# General Chiropractic Council Meeting Agenda
8 December 2021 at 10:00
GCC, Park House, 186 Kennington Park Road
London SE11 4BT

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>1.</td>
<td>Welcome, apologies and declarations of interest</td>
<td>Chair</td>
<td>10:00</td>
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<td>2.</td>
<td>A. Council Minutes of 28 September 2021</td>
<td>To approve</td>
<td>Chair</td>
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<td>B. Matters Arising</td>
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<td>3.</td>
<td>Chair’s Report</td>
<td>To note</td>
<td>Chair</td>
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<td>4.</td>
<td>Chief Executive &amp; Registrar’s Report</td>
<td>To note</td>
<td>CER</td>
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<td>5.</td>
<td>Fitness to Practise Update</td>
<td>To note</td>
<td>D of FtP</td>
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<td>6.</td>
<td>Finance Update – Management Accounts to November 2021</td>
<td>To note</td>
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<td>7.</td>
<td>Review of Imaging</td>
<td>To approve</td>
<td>CER</td>
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<td>8.</td>
<td>Equality, Diversity &amp; Inclusion (EDI) Strategy</td>
<td>To approve</td>
<td>CER</td>
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**BREAK (15mins)**

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<tr>
<td>11.</td>
<td>Budget 2022</td>
<td>To approve</td>
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<td>12.</td>
<td>Report from the Chair of the Audit and Risk Committee</td>
<td>To note</td>
<td>Chair, ARC</td>
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<td>13.</td>
<td>a. Report from the Chair of the Education Committee</td>
<td>To note</td>
<td>Chair, EC</td>
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<td>b. Annual Report for 2021 from Education Committee</td>
<td>To note</td>
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<td>14.</td>
<td>Report from the Chair of the Remuneration and HR Committee</td>
<td>To note</td>
<td>Chair, REMCO</td>
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<td>15.</td>
<td>Any Other Business</td>
<td>Chair</td>
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**Close of meeting: 13:00**

Date of next meeting: 15 March 2022
1. Welcome, apologies and declarations of interest

The Chair opened the meeting by welcoming all Council members and observers.

Apologies were received from Annie Newsam and Jennifer Adams.

The Chair welcomed Nirupar Uddin, Director of Fitness to Practise, returning to the GCC in June 2021 following maternity leave.

The Chair thanked Mary Nguyen, Committee Administrator, for her support to Council during the period of the pandemic and coordinating the arrangements for the two-day meeting of Council.

The Chair was saddened to convey that John Witt, Partner of Capsticks and regular observer at meetings of Council, and George Walker, one of the members of chiropractic profession influential in establishing it as regulated profession had died recently, noting that condolences have been sent.

No declaration of interest was made.
### 2. Draft minutes of the Council meeting of 17 June 2021 and matters arising

**A. Minutes** (Item 2)
Council **agreed** that the minutes were an accurate record of the meeting.

**B. Matters arising** (Item 2a)
The Chair confirmed all matters arising were completed.

### 3. Chair’s report, June 2021 to September 2021

The Chair presented her report of activities since the meeting with Council in June 2021 (Item 3).

The Chair highlighted the busy period with Council membership arrangements over the last 18 months; the appointment of four members, and reappointment of four members, bringing Council to a total of 12 members.

Council noted membership would be reviewed at its meeting in March 2022, further to and subject to any material developments on regulatory reform.

**Action:** To correct the name to Simon Lawrence in Chair’s engagements.

Council **noted** the Chair’s report.

### 4. Chief Executive and Registrar's report

The Chief Executive and Registrar (CER) presented his report (Item 4).

Council enquired the outcome of the consultation on performance review process held by the Professional Standards Authority (PSA) on 24 September 2021. The Director of Development noted it was a positive meeting, but the PSA would conduct further consultations to determine the frequency of performance reviews.

Council was interested to know the progress of the hybrid operating model being implemented. The CER reported the model had commenced with staff gradually returning to the office albeit it was too early to come to any conclusions as to its operation. The CER further noted the Executive would continuously review its effectiveness and experiences of all staff, reporting more formally to the meeting of the HR and Remuneration Committee in November 2021.

Council **noted** the report with no further queries.

### 5. Director of Fitness to Practise report

The Director of Fitness to Practise (FtP) presented her report (Item 5).

Part A: The Director of FtP reminded Council that at its meeting in December 2020 it approved Jill Crawford as overall Chair of the Investigating Committee (IC) to 6 December 2021. However, following the identification of an error relating to Jill’s term of office on the Investigating Committee of the GCC the
Director of FtP sought approval to amend the appointment of Jill Crawford as overall Chair of the IC to 31 May 2022, consistent with the ending of her term of office.

Council **approved** the amended appointment of Jill Crawford as overall Chair of the IC until 31 May 2022.

**Part B:** The Director of FtP sought approval for the appointment and reappointment of legal assessors to regulatory committees of the GCC.

Council was concerned that opportunities be taken in the future in relation to the appointment of legal assessors; that is, to ensure greater geographical distribution that encouraged new entrants and to enable more diversity amongst the pool of legal assessors. The Director of FtP noted Council’s expectations and would ensure greater consideration be given to appointments accordingly in future.

The Director of FtP outlined the process for considering the reappointment of legal assessors. Council emphasised the importance of establishing a basis for evaluating the performance of legal assessors to contribute to decisions about their reappointment.

Council **approved** the proposed appointments and reappointments of legal assessors.

**Part C:** The Director of FtP highlighted the key data on operational performance for the period from 1 June 2021 to 14 September 2021, highlighting revisions to the report showing commentary and charts together, with a glossary to aid understanding appended.

The Director of FtP noted the good progress being made across FtP performance areas.

Council welcomed the revised reporting format, noting its clarity. In addition to having clarity about performance against specific annual targets, Council asked for additional measures relating to comparisons with historical performance and also performance compared to other health and care regulators. It suggested such information come to Council periodically rather than at each meeting.

**Action:** The Director of FtP to develop measures of historical performance and comparative performance data with other health and care regulators to be presented at the meeting of the Council in December 2021 together with the proposed performance targets for 2022.

The Chair thanked the Director of FtP and the team for their work.

Council **noted** the report with no further comment.

| 6. | **Finance Update – Management Accounts to August 2021** |
The Director of Corporate Services presented the finance update report (Item 6).

**Performance in the period 1 January – 31 August 2021**
The Director of Corporate Services reported that a surplus of £142k was realised to the end of August compared with a forecasted surplus of £66k for that period. The key reasons for the variance were outlined in the report.

In response to Council’s queries, the Director of Corporate Services confirmed the projected number of Professional Conduct Committee (PCC) hearings and projects which had not yet started were factored into the expected year-end forecast deficit figure.

**Balance sheet as at 31 August 2021**
The Director of Corporate Services reported an increase in value to GCC’s investments from £4.431m in December 2020 to £4.811m as of 31 August 2021.

Council noted the report.

### 7. Business Plan 2021 Performance Update

The Director of Corporate Services presented an update on the progression of the Business Plan 2021 (Item 7) to Council.

The Director of Corporate Services noted that one project was completed, 13 projects were actively being delivered, two had been deferred pending the outcome of the ongoing Department of Health and Social Care (DHSC) reform review work and following the return to the office, one project was due to commence in Q4 of the year.

Whilst Council acknowledged it was useful to note the inclusion of the percentage-completion of each project in the report, it was suggested that it would be useful in future reports to provide an indication of how each project was tracking against its timeline.

A query was raised by on the costs of stored documents. The CER noted that when the physical documentation and external archiving project is completed, (in line with the Council’s retention policy for documents), it would significantly reduce the current high storage costs (of approximately £9k/year).

**Action:** Executive to present percentage-completion rates compared to planned timeline for each project in future reports on performance.

Council noted the report.

### 8. GCC Strategy 2022 – 2024

The CER presented the final draft GCC Strategy for 2022 – 2024 (Item 8), following consultation, to Council for approval.
The CER drew Council’s attention to the report of the consultation and the main themes expressed, as detailed in the Cover paper. There had been extensive engagement over the summer, and this had been welcomed by the profession. The virtual open consultations had been well attended and would prove a useful method for the future. Much was also learned as to the perceptions of many about regulation and the GCC; and there was broad support for the direction.

Registrant Members attending the consultation events agreed the GCC Strategy had been amended in the light of comments raised there and generally, as identified in the report of the consultation.

Aim One of the Strategy was discussed in relation to the balance and weighted heavily towards patients. Following discussion, Council agreed that there was historically a lack of patient input across regulation. In consideration of the opportunity to gain an understanding of the patient's needs and expectations, Council further agreed no amendments were required to Aim One.

Council made some suggestions regarding the section on diversity values.

Council approved the GCC Strategy for 2022 – 2024.

Action: Executive to incorporate comments amending the GCC Strategy 2022 – 2024 and publish, subject to amendments proposed.

The CER thanked the Director of Development and the Policy and Communications Lead for their work on developing the strategy.

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<th>9.</th>
<th>Report from the Chair of the Education Committee</th>
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<td>The Chair of the Education Committee presented an update report (Item 9) to Council.</td>
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<td>Council discussed the development of the profession and in particular its slow growth. Concerns around the shortage of teaching staff and limited clinical placement and clinical supervisors available were also raised. The Chair of Education Committee acknowledged the issues raised and noted these would be considered further by the Education Committee.</td>
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<td>Council noted the report.</td>
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<th>10.</th>
<th>Report from the Chair of the Remuneration and HR Committee</th>
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<td></td>
<td>The Chair of Remuneration and HR Committee presented a report (Item 11) to Council further to its meeting on 7 July 2021</td>
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<td>Council noted the report.</td>
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| 11. | Any other business |
| The Chair thanked all Council members and GCC staff for their participation and closed the meeting. |
| **Date of next meeting: 8 December 2021** |
## Agenda Item: CO210928-02a
**Subject:** Matters Arising from 28 September 2021  
**Presenter:** Mary Chapman, Chair GCC  
**Date:** 8 December 2021

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| 3    | **Chair’s Report**  
   An error was identified with a stakeholder’s name in Chair’s engagements.  
   **Action:** To correct the name to Simon Lawrence in Chair’s engagements | Completed |
| 5    | **Fitness to Practise Report**  
   Council asked for additional measures relating to comparisons with historical performance and comparative performance to other health and care regulators.  
   **Action:** The Director of FtP to develop measures of historical performance and comparative performance data with other health and care regulators to be presented at the meeting of the Council in December 2021 together with the proposed performance targets for 2022. | Complete: See agenda item 5 |
| 7    | **Business Plan 2021 Performance Update**  
   Council suggested it would be useful in future reports to provide an indication of how each project was tracking against its timeline.  
   **Action:** Executive to present percentage-completion rates compared to planned timeline for each project in future reports on performance | Complete: See agenda item 09 |
| 8    | **GCC Strategy 2022 - 2024**  
   Council made some suggestions regarding the section on diversity values.  
   **Action:** Executive to incorporate comments amending the GCC Strategy 2022 – 2024 and publish, subject to amendments proposed. | Strategy published with changes in October 2021 |
Chair’s Report

Meeting paper for Council on 8 December 2021

Agenda Item: 3

Introduction

1. I am delighted, and grateful, that we are holding this meeting of Council in person once again, especially as we welcome members who were unable to join us at the previous meeting.

Engagement with the Profession

2. As last year during this period, I have met (virtually) with the main stakeholders across the profession. The conversations have focussed on the impact of the continuing challenge of the pandemic, feedback on key elements of the GCC’s programme and the profession’s response to the consultation on the future of the healthcare regulatory regime.

3. The environment remains challenging and there is an emerging fatigue, in part due to practising in a heightened state of safety alert. PPE requirements appear to have taken a toll on certain practitioners; albeit some requirements have recently been relaxed. The Associations themselves are undergoing changes in senior personnel and are developing new strategies.

4. There was positive feedback about the GCC’s new three-year strategy and particularly about the consultation

5. We must note that all healthcare professionals in England, working within NHS or social care settings regulated by the Care Quality Commission (CQC), are expected to be fully vaccinated against Covid-19. It is expected the requirement will become mandatory from April 2022. Once mandated, a chiropractor employed or commissioned to work within the NHS or any care settings regulated by the CQC must be fully vaccinated against Covid-19, unless they have specific health exemptions. The numbers working in such settings is small.
Council Business

6. Last month I proposed changes to meeting arrangements for 2022, seeking Members' views for which I am grateful. I am pleased there was a consensus as to the way forward which sought to balance the needs of the organisation, making best use of technology, resources and time.

7. For the record, Council will meet on four occasions next year with the meetings in March and September taking place over a single day and held virtually. The other two meetings in June and December will be held in person over two days, with a development session on the first day and the meeting of Council held on the second day.

8. I was delighted to attend part of the GCC staff 'awayday' on 8 October 2021. It gave me an opportunity, together with Nick, to express in person our gratitude for the hard work of the team during the period of restrictions due to the pandemic. Amongst other things, the transition to hybrid working was discussed and we reflected on our various experiences of travelling to the office.

Governance

9. In consideration of the membership changes that have occurred in the last 12 months, I intend to conduct a board effectiveness review in the first quarter of 2022. I will work closely with the Chairs of each committee, with the support of the executive team, to ensure that committee effectiveness review is aligned with that of Council.

10. I am planning to conduct the annual appraisals for 2021 for all of Council early in the new year.

Regulatory Reform

11. The Department of Health and Social Care has communicated that, further to a review of progress, a revised timetable has been developed. Members will recall that draft legislation is being developed which would apply to the GMC, initially. This legislation takes forward the policy proposals that were subject to the consultation earlier this year and applicable to all regulators.

12. The Department confirmed that it will continue to work with the regulators to draft the legislation and to engage with broader stakeholders to deliver a reformed regulatory system for health and care professionals. It also confirmed that the original timetable, which anticipated a laying of the Order in summer 2022, is not achievable.

13. It intends to consult on the Medical Professionals Order 2022 over summer 2022, expecting to lay the order before Parliament towards the end of next year.
14. Members are reminded those legislative changes are part of a larger reform programme which includes:

   a. The Health and Care Bill provisions to enable changes to the regulation of healthcare professionals through secondary legislation. The Bill has just completed its Committee stage in the Commons;
   b. The KPMG review of how the healthcare professional regulatory landscape might be simplified. The report of the review is expected to be submitted to the Department by the end of this year;
   c. A consultation on the criteria for deciding which professions should be statutorily regulated.

15. We have some time to discuss the implications for the GCC during the afternoon following the Council meeting.

Engagements (all virtual unless stated otherwise*)

- 8 October – GCC staff ‘Awayday’*
- 8 November – Meeting of the GCC Remuneration and HR Committee
- 17 November and 1st December – Paul McCrossin, President of United Chiropractic Association (UCA)
- 19 November – Sharon Oliver, Chair of Education Committee, regarding Education Standards
- 24 November – Ross McDonald, President of Scotland Chiropractic Association (SCA)
- 1 December – with Nick Jones, CER, met with Catherine Quinn, President, and Tom Mullarkey, CEO, of the British Chiropractic Association (BCA)
- 6 December – Mark Gurden, President of the Royal College of Chiropractors

Mary Chapman

Chair
Chief Executive & Registrar Report

Meeting paper for Council on 8 December 2021

Agenda Item: 4

Purpose

This regular report summarises key developments in the period since the last Council last met, on 28 September 2021.

Recommendations

Council is asked to note the report.

General overview

1. Following agreement to the framework by Council, the GCC future operating model was formally implemented on 9 September 2021 and we have since been working in a ‘hybrid’ way.

2. The senior team has been meeting in the office weekly and other teams have been attending the office similarly, for induction, collaboration, meetings and so on. There has been hesitance by some in returning the office, primarily due to concerns of public transport. It is too early to evaluate experience; we believe it would make sense to run the staff survey in Q1 next year, to capture feedback on working arrangements and experiences.

3. An all-staff ‘awayday’ took place on 8 October 2021. For a majority of staff, this was the first time they had met their colleagues in person. This was the same for the Chair of Council and we were grateful for her attendance. Given the case that many colleagues joined the GCC remotely, we wanted to focus the session on team bonding and getting to know each other better, particularly with those outside of their respective teams. It was a successful event and overall feedback from staff was positive, with some good suggestions for considering in planning...
future events – such as welcome involvement of colleagues from partner regulatory bodies.

4. The senior team has just embarked on a 360-degree feedback exercise to inform our development objectives.

Department of Health and Social Care

a) Regulatory Reform

5. The report from the Chair sets out the overall landscape in relation to reform. To add, the team has been involved in responding to further consultation on the detail of reform in relation to governance, education, registration and fitness to practise. Furthermore, the work being led by KPMG on reviewing the number of regulators has been somewhat inclusive with an opportunity for CERs to hear feedback on progress and offer perspectives as the review proceeds towards its conclusion.

b) Professional Qualifications Bill

6. By way of update. The Professional Qualifications Bill revokes the current EU-based system for recognising professional qualifications gained overseas and ‘establishes a new approach based on regulator autonomy and supporting delivery of international agreements.’

7. It is expected give more autonomy to UK regulators to decide on the right approach to recognition of overseas professional qualifications, tailored to suit the needs of their profession.

8. For the purposes of the Bill, a regulated profession is a profession, which includes an occupation or trade, or any subdivision and specialism within a profession, where there is legal requirement to have certain qualifications or experience (or meet an alternative condition) in order to undertake certain professional activities or use a protected title. As such, and unsurprisingly, the profession of chiropractic is listed as a regulated profession within the Bill, which is now at Committee stage in the House of Commons.

9. In practical terms there is little change for the GCC. Unlike some regulators we have sufficient flexibility to set our own standards for entry via the Test of Competence. For some professions (and the responsible regulator), there is a concern that as UK government enters into ‘trade deals’ on a bilateral basis with third countries, such deals may contain clauses as to entry requirements to a profession from that country leading to a theoretical risks of a reduction, or a perception of a reduction, of standards of entry. The Department of Business, Energy and Industrial Strategy has put in place mechanisms, such as a regulator forum (of which the GCC is a member) to mitigate those risks.
10. The Professional Standards Authority (PSA) formally reviews the performance of statutory healthcare regulators annually. The report of our performance in 2020/2021 was published on 1 December 2021. This was the second year of being assessed against the new standards of good regulation.

11. The PSA noted our:

- ‘pragmatic and proportionate approach’ in developing Covid-19 guidance to help registrants provide safe and effective care during the pandemic
- flexibility in how educational providers could assess students while fully maintaining the agreed Education Standards
- encouragement for registrants to adopt remote and informal learning opportunities, allowing them to maintain their Continuing Professional Development requirements
- effective use of technology to reduce the pandemic’s impact on its core functions, including online Fitness to Practise hearings, quality assurance visits and Council and committee meetings.
- work to identify and act on misleading advertising claims that chiropractic could prevent or treat Covid-19. This work has been continued with the development of registrant toolkits, providing GCC/Advertising Standards Authority compliant guidance and advice on a range of marketing and communications content activities, such as advertising, social media and messaging and websites.

12. The PSA recognised the GCC’s continuing efforts on Equality, Diversity and Inclusion (EDI), including publication of its draft EDI policy and the use of Equality Impact Assessments. However, the PSA concluded that weaknesses still existed within this Standard. In line with our EDI plan (recommended for approval at this meeting) and our business plan 2022 we have developed an action plan, addressing the issues raised in this standard.

13. More generally the report points to other issues that it will be important to address. These include:

- Ensuring we undertake full consultation on a remote hearings protocol: For early action outlined in the proposed GCC business plan 2022 at this meeting.
- Concluding the review of imaging: See agenda item at this meeting for progress report and recommendations as to conclusion.
- Ensuring that the scoping review of education standards takes into account that standards are up to date: See report from Education Committee at this meeting as to the recommendation to Council following the scoping exercise.
- Addressing the timeliness of serious FtP cases reach a final decision by a Professional Conduct Committee (PCC): The report by the Director of FtP at this meeting addresses this and the challenge it presents.
Continuing to take a proactive approach to handling complaints about misleading advertising, in particular engaging with the Advertising Standards Authority. Further, to engage with the PSA development of principles-based guidance on advertising (see c. below).

14. The full PSA report is [here](#).

b) Performance Review Consultation

15. The PSA carried out a public consultation between December 2020 and March 2021, inviting regulators to review and comment on the approach to their performance review process to ensure it continued to be proportionate and effective.

16. The GCC welcomed and responded to this, commenting on the value of more collaboration with the PSA, and more information to the criteria applied as to meeting a standard and lessons learned from other bodies to support our continuous improvement efforts.

17. The PSA has published the outcome of the consultation. The outcome of the consultation can be found [here](#).

18. The PSA has therefore committed to introducing the following changes from January 2022:

1. Do more work in year, with the aim of publishing its reports within three months of the end of the period on which it is reporting
2. Engage with a broader range of stakeholders
3. Make reports clearer and more concise, and where appropriate, include proportionate recommendations
4. Develop its understanding of risk including profession-specific risks and use this to inform the scope of its reviews

19. The PSA has now launched a second consultation, seeking feedback on three key areas by 21 December 2021:

1. Moving from an annual process to one where it looks in detail periodically, with ongoing monitoring in between to maintain its oversight
2. Its proposals for setting this period as a three-year cycle
3. The factors it will consider when determining whether we need to look in more depth at a regulators’ performance.

20. The GCC is currently preparing a response, with Members’ views invited. We are broadly supportive of the move away from an annual cycle but have some concerns as to the extent of monitoring that will be undertaken between reviews, and the depth of the new reviews – which may land somewhat disproportionately
on small organisations such as ours.

c) Authority Policy Work

21. The PSA is seeking views on three areas of work:

1. The patient voice in regulation and the potential to develop a ‘complainants code’
2. A proposed review of its sexual boundaries publications
3. An upcoming request for information on advertising guidance

22. The GCC warmly welcomes the focus on defining how and when the patient voice should be captured within professional regulation, and this indeed fits well with our new corporate strategy and work planned for next year.

23. The concept of a ‘complainants code’ for those involved in fitness to practise proceedings is one that we would be keen to understand. The review of the sexual boundaries guidance documents is welcome and timely given the nature of many of the complaints we receive from patients. With regard to advertising we look forward to working with the PSA and others and the GCC has recently revised its advertising guidance and social media guidance and developed a set of toolkits (advertising, social media and website) to help chiropractors avoid some of the more common advertising issues that have arisen, some of which have led to a high volume of complaints resulting in fitness to practise action.

Communications

24. We have transformed our communication activities over the last few years, putting in place tools for us to build and maintain our relationships, improve functionality, allow for innovation in presenting an open and transparent organisation.

