practitioners and the profession.

Key to this is recruiting, developing and retaining skilled, professional employees, passionate about high care and the development of the profession. In the right environment, a diverse, dedicated and enthusiastic team working collectively toward a shared vision can achieve more than their respective individual roles.

Rationale of Aim

Although the GCC is constrained under the provisions of the Chiropractors Act (1994), the organisation can continue to seek improvements in how it operates and supports the profession.

As the health and social care 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's regulatory functions and actions continue to be fit for purpose and relevant to the environment in which it operates. This includes ensuring educational standards align with today's ever-more complex and diverse UK health and social care requirements and that registrants continue to develop and enhance their skills and abilities throughout their careers, as expected with all regulated professions.

Through social and legislative initiatives, the UK is slowly adapting and working toward becoming a more inclusive and accepting society. With this, the GCC will embed social equality, diversity, inclusion and fairness throughout its functions and processes, ensuring these elements are core to all that it does.



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

Four A

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

Four B

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

Four C

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

Purpose of Aim

For the GCC to share and input its knowledge, experience and expertise without prejudice and to influence the future direction and shape of the regulation of the profession. Working collectively and collaboratively, when possible, the GCC aims to position chiropractic as an ever-more essential and valuable component of the UK health and social care system for the benefit of the public, NHS and the profession.

Rationale of Aim

Reform of professional health and social care regulation is underway. Over the next few years, decisions will be taken on which changes are to be made and to whom.

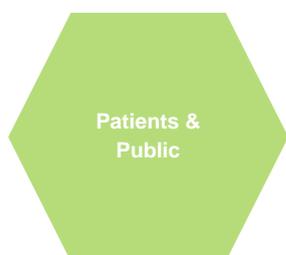
Ultimately, the design of the regulatory system is for government to decide. The GCC offers its knowledge, expertise and experience – alongside those of patients, the public and the profession – to strengthen the reform proposals and improve the current health and social care regulatory system.

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 (considering 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.

Deliverables

Success in delivering all 12 objectives will be seen in:



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



- Fewer, avoidable complaints from patients leading to formal fitness to practise considerations.
- Greater collaboration and cooperation 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 collaboratively developed to help manage patients' legitimate expectations.
- Chiropractic care that is safer, more effective, and more compassionate.



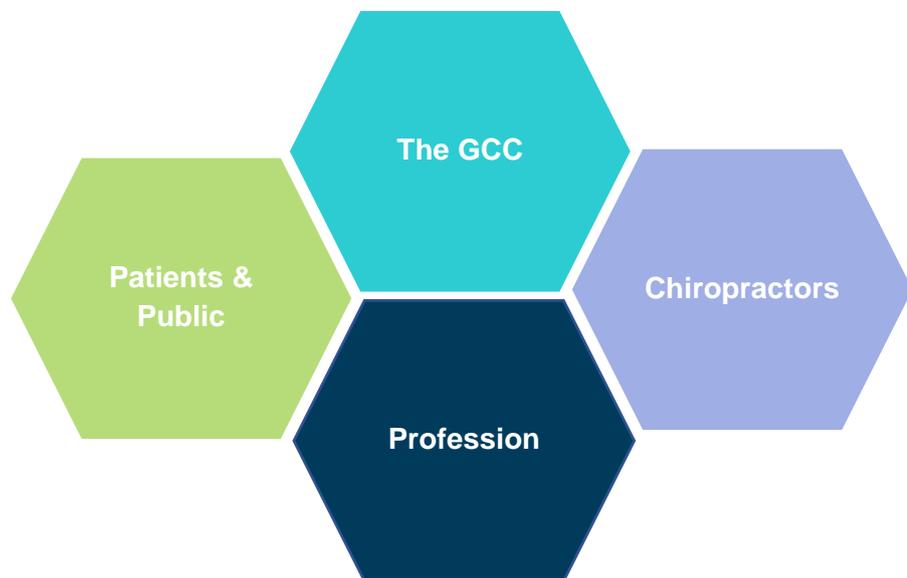
- Effective regulator meeting PSA standards of good regulation.
- Fit for purpose and informed standards, guidance and regulatory processes for the chiropractic profession.
- Maintaining financial discipline and rigour, exploiting efficiencies and limiting the financial burden on registrants.
- Recognised as a diverse, inclusive and fair regulator by employees and other 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 social care regulatory system, open to future decisions and options that may be presented.