25. Much of our business plan objectives this year and those proposed for next depend on effective communications. We will have a discussion with Council on our future ‘marketing’ and communications activity in 2022. In the meantime, an update on the GCC’s communications (newsletter and social media) and marketing (website) activity over the last 12 months, with a 2020 like-for-like comparison alongside relevant positive/negative variances, is appended to my report. The report does not include the wider communication and knowledge transfer activity underway.

26. In summary, the report annexed to my report shows continued improvement in registrant communications activity with opening rates regularly reaching the 70% threshold. Furthermore, through indirect user testing of the newsletter, we are better understanding registrant content needs and preferences for future editions. With social media (primarily Twitter), we are slowly improving follower and visit rates, through increased content provision and activity i.e. 24% of all GCC tweets
have been posted in the last six of 85 months since GCC joined the platform. Regarding the GCC website, traffic continues to grow, mostly through linking registrant communications, but also with improved signposting, language and content.

Meetings and engagements (all virtual unless stated otherwise*)

October 2021

- 7 October – attended the Test of Competence annual review meeting
- 8 October – attended the GCC Staff Awayday
- 12 October – met with Alan Clamp, Chief Executive of PSA to discuss the PSA annual consultation on its fee setting
- 15 October – 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
- 18 October – with Joe Omorodion, Director of Corporate Services, conducted interviews for the Project and Information Analyst role
- 22 October – attended a workshop facilitated by KPMG further to the independent review of regulation exercise underway

November 2021

- 1 November – attended Healthcare CEO Future Pulse webinar facilitated by KPMG
- 3 November – attended the Chiropractic Board of Australia forum
- 5 November – attended the monthly meeting of COPOD
- 8 November – attended the GCC Remuneration and HR Committee
- 9 November – attended the GCC Audit and Risk Committee
- 19 November – spoke at the International Chiropractic Regulatory Society forum on regulatory effectiveness
- 24 November – attended the GCC Education Committee
- 26 November – attended the monthly meeting of CEORB
- 29 November – met with the Imaging expert reference group

December 2021

- 1 December – with Mary Chapman, met with Catherine Quinn, President, and Tom Mullarkey, CEO, of British Chiropractic Association
- 3 December – attended the quarterly defence meeting
- 6 December – attended the Education Visitor training session
- 7 December – with the Senior Management team of GCC, met with Steve Wright, Michael Humphreys and Graham Mockler of PSA, to discuss proposed changes to the GCC performance review cycle

Nick Jones

Chief Executive & Registrar
Policy and Communications
Annual Report
December 2021

Richard Campbell
24 November 2021
Commentary

1) Since August 2021, the GCC has tested various formats/styles of the newsletter to increase usability and track registrant preferences.

2) September 2021 was the most successful edition to date with:
   a. 79.32% of registrants opening the newsletter; Oct 2021 (74.2%), May 2020 (73%) and April 2020 (72.3%) being the only other editions to exceed 70%. Industry average 20.94%.
   b. the newsletter being opened 9,044 times; May 2020 (7,615), Aug 2021 (6,685) and Oct 2021 (6,264) are the only other editions to exceed 6,000 opens.

3) User click-throughs indicate Fitness to Practise, CPD/registration and Covid-19 are the preferred content for registrants, accounting for 64.7% of all link clicks (albeit this is based on only four months data).

4) High variance rates on link clicks and total clicks are due to the new format which requires users to click through to the GCC website for additional content.
Commentary

1) Twitter is the primary social media tool for the GCC, with LinkedIn being used on occasion.

2) We continue to build followers and increase page visits, mostly through increased content presence, albeit the tweet ratio is heavily skewed towards the GCC (an ideal ratio is 30% GCC and 70% Other).

3) The impression and engagement rates are down for 2021; the 2020 results being heavily influenced by several DHSC announcements regarding Covid-19 in February and March 2020.

4) The Follower/Registrant comparison for GCC is 25%, lower than most other regulators and professional associations. This is due to a lack of activity from the GCC (444 tweets since 2014, of which 108 alone have been created since May 2021) compared to other organisations eg. GOsC 1,184 (2012), NMC 19,700 (2009), GDC 3,099 (2013), RCC 2,171 (2010), GMC 12,700 (2012) and HCPC 15,500 (2011).

5) August 2021 was the most successful (overall) month for the GCC with 65 tweets, 8,825 page visits and 11,300 impressions.
Commentary

1) The website remains the primary access point for registrants and public to the GCC.

2) User and session numbers have increased, primarily through increased click-through from the reformatted newsletter.

3) Improvements to content accessibility ie. page lay-out, language and direction continue to improve navigation and help reduce enquiries to the GCC ie. people are finding what they need from the website.

4) Top content sections by Page Views (excluding homepage):
   i. News
   ii. Registration and CPD
   iii. Studying chiropractic
   iv. I’m a chiropractor
   v. Concerns about a chiropractor

Communication summary 2021

- There was a personnel change within communications in May 2021, creating a delay in project creation, development and activation.

- It was agreed that three marcomm-based toolkits would be developed, each addressing a particular marketing and communication element: advertising, social media/messaging and website. All three were produced inhouse with registrant assistance. A communication plan to promote the toolkits and an updated Registrant Resource Centre will be launched in 2022.

- Comms assisted in the development of the new 2022-2024 GCC Strategy, as well as led on the registrant/public consultation, including two registrant-only Teams Live events with over 400 attendees. The agreed Strategy was published in November.

- An upgrade to patient information continued throughout 2021, including several user-testing projects examining the accessibility of content. The updated patient section of the GCC website will be launched in late December with a public-facing communication plan activated in 2022.
2022 communication priorities (in summary)

- Continued refinement to the GCC newsletter, including better focus on content to improve click-through rates and unique opens.
- Continued improvement of the GCC website, specifically content, language and navigation.
- To develop the GCC’s social media presence and increase follower, engagement and impression rates.
- Development of an EDI action plan to address any identified diversity and inclusion issues.
- To develop and implement a patient-focussed engagement and involvement plan providing appropriate learning, guidance and support to patients when seeking and/or using chiropractic treatment.
- To develop registrant resources to support the theme of ‘professionalism’ within chiropractic
Fitness to Practise update

Meeting paper for Council on 8 December 2021

Agenda Item: 5

Purpose

This paper provides Council with an update on the following:

Part A  Reappointment of Registrant Member of the Investigating Committee
Part B  Fitness to Practise performance report
Part C  FTP Targets Review

Recommendations

Part A  Council is asked to approve the reappointment of Daniel Heritage
Part B  Council is asked to note this report
Part C  Council is asked to approve targets for 2022

Part A: Reappointment of Registrant Member of the Investigating Committee

1. Daniel Heritage reaches the end of his first four year term as a Registrant member of the Investigating Committee on 7 March 2022.

2. Following successful appraisal and recommendation from the overall Chair of the IC, Daniel is put forward for reappointment.

3. Under The General Chiropractic Council (Constitution of the Statutory Committees) Rules Order of Council 2009, Rule 5(1) and 5(3), Council is asked to approve the reappointment of Daniel for a further four year term. If approved, his term will commence from 7 March 2022.

Part B: Fitness to Practise performance Report

4. This paper provides Council with an update on the operational performance of the FiP team in Q4 (from 14 September to 26 November 2021).
5. Further to the revised reporting format, we have reviewed and amended the FtP update paper to include for some measures reporting on comparative performance over time and also performance compared to other regulators - to be provided bi-annually henceforth.

Executive Summary

6. Overall, our performance is good and steady. This has been a very busy quarter for the team dealing with two additional IC meetings (five in total compared to the usual three meetings per quarter) indicating a purposeful throughput of cases from receipt to consideration by the IC, as well as dealing with six interim suspension hearings (ISH’s) in the period, and which are prioritised. The team has generated a significant amount of work to progress cases as efficiently as possible at the same time an experienced investigator leaving the GCC in early October and an incoming Investigator taking up that position, in the early stages of their induction with the GCC.

7. There were eight pre-complaint ‘enquiry’ cases opened in the last quarter, the team have resolved 11 enquiries, closing ten with no further action and promoting one into fitness to practise. From Q1 and Q3, there are 17 enquiry cases related to concerns received about advertising which were ongoing. Those have been managed efficiently and there is only one remaining advertising concern from Q1 and nine remaining from Q3 which is a reduction from a total of 17 advertising concerns reported in the last quarter. Our approach to such concerns is proving to be effective in terms of timeliness, the control of costs, and in resolution.

8. Eleven complaints were received in Q4, in line with the average. The Investigating Committee (IC) caseload has gradually reduced from 82 at the start of the year to 60 currently. This builds on the significant efforts by the FtP team reported previously and is a credit to their continuing hard work. The median time to close complaints in the quarter was 63 weeks compared to 36 weeks in the previous quarter. This is outside of our internal target of 28 weeks but is a function of closing two very dated complaints, one involving a vulnerable complainant and the other following adjournment by the IC leading to delay. The median age of complaints that remain open increased to 43 weeks compared to 35 weeks in the previous quarter.

9. The IC met on five occasions in this quarter and considered 27 cases and five preliminary matters. Of those 27 cases, 13 were closed with an outcome of no case to answer, one referred to the Professional Conduct Committee (PCC) with a case to answer outcome, seven were adjourned for more information and six adjourned due to lack of time. The overall number of cases considered by IC this quarter is slightly less than the previous quarter where 32 cases were considered, however this due to the complexity of some of the preliminary cases considered by the IC (whether to refer for an ISH) which impacted on the IC’s time to consider substantive cases resulting in six cases adjourned due to lack of
time. An additional IC meeting has been listed for 17 December in order to deal with the cases adjourned due to lack of time.

10. Six interim suspension hearings (ISH’s) were held in the quarter (three of those six were ISH dates where the IC adjourned to a different date). The six hearings related to four registrants, the outcomes of which were that three registrants were not suspended with one matter adjourned (and relisted for 3 December). Although the adjournments have impacted on the timeliness of listing an ISH, the median time of the six hearings in this quarter from information received indicating need for an interim order to the hearing date is 5 weeks (the same as the last two quarters).

11. The IC has so far referred eight 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 (and similarly for 2022).

12. Our performance in managing s.32 (protection of title) complaints in the last quarter remains good. There are now seven active cases relating to six individuals open, a decrease from Q2 and Q3 (11 active cases about 10 individuals).

13. We have provided further detailed information below for the following FtP activity in the following order:

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

**Summary of current FtP activity**

**Chart 1**

![Activity at a glance chart](chart1.png)

- **Enquiries**: 11
- **IC cases**: 60
- **PCC cases**: 8
- **Section 32 cases**: 7
A. Enquiries

Open enquiries in last 12 months

In comparison to 2020, in Q1 and Q3 of 2021, the FiP team received a larger number of enquiries related to advertising concerns. Those have been managed efficiently and there is only 1 remaining advertising concern from Q1 and 9 remaining from Q3 which is a reduction from a total of 17 advertising concerns reported in the last quarter.

Total number of enquiries opened in 2021

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside of remit</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>No consent</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Wants to be anonymous</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No consent and wants to be anonymous</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General enquiry</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Unclear if it is a complaint</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Chiropractor unknown</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>13</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
<td>34</td>
<td>18</td>
<td>11</td>
</tr>
</tbody>
</table>

We received 32 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 increased again as a result of a further 17 advertising concerns, but having taken prompt action, those have been reduced to 10 advertising concerns.

Total number of enquiries closed/promoted in 2021

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed with no further action</td>
<td>9</td>
<td>29</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>Promoted to s.20</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total number closed</td>
<td>13</td>
<td>34</td>
<td>18</td>
<td>11</td>
</tr>
</tbody>
</table>
Enquiries closed with no further action

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractor unknown</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General Enquiry</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>No consent</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Unclear if it is a complaint</td>
<td>4</td>
<td>22</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Wants to be anonymous</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Outside of remit</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

We currently have 11 open enquiries, 10 of them relate to advertising concerns and one relates to concern about a chiropractors conduct.

B. S.20 (IC) Complaints in 2021

Table 4

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases b/f (at 1st of the month)</td>
<td>83</td>
<td>82</td>
<td>82</td>
<td>75</td>
<td>70</td>
<td>72</td>
<td>68</td>
<td>69</td>
<td>64</td>
<td>63</td>
<td>59</td>
</tr>
<tr>
<td>Number of new cases in month</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Number of cases determined in period</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Number c/f (at the end of the month)</td>
<td>82</td>
<td>82</td>
<td>75</td>
<td>70</td>
<td>72</td>
<td>68</td>
<td>69</td>
<td>64</td>
<td>63</td>
<td>59</td>
<td>60</td>
</tr>
</tbody>
</table>

Chart 3

Complaints c/f (at the end of the month)
Given the importance of S.20 complaints and the impact on complainants and registrants we have prioritised efficient case management of complaints, resulting in the caseload reducing from 83 at the start of the year to 60 currently.

**Risk rating of open IC complaints**

In September last year the team were dealing with 73 open complaints; 35 of them were categorised as low risk, 12 moderate risk and 26 high risk. In 2021, of the 60 open complaints, 26 are categorised as low risk, 8 moderate risk, 25 high risk and 1 severe risk. Proportionally the risk profile remains similar: c. 45% low risk; 15% moderate risk; and 40% high/severe risk.
Median open time of current complaints

Table 5

<table>
<thead>
<tr>
<th>Internal Target</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median (weeks)</td>
<td>28</td>
<td>31</td>
<td>33</td>
<td>35</td>
</tr>
</tbody>
</table>

Breakdown of open current complaints

Table 6

<table>
<thead>
<tr>
<th></th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 52 weeks</td>
<td>41</td>
<td>43</td>
</tr>
<tr>
<td>52 weeks</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>104 weeks</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>152 weeks</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Of the current case load of complaints, 43 complaints are under 52 weeks and there are only four 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 chiropractor regarding record keeping. The case is complex due to the volume of material (audits of the records). The matter was referred to the IC in June 2021, but they adjourned for further information (full patient records of 33 patients and expert report) before they can determine the matter. The third and fourth complaints are linked; complaints where the allegations are wide ranging, with issues raised dating back many years through to the present and include a large number of individuals affected/involved in the complaint.

Number of complaints closed by the IC in 2021

Table 7

<table>
<thead>
<tr>
<th>Complaints closed (number)</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Of which NCTA decision</td>
<td>24</td>
<td>22</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>- Of which referred to PCC</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Median time taken to close cases (weeks)</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25</td>
<td>30</td>
<td>36</td>
<td>63</td>
</tr>
</tbody>
</table>
So far in 2021, 77 complaints have been closed by the IC (either with an outcome of no case to answer (NCTA) or by referral to the PCC). This compares with 62 complaints closed in 2019 and 87 in 2020. The IC are due to meet in December 2021 which will impact on the current figure of 78 in 2021 and is likely to equate to a total from 2020.

**Median time taken to close cases in last 12 months by month**

The median time to close complaints for this quarter in 2021 was 63 weeks compared to 36 weeks in the previous quarter. This is due to closing two very old complaints.
Further to feedback at the last meeting of Council, this is a new chart showing performance this year compared to previous years. The median time to close complaints in total so far in 2021 is 35 weeks compared to 34.5 weeks in 2020 and 34 weeks in 2019, this is due in part to the closure of the old cases referred to above but also that there are further cases due to be considered by the IC in December 2021 which might affect the total median of closed cases at the end of the year.

C. Interim Suspension Hearings

Table 8

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISH hearings</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Suspension imposed</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Suspension not imposed</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

In 2021, the median time from date complaint received to ISH is 18.5 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 9

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PCC cases b/f</td>
<td>11</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Number of Referrals from the IC</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>PCC Cases Closed</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

There are currently eight PCC cases open. One is listed for this year, four cases are listed for 2022 and three are not yet listed for 2022. The number of PCC cases is stable and remains as in previous years between 8-11 cases per year.

PCC hearings held

Table 10

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC hearings held</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Hearings Concluded</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Part heard- relisted</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

In 2021, PCC activity has been high with ten cases concluded to date compared to six cases in total in 2020 and 7 cases in total in 2019.

Decisions of PCC cases concluded in 2021

Table 11

<table>
<thead>
<tr>
<th>Decision</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal</td>
<td>1</td>
</tr>
<tr>
<td>Suspended</td>
<td>1</td>
</tr>
<tr>
<td>Conditions of Practice</td>
<td>0</td>
</tr>
<tr>
<td>Admonishment</td>
<td>2</td>
</tr>
<tr>
<td>No UPC</td>
<td>6</td>
</tr>
</tbody>
</table>
The decisions of the PCC in 2021 are in line with the decisions in 2019 and 2020.

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

Table 12

<table>
<thead>
<tr>
<th>Case</th>
<th>Date referred from IC</th>
<th>Date listed for hearing</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>02/04/2020</td>
<td>08/09/2021</td>
<td>Part heard (Relisted 23/02/22)</td>
</tr>
<tr>
<td>Case 2</td>
<td>22/12/2020</td>
<td>08/11/2021</td>
<td>Postponed (awaiting relisting)</td>
</tr>
<tr>
<td>Case 3</td>
<td>18/02/2021</td>
<td>11/10/2021</td>
<td>Part heard (relisted 31/01/22)</td>
</tr>
<tr>
<td>Case 4</td>
<td>18/02/2021</td>
<td>06/12/2021</td>
<td></td>
</tr>
<tr>
<td>Case 5</td>
<td>20/05/2021</td>
<td>13/01/2022</td>
<td></td>
</tr>
<tr>
<td>Case 6</td>
<td>20/05/2021</td>
<td>03/11/2021</td>
<td></td>
</tr>
<tr>
<td>Case 7</td>
<td>21/07/2021</td>
<td>07/02/2022</td>
<td></td>
</tr>
<tr>
<td>Case 8</td>
<td>17/08/2021</td>
<td>Not listed</td>
<td></td>
</tr>
</tbody>
</table>

The target to list cases for a PCC hearing is 9 months (39 weeks) from date of referral from the IC. Two PCC cases from 2020 have not met the 9 month target for listing due to PCC hearings being cancelled in 2020 as a result of the pandemic. One case from 2021 missed the KPI by a few weeks with the remaining meeting the KPI.

Of the eight open PCC cases, one is listed for this year, four cases are listed for 2022 and three are scheduled to be listed for 2022. The number of PCC cases is stable and remains as in previous years between 8-11 cases per year.
E. Section 32 cases

Table 13

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases (at the beginning of the month)</td>
<td>16</td>
<td>17</td>
<td>17</td>
<td>13</td>
<td>11</td>
<td>8</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Number of new cases in a month</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Number of cases closed in period</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Chart 9

Our performance against progression of s.32 (protection of title) complaints has been very good in this quarter. There were 11 active complaints, relating to ten individuals from the last quarter. Four have been closed in this quarter so that there are only seven active cases relating to six individuals remaining open. The internal target for complaints received after 1 January 2019 has been set at 16 weeks for closure or consideration for further action. We have committed to meet this target moving forward (see part C for s32 target).

The median time taken to close s.32 cases (discounting ‘backlog’ cases) in 2021 is 72 weeks. The reason for such a high median year to date is that more than half the cases closed were from 2019 as well in some of those requiring a number of chasers and correspondence to the individuals to amend websites leading to closure of the cases which impacted on the timeframe to close. Only one ‘backlog’ case remains.
## Annex A – Glossary

<table>
<thead>
<tr>
<th>CA 1994</th>
<th>The Chiropractors 1994</th>
</tr>
</thead>
</table>
| Complaint / S.20 (IC) Complaint | An allegation (complaint) under Section 20 of the CA 1994, made against a chiropractor, to the effect that:  
  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 may amount to an ‘allegation’ or ‘complaint’ under the Act however there is insufficient information to open as a s.20 complaint. |
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>A risk assessment is carried out on receipt of a complaint by the GCC and given a risk rating in order to capture the seriousness of the case.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Risk Rating 1:</td>
</tr>
<tr>
<td></td>
<td>Low risk:</td>
</tr>
<tr>
<td></td>
<td>(No injury has taking place and/or issues have been addressed)</td>
</tr>
<tr>
<td></td>
<td>Risk Rating 2:</td>
</tr>
<tr>
<td></td>
<td>Moderate risk:</td>
</tr>
<tr>
<td></td>
<td>(Treatment resulted in injury, conduct was not persistent and/or deliberate, issues have been addressed)</td>
</tr>
<tr>
<td></td>
<td>Risk Rating 3:</td>
</tr>
<tr>
<td></td>
<td>High risk:</td>
</tr>
<tr>
<td></td>
<td>(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</td>
</tr>
<tr>
<td></td>
<td>Risk Rating 4:</td>
</tr>
<tr>
<td></td>
<td>Severe risk:</td>
</tr>
<tr>
<td></td>
<td>(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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S.32 Complaint</th>
<th>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>!</td>
<td>Target not met</td>
</tr>
<tr>
<td></td>
<td>Postponed / Part Heard</td>
</tr>
<tr>
<td>✓</td>
<td>Target met</td>
</tr>
<tr>
<td>✅</td>
<td>Awaiting Listing</td>
</tr>
</tbody>
</table>
Part C: Fitness to Practise Targets Review

14. This paper provides Council with a review of the FtP team targets for 2022 with regards to complaint handling and PCC hearings. We set out our proposal here, and replicated in the GCC Business Plan for consideration later in the agenda. We have drawn on comparative performance information from our closest health and care regulatory partners. Some caution should be applied in drawing conclusions as we each operate different schemes. For this, and other reasons, there are no national benchmarks or mandated targets. Further, the Professional Standards Authority, when drawing attention to a regulator’s performance do so on the basis of comparison with previous years.