GCC STRATEGY 2022-2024

**Consultation Report
September 2021**



Purpose

To provide a summary of findings from the General Chiropractic Council (GCC) Strategy 2022-2024 consultation which was open between 7 July and 7 September 2021.

Background

Development

Following changes to the external health and social care landscape, including the significant impact from the Covid-19 pandemic and more immediate prospects of regulatory reform, Council agreed to the development of a new GCC corporate strategy.

A draft GCC Strategy 2022-2024 was presented to Council in June 2021 for review and comment.

Consultation

In June 2021, Council agreed that the draft GCC Strategy 2022-2024 should be released for open consultation with the public, registrants and other key stakeholders.

The purpose of the consultation was to seek the views of stakeholders and explore the extent of support for the proposed strategy aims, objectives and direction of activities over the next three years.

The GCC undertook several communication and event-based activities throughout the consultation to encourage engagement and feedback, demonstrating openness and willingness to listen and acknowledge the wide range of opinions and views from stakeholders. As such, some feedback and commentary does go beyond the remit of the consultation. However, for openness and completeness, relevant comments and themes are included in this report.

Much of the consultation was qualitative based feedback with only a small registrant poll (quantitative) being conducted following the two 'Teams Live' events.

Finally, this report presents themes, issues, comments and feedback from all the consultation activities and submissions. These have all been considered when preparing and presenting the final proposed GCC Strategy 2022-2024 document to Council in September 2021.

Note

The wording of the aims and objectives, as well as the purpose and rationale of those aims, contained within this document are those which were presented to registrants and stakeholders during the consultation.

Consultation activity

The following communication and event-based activities were undertaken during the GCC Strategy 2022-2024 consultation.

- 1) Creation of a GCC Strategy 2022-2024 consultation landing page on gcc-uk.org with feedback facility
- 2) Agenda item and feedback opportunity for the GCC Education Committee on 14 July
- 3) Editorial placed in the July, August and September GCC newsletters
- 4) Promotion of strategy and Teams Live events to registrants in August and September
- 5) Teams Live event for registrants on 25 August (afternoon)
- 6) Teams Live event for registrants on 6 September (evening)
- 7) 'Invitation to submit' comments sent to education institutions, professional associations, the Royal College of Chiropractors (RCC) and the Chiropractic Patients Association
- 8) Meeting with professional associations and RCC on 7 September
- 9) Twitter posts, also aimed at public/patients
- 10) LinkedIn posts, also aimed at public/patients
- 11) GCC colleagues given the opportunity to comment through various 1-1 and team meetings
- 12) Strategy promoted by the BCA to their membership

Summary results (as of 7 September 2021)

- 1) **1,386** people visited the GCC Strategy landing page, 10th most visited page (7 July-7 September)
- 2) **6,495** opens of GCC consultation invitations and editorial
- 3) **2,136** impressions on Twitter
- 4) **259** registrants attended the 25 August Teams Live event
- 5) **122** registrants attended the 6 September Teams Live event
- 6) **207** consultation comments received

GCC Strategy 2022-2024

Consultation Feedback (General)

Overall, the draft GCC Strategy 2022-2024 was positively received. It was considered easy to read with the clear division of aims and objectives allowing the document to be accessible and understandable (and in turn, critically assessed).

As a note, the division of aims, objectives and their defined projects will be duplicated in the strategic plan to accompany the GCC Strategy 2022-2024.

As with most consultations, there were questions regarding content, language and transparency. On content, there were some comments on 'vagueness' with a few asking for clarification on statements, particularly around professionalism and patient expectations.

There were also several comments regarding the statement: 'helping position the GCC at the heart of chiropractic', with a number noting that chiropractors are the real 'heart of the profession'. This led to several comments that the GCC did not fully understand the profession, represent the entire profession and suggesting the organisation was aloof.

"I would like to say that sometimes your wording seems slightly out of touch. Chiropractic and chiropractors ARE the profession, not at the heart of it. This is not me being egotistical but a fact. Without chiropractic or chiropractors there would be no GCC, no purpose for it."

"From my personal perspective, I believe that the profession should be shaped by the professionals, not the regulator."