15. We identify three areas where a proportionate use of targets and greater visibility of those targets is most useful.

1. **Time taken from the opening of a section 20 complaints to closure (either by a decision of no case to answer or referral to PCC) by Investigating Committee**
2. **Time taken from referral from Investigating Committee to the matter being listed before the PCC.**
3. **Time taken to the opening of a section 32 complaint to closure or consideration for further action**

1. **Section 20 Complaints opening to closure**

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCC Number of complaints closed in the year</td>
<td>62</td>
<td>87</td>
<td>77</td>
</tr>
<tr>
<td>GCC Median weeks to close a complaint</td>
<td>34</td>
<td>34.5</td>
<td>35</td>
</tr>
<tr>
<td><strong>Comparative Median for receipt of complaint to closure by IC or equivalent (weeks)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOC</td>
<td>51</td>
<td>60</td>
<td>n/a</td>
</tr>
<tr>
<td>GOsC</td>
<td>20</td>
<td>27</td>
<td>n/a</td>
</tr>
<tr>
<td>GPhC</td>
<td>49.1</td>
<td>60.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Average</td>
<td>38.5</td>
<td>45</td>
<td>n/a</td>
</tr>
</tbody>
</table>

16. The GCC’s current median time of receipt of complaint to closure by IC is comparable with others. The current target median of receipt of complaint to closure of 28 weeks looks optimistic given the median time to closure for the last three years. Further, having undertaken a FTP review in 2019 and being clear as to the legislative framework which requires that all complaints must go through given investigative steps, it is unlikely that there will be a significant change in our processes. That said, the last year has seen both a reduction in the extant open cases and the development of a more experienced and stable team. Possibly counter-intuitive, but more realistic we propose a median weekly target to be achieved by the end of 2022 of 30 weeks.
2. Referral from Investigating Committee to the matter being concluded by the PCC

<table>
<thead>
<tr>
<th>Median weeks from IC decision to final PCC decision</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Apr 2021 To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCC</td>
<td>25</td>
<td>32</td>
<td>53</td>
<td>69</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparative Median from IC decision to final PCC decision (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOC</td>
</tr>
<tr>
<td>GOsC</td>
</tr>
<tr>
<td>GPhC</td>
</tr>
<tr>
<td>Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Median weeks from referral of complaint to final PCC decision (end to end)</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Apr 2021 To date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCC</td>
<td>53</td>
<td>91</td>
<td>96</td>
<td>135</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comparative Median from referral of complaint to final PCC decision (weeks) (end to end)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOC</td>
</tr>
<tr>
<td>GOsC</td>
</tr>
<tr>
<td>GPhC</td>
</tr>
<tr>
<td>Avg. – all councils (weeks)</td>
</tr>
</tbody>
</table>

17. Where the IC determine that there is a case to answer to be heard by the PCC our performance is comparable if not better than others for 2019 and 2020. The figure for 2021 and to date show that the median has increased.

18. When looking at the median weeks from referral of complaint to final PCC decision (end to end), again our performance is comparable with others for 2019. The figures for 2020, 2021 and to date show that the median has also increased. The PSA raised concerns as to our performance here in the year to March 2021 in its report of our Performance Review published on 1 December 2021.

19. The reason for increases to both timeframes above is an effect of cancelling hearings as a result of the pandemic which were scheduled between March 2020 and October 2020. This underpins the 53 weeks in 2019 to 91 weeks in 2020, continuing into 2021.

20. Once the GCC were in a position to review relisting hearings having provided training for PCC panels to undertake remote hearings in June 2020, the relisting process started with hearings taking place remotely from September 2020. The six month period where hearings did not take place due to the decision to cancel all in-person hearings has impacted on the timeliness measures.
21. This has crept into 2021 and will impact 2022 as cases cancelled in that six month period were given priority when the relisting process began in 2020 and as such, any new referrals from IC to PCC in the latter part of 2020 and 2021 were listed later to accommodate the cancelled hearings.

22. In 2022 we have listed / likely to list and conclude seven cases for the period January – April 2022 and if those conclude as predicted, the projected median weeks for cases from receipt of referral to final PCC determination is 122 weeks. It is projected to come down slightly from our current 135 week live statistic but will still remain higher than previous years due to ongoing impact from the hearings cancelled because of the pandemic.

23. The projected median weeks for cases from final IC decision to final PCC decision is 46 weeks. This is also projected lower than the current 69 week live median for the current financial year.

24. Our current target to list cases for a PCC hearing is 9 months (39 weeks), and which is usually met. This relates to the listing of the hearing and not the point of a decision by the final PCC. Once a hearing is listed, the final PCC decision stage is largely outside of our control (due to adjournment requests from the defence, cases going part heard as witness evidence has taken longer and so on).

25. A conclusion is that we need to be even more robust at the listing stage and be smarter where a case is likely to take longer, to provisionally allow a longer time-estimate so as to ensure the case does not go part heard and result in delays with getting the matter relisted before the same panel of the PCC. This is a balance between (abortive) costs and timeliness. The target of 39 weeks for listing a hearing can be squeezed in achieving efficiencies and streamlining processes. As such we propose a target to list a hearing within 35 weeks, a reduction of four weeks.

3. Section 32 complaints closure

26. Our performance against progression of s.32 (protection of title) complaints has been good in this quarter. We propose an external target for complaints received after 1 January 2019 to be set at 16 weeks for closure or consideration for further action.

Niru Uddin

Director of Fitness to Practise
Finance Update - Management Accounts to November 2021

Meeting Paper for the Council on 8 December 2021

Agenda Item: 6

Purpose

This paper presents the financial performance against the fixed forecast income and expenditure targets in the period to 30 November 2021.

The Executive reviews the management accounts each month and takes the necessary corrective actions to manage material deviations from the set financial 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 30 November 2021;
   - Balance sheet as at 30 November 2021; and
   - Recommendations.
Statement of income and expenditure account for the period to 30 November 2021

Summary

2. The actual year-to-date (YTD), forecasts and budgeted results for the 2021 financial year are presented in the table below.

<table>
<thead>
<tr>
<th>£'000s</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YTD Actual</td>
<td>YTD Forecast</td>
<td>YTD Variance</td>
<td>Full Year Forecast [Dynamic]</td>
<td>Full Year Budget '21</td>
<td>Full Year Forecast '21 [Fixed]</td>
</tr>
<tr>
<td>Income</td>
<td>2,630</td>
<td>2,554</td>
<td>76</td>
<td>2,848</td>
<td>2,769</td>
<td>2,774</td>
</tr>
<tr>
<td>Expenditure</td>
<td>2,531</td>
<td>2,544</td>
<td>13</td>
<td>2,874</td>
<td>2,914</td>
<td>2,902</td>
</tr>
<tr>
<td>Headline Surplus / (Deficit)</td>
<td>99</td>
<td>10</td>
<td>89</td>
<td>-26</td>
<td>-145</td>
<td>-129</td>
</tr>
<tr>
<td>Underlying Surplus / (Deficit)</td>
<td>111</td>
<td>22</td>
<td>89</td>
<td>-14</td>
<td>-135</td>
<td>-117</td>
</tr>
</tbody>
</table>

3. The realised headline surplus for the period is £99k (column A of the table), compared to the headline fixed forecast surplus of £10k (column B) for the period under review.

The underlying surplus for the period is £111k. The underlying results position is after adjusting for the funding of some items of expenditure from the restricted reserve (currently carried on the balance sheet).

Items of expenditure to be funded from reserves are required by the accounting rules to be put through the statement of income and expenditure, then adjusted for in the notes on the reserves in the financial statements.

4. The variance between the actual and fixed forecast income and expenditure is shown in column C. Column C is made up of the positive income and expenditure YTD variance of £76k and £13k, respectively, in the period. The reasons for the variance are provided from paragraph 13 of this report.

5. The fixed headline forecast deficit for the year is £129k (column F); underlying fixed forecast deficit is £117k. Council received the fixed forecast statement in June although it was approved in September 2021.

6. The headline dynamic forecast deficit at the end of this financial year (if all income and spending plans for December 2021 are unchanged) is £26k (column D). Subject to year-end audit adjustments, the underlying dynamic forecast deficit for the year is £14k.
7. The dynamic forecast tracks how we have performed against the fixed forecast during the period under review. The dynamic forecast also responds to the question, ‘what surplus or deficit do we expect to realise at the year-end?’.

8. The dynamic forecast is arrived at by adding each line item of actual income and expenditure in the forecast statement to the remaining months of the forecast income and expenditure in the year.

For example, by adding income from initial registration (practising fee) for the period January – November 2021 to the remaining month of December 2021 fixed forecast income from the same source.

9. Both the headline dynamic and fixed forecasts are set against the headline annual budgeted deficit of £145k and the underlying budgeted deficit of £135k (column E).

YTD variance analysis threshold policy

10. 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.

11. 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.

12. 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 the fixed forecast by £76k

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

14. The total income earned in the period is more than the fixed forecast by £76k (i.e., positive variance) from the following sources:

   a) Initial registrants fee income (£48k) – 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 to remain the same by the end of this year.

b) Restorations, non-practising to practising fee and other income (10k) – this is mainly because we received more income from restorations to the register than we expected in the period. We expect the current positive variance to remain the same by the end of this year.

c) Test of Competence (TOC) and other income (£18k) – we received fees for the test from 35 applicants compared to the 26 we expected at this time of the year.

Commentary on YTD expenditure variance – total actual spend is under forecast by £13k

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

16. During the period, the total fixed forecast expenditure is under-spent by £13k. No cost centre has been over-spent by over £10k in the period under review.

17. The following cost centres (from the Report by Income & Cost Centre section of the report) have been over-spent by between £5k and 10k in the period.

16. During the period, the total fixed forecast expenditure is under-spent by £13k. No cost centre has been over-spent by over £10k in the period under review.

17. The following cost centres (from the Report by Income & Cost Centre section of the report) have been over-spent by between £5k and 10k in the period.

17. The following cost centres (from the Report by Income & Cost Centre section of the report) have been over-spent by between £5k and 10k in the period.

16. During the period, the total fixed forecast expenditure is under-spent by £13k. No cost centre has been over-spent by over £10k in the period under review.

17. The following cost centres (from the Report by Income & Cost Centre section of the report) have been over-spent by between £5k and 10k in the period.

a) Professional Conduct Committee (PCC) Cost Centre – over-spent by £8k: This is made up as follows:

- stenographer is under-spent by £20k;
- legal assessors and expert reports under-spent by 3k; and
- accommodation, travel and training expenditure under-spent by £8k; and
- the over-spend of the forecast amount for legal fees by £39k.

The legal fees are higher than expected mainly because the legal advisers have had to make an uplift of the budgeted capped fees for a few of the cases during the period. All proposals for the uplift of fees are duly considered and approved before work can commence or continue by the advisers.

It is to be noted that the PCC forecast expenditure is driven by the caseload and number of hearings held in any given period. In the period under review, we had forecast 90 hearing days, but the actual hearing days were 91.
18. The other expenditure forecast lines which have been under-spent by between £5k and £10k in the period are:

   a) Corporate Services cost centre – under-spent by £6k: the under-spend of this cost centre budget is mainly due to a staff vacancy we carried in the period under review. The post has since been filled.

**Anticipated year-end results**

19. In summary, we approach the end of the year in a positive position. This time last year Council agreed a budget showing an end-year deficit of £145k, taking into account the backlog activity carried forward from 2020 and more cautious assumptions regarding registrant fee income given the uncertain Covid-19 pandemic environment.

   As a consequence of higher-than-expected income and some cost savings or expenditure not realised elsewhere, our expectations for the end of this financial year in December 2021 are to achieve an underlying deficit of less than £20k.

**Balance sheet as of 30 November 2021**

20. 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 30 November 2021**

21. The value of the investments increased by £415k from £4.431m as of 31 December 2020 to £4.846m on 30 November 2021.

22. The unrealised investment gains (i.e., paper gains) in the period is £438k (October 2021: paper gains of £395k).

**Working capital**

23. The current ratio shows that the GCC has £0.67 available to settle every £1 owed to its short-term liabilities. 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 this year in advance of the next financial year.

24. 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.

   Similarly, the 2022 fees received towards the end of this year will be deferred in December 2021 and released into the accounts throughout the 2022 financial year.
25. The above ratio will become much healthier (at about £0.70/£1 owed) after the retention renewal period by mid-December 2021.

Total net assets

26. The total net assets of £3.748m are represented by the general and designated reserves (December 2020: £3.211m).

Implications

27. Subject to year-end audit adjustments, the underlying dynamic forecast deficit of £14k presents a much healthier financial position than we had expected at the start of this financial year.

28. If the expected year-end results are achieved, it will further support the Executive’s current cautious optimism that we are likely to achieve just over a ‘balance budget’ position at the end of the 2022 financial year.

Risks

29. Council previously noted that two of the 17 business plan (BP) projects for 2021 will not be delivered this year because of the uncertainty surrounding the outcome of the ongoing regulatory reform work by the DHSC.

These are project reference numbers 4 and 9 in the 2021 BP (i.e., projects relating to how we respond to potential changes which may emerge from the DHSC regulatory reform agenda regarding Education and Registrations, and FTP and Governance and review).

30. It is to be noted that one project (BP reference number 17 – physical storage and archiving) which was due to commence in Q4 of 2021 has not materially commenced due to constraints imposed by remote working.

31. The three projects (BP projects 4, 9 and 17) which did not commence this year have a total forecast project cost of £36.5k. This amount has been adjusted for/removed from the dynamic forecast – contributing to the reduced forecast deficit position we expect to achieve at the end of the year.

32. The three projects which we have not delivered this year and the strategy to mitigate their non-delivery risk are outlined in the table below.
<table>
<thead>
<tr>
<th>Identified risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk score</th>
<th>Risk rating</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three of the 17 projects in the BP for 2021 (project reference 4, 9 and 17) did not commence this year due to the reasons outlined above.</td>
<td>5</td>
<td>5</td>
<td>30</td>
<td></td>
<td>Future implementation of Projects 4 and 9 will depend on the outcome of the DHSC’s reform review work. If the review requires some preliminary work to be undertaken by the GCC in 2022, the costs are proposed to be funded from the designated reserves (which currently stand at £997k). The cost of implementing Project 17 has been allowed for in the 2022 budget.</td>
</tr>
</tbody>
</table>

33. Of the remaining 14 projects in the 2021 BP, 11 were completed in the year and three are being implemented with a completion date of December 2022.

Joe Omorodion

Director of Corporate Services
# Overview - Statement of Income and Expenditure Account

<table>
<thead>
<tr>
<th>INCOME</th>
<th>November</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Forecast (Dynamic) 2021</th>
<th>Full Year Budget '21</th>
<th>Full Year Forecast '21 [Fixed]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrant fees</td>
<td>£214,188</td>
<td>£244,063</td>
<td>£2,653,004</td>
<td>£2,595,342</td>
<td>£2,594,807</td>
</tr>
<tr>
<td>Investments</td>
<td>£10,000</td>
<td>£110,000</td>
<td>£120,000</td>
<td>£120,000</td>
<td>£120,000</td>
</tr>
<tr>
<td>Test of Competence (ToC)</td>
<td>£18,000</td>
<td>£70,000</td>
<td>£70,000</td>
<td>£48,000</td>
<td>£52,000</td>
</tr>
<tr>
<td>Other Income</td>
<td>£154</td>
<td>£4,551</td>
<td>£4,650</td>
<td>£6,109</td>
<td>£6,714</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>£242,342</strong></td>
<td><strong>£2,629,614</strong></td>
<td><strong>£2,847,654</strong></td>
<td><strong>£2,769,451</strong></td>
<td><strong>£2,773,521</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th>November</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Forecast (Dynamic) 2021</th>
<th>Full Year Budget '21</th>
<th>Full Year Forecast '21 [Fixed]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance costs</td>
<td>£9,393</td>
<td>£95,825</td>
<td>£105,910</td>
<td>£139,216</td>
<td>£105,824</td>
</tr>
<tr>
<td>Shared Central costs</td>
<td>£78,526</td>
<td>£794,638</td>
<td>£882,196</td>
<td>£892,200</td>
<td>£894,407</td>
</tr>
<tr>
<td>Fitness to Practise (FtP)</td>
<td>£111,237</td>
<td>£1,235,621</td>
<td>£1,360,553</td>
<td>£1,338,668</td>
<td>£1,354,450</td>
</tr>
<tr>
<td>Development costs</td>
<td>£59,952</td>
<td>£404,492</td>
<td>£525,164</td>
<td>£544,388</td>
<td>£547,537</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>£259,107</strong></td>
<td><strong>£2,530,576</strong></td>
<td><strong>£2,873,824</strong></td>
<td><strong>£2,914,472</strong></td>
<td><strong>£2,902,218</strong></td>
</tr>
</tbody>
</table>

Underlying Operating Surplus / (Deficit) | £110,869 | -14,339 | 135,201 | -116,697

### HEADLINE OPERATING SURPLUS / (DEFICIT)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>November</th>
<th>Year-To-Date (YTD)</th>
<th>Full Year Forecast (Dynamic) 2021</th>
<th>Full Year Budget '21</th>
<th>Full Year Forecast '21 [Fixed]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-16,765</td>
<td>-26,170</td>
<td>-128,697</td>
<td>-135,201</td>
<td>-116,697</td>
</tr>
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</table>

GAINS/LOSSES ON INVESTMENTS | £438,019 | £438,019 | £438,019 | £438,019 | £438,019

SURPLUS / (DEFICIT) BEFORE TAXATION | £537,060 | £537,060

### NOTES
1. Council, ARC and RemCo
2. CER, Technology, HR, Finance and Property
3. Investigations, IC, PCC, ISH and Protection of Title
4. Policy, Education, Registration, QA, ToC, Communications, Education Committee
5. Dynamic Forecast - tracks performance against the Fixed Forecast
6. Budget for Year 2021 - as agreed by Council in December 2020
7. Fixed Forecast 2021 - as received by Council in June 2021
### General Chiropractic Council
#### November 2021 Management Accounts
**Report by Income & Cost Centre**

<table>
<thead>
<tr>
<th>Detailed Income Statement (Debit)</th>
<th>November</th>
<th>Year To Date (YTD)</th>
<th>Full Year Forecast (Dennis)</th>
<th>Full Year Budget 2021</th>
<th>Full Year Forecast (Fixed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Forecast</td>
<td>Variance</td>
<td>Var %</td>
<td>Actual</td>
</tr>
<tr>
<td>Income</td>
<td>2,125</td>
<td>1,375</td>
<td>750</td>
<td>2</td>
<td>140,475</td>
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<tr>
<td>72 Initial Regn Fees - Practising</td>
<td>-400</td>
<td>3</td>
<td>5</td>
<td>-3</td>
<td>1,000</td>
</tr>
<tr>
<td>72 Initial Regn Fees - Non-practising</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2,000</td>
</tr>
<tr>
<td>72 Retention Fee - Practising</td>
<td>203,933</td>
<td>203,933</td>
<td>0</td>
<td>0</td>
<td>2,241,667</td>
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<td>72 Retention Fee - Non-practising</td>
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<td>2,041</td>
<td>1</td>
<td>0</td>
<td>22,558</td>
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<tr>
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<td>1,117</td>
<td>2,883</td>
<td>3</td>
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<tr>
<td>72 Restorations</td>
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<td>588</td>
<td>1,500</td>
<td>3</td>
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<td>Total Registrant Fees</td>
<td>214,188</td>
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<tr>
<td>Total Investments &amp; Other</td>
<td>18,000</td>
<td>4,000</td>
<td>14,000</td>
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<td>74 ToC Income</td>
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<td>0</td>
<td>110,000</td>
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<tr>
<td>74 Other</td>
<td>154</td>
<td>509</td>
<td>-355</td>
<td>-3</td>
<td>4,551</td>
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<td>Total Governance</td>
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<td>14,509</td>
<td>13,645</td>
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<td>184,551</td>
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<td>TOTAL INCOME</td>
<td>224,342</td>
<td>223,563</td>
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<td>8,177</td>
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<td>-0</td>
<td>94,625</td>
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<tr>
<td>10 Council</td>
<td>11,198</td>
<td>12,416</td>
<td>218</td>
<td>0</td>
<td>139,478</td>
</tr>
<tr>
<td>11 Audit &amp; Risk Committee</td>
<td>16,331</td>
<td>13,863</td>
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<td>54,599</td>
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<td>12 Remuneration Committee</td>
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<td>20,935</td>
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<td>Shared Central costs</td>
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<td>218</td>
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<td>26,297</td>
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<td>28,902</td>
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<td>50 Investigations</td>
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<td>23,187</td>
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<td>53 Intern Suspension Hearings</td>
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<td>5,203</td>
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<td>47,073</td>
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<td>54 Protection of Title</td>
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<td>2,330</td>
<td>-1,114</td>
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<td>Total FtP</td>
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<td>Development</td>
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<td>Total Education &amp; Regulation</td>
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<td>TOTAL OPERATING COSTS</td>
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<tr>
<td>Underlying Operating Surplus / (Deficit)</td>
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<td>-27,400</td>
<td>10,654</td>
<td>2</td>
<td>-99,038</td>
</tr>
<tr>
<td>Headline Operating Surplus / (Deficit)</td>
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<td>-27,400</td>
<td>10,654</td>
<td>2</td>
<td>-99,038</td>
</tr>
<tr>
<td>Percentage</td>
<td>-1%</td>
<td>-5%</td>
<td>5%</td>
<td>0</td>
<td>-1%</td>
</tr>
<tr>
<td>Gains/Losses on Investments</td>
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<td>438,019</td>
<td>0</td>
<td>0</td>
<td>700,000</td>
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<tr>
<td>Surplus / (Deficit) Before Taxation</td>
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<td>537,060</td>
<td>0</td>
<td>0</td>
<td>700,000</td>
</tr>
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## GCC Balance Sheet
### As at 30 November 2021

<table>
<thead>
<tr>
<th></th>
<th>Balance as at 31 December 2020</th>
<th>As at 30 November 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Tangible Assets</td>
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<tr>
<td>Investments</td>
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</tr>
<tr>
<td></td>
<td>4,430,636</td>
<td>4,845,610</td>
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<tr>
<td><strong>Current Assets</strong></td>
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</tr>
<tr>
<td>Debtors</td>
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<tr>
<td>Bank</td>
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<td>1,917,491</td>
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<tr>
<td></td>
<td>1,794,699</td>
<td>1,962,064</td>
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<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMRC and pensions</td>
<td>44,293</td>
<td>41,609</td>
</tr>
<tr>
<td>Payments in advance</td>
<td>2,495,450</td>
<td>2,634,556</td>
</tr>
<tr>
<td>Trade creditors</td>
<td>178,550</td>
<td>168,527</td>
</tr>
<tr>
<td>Corporate tax</td>
<td>13,010</td>
<td>0</td>
</tr>
<tr>
<td>Other creditors</td>
<td>163,812</td>
<td>95,704</td>
</tr>
<tr>
<td></td>
<td>2,895,115</td>
<td>2,940,396</td>
</tr>
<tr>
<td><strong>Current Assets less Current Liabilities:</strong></td>
<td>-1,100,417</td>
<td>-978,332</td>
</tr>
<tr>
<td><strong>Total Assets less Current Liabilities:</strong></td>
<td>3,330,220</td>
<td>3,867,278</td>
</tr>
<tr>
<td><strong>Long Term Liabilities</strong></td>
<td>119,553</td>
<td>119,553</td>
</tr>
<tr>
<td><strong>Total Assets less Total Liabilities:</strong></td>
<td>3,210,667</td>
<td>3,747,725</td>
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<tr>
<td><strong>Funds of The Council</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>3,210,665</td>
<td>3,210,665</td>
</tr>
<tr>
<td>P &amp; L Account</td>
<td>2</td>
<td>537,060</td>
</tr>
<tr>
<td></td>
<td>3,210,667</td>
<td>3,747,725</td>
</tr>
</tbody>
</table>

**Current ratio:**
- As at 31 December 2020
- As at 30 November 2021

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[Page 49 of 131]
Review of imaging

Meeting paper for Council on 8 December 2021
Agenda Item: 7

Purpose

This report updates Council on progress with the review.