There was discussion about the overall strategy not addressing the 'core issue' or its 'missing piece' by not identifying and 'rooting out' poor performers within the profession. It was stated that this was the role of the GCC and in not doing so, the overall reputation (perception or otherwise) of the profession will continue to be tainted, 'we are judged by our weakest bar.'

"The profession does not speak with a single voice and is divided by quality and poor professionals. This creates a lack of trust in the trust and belief of the profession. Is it not the roll of the GCC to weed out these people? The thing that holds the profession back is a lack of high standards and grit with strong regulation."

Equally, some noted that the GCC communicates and carries out this function well recognising there is a balance in conveying rigour in rooting out poor performers and giving encouragement to the majority

Finally, as noted, the GCC undertook several communication activities throughout the consultation to ensure stakeholders were aware and had the opportunity to input into the development of the strategy, for example the Teams Live events with Nick Jones and other Directors (25 August and 6 September).

Although there were a wide range of comments regarding the operation of the GCC, its role and the draft strategy (which will be included in the relevant parts of this report), an overwhelming theme during and after these events was registrant appreciation for the GCC being more open, approachable and willing to hear/listen to the registrants.

“Congrats on the open dialogue regarding the strategy and registrant comms – more”

“So nice to start a collaborative discussion within the profession and the GCC. I remember a time when that was definitely not the case, and it was all a bit scary!!”

Aim One: Patients & Public



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

One A

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

One B

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

One C

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

Purpose of Aim

For the GCC to ensure the views and experiences of patients are central to its 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 registrants to report to the Chiropractic Patient Incident Reporting and Learning System (CPIRLS) when things go wrong and for lessons to be 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.

The following section contains selected, yet representative, feedback from a wide variety of stakeholders who submitted their views during the GCC Strategy 2022-24 consultation.

Consultation Feedback

This aim was purposefully positioned to put patients first. No comments were received regarding its positioning with almost all registrant feedback agreeing that ‘a’ role of the GCC was to protect patients; albeit some stated that this was to the detriment of registrants. (Some comments referred to GCC members, rather than registrants, including at a Teams Live event which was addressed).

The most common feedback regarding this aim (and its accompanying objectives) focused on the term ‘expectations’, and ‘legitimate.’ A commonly held view was the concern that, on occasion, patients can be unrealistic in their treatment demands and expectations. As such, how will the GCC balance solicited and unsolicited patient expectations against the advice and guidance from their chiropractors?

“This (AIM) spoke of patient expectations: I wasn’t sure what you meant but I interpreted this as their expectations are most important. Sometimes I have patients who think that all their problems could be fixed overnight.”

“I have grave concerns regarding the ‘Patient Expectations’ section. If a patient expects to get an improvement in a chronic condition after six sessions but eats junk food, is unwilling to follow advice on exercise etc their expectation is unjust and unrealistic.”

“How are you planning to address the unjust and unrealistic expectations against the advice from their chiropractors?”

“Nick, the patients reaching out to you are most likely not satisfied with the care they received. You cannot base these patient expectations.”

“...It seems that the main interactions with patients by the GCC is with those who are making a complaint, of which there are approximately 100 per year.”

Some commented that patient/chiropractor expectations should be a ‘two-way street’ with both parties responsible for establishing and agreeing expectations. It was suggested the GCC work with registrants to address ‘legitimate expectations’ and achieve a balance between patients and chiropractors. There were also some concerns expressed that the strategy statements could be interpreted as the profession not being safe.

“How does the GCC plan to foster collaboration between patients and the profession?”

“... to close the gap between what patients expect, it might be a good idea to consult between yourself and chiropractors to form information for patients regarding expectations.”

“I am concerned about this statement. There is an implication in the wording that Chiropractic is not safe and that patients are not happy, and that the GCC needs to do something about it.”

As a note, working with chiropractors to identify ‘legitimate expectations’ and creating guidance for patients have both been outlined in the strategic plan accompanying the strategy.

The use of ‘enforce’ (Objective One C) did not find favour as some felt this was too strong and, again, seemed to suggest a professionalism issue within chiropractic.

“Agree with the premise however we have concerns around the term ‘enforce standards’ and ‘Legitimate expectations’ - who defines these terms and will there be diverse and balanced stakeholder input?”

Some feedback referenced GCC research, noting that its own results found a high level of patient satisfaction. Therefore, it was felt that the overall aim and wording throughout this section was too negative and overly critical of chiropractic.

Furthermore, the volume and level of satisfaction by patients for chiropractic does not reflect the concerns (or perception of concerns) which this aim and its objectives may suggest.

“My understanding from recent GCC patient studies is that patients are extremely happy, and chiropractic is extremely safe (unlike many medical interventions). Why is it deemed necessary to do more research on a question that doesn’t seem to pose any problem at all currently.”

This section of the draft strategy refers to the Chiropractic Patient Incident Reporting and Learning System (CPiRLS). Some stakeholders expressed concerns that the GCC potentially mandating adoption is at odds with the literature and that an open and honest safety reporting culture is more likely to emerge where it is led by the profession. Equally some saw the need for encouragement and for the GCC in establishing expectations to be seen as a benefit, thereby enhancing the profession.

“CPiRLS is for the association, not the GCC.”

“The RCC has CPiRLS – does the GCC envision setting up a similar system?”

Aim Two: Chiropractors



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

Two A

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

Two B

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

Two C

To work with education providers and stakeholders to develop and promote professionalism in registrants from the start to end of their careers

Purpose of Aim

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

Although the 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 our Guidance, Education standards and strengthen 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 capabilities 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 have 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.

The following section contains selected, yet representative, feedback from a wide variety of stakeholders who submitted their views during the GCC Strategy 2022-24 consultation.

Consultation Feedback

Understandably, this section received some (but not the most) attention from respondents, with the themes of professionalism, education standards and transparency generating much interest and some concerns.

On professionalism, there was a 'fairly' universal consensus that chiropractors work to a high level of professionalism and, as such, concerns were expressed as to the term being used or stated, summed up by 'where is the research stating that that professionalism is low?' and 'is this really a concern?' There were some minor queries regarding the term 'excellence', both in the GCC's definition and implication.

"This objective gives the impression that the GCC perceive that professionalism is a problem within the profession generally. While we agree that we should uphold and maintain professionalism, we would like to know what specific areas the GCC have a concern with?"

"Where is the evidence that registrants are currently not delivering safe, effective and compassionate care to their patients?"

"My understanding is that currently the public has a lot of confidence and faith in the profession and issues around professionalism are rare."

"We query the term 'excellence' in Aim 2. 'Excel' implies exceptional performance and we wonder if that is really the aim, rather than seeking to ensure professionalism across the entire register."

There was some discussion regarding poor performers within chiropractic and how these people were not serving the profession well. As such, it was stressed/asked if it was not the role of the GCC to 'root out' these people?

(para) "Is it not the role of the regulator to set the standards and crank-up the pressure to squeeze (poor performers) out?"

A theme emerging from this conversation was whether the GCC should set and enforce higher education standards with the universities and colleges (if professionalism was a genuine concern).

"If there are concerns with the chiropractic schools, why is this not being explicitly mentioned? If there is no concern, why does the profession need to be educated further? Clarification is needed here."

"Are there concerns that chiropractors are failing in practice because of lack of competence, in which case this needs to be taken up with the Chiropractic Schools. Again, there is an implication that chiropractors are not up to standard, yet this is not held out by GCC research into patient perceptions of the profession."

A small number of registrants referenced specific conditions and/or treatments and urged the GCC to have these added to course curricula.

Several submissions referenced the issue of 'strengthening CPD', mostly asking what this might entail and justification for the changes. There were questions regarding the use of the terms 'enhanced', 'directed' and 'strengthened'. As the consultation was conducted during the final months of the 2020/21 CPD year any proposed changes were of interest.

"You spoke about greater direction around CPD - again what direction are you planning on taking? Are you planning on restricting what and where we can use of CPD?"

"I don't like strengthen or enhance or directed CPD. CPD is valuable but don't like being directed"

"If GCC has matters which it thinks should be included, they should make it transparently clear and present the evidence-based rationale behind it."

Some comments touched on transparency, both in deliberations and considerations made by the GCC toward the profession. Queries focused on how the GCC establishes its position or conclusions on matters, with hopes that more consultation with registrants, associations, educational institutions might be of benefit.

"Transparency is essential in handling, collection, quality and interpretation of the said data"

Finally, there was widespread appreciation for the GCC's efforts to communicate and engage with registrants.