Recommendation

Council is asked to:

- Note and comment on the outcome of the consultation on proposed guidance for the use of diagnostic imaging in chiropractic.
- Approve the amending of the guidance to more explicitly reference our position on the coroner’s request.
- Approve the amending of the guidance to reference equality, diversity and inclusion considerations in the impact on people with protected characteristics.
- Approve the amending of the guidance to take into account requirements in relation to ionising radiation; and in doing so engage in further consultation with CQC, UKHSA, and the Society of Radiographers, amongst others.
- Conduct further focused engagement with representatives from UCA and SCA such that we have understood concerns, in particular as regards identifying any published peer-reviewed literature supports the use of routine x-ray consistent with ionising radiation regulations.
- Agree a process for approving revised guidance by end January 2022 prior to the meeting of Council in March 2022.
Background

1. The GCC is undertaking a review of imaging. Updates have been provided to previous meetings of Council and at the Council private session. A discussion paper on diagnostic imaging in chiropractic in the UK was developed that set out an overview of current arrangements addressing the background of imaging in healthcare more generally and the prevalence within chiropractic. An expert group was appointed with expertise in a range of associated areas, established with representation from the profession, but to be independent of it.

2. At the June meeting of Council, I reported that the expert reference group reviewed this paper and considered it was a helpful guide. Equally, it suggested a document addressing the objectives of the review, and in particular one that emphasises the centrality of diagnostic decision-making (and where imaging fits into that) would be a necessary next step.

3. The document was discussed by the expert group when it met in July 2021. The draft document was welcomed, and the overall direction supported. The expert group emphasised the importance of the regulator emphasising its protection duties, with expectations of clinical decision-makers set out therein, such as:

- the clinician exercising professional judgment based on evidence and extant legislation and guidance
- answering ‘will imaging influence the care of the patient?’
- if it will, what type of imaging is appropriate?
- weighing up the risk/benefit equation
- and finally, all subject to full discussion with the patient, with informed consent and the clinician’s decision-making process recorded

4. The group emphasised the statutory requirements of the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R and Ionising Radiation Regulations and the unequivocal duties on registered professionals as employer, referrer, practitioner and operator to protect patients, staff and members of the public from harm.

5. The group also noted that clinical guidelines are available, and it is for the clinician to determine the appropriateness of those – including iRefer, NICE guidelines and so on. It saw clinicians operating in the realms of uncertainty and the task of developing a comprehensive guideline taking into account all contemporary opinion would be vast and that an organisation like NICE – established in part to create guidance - does not have the resources to develop specific MSK guidelines.

6. At its meeting in September 2021, Council considered draft GCC guidance on imaging. It noted that consideration of the imaging review has largely been limited to the expert group and Council. It also considered informal feedback sought on a private and confidential basis from the Presidents of the main Associations, which
indicated a significant difference in the profession as to how the guidance would be received.

7. Amongst other things, on the one hand the reports and guidance were welcomed, and it was noted as thorough, and that laid out the issues well. On the other hand we were told the panel was not representative of the profession and failed to acknowledge differences in approach, technique and context of care between professions, and the risks in relation to plain film X-rays are well understood and the setting of rigid guidelines potentially discouraging the use of X-rays unhelpful.

8. Consequently, Council noted the proposed guidance was significant and also that imaging is a contentious issue within the chiropractic profession and acknowledged the background relating to the recommendation for a period of consultation. The consultation on proposed guidance for the use of diagnostic imaging in chiropractic was published on 18 October and ran until 26 November 2021. A report of the consultation is annexed.

Next steps

9. The consultation on draft guidance has generated a strong reaction from some quarters of the profession. This is welcomed.

10. Concerns were raised about the limited opportunities for engagement by professional groups during the period of the review.

11. Concerns were also expressed that the guidance does not address the coroner’s concerns. The expert group do not agree.

12. Concerns were raised about the referencing of ionising radiation regulations. It is clear that the guidance insufficiently references the regulations as to IR(ME)R and IRR and that there is an opportunity for us to bring the extant GCC guidance addressing ionising radiation and the proposed guidance together more coherently.

13. Further, we will wish to ensure we have understood whether published literature supports the use of more routine x-ray. Equally, the expert group was robust in emphasising the central points of the guidance – that certainty in clinical decision making and diagnosis is elusive and that the process of decision-making with the full involvement and consent of the patient is key.

Nick Jones

Chief Executive & Registrar
Report of the consultation on proposed guidance for the use of diagnostic imaging in chiropractic

The consultation

1. The consultation on proposed guidance for the use of diagnostic imaging in chiropractic was published on 18 October 2021 and ran until 26 November 2021. The objectives of the guidance are to help protect patients and the public and promote the best use of imaging as the effective assessment and care of patients based on the principles of evidence-based practice and informed consent.

2. The consultation was promoted to the profession and stakeholders through various direct and indirect communications and a dedicated webpage was established with the draft guidance published alongside a discussion paper and background paper developed in conjunction with the expert group. A total of 168 consultation responses were received, a reasonable response rate.

3. Within were seven responses from stakeholder organisations: The British Chiropractic Association (BCA); Good Thinking Society; Care Quality Commission (CQC); Society of Radiographers (SOR); United Chiropractic Association (UCA); The Scottish Chiropractic Association (SCA); and the UK Health Security Agency (UKHSA). There were 12 responses received from clinics and practices with the balance from individuals (149) the majority of whom were registrants.

4. The questionnaire accompanying the documentation set out the following questions.

   1. Your name or your organisation if replying on its behalf?
   2. Is it helpful to have specific guidance on imaging? (Select Yes or No)
   3. Did you find the draft guidance clear and accessible? (Select Yes or No)
   4. Does the guidance make clear what is expected of registrants and the information that should be documented? (Select Yes or No)
4a. If no to question 4, how could it be made clearer?

5. In your view, are there implications for groups with specific protected characteristics resulting from the implementation of this guidance? (Select Yes or No)

5a. Please add any additional comments you may have to question 5.

6. Are there any other equality, diversity or inclusion aspects which may be unfair or discriminate against people with protected characteristics? (Select Yes or No)

6a. If yes to question 6, please outline how you think these could be mitigated?

7. Do you consider that the approach proposed in this consultation supports our overarching objective of public protection and does so in a proportionate way? This includes:
   i. protecting, promoting and maintaining the health, safety and well-being of the public
   ii. promoting and maintaining public confidence in the profession of chiropractic
   iii. promoting and maintaining proper professional standards and conduct for members of the chiropractic profession

7a. If no, please provide comments

5. Responses rates for each are shown are shown below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Nil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it helpful to have specific guidance on imaging?</td>
<td>97</td>
<td>64</td>
<td>7</td>
</tr>
<tr>
<td>Did you find the draft guidance clear and accessible?</td>
<td>83</td>
<td>78</td>
<td>7</td>
</tr>
<tr>
<td>Does the guidance make clear what is expected of registrants and the information that should be documented?</td>
<td>74</td>
<td>87</td>
<td>7</td>
</tr>
<tr>
<td>In your view, are there implications for groups with specific protected characteristics resulting from the implementation of this guidance?</td>
<td>81</td>
<td>70</td>
<td>15</td>
</tr>
<tr>
<td>Are there any other equality, diversity or inclusion aspects which may be unfair or discriminate against people with protected characteristics?</td>
<td>50</td>
<td>100</td>
<td>18</td>
</tr>
<tr>
<td>Do you consider that the approach proposed in this consultation supports our overarching objective of public protection and does so in a proportionate way</td>
<td>30</td>
<td>124</td>
<td>14</td>
</tr>
</tbody>
</table>

6. It is important to note that the purpose of a consultation is to inform Council on the balance of opinion and views where these are expressed. It is not simply a numbers game or a poll, but clearly the quantitative data is instructive. As such,
there is support for the production of specific guidance; there is, however, a large majority who do not consider that the guidance as drafted supports our overarching protection of public protection. There is, however, more of an even division between those who find the draft guidance clear and accessible, and whether it makes clear what is expected of registrants and the information that should be documented.

7. Similarly there was a broadly even division between those who thought there were implications for groups with specific protected characteristics resulting from the implementation of this guidance. In text responses, the majority of concerns focused on the potential of the guidance disincentivising and therefore discriminating against chiropractors from undertaking X-rays for which patients may benefit. Many also referenced whether the question had relevance for decision-making, for example, ‘we should be treating every patient with respect and dignity no matter what their protected characteristics might be.’ Equally some pointed to the potential impact on the elderly – that is the impact of undertaking and not undertaking X-rays. We return to this issue below.

8. The questionnaire sought to balance ease of submission, capturing the views of busy practitioners by the use of ‘yes/no’ options. Where the answer was no, a further option to provide more information to address shortfalls in the guidance was provided. This had the unintended consequence that where respondents had minor suggestions for improvement then it was necessary to answer ‘no’ to that question. That said, the impact of this was more pronounced on the stakeholder organisation feedback. The next section summarises the stakeholder feedback and then goes on to outline the main concerns raised, in themes.

Feedback

9. All of the stakeholder organisations considered it useful to have specific guidance on imaging. Only two of the organisations (the BCA and Good Thinking Society) found the guidance clear and accessible, and none of the responses found the guidance made clear what is expected of registrants and the information that should be documented. However, this was nuanced, and on further scrutiny the following (narrower) suggestions for improvement were made, principally in relation to aspects relating to Ionising radiation and regulations in place to promote safety, IR(ME)R and IRR. So the following said ‘no’ and:

- **BCA**: greater clarity is provided as to IRR17 rules
- **GTS**: The guidance states that an x-ray "may" be evaluated by a medical professional with expertise - but that it is not necessary that the results are reviewed by such a professional. This leaves a lack of clarity that may undermine the guidance.
- **CQC**: From our perspective having worked with the GCC over the last 15 years radiation (and compliance with IR(ME)R in particular seems less of a priority now than previously.
• **Society of Radiographers:** SoR recognises and supports the aim of the guidance. We feel it could perhaps go further in defining the responsibilities of chiropractors wishing to undertake their own diagnostic imaging examinations. There is some useful information in the discussion papers which should be included in the guidance.

• **UKHSA:** Consideration needs to be given to the supporting documents (discussion and background papers) if they are to be included or referenced within this guidance. The definition of the employer [as set out in IR(ME)R] in the discussion paper should be clarified.

10. Similarly in relation to whether the approach proposed in the consultation supports our over-arching objective of public protection, the BCA and GTS agreed that it did. Again, the responses from some of the others were nuanced.

• **CQC:** It is always valuable to reflect and review the imaging criteria as “referral” guidelines for imaging in one’s specialist area. The timing of this review is in response to the unfortunate events in York some years ago... we are not convinced that the guidance addresses those concerns.

• **SoR** welcomes the consultation process. We understand the focus of this guidance is to avoid inappropriate or harmful treatment due to lack of clinical information

• **UKHSA:** As suggested, there are additional elements of IR(ME)R that need to be included in this guidance to support the regulatory framework that provide radiation protection to patients undergoing diagnostic imaging.

11. At the same time the UCA and SCA each submitted detailed, thoughtful and robust responses, with more fundamental objections to much of the guidance, summarised within themes below. We should also note the UCA in particular expressed strong concerns and disappointment as to the process and what they saw as the limited consideration of literature evidence, and what was seen as the lack of involvement of the wider profession in the development of the guidance. It is acknowledged that balancing a focused piece of work locating chiropractic in a wider health and care setting and taking account of what is seen as the distinctiveness of chiropractic imaging methods is challenging. That said, the guidance emerged from a wide review, and it is important that Council is appraised of the feedback, as sought, for it to determine its final published guidance.

12. The expert group met on 29 November 2021 and considered the raw responses and a summary of the submissions leading to the identification of the principal themes, and their reaction as advice to Council, here.

**Ionising radiation risks and IR(ME)R**

*Consultation response: The stakeholder and individual feedback emphasised the draft guidance did not sufficiently reference the centrality of regulations. It was said...*
that the regulations provide the practitioner with a broad degree of clinical discretion providing that the justifications are met. As such it was said the GCC introducing its own guidance contrary could cause confusion and uncertainty or be held liable for any adverse consequences. It was also held that consent is not, in general, required for diagnostic x-ray examination. There was also a call for the GCC reinstating previous guidance on IR(ME)R.

**Expert group consideration:** The background document and the draft guidance set out how IR(ME)R and IRR place significant responsibilities on the personas involved in ionising radiation ‘the obligations on them to meet IR(ME)R regulations are exacting.’ The GCC has extant guidance relating to the regulations, largely sign-posting to the obligations placed on duty holders. It is of note that the Council agreed in 2018 to withdraw the published Explanation Guidance and Procedures documents on IR(ME)R that had been developed previously with the profession as the GCC is not the enforcing body. It would be inappropriate for the Council to now re-introduce such guidance.

The expert group was clear that primacy lay with the regulations and the proposed guidance is not contrary to the regulations; that the guidance emphasises the importance of considering ionising radiation risks, but that it might more clearly incorporate extant GCC guidance without straying to detailed interpretations. The group was also clear that it is expected that, as partners in care, the patient provides consent having understood the risks and benefits of X-ray.

**The Coroner’s starting point**

**Consultation response:** We saw many instances where it was suggested the coroner requested the GCC undertake the review because he was of the view that had the gentleman had an X-ray of his cervical spine before treatment it would have materially altered the outcome and that X-ray should potentially be more widely used to prevent future deaths.

**Expert group consideration:** The coroner asked we conduct ‘a review of the requirement for pre-treatment imaging may inform whether a patient is suitable for treatment.’ The expert group have been, and were unequivocal here, and this was set out in the background document: ‘Deciding which diagnostic test or tests may best help rule in or rule out certain pathological conditions is a matter of analysing incomplete information and weighing the probabilities of how good a particular test is at detecting a certain disease. Being good at diagnosis means constantly staying updated on developments in the field, to understand those probabilities. Ultimately, clinical judgement plays the greatest part in the use of diagnostic testing, and good judgement relies on good information.’ Furthermore, the guidance stated:

‘Chiropractors have a duty to act in the best interests of their patients. Prior to considering investigations such as undertaking X-ray, they must obtain a case history and undertake an appropriate physical examination. Only after this assessment can a chiropractor determine whether diagnostic imaging will either
benefit the clinical decision-making process or change the management of a condition as a result, and lead to the best patient care.'

The expert group further indicated that no guidance can provide definitive answers as to what to do when. This is the clinician’s dilemma. As such, it is unwise for X-ray screening to replace clinical reasoning. Further, the expert group noted there would be a body of clinicians who, in partnership with the patient, can justify x-ray in certain circumstances and undertake manipulation; and another clinician seeing the same patient neither doing an x-ray or manipulation. In relation to this aspect the expert group concluded that some responses to the consultation were a search for certainty, which is elusive. The decision-making process and as documented, provides the clinician with protection.

The guidance privileges ‘red flags’

Consultation response: In short, it was stated the draft guidance emphasised that X-rays only be used when red flags are indicated. For example, the lack of studies evaluating the value of requesting X-rays in the absence of red flags does not imply concluding that X-rays should not be performed in their absence. That is a huge leap. Rather, it is recommended that further studies are warranted. Furthermore

‘The criteria for “Red Flags” are variable and that there are conditions outside these criteria which can impact on patient care which are less relevant to a medical practitioner due to the different modes of treatment such as degree of degeneration, facet asymmetry, short leg syndrome, and thoracic outlet to name a few.’

Expert group consideration: The expert group noted that diagnostic imaging should never be ‘routine’, but rather should only be applied after patient and clinician agree on the usefulness of a particular imaging modality for a particular condition, and that the risks are outweighed by the benefits. Patients and clinicians are in a collaborative relationship for clinical decisions, and reminding us that NICE has published guidelines on shared decision-making. The expert group refuted that the guidance states that x-ray should only be used where there is a suspected red flag; as such, a misreading.

The group noted it is instructive to restate, inter alia, the draft guidance here in context: ‘If it is decided that diagnostic imaging is indicated, a chiropractor must decide which form of imaging is most appropriate. It is expected that, following the assessment, a chiropractor will formulate a list of differential diagnoses. The purpose of diagnostic imaging is to assist in determining which of these differentials is the correct diagnosis and to exclude contraindications or factors that may modify the proposed management of the patient.

Questions that a chiropractor may ask in determining the clinical indications for diagnostic imaging include the following:
• Has the assessment elicited any red flags (signs of symptoms suggesting the potential for serious underlying pathology, such as malignancy or inflammatory arthropathies)?
• Has the patient already had imaging (or other diagnostic tests) that could provide the necessary diagnostic information without the need for new imaging?
• Is imaging the best form of investigation for distinguishing between potential differential diagnoses, or may other forms be more appropriate?’

The expert group emphasised that the guidance does not limit imaging to possible red-flags but that it is certainly important that referral is made where a red flag is indicated and that a confident approach to X-ray, or other imaging, rather than hesitancy, is preferable when indicated.

**Scope of practice; guidelines are not always relevant to chiropractic**

*Consultation response: Chiropractors do not use radiographs solely for diagnostic means. Chiropractors use x-rays to rule out serious pathology, but they also use x-rays in a similar way to dental radiological examination of the teeth. One needs to actually see the structures on which one is going to work. An enormous and very useful amount of information is gleaned by the simple and rapid use of plain radiographs.*

*The draft guidance needs to be more balanced to reflect the wider use of diagnostic imaging beyond screening for pathology.*

*And similarly that the limitations of guidelines is that they are produced in the context of assessing for pathology and do not consider for the broader Chiropractic context where x-rays can inform how care is delivered and how someone may respond along with providing relevant information that could impact on patient safety such as congenital anomalies due to Chiropractic being a hands on profession.*

The expert group restated its previous position that it struggled to understand how the routine use of routine x-ray was acceptable. It restated that it heard the arguments in relation to the broader chiropractic context but was unpersuaded – ‘with the evidence applying to all of us.’ The group was clear that if a clinician undertakes X-rays routinely then they will find ‘something.’ It is important to consider the wider risks of harm. These are not limited to radiation risks but also the psychological risk to a patient being presented with information as to their irreversible condition where a change to the management of the patient does not follow. The group was clear that it is ‘the role of the clinician to see the patient in front of them first rather than the scan.’

The expert group suggested testing further with stakeholders the following section of the draft guidance to explore whether formal, peer reviewed, literature justifying routine X-ray is available.
Some chiropractic technique systems and organisations recommend and promote protocols for the use of plain film radiography. These advocate more routine x-ray examination and repeat investigations at prescribed intervals. This conflicts with statutory UK regulations on the use of ionising radiation. Where they have not been subject to a formal guideline development process or recommended by UK specialist agencies, it is unlikely that they can be justified and therefore it is not recommended that such diagnostic imaging protocols are used by chiropractors. Doing so runs a risk of contravening the GCC Code and extant guidance, and risks breaching the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R).

Equalities considerations

Many concerns focused on the potential of the guidance disincentivising and therefore discriminating against chiropractors from undertaking X-rays for which patients may benefit. Many also referenced whether the question had relevance for decision-making, for example, ‘we should be treating every patient with respect and dignity no matter what their protected characteristics might be.’ Equally some pointed to the potential impact on the elderly – that is the impact of undertaking and not undertaking X-rays.

On the other hand, some organisation responses provided some insights.

- The guidance does not consider the needs of trans and non-binary individuals undergoing diagnostic imaging or the age of the patient. Perhaps reference could be made to existing guidelines for the radiation protection of these groups?

- Local risk groups should be identified, and professional body guidance referenced to assure the radiation protection of individuals regardless of age, sex and sexual orientation. For example, there should be clarity around decision making process.

- The guidance does not consider the age or pregnancy statue of the patients. Regulation 11(2)(a) requires the specific objectives of the exposure, and the characteristics of the individual must be taken into account prior to justification of the exposure.

It will be important that the guidance reflects these important considerations.
Equality, Diversity and Inclusion Action Plan 2022

Meeting paper for Council on 8 December 2021

Agenda Item: 8

Purpose

Equality, Diversity and Inclusion, or EDI as it is more commonly known, ensures fair treatment and opportunity for all. It aims to eradicate prejudice and discrimination on the basis of an individual or group of individual's protected characteristics. A full description of EDI and protected characteristics can be found in the accompanying report.

For equality, diversity and inclusion to become a living part of a corporate culture, all people connected with that organisation must be on the same path and willing to accept and appreciate the cultural and societal mosaic in which we live.

The aim of the 15-point action plan is to build upon the General Chiropractic Council's current Equality, Diversity and Inclusion activity and help it move further towards realising all its EDI goals and ambitions ie. creating an internal culture of understanding and engagement, as well as influencing and guiding the profession that it regulates.

Its creation or purpose should not be interpreted as a response to any external audit but as a genuine desire to ensure the GCC, and the profession it oversees and serves, is as diverse and inclusive as possible, providing equal opportunities for all chiropractors and the patients and customers that they serve.

The GCC has been active in creating, updating and improving its EDI activity over the last few years and published a draft policy for consultation in the summer of 2021. Since 2020, it has initiated a number of projects and actions to address concerns raised by registrants, partners and the Professional Standards Authority, as noted on page 4 of the report: 15 current GCC EDI activities to note.
This proposed 15-point action plan is the next evolutionary step in furthering the work already undertaken and helps to establish greater authority, responsibility and structure in future EDI activity.

In line with the new GCC 2022-2024 Strategy, and its accompanying strategic and business plans, the 15-point action plan aims to foster a transformational change in culture and behaviour by establishing support internally and securing support externally.

The 15-point action plan should not be considered a numerical step-by-step action plan. A full description of each action can be found within the report.

1. **Creation of a standing EDI Working Group**, taking representation and guidance from GCC (internal), the profession and EDI professionals, all of whom can provide valuable insight and advice.

2. **Review of GCC functions and processes** to identify and address any possible equality issues (positive, adverse or neutral) and how best to address any of the findings.

3. Review, update, implement and disseminate GCC EDI guidance, internally and externally.

4. Creation of a corporate inclusion policy, EDI compliant and in line with GCC guidance, as outlined in point three.

5. **Defining EDI consultation** - internal and external. This will assist the working group in establishing baseline concerns, knowledge and steer required actions. This may in necessitate adjustment to these actions.

6. Establishing a collaborative support network for EDI, be it with regulators, associations and the profession (individual, company, employees). This network will help to further demonstrate the value the GCC attributes to this work as well as provide a useful knowledge-transfer and support network.

7. **Review of GCC brand guidelines** (visual and voice) to ensure EDI guidance compliance.

8. Development of an EDI data collection policy with definable reasons and outputs, all within the Equality Act 2010 and GDPR rules and definitions.

9. Creation of an EDI communication and activation plan. This activity will be based on many of the other actions points contained within this plan. Its purpose is to create a suitable communication framework (internal comms and external comms) with agreed timings, outputs and identifiable impact.

10. **Operational review for protected characteristics** i.e. wheelchair access, home and office conditions, pregnancy rules, travel rules etc.
11. Mandatory **EDI training for GCC employees** and guidance on EDI training for
the profession.

12. **EDI within registrant Continuing Professional Development** activity.

13. **EDI patient/public research** to identify any equality, diversity and inclusion
issues within the profession e.g. are chiropractic patients mainly white middle
class? If so, why and how can this be addressed?

14. Creation of **EDI champions** within the profession, helping to identify issues and
communicate the value of EDI to all target groups.

15. Create an **EDI performance tracker** to be reported annually to the GCC Council,
the Professional Standards Authority, professional associations and registrants.

In undertaking this **15-point action plan**, the GCC will be able:

1. **to understand and support the principles of EDI**

   Through the collection of diversity and inclusion data (based on equality assessment
activity). This work will ensure the GCC is continuously re-informing itself through
objective non-blame review and analysis.

2. **to share with one voice its knowledge and commitment to EDI**

   Essentially, ensuring EDI within our people and process development and activity
through provision of support and tools to achieve our EDI goals. This is not simply a
leadership voice but one for all people.

3. **to demonstrate its commitment to, and respect of, EDI**

   Embedding inclusion in our policy, guidance, plans and objectives, therefore creating
a behavioural norm of EDI. Ensuring diversity is encouraged, supported, represented
and empowered – seen positively and not as a threat.

**Recommendations**

For Council to review the **GCC EDI 15-point action plan** and approve the creation
of the **EDI Working Group** to initiate the actions contained within the plan.

Richard Campbell
Communications and Policy Lead
Equality, Diversity and Inclusion

GCC 15-point action plan

December 2021
Realising the value of equality, diversity and inclusion

Put simply, **Equality, Diversity and Inclusion**, or EDI as it is more commonly known, ensures fair treatment and opportunity for all. It aims to eradicate prejudice and discrimination on the basis of an individual or group of individual's protected characteristics.

Sadly, although much is written about EDI and its importance, few tangible actions are undertaken by many organisations to accept, adopt and integrate EDI into their corporate culture. In essence, EDI becomes a tick-box exercise creating added value to annual reports or employee meetings, with little substance or commitment.

To be fair, many people and organisations do not fully understand or appreciate EDI and the value it can create. For an organisation, EDI is often thought to be a simple data collection exercise from their recruitment processes or employee surveys which can be reported against an agreed set of metrics. This is not EDI.

EDI is about integrating and embedding the behaviour of inclusion and diversity into a corporate or professional culture while ensuring all planning, functions and processes of the organisation are aligned to advance equality. It is understanding how internal and/or external activities can be made equal and fair to all people. On an individual basis, it is accepting and embracing people and their uniqueness beyond those of yourself.

For equality, diversity and inclusion to become a living part of a corporate culture, all people connected with that organisation must be on the same path and willing to accept and appreciate the cultural and societal mosaic in which we live.

The aim of this 15-point action plan is to build upon the General Chiropractic Council’s current Equality, Diversity and Inclusion activity and help it move further towards realising its EDI goals and ambitions i.e. creating an internal culture of understanding and engagement, as well as influencing and guiding the profession that it regulates. Its purpose should not be interpreted as a response to passing any external audit or requirement but as a genuine desire by the regulator to ensure it, and the profession it oversees and serves, is as diverse and inclusive as possible, providing equal opportunities for all chiropractors and the patients and customers that they ably serve.

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1 University of Edinburgh
Defining equality, diversity and inclusion

Although EDI has some universal norms, its exact definition varies depending on national and cultural beliefs and values. However, a clear definition of EDI is:

Equality

At its core, equality means fairness: ensuring that individuals, or groups of individuals, are not treated less favourably because of their protected characteristics. Equality relates to the legal obligations in which organisations must not unlawfully discriminate.

Key takeaway: treated less favourably

Diversity

Diversity is about recognising difference. It’s acknowledging the benefits of having a range of perspectives in an organisation’s operations and decision-making and taking steps to aid that diversity.

Key takeaways: acknowledging benefits, taking steps

Inclusion

Inclusion is where people’s differences are valued and used to enable everyone to thrive in that organisation. An inclusive organisation is one in which everyone feels that they belong without having to conform, that their contribution matters, and they are able to perform to their full potential, no matter their characteristics, background, identity or circumstances.

Key takeaway: valued and used

What are protected characteristics?

The UK’s protected characteristics stem from the Equality Act 2010, which brought together several pieces of legislation under one act eg. Race Relations Act 1976. In essence, they are characteristics of a person’s identity which make them who they are. As such, if a protected characteristic is known or revealed, it is unlawful to treat that person differently.

As with defining EDI, protected characteristics vary between nations ie. the UK defines nine characteristics while USA has eight, and not all are the same. In the UK, protected characteristics are (in alphabetical order):

1. Age

Unfair or unfavourable actions, language or treatment of people due to their age eg. treating people differently or dismissing/restricting their roles due to their age. This applies to both young and old.

2. Disability

Prejudice against people with long-term (12-month+) mental or physical disabilities alongside failure to make sufficient adjustments to remove hindrances or barriers caused by the disability.

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Sex, not gender website (Alan Henness email 16 November 2021)
3. **Gender reassignment**
   The law protects trans men and women regardless of any medical process eg. a trans man who was assigned female identity at birth but has a male gender identity and lives as a man.

4. **Marriage and civil partnership**
   This is treating people differently on account of their relationship status, be it between a man and a woman or members of the same sex.

5. **Pregnancy and maternity**
   This is victimising or being unfair to a woman due to their pregnancy or for being on maternity leave.

6. **Race**
   Discrimination against a person, directly or indirectly, due to their race, colour or nationality. Direct discrimination is, for example, rejecting any application due to nationality, race or colour (real or perceived by name). Indirect discrimination is placing procedures or policy which places people at a disadvantage ie. placing a requirement for a UK-only qualification which then restricts the opportunity for others to apply.

7. **Religion or belief**
   This is where a person is discriminated against due to religious or cultural beliefs eg. not recruiting or dismissing a person due to their religion (direct) or placing barriers to allow a person to practise their religion, such as holding meetings at the same time as prayers (indirect).

8. **Sex**
   This is treating a man or woman differently because of their sex, including positive discrimination. Common examples are, asking job applicants different questions due to their sex or not promoting women due to future pregnancy concerns. Remember, sex is not gender.

9. **Sexual orientation**
   This is where people are discriminated against for being gay, bisexual, heterosexual or asexual ie. treated less favourably due a person’s emotional, romantic or sexual attraction to another person.

   These are not comprehensive definitions of protected characteristics. In addition, types of discrimination go beyond direct and indirect eg. associative (associating with someone with a protected characteristic), perceptive (being thought to have a protected characteristic), victimisation (treated unfairly for supporting a complaint) etc.
15 current GCC EDI activities to note

The GCC has been active in creating, updating and improving its EDI activity over the last few years. Since 2020, it has initiated and completed a number of projects and actions to address concerns raised by registrants, partners and the Professional Standards Authority. These include:

1. Active EDI employee engagement, including exchanging views and gathering feedback from GCC black, Asian and minority ethnic colleagues on how we can further incorporate EDI in all our activities.

2. Holding a thought-provoking roundtable discussion with EDI expert Rob Neil OBE who questioned and challenged attendees on their thinking and understanding of diversity and inclusion.

3. Seeking expert advice and guidance from other healthcare regulators so the GCC can benefit from their knowledge and expertise in helping to embed EDI through its entire business approach and processes.

4. Mandating EDI training for all employees, including a programme delivered by the Diversity Trust in February 2021, alongside ‘unconscious bias’ training to employees and partners, especially Test of Competence Assessors and Professional Conduct Committee members.

5. Updating the GCC equality monitoring form for employee, Council and Committee members, and publishing monitoring data for recent appointments to the Education Committee and Professional Conduct Committee.

6. Examining how to increase protected characteristic diversity within the GCC Council and committees, and with partners.

7. Commissioning Enventure Research to carry out a registrant survey and to produce a specific EDI report.

8. Publish EDI data annually in our Registration Report, hold EDI data on 76% of registrants, an increase of 6% since we moved to our online registrations system.

9. Improving our understanding and knowledge of the diversity and experiences of our registrants, and their patients to identify and address how they are impacted by our policies, processes and decisions.

10. Published a series of blogs from registrants, notably on how racism affects a person of colour in the profession.

11. Asked all academic institutions how they assure themselves as to the diversity of their student intake, specifically on protected characteristics as set out in the Equality Act 2010.

12. Asked the Education Committee about their views on EDI activity, participation and performance at their institutions and all institutions have received positive feedback.

13. Reviewed our equality impact assessment (EIA) process and implemented actions identified in a timely manner. Recent EIAs have been carried out on our new...
Whistleblowing Policy, our Website Management Policy, Customer Complaints policy and our Remote Hearing Protocol and our consultation on the draft Imaging guidance. We will continue to review further our EIA process and paperwork and learn from other healthcare regulators’ approaches.

14. Refreshed our equality, diversity and inclusion policy.

15. Created an EDI section to the GCC website.

Realising the GCC EDI 15-point action plan

As stated, EDI should not be seen as a simple tick-box exercise. It is an on-going and ever-evolving behavioural and cultural process, adapting to the changing world in which we all live. This is clearly demonstrated by the 15 activities that the GCC has undertaken in the last 24 months alone. This 15-point action plan is the next evolutionary step in furthering the work already undertaken and helps to establish greater authority, responsibility and structure in future EDI activity.

However, all action plans need structure to ensure they are being met. The proposed activity contained within this action plan should be seen as start of the process, which will continue for as long as the GCC is in existence.

As the first action within the plan is the creation of a standing **EDI Working Group**, it would not be appropriate to define aim, objectives or a strategy. That will be left to the working group to define and agree alongside an appropriate timeframe.

GCC EDI 15-point action plan

In line with the new GCC 2022-2024 [Strategy](#), and its accompanying strategic and business plans, the GCC EDI 15-point action plan aims to foster a transformational change in culture and behaviour by establishing support internally and securing support externally. The 15-point action plan should not be considered a numerical step-by-step action plan.

1. **Creation of a standing EDI Working Group**, taking representation and guidance from GCC (internal), the profession and EDI professionals, all of whom can provide valuable insight and advice.

   The working group will lead, and be responsible for, all points within this action plan, including defining, agreeing, implementing and integrating EDI into the GCC, internally through its culture and behaviour, and externally through example-setting, guidance and support. **Q1 2022**

2. **Review of GCC functions and processes** to identify and address any possible equality issues (positive, adverse or neutral) and how best to address any of the findings ie. creation of an Equality Impact Assessment action plan. By developing and applying an EDI lens on the GCC, we will openly determine if any actions or processes throughout the organisation create unfair, less favourable or inhibitive outcomes and/or consequences, internally and externally.
Initial areas for review include recruitment (to the GCC and profession), Fitness to Practise (registrant and complainant), education (standards, profession recruitment, academic diversity (staffing and students)), registration, and corporate processes and documentation, all assessed against defined protected characteristics.

Note: The GCC has already undertaken some of this work.

3. Review, update, implement and disseminate GCC EDI guidance, internally and externally. Its purpose is to demonstrate why EDI is an embedded requirement within our corporate culture and behaviour, and how it is applied to our external activity and interactions with the profession.

The guidance should not be prescriptive but encourage EDI considerations throughout process or activity development alongside justifications ie. diversity in conference speakers, subject matter and justification for alternations.

4. Creation of a corporate inclusion policy, EDI compliant and in line with GCC guidance, as outlined in point three.

5. Defining EDI consultation - internal and external. This will assist the working group in establishing baseline concerns, knowledge and steer required actions.

6. Establishing a collaborative support network for EDI, be it with regulators, associations and the profession (individual, company, employees). This network will help to further demonstrate the value the GCC attributes to this work as well as provide a useful knowledge-transfer and support network.

7. Review of GCC brand guidelines (visual and voice) to ensure EDI guidance compliance.

8. Development of an EDI data collection policy with definable reasons and outputs, all within the Equality Act 2010 and GDPR rules and definitions ie. do not collect information on protected characteristics that are not reviewed or used and/or collect information which is not within the Equality Act itself eg. gender.

This work needs to ensure greater understanding (internally and externally) on why we collect protected characteristic data, use the correct wording and definitions as well as produce relevant actions to address any findings of concern.

9. Create EDI communication and activation plan. This activity will be based on many of the other actions points contained within this plan. Its purpose is to create a suitable communication framework (internal comms and external comms) with agreed timings, outputs and identifiable impact.

10. Operational review for protected characteristics ie. wheelchair access, home and office conditions, pregnancy rules, travel rules etc.

11. Mandatory EDI training for GCC employees and guidance on EDI training for the profession. This activity should go beyond top-line knowledge of the protected characteristics and help identify where and how EDI impacts each person’s role. The feedback from this activity will help strengthen and embed EDI within the GCC’s culture and operational behaviour.
12. EDI within registrant Continuing Professional Development activity.

13. EDI patient/public research to identify any equality, diversity and inclusion issues within the profession eg. are chiropractic patients mainly white middle class? If so, why and how can this be addressed? The findings may well be outside the scope of the GCC to enact, but should provide the professional associations with useful baseline information to address the issue/s with their members (see point six)

14. Creation of EDI champions within the profession, helping to identify issues and communicate the value of EDI to all target groups.

15. Create an EDI performance tracker to be reported annually to the GCC Council, the Professional Standards Authority, professional associations and registrants.

Reasoned activity within EDI

In undertaking this 15-point action plan, the GCC will be able:

1. to understand and support the principles of EDI

   Through the collection of diversity and inclusion data (based on equality assessment activity). This work will ensure the GCC is continuously re-informing itself through objective non-blame review and analysis.

2. to share with one voice its knowledge and commitment to EDI

   Essentially, ensuring EDI within our people and process development and activity through provision of support and tools to achieve our EDI goals. This is not simply a leadership voice but one for all people.

3. to demonstrate its commitment to, and respect of, EDI

   Embedding inclusion in our policy, guidance, plans and objectives, therefore creating a behavioural norm of EDI. Ensuring diversity is encouraged, supported, represented and empowered – seen positively and not as a threat.
Business Plan 2021 Performance Update

Meeting paper for Council on 8 December 2021

Agenda Item: 9

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 a report to Council on performance on the fourth quarter of the 2021 business plan. Key information on the progress being made is displayed in the dashboard in Annex A. In summary, of 17 projects in this year's business plan:

- 11 projects have been completed (shown in green in the attached table).
- Two projects are not proceeding this year in the way that we envisaged due to external factors. However, we contributed substantially to the overall subject matter of regulatory reform.
- Of the remaining four projects (shown in white)
  - Two projects are substantially complete – the imaging work and EDI policy with both included as agenda items in this meeting (shown in grey).
One project on seeking feedback on patients’ experience of chiropractic is due to conclude in Q3 2022 and whilst there was some delay to expected actions this year, and carried forward to 2022, other scheduled activities for this year have been completed.

And one project, which was due to commence in Q4 of 2021, has not materially commenced due to constraints imposed by remote working. This project and costs are carried forward to the proposed Business Plan for 2022.

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

4. The Business Plan 2021 was an ambitious programme of work. The completion of the activities, as set out, is a significant achievement.

The measurement and reporting of impact are underway. With the appointment of much needed permanent support in the team we will report on the delivery of expected impacts to each meeting of Council, alongside the performance report of business plan activities in 2022.

Joe Omorodion

Director of Corporate Services
### Annex A: Business Plan Dashboard, December 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

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

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

The table below presents the progress of the projects/activities as of 31 December 2021 (the progress status of each project in September 2021 in brackets).

<table>
<thead>
<tr>
<th>Ref</th>
<th>Activity</th>
<th>Lead</th>
<th>Start date</th>
<th>Delivery date</th>
<th>Percentage of completion stage (Sept ‘21)</th>
<th>Outcome/impact measurement</th>
<th>Status/progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop a digital toolkit to assist chiropractors to reflect on their own website and web material.</td>
<td>Development PB</td>
<td>Q2</td>
<td>Q3</td>
<td>100% (90%)</td>
<td>Long term reduction in number of complaints related to misleading and/or inappropriate advertisements, and website/social media content on chiropractors’ owned platforms.</td>
<td>Completed. Three toolkits were developed and designed. The first was launched in November and further two in December.</td>
</tr>
<tr>
<td>2</td>
<td>Develop a digital toolkit to support chiropractors with their communication with patients/public.</td>
<td>Development PB</td>
<td>Q1</td>
<td>Q4</td>
<td>100% (50%)</td>
<td>Long term reduction in number of complaints related to chiropractors’ behaviour or communication with patient.</td>
<td>Completed. New web pages created and will be launched in January 2022.</td>
</tr>
<tr>
<td>3</td>
<td>Produce engaging, supporting information for patients/public and a dedicated area on our website.</td>
<td>Development PB</td>
<td>Q1</td>
<td>Q4</td>
<td>100% (50%)</td>
<td>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.</td>
<td>Completed. New web pages, leaflet and checklist created for patients. Online Patient forum reconvened at the end of November to review and comment on these. Final amends to be made and then made live.</td>
</tr>
<tr>
<td>Ref</td>
<td>Activity</td>
<td>Lead</td>
<td>Start date</td>
<td>Delivery date</td>
<td>Percentage of completion stage (Sept '21)</td>
<td>Outcome/impact measurement</td>
<td>Status/progress</td>
</tr>
<tr>
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<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4</td>
<td>Respond to potential legislative changes relating to Education and Registrations including CPD, emerging from DHSC’s regulatory reform agenda.</td>
<td>Development PB</td>
<td>not happening in 2021</td>
<td>not happening in 2021</td>
<td>0% (0%)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>5</td>
<td>Determine the need for changes to our Education Standards and Quality Assurance processes by carrying out a scoping review.</td>
<td>Development PB</td>
<td>Q2</td>
<td>Q4</td>
<td>100% (60%)</td>
<td>This project will enable 2022 Strategic Plan project on reviewing the Education Standards.</td>
<td>Completed. Research concluded and final report shared with Education committee at their meeting on 24 November. Recommendation to Council that Business Plan 2022 includes a review of both the Education Standards and the Quality Assurance Framework/handbook.</td>
</tr>
<tr>
<td>6</td>
<td>Embed best practice in imaging and incident reporting to ensure safer care.</td>
<td>Development NJ</td>
<td>2020</td>
<td>Q4</td>
<td>90% (80%)</td>
<td>New guidance for the profession.</td>
<td>Follow-up work on first aid CPD returns completed. Expert reference group meetings have now taken place, consultation held and output being considered at December 2021 meeting of Council.</td>
</tr>
<tr>
<td>7</td>
<td>Complete research started in 2020 to survey existing chiropractic patients on their experiences and satisfaction to strengthen patient voice.</td>
<td>Development PB</td>
<td>2020</td>
<td>Q3 2022</td>
<td>50% (50%) as planned</td>
<td>This research continues into the 2022 Strategic Plan.</td>
<td>Phase 1 completed. Literature Review was published in July and article in GCC newsletter. Phase 2 has commenced.</td>
</tr>
<tr>
<td>Ref</td>
<td>Activity</td>
<td>Lead</td>
<td>Start date</td>
<td>Delivery date</td>
<td>Percentage of completion stage (Sept ’21)</td>
<td>Outcome/impact measurement</td>
<td>Status/progress</td>
</tr>
<tr>
<td>-----</td>
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<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>8</td>
<td>Enhance professionalism within chiropractic by promoting opportunities for graduates, researchers, academics and other career pathways.</td>
<td>Development PB</td>
<td>Q3</td>
<td>Q4</td>
<td>100% (40%)</td>
<td>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 of Chiropractors.</td>
<td>Completed. 8 vlogs have been filmed and will be launched in the New Year along with new web pages and a blog from the Chair of Education Committee.</td>
</tr>
<tr>
<td>9</td>
<td>Respond to potential legislative changes relating to FTP and Governance emerging from the Department of Health and Social Care’s regulatory reform agenda.</td>
<td>FTP NU</td>
<td>not happening in 2021</td>
<td>not happening in 2021</td>
<td>0% (0%)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>10</td>
<td>Continue to streamline our processes and make relevant operational changes within FTP within the remit of our current legislative framework.</td>
<td>FTP NU</td>
<td>Q1</td>
<td>Q4</td>
<td>75% (50%)</td>
<td>KPIs for timeliness is evident in reporting.</td>
<td>Quarterly workshops with defence bodies taking place. Various improvement initiatives being brought to each meeting. Will continue throughout the year. One remaining quarterly meeting scheduled for 03/12/21.</td>
</tr>
<tr>
<td>11</td>
<td>Consider our expert witness arrangements.</td>
<td>FTP NU</td>
<td>Q1</td>
<td>Q4</td>
<td>100% (50%)</td>
<td>Improved speed in case progression visible in statistics.</td>
<td>Completed. New experts in place following induction session for new experts in October.</td>
</tr>
<tr>
<td>Ref</td>
<td>Activity</td>
<td>Lead</td>
<td>Start date</td>
<td>Delivery date</td>
<td>Percentage of completion stage (Sept ’21)</td>
<td>Outcome/impact measurement</td>
<td>Status/progress</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------</td>
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<td>---------------------------------</td>
</tr>
<tr>
<td>12</td>
<td>Improve our processes around obtaining feedback from individuals involved in the FTP process.</td>
<td>FTP NU</td>
<td>Q1</td>
<td>Q2</td>
<td>100% (100%)</td>
<td>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.</td>
<td>Completed. A process has been put in place to seek feedback from those participating in our complaints process at the conclusion of a case.</td>
</tr>
<tr>
<td>13</td>
<td>Review our Equality &amp; Diversity policy and engage with the profession on equality and diversity to ensure we are an inclusive regulator.</td>
<td>Cross functional PB/NJ</td>
<td>Q1</td>
<td>Q4</td>
<td>60% (60%)</td>
<td>EDI policy drafted. Process set up to gain more complete EDI data from registrants in 2021 renewal.</td>
<td>EDI policy draft is on the website and EDI work for 2021 all in place – notably EDI renewal data; EDI data gathering on RIP complaints. Work continues into 2022 business plan and an EDI action plan has been developed.</td>
</tr>
<tr>
<td>14</td>
<td>Seek operating efficiencies to achieve maximum value.</td>
<td>Corporate JO</td>
<td>Q1</td>
<td>Q4</td>
<td>90% (90%)</td>
<td>Organisation-wide financial impact is that the efficiency savings made help to boost the financial reserves. 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).</td>
<td>Ongoing – i.e., efficiency maximisation strategies are explored each time a project or service is re-tendered, or quotations sought and obtained. The effectiveness of business processes is also regularly reviewed.</td>
</tr>
<tr>
<td>15</td>
<td>Preliminary review of IT support contract arrangements.</td>
<td>Corporate JO</td>
<td>Q3</td>
<td>Q3</td>
<td>100% (70%)</td>
<td>Improved IT service and functionality to the GCC.</td>
<td>Executive review service contracts, including IT contract, on an ongoing basis. A preliminary/ desk review of the current IT service contract was undertaken in Q4 of 2021. The review indicated that the current IT support company has no plans to materially increase its charges in 2022. Two other IT specialists discussed with indicated that their service offerings may cost as much as the current service provider’s.</td>
</tr>
<tr>
<td>16</td>
<td>Review our IT document management arrangements.</td>
<td>Corporate JO</td>
<td>Q2</td>
<td>Q3</td>
<td>35% (30%)</td>
<td>Improved access, connectivity and efficiency: reduced drop-out of larger spreadsheets and documents.</td>
<td>IT support company is to prepare a more comprehensive proposal regarding moving to SharePoint/ replacing VPN. Currently scoping file structures and preferred IT solution.</td>
</tr>
<tr>
<td></td>
<td>Review our physical documentation in the office and external archive.</td>
<td>Corporate</td>
<td>Q3</td>
<td>Q4</td>
<td>25% (0%)</td>
<td>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. To achieve this 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.</td>
<td>This project did not commence. However, the work in concluding the GCC records retention framework and file structures has taken place. In 2022, stored documentation is planned to be scanned or disposed of in line with the framework. It is proposed this project is rolled over to 2022 with the cost of hiring temporary support allowed for in the 2022 budget.</td>
</tr>
</tbody>
</table>
GCC Business Plan 2022

Meeting paper for Council on 8 December 2021
Agenda Item: 10

Purpose

This paper proposes the business plan for 2022 for Council approval.