"I believe that over time your appearances and interest in teaching how-not-to-have-a-complaint will be invaluable, improve the quality of professionals in our profession and lighten your complaints load"

Aim Three: The GCC



To regulate effectively, efficiently, innovatively and inclusively. This Aim will be achieved through the delivery of three objectives:

Three A

To take appropriate and measured action on complaints, the misuse of title, or when registration requirements, including annual CPD fulfilment, are not met.

Three B

To set and promote educational, professional and registration requirements that are appropriate and fit for purpose.

Three C

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

Purpose of Aim

For the GCC to undertake its statutory duties more effectively and efficiently, improving fitness to practise and registration processes and setting the highest of standards for chiropractic, all of which benefit patients, practitioners and the profession as a whole.

Key to achieving this aim is recruiting, developing and retaining skilled, professional employees who are passionate about developing the profession that they oversee. A diverse, dedicated and enthusiastic team working collectively toward a shared vision can achieve more than their individual roles, if encouraged and nurtured.

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 health and care 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's 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 health and care requirements and that registrants continue to develop and enhance their skills and abilities throughout their careers.

Through social and legislative initiatives, the UK is slowly adapting and working toward becoming a more inclusive and accepting society. With this, the GCC will embed equality, diversity, inclusion and fairness throughout its functions and processes, ensuring these elements are core to all that it does.

The following section contains selected, yet representative, feedback from a wide variety of stakeholders who submitted their views during the GCC Strategy 2022-24 consultation.

Consultation Feedback

Understandably, much of the feedback and commentary surrounding this aim overlaps with other aims with the strategy.

There were several comments relating to patient engagement, registrant engagement, CPD, cross regulator engagement etc, mainly focusing on ‘How we intended to work here?’. This could be seen as a lack of understanding of the GCC and its operations. Equally the GCC may need to do more in effectively communicating and promoting its activities and rationale to stakeholders.

“Can you clarify – this statement seems to imply that “educational, professional and registration requirements that are NOT appropriate and NOT fit for purpose”.

“Could you clarify again if the GCC has concerns about the Education of Chiropractors in the UK, because over and over there is implication that it is substandard?”

Some comments were made about the GCC communications, handling of chiropractor complaints and the Fitness to Practise process, with a small number feeling the GCC was unsupportive of chiropractors.

Several comments were made about ‘the past’ and cautioning against a return to a somewhat ‘heavy handed’ approach by the GCC. ‘I hear that the process can take months to resolve with no case to answer – I imagine this puts tremendous stress on the chiropractor in question’.

“I know it’s important to explore all complaints, but this process could surely be streamlined and more time efficient.”

“Fitness to practice process indeed needs to be improved and streamlined and become much more in line with other health regulators.”

Several registrants enquired as to the relative volume of complaints received in other health and social care professions and if the level of chiropractic complaints was comparable.

Some comments were made on whether the GCC represents the chiropractic diversity of the profession.

“I think that the GCC need to understand that there is a wide range of views within the profession regarding various topics – when deciding standards, guidance and regulatory processes a wide range of views should be considered.”

“My understanding was that the GCC was set up to protect the name of chiropractic, not to determine what chiropractic is and isn’t.”

“Many of the more “wellness” based chiropractors, me included, have concerns about diversity and the GCCs ability to represent the whole profession.”

There were several comments and issues which, indirectly, related to the limitations of the Chiropractors Act and extant rules, notably the level of fees, why the GCC cannot offer part-year fees or deferments, for example in relation to maternity leave or semi-retired chiropractors and how the GCC conducts investigations.

“While I understand the reasons behind the registration fee is the amount it is, why can’t it be reduced for those sick, semi-retired or on maternity? This increases risks of registrants de-registering and patients seeing nonregulated practitioners”

“At times especially if you are single practitioner the rules, fees and regulations seem onerous and costly in comparison to other healthcare professions”

A few respondents stated that the GCC (although this could also be the profession as a whole) should develop a closer working relationship with the NHS. However, an equal number believe the profession should stop its ‘fixation’ with being a part of the NHS and were quite vociferous against closer integration. A general theme was greater clarification on the GCC’s position regarding the NHS

“Will there be a more incorporated role within the current NHS (as it is unable to meet current demand)?”