Recommendations

Council is asked to agree that the public facing GCC Business Plan 2022 (Annex A) be approved and published.

Background

1. At its September meeting Council approved the GCC Strategy 2022-2024. The Business Plan 2021 was presented in draft. This is the first business plan to deliver the three-year strategy.

2. The comments and feedback received have been taken into account and the final version of the business plan is now proposed for approval.

3. The following material changes to the business plan following the meeting are:
   - An emphasis on those areas of work that are new for 2022.
   - Inclusion of relevant core tasks, especially those relating to Strategic Aim 3
   - Expression of outcomes and benefits for each Aim
   - Overarching success measures
   - One project has been removed - Identify and collate information on the common causes of Fitness to Practise complaints through deep-dive research into historical data.
   - One project has been added – relating to digital effectiveness so that we can optimise the use of systems and digital tools leading to improved efficiencies for employees and other stakeholders.
• One project from 2021 was deferred – and therefore included in this plan: Review our physical documentation in the office and external archive

4. The allocated/estimated funds for the separate projects are £108,000, and included in the proposed budget GCC budget 2022, at agenda item 11.

5. The attention of Members is drawn to the proposal at page 12 of the business plan relating to the consequences of reform and the GCC being handed responsibility to develop new rules taking into account legislative change. This will be a significant task and is not budgeted within operational expenditure. Subject to developments we expect that any substantial work will be set out in a full business case for consideration by Council and funded from elsewhere by the GCC.

6. Further information on the proposed review of the Education Standards and the Quality Assurance Framework is attached to the Report from the Chair of the Education Committee. This follows from the recent meeting of the Education Committee.

Proposal

7. The business plan for 2022 is presented at Annex A for Council approval.

Next steps

8. We are developing a range of project plans to deliver the business plan and deliver our aims and objectives. It is our view that the projects identified present the most impact and best use of our resources.

9. There are equality implications arising from the business plan. We will carry out equality impact assessments on those business plan items that have an impact on registrants, patients and staff.

Nick Jones
Chief Executive and Registrar
GCC Business Plan
2022
What we do
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 towards 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 target

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

Business Plan 2022
Introduction

The development of the strategy reflected changes in the external health and social care landscape, including the significant impact from the Covid-19 pandemic and the quickening pace of regulatory reform. The strategy, agreed by Council in September 2021, reflects the challenges faced and the areas of our focus ensuring we make the right impact in the right way. It is ambitious and achievable, and this business plan sets out the work we will undertake in 2022 in

- fulfilling our core activities and the standard by which we want to achieve delivery, and
- project work to enhance and improve how we go about our work to make good on the intent underpinning the strategy.

What will success look like?

If we are successful in achieving our aims in the year, in broad terms, we will see

- The participation of a diverse group of patients in the regulation of chiropractic and evidence of patients trusting that they are considered an important constituent and valuable voice within the regulation of the chiropractic profession.

- Registrants better supported in meeting the requirements of patients, and the expectations of the Code of Practice, further to the development, review and publication of clear guidance and best practice and efficient regulatory processes.

- The requirement for graduate registrants meeting the expectations of patients and employers is supported by the inclusive development of new standards for education providers.

- The protection of patients through humane and effective regulation processes.

- The GCC rated highly by the Professional Standards Authority, meeting all the standards of good regulation and our openness to innovative approaches to regulation.

- The GCC seen 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.

Further details of the outcomes we expect to see are outlined against each of our strategic aims, on the following page.
The strategy has four areas of focus each with its own aim and objectives:

<table>
<thead>
<tr>
<th>Strategic aims</th>
<th>Strategic objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients &amp; Public</strong></td>
<td>To place patients and their care at the centre of all GCC work.</td>
</tr>
<tr>
<td>1A. <strong>To gain a greater understanding of patients’ needs and expectations so these can be reflected in the work of the GCC.</strong></td>
<td></td>
</tr>
<tr>
<td>1B. <strong>To promote chiropractic standards that take full account of patients’ needs and expectations.</strong></td>
<td></td>
</tr>
<tr>
<td>1C. <strong>To create, enhance and disseminate information to help patients make informed judgements about their chiropractic care.</strong></td>
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</tr>
<tr>
<td><strong>Chiropractors</strong></td>
<td>To promote continuing chiropractic best practice, professionalism and value within the health and social care system.</td>
</tr>
<tr>
<td>2A. <strong>To identify, collect and analyse data and insights from regulatory and statutory activity.</strong></td>
<td></td>
</tr>
<tr>
<td>2B. <strong>To share learning through the gathering and dissemination of GCC internal data and public, patient and registrant research.</strong></td>
<td></td>
</tr>
<tr>
<td>2C. <strong>To work with education providers and stakeholders to continue the development and promotion of professionalism in registrants, from the start to the end of their careers.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The Profession</strong></td>
<td>To regulate effectively, efficiently, innovatively and inclusively.</td>
</tr>
<tr>
<td>3A. <strong>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.</strong></td>
<td></td>
</tr>
<tr>
<td>3B. <strong>To set and promote educational, professional and registration requirements to ensure they remain appropriate and fit for purpose.</strong></td>
<td></td>
</tr>
<tr>
<td>3C. <strong>To be a sustainable and effective organisation committed to social equality, diversity and fairness.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The GCC</strong></td>
<td>To enhance the nature and form of regulation for the profession for the future.</td>
</tr>
<tr>
<td>4A. <strong>To ‘shape the future’ of regulation of the profession by influencing the conclusions of the government’s consultation and review of health and social care regulation</strong></td>
<td></td>
</tr>
<tr>
<td>4B. <strong>To foster knowledge sharing and expertise, drive efficiencies and seek opportunities to delegate and/or attain economies of scale.</strong></td>
<td></td>
</tr>
<tr>
<td>4C. <strong>To take forward the development of rules to be applied upon agreed legislative change.</strong></td>
<td></td>
</tr>
</tbody>
</table>
We place patients and their care at the centre of all GCC work

Overview

The interests of patients and the public are at the heart of all we do. Our focus for 2022 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 with the GCC, and in turn be involved in the development of our policies and processes.

What is new for 2022

Identify issues of concern and expectations from patients regarding their chiropractic experience

By June 2022 we will have completed the ‘Exploration of patients’ experience and satisfaction undergoing care as delivered by UK registered chiropractors’ research building on the previous systematic review, that we published in 2021. We will publish a comprehensive report highlighting key concerns from patients, drawing on all our recent public and patient research. We will then engage with patients to identify their top key themes and communicate these to registrants, and embark on development of new resources for patients in 2023.

Develop and implement a patient-focussed engagement and involvement plan

By the end of 2022 we will have created a plan to engage and communicate with patients, providing the GCC with direct access to patients and involvement in their experience of chiropractic, ensuring they have a clearer understanding of chiropractic and expectations of what they should expect from treatment. We will produce new patient-focused information, guidance, blogs and vlogs and communicate these widely. We will create a patient advisory group and provide opportunities for patients to be involved with and inform GCC activities, policies and processes.

Outcomes and benefits

- A deeper understanding of the chiropractic experience from the patients’ perspective, without profession or GCC assumption
- Know better the key patient concerns and themes, where we can best focus resource and avoid patients making complaints in these areas
- Ensure patients and the public have an increased knowledge of the GCC and use its public/patient sections of the website
- Give registrants a better understanding of the GCC’s role in protecting the public as opposed to their own interest
- Facilitate a greater understanding of chiropractic and its value within the health and care system
We promote continuing chiropractic best practice, professionalism and value within the health and social care system

Overview

The GCC is under a duty to support the long-term development of the chiropractic profession and support registrants to meet the standards that we expect of them. We aim to ensure that registrants have, and maintain, the right knowledge, skills and expertise to deliver safe, high-quality care.

What is new for 2022

Develop resources to provide support on professionalism

In 2022 we will publish and disseminate the professionalism research carried out jointly with the HCPC with content including videos focused to support registrants understanding of professionalism.

We will develop new content and guidance on the theme of being a reflective practitioner, which is a key component of professionalism, including guidance to support the reflective component of our CPD scheme.

We want to communicate more directly with registrants. We will hold quarterly webinars aimed at registrants covering themes from fitness to practise, being a reflective practitioner, regulatory reform and patient involvement with the GCC.

Core tasks

1. To deliver this aim the GCC’s core tasks include publishing the Code and guidance covering the standards of chiropractic practice and professional conduct that all chiropractors must meet.

2. The GCC assures the quality of undergraduate chiropractic education through approving new programmes of education (we expect to be considering one new applicant programme in 2022). We will carry out the annual monitoring of the current education programmes from five education providers in 2022.

3. We will register new applicants through the year, carry out the annual retention programme and maintain the register of chiropractors with a better understanding of the diversity of the Register. We will further improve our registration processes, enhancing the quality of customer service. We will continue to develop the digital interface with the GCC whilst also providing a personal service for dealing with less routine matters or problems.
4. In 2022 we will be focusing our checks on the areas of directed CPD to ensure that public protection is the overarching outcome of the GCC’s CPD scheme and provide assurance of the continuing fitness to practise of regulated health professionals.

5. We will meet the increasing demand for carrying out Test of Competence assessments for overseas graduates and augment the pool of assessors through a recruitment drive.

Outcomes and benefits

- Increased registrant awareness and understanding of professionalism and its importance to the profession and patient experience/expectations
- Education providers assessed as providing high-quality education, reflecting on their admissions and assessments demonstrating an understanding of their impact on people with protected characteristics and meeting the needs of a diverse
- Ability for registrants to reflect on their professional activity and use this to improve communications with patients and the experience of patients
- Registrants that are better supported to reflect on their learning and development as part of their annual CPD returns.
- Enhancement of the data available to us about the characteristics of registrants so that we can understand the impact of our activities on people with protected characteristics.
We regulate effectively, efficiently, innovatively and inclusively

Overview

We will play our full part in ensuring the system of regulation is innovative, flexible and transparent and that lessons learned during COVID-19 are absorbed and applied.

As a regulator we have a significant role to play in promoting equality and diversity and we recognise that we can do more. In 2022 we will work to ensure that we are an inclusive regulator, committed to understanding the diversity of registrants and patients, working together with all our stakeholders, and understanding the effect of differential outcomes to our work.

What is new for 2022

Review and revise GCC Education Standards and QA processes

We will progress the review of the Education Standards such that they can be consulted upon in 2022 and approved by Council in Spring 2023. Education institutions will be supported to implement these from September 2023. The review of the Quality Assurance Framework and Handbook will be progressed.

Review GCC ethical guidance

Necessary guidance underpinning the Code, that helps registrants understand this and inform their actions, will be prioritised for review, commencing with the guidance on Consent.

Review and report on GCC Fitness to Practise (FtP) processes, policy and standards against current, agreed regulatory best practice

We will review of the GCC Fitness to Practise publication policy.

We will produce revised guidance documents for chiropractors under investigation and participants in FTP investigations embedding use of Victim Support and Advocacy frameworks.

We will review and consult on a protocol on remote hearings to ensure that the arrangements for these do not discriminate and promote public protection.

We will review how we can speed up the consideration of investigations of fitness to practise, exploring the use of clinical assessors.

Explore and report on opportunities to improve GCC operating costs

A sustainable year-on-year balanced budget which results in the achievement of a budget surplus of approximately 1.5% annually, while achieving agreed corporate aims and objectives.

Work with other healthcare regulators to exploit cost sharing/reduction opportunities, for example in exploring internal audit, service procurement, and information sharing.
Conclude the review of the records retention policy, archiving of documents in physical storage in line with the retention policy, and reduce storage costs post-implementation.

**Be a digitally effective organisation**

We will research digital and virtual best practice and how it can be applied to the GCC and review the digital and remote working practices and systems currently in use. We will make best use of iMIS (our CRM system) for both internal and external users.

**Equality, Diversity, and Inclusion (EDI)**

We will build on our EDI work, further embedding it into our policies and processes, assisted by an independent EDI audit, to enhance our work. We will implement our action plan and be more systematic and consistent about data specification, collection, diversity monitoring, data analysis and equality impact assessments. We will ensure diversity is incorporated in our communications.

**Core Tasks**

1. Investigate all complaints received from the public we expect to deal with 100 enquiries with approximately 80 progressing to investigation stage. In 2022 we expect to improve our timeliness in particular:
   - Reduce the amount of time from the receipt of a complaint to its closure to **30 weeks** (in 2021 our performance was 35 weeks)
   - Reduce the amount of time from referral from Investigating Committee to the matter being listed before the PCC to **35 weeks** (in 2021 our performance was 39 weeks)
   - Reduce the amount of time from the receipt of a section 32 complaint to its closure or consideration for further action to **16 weeks** (in 2021 our performance was 72 weeks).

2. Following a pilot in 2021, to evaluate and report on the experience of complaints and registrants following the completion of fitness to practise proceedings, take the opportunity to implement process improvements and to understand any differential impact on people with protected characteristics.

3. Hold a minimum of 12 Investigating Committee meetings to ensure that we can progress all complaints promptly.

4. Meet the PSA performance standards.

5. Enhance our communication activities – making improvements to the website, having a presence on social media, maintaining a monthly newsletter for stakeholders, and the publication of blogs, providing a platform for the voice of patients, registrants and other stakeholders.
6. Review the external IT support service for opportunities to achieve best value returns.

7. Optimise the use of the CRM system leading to improved efficiencies for employees and other stakeholders.

Outcomes and benefits

- Patients, the profession and education providers will be engaged, and report that they are, in the development of new education standards such that as they are developed, they have confidence that they will best prepare future graduates for practice

- Improvements in the processing time for key components of the fitness to practise system

- A more humane fitness to practise system as experienced by registrants and complainants

- A review of the GCC cost base and the delivery of a costs-sustainable GCC

- Improved processes and systems to improve the experience of our stakeholders and drive business efficiencies.
Overview

Reform of professional health and social care regulation is under way. 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.

We will work with the Government, fellow regulators and others to refine and implement changes to professional regulation so that it continues to provide the highest standard of public protection. Regulatory reform has the potential to reshape our operations and transform our approach and improve the experience of those that interact with us.

What we will do in 2022

Input into the Government’s consultation on regulatory reform

As has been the case in the last few years we will continue to input into the many and various aspects of covered within the reform agenda, informing the policy work in establishing the ‘Order’ establishing new powers for the General Medical Council acting as the template for subsequent Orders applying to other regulators; the KPMG review of the healthcare professional regulatory landscape with a report expected to be submitted to the Department of Health and Social Care by the end of 2021 with implications arising during 2022; and a government consultation on the criteria for deciding which professions should be statutorily regulated taking place in 2022.

For the Executive this input is largely absorbed alongside day to day activities; it is the capacity that a CEO and executive team has available for environmental scanning and implementing strategy. The outputs will largely be communications:

- Reporting to Council: As currently, we will work to ensure the Council is appraised of developments enabling it to balance wider developments with its important accountability for delivery role.
- Stakeholder engagement: We see a desire from the profession for greater opportunities for their involvement, which is welcomes. We will utilise a range of low-cost mechanisms such as newsletter and website content as well as holding webinar in recognition that the future arrangements for the regulation of the profession is central to the interests of the profession.
To foster knowledge sharing and expertise, drive efficiencies and seek opportunities to delegate and/or attain economies of scale.

There may be benefits from structural change such as ‘merger’ or incorporating the regulation of a profession within a multi-profession regulator. Equally, there could also be efficiencies through the sharing of back office services and other administrative gains. 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 believes that benefits from doing so will flow, both in relation to efficiencies and in maintaining the regulatory distinctiveness of the chiropractic profession.

We have established closer working ties with a grouping of health and care regulatory bodies sharing information, seeking opportunities for deeper collaboration for example the sharing of staff, joint commissioning and other activities where it is appropriate to do so.

We will continue this work, necessarily absorbing time and effort largely from within the Executive.

Be ready to develop rules through collaboration and consultation with stakeholders

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. The focus of the Department of Health and Social Care in 2022 will be establishing the legislative order to apply to the GMC, with consultation taking place in late 2022 and implementation expected in 2023. As such it is possible that along with other regulators the GCC may be required to embark on developing rules in the latter half of 2022.

This will be a significant task and is not budgeted within operational expenditure. Subject to developments we expect that any substantial work will be set out in a full business case for consideration by Council.

Outcomes and Benefits

- Work to ensure as far as possible that the future regulatory arrangements secure the protection of the public through the effective regulation of chiropractic.
- Where possible influence and secure legislative change needed to our current powers to improve the effectiveness and efficiency of our regulation.
- Drive efficiency and cost savings further to fostering and achieving greater collaboration with partner bodies.
Budget 2022

Meeting paper for Council on 8 December 2021

Agenda Item: 11

Purpose

This paper outlines the proposed budget for the financial year ending 31 December 2022 (Annex A).

The draft budget, which includes the costs of delivering the 2022 business plan, shows a **headline surplus of £44k**. After adjusting for the funding of £14k from the restricted reserve, the **underlying budgeted surplus is £58k**.

The budget will be reviewed in June 2022.

Recommendations

The Council is asked to approve the proposed budget for the 2022 financial year.

Background

Financial governance role of Council

1. In addition to ensuring the GCC meets its statutory duties, Council sets and approves the annual budget and monitors performance delivery throughout the year.

2. The financial year of the GCC commences on 1 January and ends on 31 December. The budget is normally considered and approved by Council at its December meeting.

Internal budget-setting process

3. The Executive adopted a bottom-up, activity-based approach in setting the proposed budget. Delegated budget-holders review their current forecast
expenditure on a line-by-line basis, utilising efficiency opportunities and justifying any new expenditure proposals for consideration.

4. The Director of Corporate Services assesses proposals from the budget holders for consistency and affordability, discussing the proposals with them as necessary before reviewing the draft consolidated budget with the CER. The CER and Director of Corporate Services conduct a final review of the consolidated budget before it is signed off for submission to Council.

Long-term financial sustainability

5. Members will note that Council resolved in December 2018 to move the GCC’s finances to a financially sustainable position between 2019 and 2021 inclusive, following some years where the GCC’s income did not cover its running costs.

Budget 2022

Summary

6. This table sets out the proposed budget for 2022, and shows the 2021 dynamic and fixed forecast statements and the budget 2021 statement.

<table>
<thead>
<tr>
<th>£'000s</th>
<th>A (Dec-21 Budget '22 (draft))</th>
<th>B (Dynamic Forecast as of Oct-21)</th>
<th>C (Variance (A less B))</th>
<th>D (June '21 Forecast (fixed))</th>
<th>E (Dec-20 Budget '21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>2,851</td>
<td>2,842</td>
<td>9</td>
<td>2,773</td>
<td>2,770</td>
</tr>
<tr>
<td>Expenditure</td>
<td>2,807</td>
<td>2,865</td>
<td>59</td>
<td>2,902</td>
<td>2,915</td>
</tr>
<tr>
<td>Surplus/-Deficit</td>
<td>44</td>
<td>-23</td>
<td>68</td>
<td>-129</td>
<td>-145</td>
</tr>
</tbody>
</table>

7. Column A of the table shows the proposed income, expenditure and budgeted surplus for the 2022 financial year. Column B is the dynamic forecast for this year – what we know now. The dynamic forecast tracks how we are performing against the fixed forecast in column D (i.e., the revised budget). Council approved the fixed forecast for the year in September 2021 (albeit received in June 2021).

8. The difference between the draft budget for 2022 (column A) and the dynamic forecast (column B) is shown in column C. Columns D and E of the table compare the fixed forecast and original budget for 2021, and are for noting.
9. The proposed budgeted income for 2022 is £2.9m, up by £9k on the 2021 dynamic forecast income. The 2022 budgeted expenditure of £2.8m is £59k below the dynamic forecast expenditure for 2021.

10. We can see from the above table that we expect to achieve a headline budget surplus of £44k by December 2022. This compares favourably with the fixed and dynamic forecast deficit positions for 2021 of £129k and £23k respectively.

Income overview

11. The 2022 budgeted registrant fee income is expected to increase by 0.7% (£20k) when compared to the dynamic forecast registrant fee income for the 2021 financial year. Overall, however, the 2022 budgeted registrant fee income represents 94% of the total revenue of £2.9m (2021 dynamic forecast: 93% of £2.8m).

12. Income from investment, the test of Competence and other income streams represent 6% of total budgeted income during the 2022 financial year (The fixed forecast for 2021 is 7% of total forecast income).

13. Included in this draft budget is investment income of £120k which we draw from the GCC’s investment portfolio each year. This is similar to the interest we receive, and utilise each year, on our money market deposits.

14. As of 30 November 2022, we had received a significant proportion of the total budgeted retention renewal registrant fee income for the next financial year. In the remaining two weeks of the retention renewal period, we are cautiously optimistic that we will receive the total budgeted retention fee income for the 2022 financial year.

15. It is to be noted that the registrant fee income in 2021 suggests that the Covid-19 pandemic has had only a marginal impact on registrant retention.

Expenditure overview

16. The total draft budgeted expenditure for 2022 of £2.9m is grouped around Governance, Central office, Fitness to Practise (FTP) and Development costs. The movement in expenditure between the 2021 dynamic forecast and 2022 draft budget is presented in Annex A of this report.

17. The bar chart presented on the next page shows the breakdown of the proposed 2022 budgeted expenditure.
Movement between the budget expenditure 2022 and forecast expenditure 2021

18. The table presented on the following pages outlines the main reasons for the movement between the proposed budget for 2022 and the dynamic forecast for this financial year (with more detailed reasons provided at Annex A).

<table>
<thead>
<tr>
<th>Cost centre</th>
<th>£'000 Budget ‘22</th>
<th>£'000 Dynamic Forecast ‘21</th>
<th>£'000 Movement (C less B)</th>
<th>Outline Reasons for Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>117</td>
<td>105</td>
<td>-12</td>
<td>Governance is comprised of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Council</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Audit and Risk Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Remuneration and HR Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The 2022 governance costs are budgeted to be higher than the 2021 dynamic forecast amount by £12k.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>The increase in costs is mainly made up of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(1) 2 additional Council Members from 10 in 2021 to 12 in 2022, £4k; (2) Board evaluation and 2 x Development Day activities, £3k (3) increase in employer NIC payable on the allowances and accommodation expenses, £3k.</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Cost centre</td>
<td>Budget ‘22 £’000</td>
<td>Forecast ‘21 £’000 (fixed)</td>
<td>Movement £’000</td>
<td>Outline Reasons for Movement</td>
</tr>
</tbody>
</table>
| Central Office Services | 914 | 889 | -25 | The Central Office costs are comprised of:  
• Chief Executive and Registrar’s Office  
• Corporate Services  
• Human Resources  
• Property and Other Office costs  
• Technology  
Net increase in costs is largely due to the allowance made in the budget for emergency temporary staff recruitment (£4k); external meetings/conferences and travel costs, £8k; professional fees (legal and HR), £10k; and office costs to allow for hybrid working arrangements in 2022, £3k. |
| Fitness to Practise (FTP) | 1,218 | 1,353 | 135 | The FTP costs consist of:  
• Investigations (staff salaries and business plan costs)  
• Investigating Committee  
• Professional Conduct Committee (PCC)  
• Interim Suspension Hearings  
• Protection of Title  
The PCC budget is caseload-driven. A total of 14 cases are planned to be managed in 2022. These are made up of 6 new PCC referrals, 4 PCC Backlog cases and 4 business as usual cases to be carried forward at the end of the 2021 financial year into 2022.  
The positive variance of £135k is largely made up of the activity-related cost reductions in Investigations, IC and PCC costs. |
Outline reconciliation of dynamic forecast 2021 to budgeted expenditure 2022

19. Below is the reconciliation of the 2021 dynamic forecast to the 2022 budgeted income statement:

<table>
<thead>
<tr>
<th>Cost centre</th>
<th>Budget '22</th>
<th>Forecast '21 (fixed)</th>
<th>Movement</th>
<th>Outline Reasons for Movement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td>558</td>
<td>519</td>
<td>-39</td>
<td>The Development costs consist of:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Education Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Education and Registration (staff salaries and business plan costs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Quality Assurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Test of Competence (TOC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Communications</td>
</tr>
<tr>
<td>Governance</td>
<td>-12</td>
<td></td>
<td></td>
<td>The negative variance is attributable to the expected face-to-face Education visitors’ and accommodation /travel expenses (Quality Assurance), £19k; increased TOC costs (though this is a cost-neutral initiative), £14k; and annual monitoring visits for non-Committee members and Education Standards Steering Group meetings, £6k.</td>
</tr>
<tr>
<td>Central office</td>
<td>-25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTP</td>
<td>135</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development</td>
<td>-39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>59</td>
<td></td>
<td></td>
<td>Total Expenditure</td>
</tr>
</tbody>
</table>

Total £2,807 £2,866 £59

Outline reconciliation of dynamic forecast 2021 to budgeted expenditure 2022

20. The following assumptions underpin the preparation of the proposed 2022 budget:

- Registrants’ prescribed fees (i.e., retention, initial registration and restoration fees) will remain unchanged at the 2021 levels in 2022.
- Registrant fee income in expected to increase by 0.7% from the dynamic forecast level of £2.6m to the budgeted value of £2.7m. The expected
increase in income is due to be derived from retention and initial registration income streams.

- Investment income of £120k will be earned in 2022, as in previous years.

- The 2022 total draft budgeted expenditure of £2.8m is made up of Governance, Central office, FTP and Development costs. The 2022 business plan projects costs of £108k have been allowed for in the 2022 proposed budget.

- Total staff salaries and employer on-costs amount to £998k (2021: £988k). The employer costs include the confirmed increase (in the 2021 Autumn Budget Report) of 1.25% in employer national insurance contribution by the Government from 1 April 2022.

- Subject to Council approval, the staffing establishment budget also includes a ‘cost of living’ pay award of 2.9%, using the CPIH index, for eligible staff (2021: 1% pay award plus £300 non-consolidated award to all staff).

- Thus, staff salaries and employer costs represent 36% of the 2022 total budgeted expenditure (2021: 34%). Non-staff costs account for the remaining 64% of the total 2022 budgeted expenditure (2021: 66%).

- Non-staff costs have been adjusted, where required, to reflect expected levels of inflationary increases.

- The planned number of FTP cases to be managed in 2022 by the PCC will be 14 (2021 forecast caseload: 16). The 2022 cases are made up as follows: 6 new referrals from IC to PCC; 4 PCC backlog cases; and 4 PCC cases to be carried forward at the end of 2022.

**Stress test and implications**

**21.** The two key variables which could affect the achievement of the proposed headline budget surplus of £44k are:

- a drop in registrant fee income, due to fewer graduates registering during 2022\(^1\); and/or
- the unpredictability of PCC hearing costs.

**22.** A PCC case, from commencement to its conclusion, costs an average of £45k. An additional case referred by the Investigating Committee to the budgeted number of cases to be managed by the PCC in 2022 will, all things being equal,

\(^1\) Although this is unlikely, given the positive trends in the number of graduate registrants who are forecast to apply for GCC registration in 2022 and during the next three years.
consume the expected surplus. However, over the last few years we have been more accurate in forecasting likely PCC volumes and costs (given each has different cost profiles).

**Historical budget, forecast and audited results (2019–2021 inclusive)**

23. At the September 2021 Council meeting, Members asked that the historical budgeted and audited results for the sustainability period of 2019 – 2021 financial years should be presented to the Council meeting in December 2021. These are outlined in the table below.

<table>
<thead>
<tr>
<th>Year Ended December</th>
<th>Budget (£'000)</th>
<th>Forecast (£'000)</th>
<th>Audited (£'000)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>3</td>
<td>28</td>
<td>135</td>
<td>Audited surplus for the year.</td>
</tr>
<tr>
<td>2021 (dynamic forecast results)</td>
<td>-145</td>
<td>-23</td>
<td>-</td>
<td>Dynamic forecast – expected deficit for the year (as of October ‘21) is £23k. The headline budgeted deficit is £145k.</td>
</tr>
</tbody>
</table>

+ The dynamic forecast results are as of 31 October 2021. An updated report on the performance results for the period to November 2021 and the expected year-end results will be presented to Council on 8 December 2021.

24. From the above table, we can see that during the financial sustainability period of 2019 – 2021 inclusive, the **average annual deficit** is:

- Budgeted: £157k
- Forecast: £21k
- Audited: £23k

25. Looking forward, however, we believe we are now on a steady track to ensure income exceeds expenditure annually from the 2022 financial year onwards.
### Key budget risks

26. The key risks associated with the proposed 2022 budget and how they are planned to be managed are presented in the table below.

<table>
<thead>
<tr>
<th>Key risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Risk score</th>
<th>Risk rating</th>
<th>Strategy to manage risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registrant fee income is lower than budget.</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td></td>
<td>With the relaxation of the Covid-19 pandemic restrictions by the Government from September 2021, this risk is currently assessed to be minor.</td>
</tr>
<tr>
<td>Higher than expected number of cases referred from IC to the PCC.</td>
<td>3</td>
<td>3</td>
<td>12</td>
<td></td>
<td>Fund the increase in the number of cases from the designated reserves which currently stand at £997k.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reporting the performance against budget would then show an over-spend position. However, the costs would effectively be drawn from the designated reserves.</td>
</tr>
<tr>
<td>The GCC receives further multiple complaints on advertising or other themes. This may result in overwhelming the current staffing structure and affect timeliness with other cases.</td>
<td>2</td>
<td>3</td>
<td>9</td>
<td></td>
<td>Fund the increase in the number of cases from the designated reserves which currently stand at £997k.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reporting the performance against budget would then show an over-spend position. However, the costs would effectively be drawn from the designated reserves.</td>
</tr>
<tr>
<td>DHSC concludes its initial regulatory reform review work in 2022, and the GCC is expected to action immediate some proposals made.</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td></td>
<td>If this happened, fund the exceptional operating costs from the designated reserves which currently stand at £997k.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reporting the performance against budget then show an over-spend position. However, the costs will effectively be drawn from the designated reserves.</td>
</tr>
</tbody>
</table>

---

**Joe Omorodion**

**Director of Corporate Services**
## Agenda Item 11 - Annex A

### The General Chiropractic Council

#### Summary Budget 2022

<table>
<thead>
<tr>
<th></th>
<th>Budget 2021</th>
<th>Fixed Forecast 2022</th>
<th>Dynamic Forecast 2022</th>
<th>Budget 2022</th>
<th>DF21-B22 Var</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goverance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council</td>
<td>134,957</td>
<td>104,024</td>
<td>103,644</td>
<td>113,804</td>
<td>-10,159</td>
</tr>
<tr>
<td>Audit &amp; Risk Committee</td>
<td>3,209</td>
<td>900</td>
<td>900</td>
<td>1,800</td>
<td>-900</td>
</tr>
<tr>
<td>Remuneration Committee</td>
<td>1,950</td>
<td>900</td>
<td>900</td>
<td>1,260</td>
<td>-960</td>
</tr>
<tr>
<td><strong>Total Governance</strong></td>
<td>139,217</td>
<td>105,624</td>
<td>104,644</td>
<td>115,064</td>
<td>-12,002</td>
</tr>
<tr>
<td><strong>Central Office</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CER office</td>
<td>167,351</td>
<td>159,611</td>
<td>158,940</td>
<td>167,026</td>
<td>-8,868</td>
</tr>
<tr>
<td>Technology</td>
<td>161,132</td>
<td>158,788</td>
<td>159,821</td>
<td>132,496</td>
<td>27,325</td>
</tr>
<tr>
<td>HR</td>
<td>53,960</td>
<td>57,587</td>
<td>55,466</td>
<td>73,360</td>
<td>-17,894</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>274,690</td>
<td>294,781</td>
<td>296,435</td>
<td>309,017</td>
<td>-18,582</td>
</tr>
<tr>
<td><strong>Total Central</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property and Office Costs</td>
<td>235,067</td>
<td>223,640</td>
<td>224,577</td>
<td>232,756</td>
<td>-8,179</td>
</tr>
<tr>
<td><strong>FTP</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations</td>
<td>384,944</td>
<td>402,135</td>
<td>390,835</td>
<td>349,058</td>
<td>41,778</td>
</tr>
<tr>
<td>Investigating Committee (IC)</td>
<td>202,458</td>
<td>219,795</td>
<td>218,690</td>
<td>197,959</td>
<td>20,731</td>
</tr>
<tr>
<td>Professional Conduct Committee (PCC)</td>
<td>688,153</td>
<td>687,359</td>
<td>697,364</td>
<td>606,959</td>
<td>90,405</td>
</tr>
<tr>
<td><strong>Total FTP</strong></td>
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**Charges between Dynamic Forecast 2021 and Draft Budget 2022**

- Many made up of: (1) 2 face-to-face and 2 virtual meetings; (2) 2 additional Council members from 10 in 2021 to 12 in 2022; £4k; and (3) Board evaluation and 2 development days, £3k; and (4) increase on employee NIC payable on the allowances nd accommodation expenses, £3k.

- Mainly due to: (1) Removal of agency staff costs following recruitment to all posts within the team in 2021, £29k; and (2) Reduction in 2022 business plan costs compared to 2021, £10k.

- Mainly due to: (1) Increase in the number of Business Plan projects for 2022, £38k; (2) Allotment for full staff capacity in 2022, £8k; and (3) 1 x hearing per month but held virtually.

- Based on expected income in Initial Registration and Retention income (as per the potential graduate forecast of recognised qualifications for the next 5 years).

Based on expected income in Initial Registration and Retention income (as per the potential graduate forecast of recognised qualifications for the next 5 years).

- Based on the expected number of applicants in 2022.

- Based on expected number of applicants in 2022.

- Based on: (1) 4 meetings per year at 1 x face-to-face and 3 x virtual meetings in 2022; (2) annual monitoring visits for non-committee members and Education Standards Steering Group meeting, £4k; (3) 1 x face-to-face meeting is £2k.
Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 8 December 2021

Agenda Item: 12

Purpose

The purpose of this paper is for Council to receive a report from the Chair of the Audit and Risk Committee on the Committee’s work since the last Council meeting in September 2021.

Recommendations

Council is asked to:

I. Approve the recommendation of the GCC-wide risk appetite statement by the Audit and Risk Committee, and its inclusion in the annual report and accounts from the 2021 financial year onwards. The recommended risk appetite statement is as follows:

“The Council is ultimately responsible for setting and monitoring the risk appetite for the GCC. The GCC has no appetite for failing to protect the public and patients due to ineffective or ultra-vires processes. In the pursuit of its strategic objectives, therefore, the GCC will only tolerate low-to-medium residual risk exposure, which is within its control, to the delivery of its operational performance targets, including high standards of corporate governance and financial probity.”

II. Approve the following updated financial policies which the Committee agreed to recommend to Council at its meeting in November 2021:

- Financial Regulations (Annex A)
- Expenses Policy (Annex B)
- Investment Policy (Annex C)
- Anti-Corruption and Bribery Policy (Annex D)
III. Approve the updated Audit and Risk Committee’s Terms of Reference (ToR) which the Committee reviewed at its meeting in November 2021 (Annex E).

IV. Note the other matters in this report which the Committee deliberated upon at its meeting in November 2021.

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

1. The Audit and Risk Committee (ARC) met once, on 9 November 2021, since the last Council meeting in September 2021.

CER Report

2. The Committee received the CER’s report covering the period since its last meeting in June 2021.

3. The Committee was interested in the Professional Standard Authority’s (PSA) assessment in relation to the Equality, Diversity and Inclusion (EDI) which the GCC did not meet as set out in the PSA report of GCC review performance for 2020/21. The Committee noted the specific requirements that determined the GCC’s result and acknowledged that the rationale provided by the PSA gave direction to the Executive for improvement.

4. The Committee queried whether a theme was identified for the departures of recent employees. They noted the reasons reported by the CER.

5. In relation to the investigation of potential employment fraud, and the risks that legal expenses could outweigh the compensation secured from small claims action, the Committee noted that the Executive did not anticipate that the overall legal and internal staff-time costs would outweigh the potential amount to be recovered.

Management accounts for the period to 31 October 2021

6. The Committee noted that for the period 1 January to 31 October 2021, there was a surplus of £116k in comparison to the budgeted surplus of £38k.

7. The Committee further noted that the dynamic forecast indicated that (if current budget assumptions remained valid for the remaining months of this year) we were likely to realise a deficit of £23k by December 2021 (compared to the forecast deficit of £129k). The Committee noted the value of the investments increased from £4.431m to £4.803m.

8. The Committee additionally noted that, based on the forecast results for the period to October 2021, the GCC sustainability plan agreed by Council in 2019 was on course to be achieved by December 2023 at the latest. They were assured that the Executive did not anticipate unexpected costs (before the end of this financial year) that could materially affect the achievement of the 2021 year-
end dynamic forecast results.

**Strategic risk register**

9. Members of the Committee reviewed the register. It was noted that the risk levels remained the same as last June when the Committee last reviewed it. The Committee agreed that the Strategic Risk register would be presented to Council twice a year for full discussion.

10. The Committee agreed that the proposed risk appetite statement for the GCC should be recommended to Council, subject to the inclusion of a clause in the statement to note the risks which were not within the GCC’s control.

11. The risk appetite statement would be as follows:

   “The Council is ultimately responsible for setting and monitoring the risk appetite for the GCC. The GCC has no appetite for failing to protect the public and patients due to ineffective or ultra-vires processes. In the pursuit of its strategic objectives, therefore, the GCC will only tolerate low-to-medium residual risk exposure, which is within its control, to the delivery of its operational performance targets, including high standards of corporate governance and financial probity.”

12. **Recommendation**: Council is asked to approve the agreed risk appetite statement for the GCC and its inclusion in the annual report and accounts from the 2021 financial year onwards.

**Internal Audit Findings**

13. The Committee was reminded of its agreement in June 2020 that the GCC’s business continuity and data security arrangements were to be subjected to internal audit, and it was to be conducted by the General Osteopathic Council (GOsC). The internal audit was conducted by GOsC in October 2021.

14. The Committee welcomed the audit findings and noted the report’s conclusion that, based on the materials provided, the GCC appeared to “have a clear risk management structure in place.”

**GCC Cyclical Taxation Matters - Update**

15. The Committee noted the update on the GCC’s cyclical taxation matters related to the computation and submission of the PAYE Settlement Agreement and the corporation tax returns.

**External Audit – Scope of 2021 Audit**

16. The GCC’s external auditors (Kathryn Burton) joined the Committee for this item and remained present until the end of the meeting. The Committee noted that the auditors successfully conducted the 2020 financial statements audit remotely in early 2021. The auditors confirmed that they plan to conduct the 2021 audit remotely in January 2022 but would be flexible to undertake any fieldwork if required.
17. The auditors further confirmed that the focus of the 2021 audit would be on the GCC’s ability to remain viable by reviewing the budgets and forecasts for a period of 12 months forward from the date of signing the financial statements.

18. The Committee noted the 2021 Audit Plan.

**Information Governance Update**

19. The Committee noted there had not been a data breach since January 2021.

**ARC's Effectiveness Survey 2020 – Update**

20. The Committee noted that good progress had been made against the actions identified from the findings of the Effectiveness Survey completed in 2020.

21. The Committee noted that the Executive would present the proposed ARC skills and attributes matrix to the Committee at its next meeting in March 2022.

**GCC Business Continuity Plan**

22. The Committee queried the risk appetite on cyber-security. In response, the Committee noted:

- The GCC had undertaken several measures to prevent potential cyber-attacks. These included obtaining the certification of Cyber Essentials Plus (reviewed annually).
- A phishing exercise was successfully conducted in early 2021 and it was concluded that the level of vulnerability was low.
- A disaster recovery simulation test was planned to be conducted by 15 December 2021 by the GCC’s IT service provider.

23. The Committee additionally queried the potential impact on operational matters arising from potential disasters at employees’ homes. They noted that there was a potential risk of damage to the GCC laptops which were issued to staff; however, the data itself would not be affected or damaged by such a disaster as GCC data is stored and saved on remote servers (on-site and in the cloud).

24. The Committee noted the report.

**Financial Policies Update**

25. The Committee reviewed the updated financial policies at its meeting in November 2021.

26. The financial policies were:

- Financial Regulations (Annex A)
- Expenses Policy (Annex B)
- Investment Policy (Annex C)
27. In relation to the Financial Regulations policy, the Committee noted that, in addition to the CER, the Directors who were authorised as cheque signatories were Director of Corporate Services and Director of Development.

28. **Recommendation:** The Committee agreed to recommend the financial policies to Council for approval.

**Review of ARC’s Term of Reference**

29. **Recommendation:** The Committee agreed to recommend the updated Audit and Risk Committee’s Terms of Reference (ToR) to Council for approval (Annex E).

**ARC Workplan 2022**

30. The Committee welcomed the proposal to invite two Directors of the GCC (i.e., Director of Fitness to Practise and Director of Development) to attend the Committee’s meetings once a year to give the Committee an opportunity to better understand the scope of their work.

31. The Committee, however, asked that the Directors’ presentations should focus on the work of the Committee (i.e., how the Directors’ work was linked to the risks assigned to them in the GCC’s strategic risk register).

**ARC meeting dates and workplan 2021**

32. The Committee agreed to hold the next meeting in March 2022 in-person and other scheduled meetings would be held remotely.

33. The Committee also agreed to hold a development day session in March 2022, and annually going forward.

**Fergus Devitt**

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

Meeting paper for Council on 8 December 2021
Agenda Item: 13a

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

1. The Committee received updates on issues arising since its last meeting in July. Updates included any substantive changes such as staffing changes, information on any no detriment policies in place for graduating students and impact on course pass rates and any potential for grade inflation; and the number of new students who had joined programmes this autumn.

2. The Committee noted the ongoing collaboration with the General Osteopathic Council around patient involvement in education. Further work is planned to determine the need for further guidance, resources, case studies and support for education providers.

3. The Committee noted the ongoing consultation by the Office for Students as it develops its approach to the regulation of quality and standards.

CPD update

4. The Committee noted the conclusion of the 2020/21 CPD cycle and the audit of 10% of registrants, focusing on their reflections on the CPD they felt was most significant. A small number of registrants, who had failed to meet the CPD requirements, had been asked to return a revised reflective statement.
5. The online CPD summary covering the 2021/22 CPD year is now live on the portal, enabling registrants to make a start on completing their entries for this year and address the new directed CPD components, which will be reviewed in late 2022. New guidance and web pages have been produced.

Test of Competence update

6. The Committee noted that 14 panels have run during 2021 over 10 months and we have seen the highest number of attempts rise from 25 in 2020 to 34. A further round of assessor recruitment would be held given the number of current assessors reaching the end of their term. Dates for the first half of 2022 have been set and will continue remotely.

Scoping Review of the Education Standards and Quality Assurance Procedures

7. The Committee discussed the final report on the Scoping Review of Education Standards and Quality Assurance Handbook, which has been carried out by Gay Swait and overseen by a small Steering group of members.

8. The Committee recommends to Council that the 2022 Business plan includes a full review of the Education Standards as well as a separate review of the Quality Assurance Handbook. Further details are at Annex A.

Workforce Planning and career pathways

9. The Committee discussed the challenges of workforce planning and the GCC’s role as a regulator in terms of supply and support and in the development of the profession. It recognised that the GCC cannot do this alone but must work with the profession, stakeholders and wider healthcare system. The Committee considered diversifying access to the profession in terms of both future students and also patients in need of MSK treatment; retention of current professionals - welcoming the process that is being revised to better support those looking to return to practice; and what the benefits might be of a workforce planning exercise aside from things in train. The Committee concluded that we should continue to strengthen what we are doing individually, but particularly include this theme in work that can be taken forward with other partners. This includes NHS Careers now that their website includes roles and activities that take place beyond specifically NHS-commissioned services.