“A relationship with the NHS – my biggest concern is being dictated to on how we care for people, how many sessions etc. I would not want to lose my authority when it comes to patient care.”

There were some issues around transparency as well as the GCCs attempt to be more open with stakeholders (as highlighted in the previous section/aim)

“Laudable aims but again the language is very vague and obscure. As with all changes, transparent consultation with registrants would be essential.”

“Serious consultation between the GCC and the registrants needs to be undertaken providing transparency of the process.”

“Today, brilliant in that this is a good way to demystify the GCC and put faces and personalities to the names on paper, good to see everyone. Nick appeared wonderfully ‘approachable’, concerned, caring and inclusive which in essentially a vacuum from the past Boards is most welcome.”

Aim Four: The Profession



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

Four A

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

Four B

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

Four C

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

Purpose of Aim

For the GCC to share and input its knowledge, experience and expertise without prejudice and to influence the future direction and shape of the regulation of the profession. Working collectively and collaboratively when possible, the GCC aims to position chiropractic as an ever-more essential and valuable component of the UK health and care system for the benefit of the public, NHS and the profession.

Rationale of Aim

Reform of professional health and care regulation is underway. Over the next few years, decisions will be taken on which changes are to be made and to whom.

Ultimately, the design of the regulatory system is for government to decide. The GCC offers its knowledge, expertise and experience – alongside those of patients, the public and the profession – to strengthen the reform proposals and improve the current health and care regulatory 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.

The following section contains selected, yet representative, feedback from a wide variety of stakeholders who submitted their views during the GCC Strategy 2022-24 consultation.

Consultation Feedback

This aim attracted the most comments and interestingly the future of chiropractic also emerged as a theme within the discussion.

First, it was 'almost' universal in the feedback that the chiropractic profession should continue to be regulated. The 'almost' reference is that some felt the regulator did not function well or represent all chiropractors (a point covered in the previous section). There was a general sense and/or belief that being a regulated profession created more legitimacy, confidence and standing within the health and social care professions.

"Hopefully we can survive as independent practitioners going forward."

"I think this would be worth considering in the future as two smaller professions (Osteopathy) together create larger numbers which can give a bigger voice."

"Being independently regulated or multi-discipline regulated – we do not want to water down chiropractic or chiropractic care which is my biggest concern with the multi-discipline regulated model. I would also like to learn more about the potential pros and cons of both options before commenting further."

"there are good and bad things about having our own professional council. I'm not sure a multi-profession Council would solve the bad things."

From an informal GCC poll and reviewing comments, there is a majority (albeit scientifically unreliable) for the continuation of a single standalone regulator although some wondered whether a 'merger' with the General Osteopathic Council might be possible.

It was apparent that little was known or understood as to proposed reform and proposals relating to regulators. Equally, it was also apparent that there was a desire for more information and involvement in this area. Questions were posed as to the future of the profession.

A small number of respondents thought that the associations were not being as cooperative as they should be in supporting the profession. The proactive approach contained within the strategy was endorsed.

Finally, some raised queries regarding the Advertising Standards Authority and if the GCC supported the Authority.

"Do you anticipate collaboration or consultation with the profession in relation to regulatory changes?"

"Does this mean the GCC might be abolished or merged? With whom?"

"4th aim greatly appreciated and endorse this approach."

“Has the government requested GCC undertake this review?”

“Yes, we are a divided profession politically....maybe this is the place to start to close the divide.”

“What’s Nick’s view on the ASA / The ASA has proven itself not to be impartial”

Report from the Chair of the Education Committee

Meeting paper for Council on 28 September 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

AECC University College

1. The Committee was pleased to hear that the new MChiro (Hons) chiropractic degree programme, to be delivered by the AECC UC and commencing in Autumn 2021, had received recognition from Privy Council on 15 June 2021.
2. The first of the Education Visitor monitoring meetings for the MSc Graduate Entry programme took place on 1 June 2021. The final draft monitoring report was reviewed and agreed by the Committee and has been published on the GCC website.

Teesside University

3. The first of the Education Visitor monitoring meetings for the MSci (Hons) Chiropractic programme took place on 8 June 2021. The final draft monitoring report was reviewed and agreed by the Committee and has been published on the GCC website.

London South Bank University (LSBU)

4. The Committee noted that the first cohort of LSBU students will be transitioning into year 4 this year, which will include working in the onsite (interim) clinic at the Southwark Campus. LSBU have advised that they have decided to delay the opening of the clinic to the public until September 2021, meaning that all students

who have successfully passed year 3 will commence onsite placements at the same time.

McTimoney College of Chiropractic (MCC)

5. The Committee noted the update from MCC regarding the new College of Health (CoH), which is an independent Higher Education institution registered with the Office for Students. Programmes previously delivered by the McTimoney College of Chiropractic as part of a management agreement under BPP University for a BPP University award are now delivered by the McTimoney College of Chiropractic as part of the College of Health for an Ulster University award.
6. Post-completion all MCC staff have successfully TUPeD across to CoH and, apart from those students who opted to remain with BPPU, all students have also transferred to CoH under an Ulster award.
7. The validation with Ulster University is managed under the School of Health Sciences, within the Faculty of Life and Health Sciences.

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

8. 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 21 June 2021. The Committee approved the SCCCT's submission for Stage 2.

Scoping Review of the Education Standards and Quality Assurance Procedures

9. The Committee discussed the interim report on the Scoping Review of Education Standards and Quality Assurance Handbook, which is being carried out by Gay Swait and overseen by a small Steering group of members.
10. Research had commenced with meetings planned with each education institution and the Royal College of Chiropractors and focus groups with education visitors and with patients from education provider patient groups. A final report with recommendations would be considered by the Committee at its November meeting.

Education Provider Annual Monitoring 2020-21

11. The Committee reviewed the proposed timescales and activity for the 2020-21 annual monitoring and self-assessment returns from education providers. The Committee agreed that the thematic review topic would ask institutions to reflect

on the learnings from Covid-19 in relation to student and patient communication, both positive and negative. Forms have now been issued to education providers for completion by the end of the year, with follow up discussions between institutions and pairs of Education Committee members to be scheduled as last year.

Sharon Oliver

Chair of the Education Committee

Report from the Chair of Remuneration and HR Committee

Meeting paper for Council on 28 September 2021

Agenda Item: 10

Purpose

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

Committee Meetings

1. The Committee has met once, on 7 July 2021, since the last Council meeting.

CER Operational Report

2. The Committee asked for detail on the increased staff turnover rate. The CER provided context, explaining the reason for a recent employee's departure. The CER explained that management expectations are set in the Executive team, backed up by a thorough induction process.
3. The Committee noted that:
 - Management should encourage staff to take their annual leave since there is a lot outstanding.
 - Staff turnover has been quite high for a number of known reasons. If it continues at this rate the Committee asked for closer scrutiny and a further report.
4. The Committee received a report on Equality, Diversity and Inclusion (EDI) across the organisation's activities. Members asked to receive further information about the EDI monitoring information reported, setting out the

principles and reasons for data collection.

5. The Executive agreed to continue to review the data fields in the EDI monitoring form, to ensure that it reflects best practice.

GCC Future Operating Model

6. The Committee received an update on the GCC's future operating model, noting Council approved the principles at its meetings in June 2021.
7. The Committee concluded that implementing a definitive policy immediately is premature as GCC like other organisations adapt to the new working patterns. It agreed to the flexible introduction of new ways of working with careful monitoring and adaptation as we identify what is most successful and effective.
8. The Committee noted the CER's point about the legal requirements of the employer relating to staff working from home (i.e. employment law, insurance, health and safety) and confirmed his view that these must not be neglected.
9. The Committee asked the Executive to seek specialist advice as required as the policy develops ensuring any potential risks and challenges are identified and resolved or mitigated.

Feedback of Director's Performance

10. The CER provided a verbal update of the Executive team's performance to the Committee.

Policy for Employee Pay Award and Structure

11. The Committee received the proposed policy for employee pay award and structure for the Committee's approval.
12. The Committee requested the pay award policy be finalised in the light of their comments. The Committee will receive the updated draft for approval prior to its next meeting.
13. The Executive will present a total reward strategy for consideration at the next meeting of the Remuneration and HR Committee.
14. The Committee requested the Executive to seek professional advice concerning the "red-circled" employees and update Members.

Steven Gould

Chair of Remuneration and HR Committee