10. Linked to this, the Committee welcomed the forthcoming publication of a series of careers vlogs, produced with the Royal College of Chiropractors to showcase the variety of roles available to registrants in academia and help address the need for more registrants to support the delivery of education programmes.

Sharon Oliver
Chair of the Education Committee
Annex A

Scoping Review of Education Standards and Quality Assurance Handbook

Background

1. Council tasked the Education Committee with undertaking a scoping review of the Education Standards and Quality Assurance Handbook, published in 2017, to determine whether these remain fully fit for purpose, or whether further high-level development or revisions are needed, at this time. The Executive appointed Gay Swait, former GCC Council and Education Committee member, to take forward the scoping review, with a steering group consisting of five members of the Education Committee.

2. The Education Standards are the key tool in achieving the regulatory objective of ensuring that, at the point of graduation, chiropractors are fit-to-practise, in accordance with the Code.

3. The Quality Assurance Handbook provides a framework and processes for quality assurance of the GCCs education activities. A robust process ensures that Education Standards are being met when programmes have been recognised. This includes processes for initial recognition of a new programme. Thereafter, ongoing recognition relies upon monitoring and responding to any increases in the risk that the Education Standards may no longer be met and the regulatory objective thus not achieved. A clear framework facilitates decision making, provides transparency and enables the justification for decisions to be demonstrated. Further principles of the process are that it should also be proportionate, enable flexibility in approach according to the situation and should be efficient.

The Scoping Review

4. The Education Committee tasked Gay Swait to undertake the scoping review. The focus, approach and parameters for this were determined by a steering group of 5 members of the Education Committee. An interim report was considered at its meetings in July and the full report in November 2021.

5. A process of research and consultation was followed. This included mapping to standards, practice frameworks and quality assurance frameworks from other healthcare and higher education regulators, professional and chartered bodies. Advice, feedback and opinion was also sought from key stakeholder groups through focus group interviews. These included patients and employers, as well as all the current providers of approved programmes, the GCC’s Education Visitors, and the Royal College of Chiropractors. Internal sources of data included research previously conducted and published by the GCC, as well as inputs from the GCC, its executive and its Education Committee.

6. High level gaps were identified in the Education Standards most notably the low representation of patient interest aspects. Further gaps relate largely to contemporary developments in thinking around best healthcare and education
practice that postdate the current Education Standards. The Standards may be starting to fall ‘out of step’ with wider developments in healthcare that have occurred since it was last reviewed. These developments are reflected in the newest updates to other regulators’ standards and relevant practice frameworks and to identified future needs for healthcare provision. The Standards are thus at risk of becoming increasingly fit for purpose in the near- and medium-term future.

7. The Quality Assurance Handbook provides a framework and processes for quality assurance of the GCCs education activities that is largely aligned with those of other healthcare and education regulators, albeit that there is variability between these in some details of the methods used. No substantive issues were raised with the overall processes. Areas that could be improved upon were however identified. These might facilitate more effective engagement with providers and provide greater transparency and ability to justify approaches to programme recognition and decisions of the GCC. Amending the QA Handbook is not dependent upon a decision to review the Education Standards and may have benefits for implementation of both initial and ongoing recognition activities against the current Education Standards.

The Scoping Review - findings

8. At its meeting on 24 November 2021, the Committee received a presentation of key findings and considered the full report of the completed scoping review. It discussed the findings, in the context of a number of regulatory considerations.

9. The findings in broad terms brought out that attention was required in the following areas:
   - Overall scope of the standards – patient focus is missing
   - The level of detail specified by the standards
   - Preventing curriculum content that is not accepted
   - Role of the regulator versus role of the profession, scope, and standards of practice
   - Alignment with other healthcare frameworks
   - Emphasis of Learning Outcomes is on final year
   - Learning Outcomes for underpinning skills - transferable
   - Flexibility in review/updates to the ES
   - Terminology

10. Key gaps identified in content (those in bold are priority areas):
   - **therapeutic & professional relationships/patient partnership/carers and family**
   - communication and interpersonal skills
   - **safety culture /adverse events/preventing harm**
- public health/health promotion/behaviour change
- rehabilitation and disability
- active self-management
- clinical reasoning and decision-making
- dealing with complexity and uncertainty (challenging situations)
- interdisciplinary working, teamwork and leadership skills
- quality of care/practice monitoring/service provision
- professional values and behaviour
- capacity and consent
- safeguarding
- research/integration of evidence into practice
- pharmacotherapy, injection therapy and surgical interventions
- reputation of the profession, advertising etc
- learning and educating

and in terms of delivery:
- Patient/Service User Interest
- Clinical/Practice Education (Including Interdisciplinary)
- The Role of Research/Evidence/Critical Appraisal

11. In terms of the Quality Assurance Handbook the following areas were identified for amendment:

- risk-based process
- financial viability and sustainability
- the purpose of conditions, recommendations and timeframe
- ongoing monitoring and notification of substantive change
- regulatory interventions where requirements of ongoing recognition are not met, including serious concerns reviews and withdrawal of recognition
- Appeals
- decision making process
- visit panels composition and role of the profession
- supporting and facilitating processes for providers
Education Committee Recommendation to Council

12. The Education Committee decided to recommend to Council that the Education Standards should be reviewed at this time. It also recommends that amendments be made to the Quality Assurance Handbook.

13. In forming its recommendations to Council as to what the next steps should be, it considered:

   i. Meeting the regulatory objective – would amendments enhance assurance that, at graduation, chiropractors are fit to practise?

   ii. Patient and public protection – do the identified gaps and potential amendments provide improvements for patients and the public that are important? This should also take into account recent and anticipated developments in healthcare

   iii. Robustness of the Education Standards as a framework – would amendments enhance the ability of the GCC to carry out its education recognition function e.g. guiding consistent decision making and providing transparency and demonstrable justification for decisions?

   iv. ‘Right touch’ regulation – would amendments enhance and support engagement with the providers in a proportionate and constructive way, while ensuring that regulatory outcomes are achieved effectively

   v. Additional factors – How would these align with the GCCs strategic plan? Issues around cost-benefit ratio, the risks of not making amendments at this time, scale of a project to revise the Education Standards and the Quality Assurance Handbook and some of the methodological issues that this would entail

14. The role of the regulator in determining clinical practice aspects of Education Standards and its relationship with and involvement of the profession in this was discussed.

15. A number of downstream consequences of reviewing the Education Standards were considered, including the requirement to implement processes to recognize all programmes against a new Education Standard, and how this might proportionately be achieved. Implications for the Test of Competence were also identified, since this was developed following mapping of international accreditation criteria against the existing Education Standards. Enhancement to Education Standards also has implications for CPD.

Implementation of the project

16. Possible methodologies for approaching these reviews were discussed by the Education Committee, focussing on utilising the detailed data that has already
been gathered from the scoping review and building on this through further consultations with key groups – particularly at the outset of the review as well as when drafts are ready to share more widely.

17. The new Education and Standards Officer would be responsible for managing this project and drawing up a timeline for the reviews including consultation on the Education Standards during 2022 and considering timing and implications for the education institutions and implementation of the new Standards in 2023.

Next steps

18. Council is asked to note the method and outcomes of the scoping review, including the key gaps identified, and the factors considered by the Education Committee in deciding to recommend reviews of the Education Standards and the QA Handbook. Both pieces of work have been included in the proposed business plan and budget for 2022 and will contribute to the delivery of the strategic objective to set and promote education, professional and registration requirements to ensure they remain appropriate and fit for purpose.
Education Committee Annual Report 2021

Meeting paper for Council on 8 December 2021
Agenda Item: 13b

Purpose

This paper informs and updates Council on the work that has been undertaken by the Education Committee during 2021.

Recommendations

The Council is asked to note the report.

Background

1. The Education Committee is currently one of the four statutory advisory committees of the GCC stipulated in the Chiropractor’s Act 1994. The box below shows the function of the Education Committee as stated in the Act.

The Chiropractors Act 1994 states the function of the Education Committee as:

- having the general duty of promoting high standards of education and training in chiropractic and keeping the provision made for that education and training under review. (11.1)
- providing, or arranging for the provision of, education or training where it considers it to be necessary in connection with the discharge of its general duty (11.2)
- being consulted by the Council on matters relating to education, training, examinations or tests of competence (11.3)
- giving advice to the General Council on education, training, examinations or tests of competence matters at the request of Council or proactively (11.4)
- appointing persons to visit any place / institution which is proposing a relevant course of study, holding any examination with any such course, or holding any test of competence connected with a course or for any other purpose of the Act (12)
- the Council has the power to withdraw qualifications as a result of Visitor’s report or on the basis of other information acquired by the Committee (e.g. through annual monitoring) (16).
Summary of Activities

2. The Education Committee met three times in 2020 (April, July and November). Meetings were held virtually via MS Teams due to COVID-19. This report summarises the work of the Committee, decisions taken, actions recommended and progress on work overseen by the Committee. The Council has received a report at each of its meetings.

Quality Assurance of Recognised Qualifications

3. During 2021 one qualification has been recognised, at AECC University College. This received Privy Council approval and commenced in September 2021.

4. The Education Committee has continued to liaise with its education providers and consider issues arising from substantive changes such as programme validation/governance changes, staffing changes and changes to modules.

5. The first annual monitoring visits were held remotely in June 2021 for Teesside University and AECC University College for its 2-year Graduate entry programme.

6. The fourth annual monitoring visit was held virtually via MS Teams at London South Bank University (LSBU) in December 2021 and focused on areas such as staffing, student recruitment and the management of clinical placements and development of a clinic.

7. Discussions and meetings have continued regarding the proposed new programme in Scotland with The Scottish College of Chiropractic Charitable Trust and its validating partner, Buckinghamshire New University. Stage 2 approval was granted in July 2021.

Education Visitors

8. Those education visitors eligible for reappointment were invited to do so and 7 were reappointed (4 registrant and 3 lay). Two further education visitors (1 registrant and 1 lay) were appointed through targeted recruitment.

Education provision and COVID-19

9. The COVID-19 pandemic continued to have a major impact on the provision of chiropractic education in 2021. The Committee continued to comment on proposals with regard to revised clinical experience for graduating students in 2021. The Committee recognised that students were gaining the necessary skills, knowledge and experience, that the learning outcomes were unchanged, as were summative assessments and that all education institutions had robust quality assurance procedures in place.
Annual Monitoring

10. The Education Committee introduced a new format for its annual monitoring of programmes for 2019-20. Two members of the Committee and the executive met with each institution, thereby allowing for more engaging and in-depth conversation. In general, all institutions reported similar experiences with regard to the many challenges faced as a result of the pandemic. They also highlighted the opportunities the pandemic presented, including the move to more online learning and telehealth opportunities.

Work of the GCC Education Committee 2021

11. The Education Committee has been responsible for the following areas and projects:

- Overseeing the Test of Competence (TOC)
- The GCC’s Continuing Professional Development (CPD) Scheme and audit
- A joint project with the General Osteopathic Council into patient involvement in education
- Scoping review of the Education Standards and Quality Assurance handbook
- Career pathways with the Royal College of Chiropractors

Test of Competence (TOC)

12. During 2021 the Committee has continued to oversee the implementation of the TOC and considered the External Examiner’s report. The report concluded that, overall, the process was operating smoothly, standards were maintained, and public safety assured.

13. The report and the GCC’s response are available on the GCC website.

14. Due to the pandemic the GCC has held all 2021 TOC interviews remotely and monthly to meet demand. Demand has increased during 2021.

15. The annual review meeting with TOC assessors was held in October 2021.

16. A recruitment exercise was held in late 2020 with new assessors and chairs being appointed and trained. A further recruitment exercise begins in late 2021.

Continuing Professional Development (CPD)

17. The Committee agreed that the CPD summary checks for 2020/21 would focus on the CPD activity that registrants had decided to reflect on (ie. The learning they felt was most significant) and that there would be a qualitative analysis of the responses to the four reflective questions.

18. The objectives would be to:
• determine how registrants are engaging with the process eg giving sufficiently detailed answers and the extent to which they answered the questions
• carry out a checking process on a sample of CPD summaries, at least 10%
• carry out checks immediately after end of CPD year and before retention to allow time for registrants to be asked to resubmit answers.

19. The Royal College of Chiropractors carried out an audit and the findings would be used to inform guidance to help registrants better comply, to provide more support to registrant, with a particular focus on reflective practice.

20. The Committee discussed the principle of ‘directed’ CPD and agreed the proposed focus for 2021/22 for all registrants and for new registrants.

21. For 2021/22 the focus for all registrants would be on communication skills relating to Principle F in the Code, which requires chiropractors to communicate properly and effectively with patients, colleagues and other healthcare professionals:

- Issues around communication tend to feature prominently in concerns and complaints raised about chiropractors;
- The public perceptions research conducted by djs research in 2020 for the GCC highlighted that effective communication between chiropractors and patients can lead to both improved patient satisfaction, and better outcomes; and
- Early on in the pandemic there was a necessity to issue a statement to the profession regarding claims that spinal adjustment and/or manipulation may protect patients from contracting COVID-19 and a renewed focus on the language that chiropractors use with patients in clinic, on their websites, social media, clinic literature etc.

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

**Patient Involvement in Osteopathic and Chiropractic Education**

23. In collaboration with General Osteopathic Council (GOsC), the GCC has been carrying out a thematic review into the role of patients in osteopathic and chiropractic education, so as to support our educational institutions in the further development of patient involvement in education and training e.g. curriculum, assessment and governance as well as patient feedback.

24. A joint GCC/GOsC virtual workshop was held on the 11 March 2021, with representation from all five chiropractic programme providers, nine osteopathic institutions and patients from both disciplines. The workshop also included presentations from patient involvement manager from the University of Leeds Medical School and a patient healthcare education lead from the University of Hertfordshire, both highlighted examples of best practice from other educational
settings.

Scoping Review of the Education Standards and Quality Assurance Handbook

25. The Committee has overseen a scoping review of the Education Standards and Quality Assurance Handbook, published in 2017, to determine whether these remain fully fit for purpose, or whether further high-level development or revisions are needed, at this time. The scoping review purpose was not to develop new Education Standards and a Quality Assurance Handbook, but to scope the necessity to do so.

26. The review took into account the current and anticipated future skills requirements (in the medium term) of a chiropractic graduate entering the evolving wider healthcare profession. The perspectives of chiropractic educators, education visitors, employers and patients were sought through a series of focus groups. Comparisons were also made with relevant standards and frameworks developed by other healthcare regulatory and professional/educational bodies.

27. The Committee considered the report and the findings and agreed that a full review of the Education Standards and the Quality Assurance Handbook be taken forward in 2022 as part of the GCC’s business plan.

Career Pathways

28. The GCC has produced with the Royal College of Chiropractor a set of vlogs from chiropractors who hold various roles with education institutions. The purpose is to promote the range of opportunities available to registrants wishing to be involved in the education of future chiropractors and how to go about this.

Membership

29. During 2021 the Education Committee membership comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Member details</th>
<th>Dates of membership</th>
<th>Meetings attended 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Oliver</td>
<td>Council lay member and Chair</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Claire Allen</td>
<td>External lay member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Mike Barber</td>
<td>External registrant member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Philip Dewhurst</td>
<td>External registrant member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Aaron Porter</td>
<td>External lay member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Ralph Pottie</td>
<td>Council registrant member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Carl Stychin</td>
<td>Council lay member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Gay Swait</td>
<td>Council registrant member</td>
<td>Until March 21</td>
<td>N/A</td>
</tr>
<tr>
<td>Keith Walker</td>
<td>Council registrant member</td>
<td>From May 21</td>
<td>2 of 2</td>
</tr>
<tr>
<td>Carol Ward</td>
<td>External lay member</td>
<td>All year</td>
<td>3 of 3</td>
</tr>
</tbody>
</table>

30. Two non-Council members were reappointed for a further four years.
Report from the Chair of Remuneration and HR Committee

Meeting paper for Council on 8 December 2021
Agenda Item: 14

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 8 November 2021, since the last Council meeting.

CER Operational Report

2. The Committee had requested that the Executive present further detail for better analysis of staff turnover in the HR dashboard report.

3. The Committee noted that:

   - GCC staff are returning to the office, albeit not yet routinely and some reluctance is observed – possibly due to concerns about public transport.
   - On [disciplinary] committee working, a formal process will commence in early 2022 on meeting arrangements for PCC hearings, with a presumption of these being held virtually.
   - The GCC is in discussion with HCPC landlords about our room/hearing room needs which form part of our agreement with them.
   - The feedback from staff on the awayday was positive; with suggestions for improvement. There was a particular focus on hearing more from other regulators and external speakers relating to the profession.
• Recruiting for some vacancies may require more active planning to ensure we have access to the widest pool of candidates possible.

Draft policy for Employee Pay Award and Procedure Note

4. The Committee approved the updated draft policy for Employee Pay Award and Procedure Note (Annex A).

5. The Committee agreed that the policy is reviewed by the Committee in two years’ time and that relevant and timely Consumer Price Index (CPI) data is provided to the Committee’s to help them take account of any volatility in the period.

Pay Award Proposal 2022

6. The Committee received the proposed 2022 pay award for GCC employees for their approval.

7. The Committee suggested it will be helpful to look at the overall pay increase of the public sector and smaller public sector organisations in future.

8. The Committee agreed the proposed pay award of 2.9% for GCC employees be recommended to Council as part of and subject to its consideration of the GCC budget for 2022 at its meeting in December 2021.

Pay and Reward Policy and Procedure Note

9. The Committee received the proposed policy for employee pay and reward, and procedure note for their approval.

10. The Committee considered and agreed the following recommendations by the Executive:

   • That to have regard to the employment market and ensure the GCC salaries remain competitive, the Executive carries out a job evaluation exercise by end-2022. Further, that the Executive explores the mechanisms for doing so and reports back to the Committee at its meeting in June 2022.

   • That the Committee agrees the proposal that future GCC employees are encouraged to make a minimum employee pension contribution of 3% towards their retirement fund. There are no additional costs to the GCC for implementing this proposal.

11. The Committee agreed there would be no change to employer pension contributions but that employees be encouraged to make additional contributions to their pension plan. The Executive agreed to ensure staff received appropriate expert guidance to assist them.
12. The Committee asked the Executive to obtain a quotation for extending the death in service benefit from one to three-times annual salary.

13. The Executive will carry out a ‘light-touch’ job evaluation exercise, reporting back to the Committee at its meeting in June 2022.

14. The Executive will offer the Staff Treats Programme benefit to staff from January 2022 and will carry out an evaluation of its perceived benefit in 6 months’ time.

Review of Annual Work Programme

15. The Committee reviewed the work programme for 2022.

16. The Executive will work with Committee Chairs such that Committee effectiveness reviews inform the Council effectiveness review.

17. The Committee will consider a summary of ‘leave’ policies at its next meeting.

18. The annual staff survey for 2022 will be conducted in early 2022

Steven Gould
Chair of Remuneration and HR Committee
Draft Policy for employee pay award, and procedure note

Paper for agreement in correspondence by the Remuneration and Human Resources (HR) Committee

Agenda Item: 4

Purpose

This paper proposes a policy framework (annex 1) and procedure note (annex 2) within which pay awards to GCC employees are determined and implemented.

It also notes the professional advice received from Positive Dynamics on potential changes to salaries (annex 3) as requested by the Committee at the last meeting.

The GCC pay award policy is designed to confirm what the pay award entails. It also aims to provide clarity around the process which the GCC will adopt to attract, retain and motivate employees with the necessary skills and experience to deliver its strategy. The procedure note focuses on how the policy will be implemented.

Recommendations

Following discussion at the meeting of the Committee on 7 July 2021 and the comments received subsequently, we now recommend, in advance of the meeting of the Committee on 8 November 2021, this pay award policy and accompanying procedure note.
Annex 1 – GCC pay award policy

Committee’s terms of reference

1. Under the delegated powers from the Council, section 2.4 of the Remuneration and HR Committee’s Terms of Reference empowers the Committee to advise Council on the overall pay framework for the GCC’s employees.

2. The advisory functions of the Committee also include consideration of job evaluation and the relationship of performance to pay as well as other elements of total reward benefits (including pension, health cover and any other benefits).

3. In discharging its functions, the Committee will additionally have regard to:
   - The GCC’s overarching strategy and its people strategy, including the approach to remuneration, reward and benefits.
   - Remuneration and other trends and policies across other regulators and will consider the scope and scale of role responsibility.
   - The need to recruit and retain staff of an appropriate quality to deliver Council’s plan effectively; and
   - The overall financial plan of the GCC and Council’s view of affordability in any given year.

GCC strategy and corporate values

4. GCC employees deliver services consistent with the strategy and annual business plan, with the latter approved by Council usually in December of the preceding year. The GCC has agreed a new three-year strategy (2022-2024) and an overarching business plan setting out its aims, objectives and work plan.

5. The GCC has also reconfirmed a set of corporate values which help to define the way its employees and other stakeholders work and deliver its services:
   - **Togetherness**: work as a team in the GCC and with others, appreciate diversity, listen effectively, and support each other.
   - **Achievement**: work hard to a common goal, encourage and support each other, foster improvement, innovation, celebrate success.
   - **Accountability**: take responsibility,
   - use resources wisely and set clear attainable targets; and
   - **Integrity**: communicate openly and honestly, building mutual respect, and trust having an open mind to reflect and learn lessons.

Process

6. In November of each year, the Remuneration and HR Committee considers the annual pay award proposed by the Executive, prior to making its recommendations to Council at its meeting in December with any award payable from 1 January.

7. This pay award policy sets out the considerations around the pay award that may
be made so the GCC can attract, retain, and motivate employees with the necessary skills and experience to deliver its strategy. The procedure note focuses on the implementation of the policy.

Pay award principles

Affordability

8. Any pay award is subject to affordability, that is the budget considered by Council at its meeting in December. This will be demonstrated by the Executive showing the effect of any award in its provisional budget, presented to the Committee in November. The provision for any pay award will be included in the business plan and budget presented to Council in December annually.

9. If the proposed pay award by the Executive is not affordable, the Committee will be unable to consider and recommend the proposed award and/or bonus payments to Council in December of each year.

10. The decision to make a pay award, and the level of any pay award made, is to be balanced against the effect it will have on staff motivation, performance, and financial well-being. The GCC operates a spot salary system, rather than an incremental progression scheme. Therefore, the annual pay award is the point at which pay progression can be considered.

Coverage

11. The GCC does not operate a performance related pay system. There is an annual appraisal system. Poor performance is managed within the GCC capability and disciplinary policy.

12. Any agreed pay award is to apply to all GCC employees, except those whose annual basic salaries exceed the maximum set for their pay grade and for staff still within their probation period.

13. The extant probation policy is silent on pay award. Employees on probation will not be entitled to any pay award. On successful completion of their probation, the pay award will be applied to their salary from the end of the probation period.

14. The pay award policy will be applied in an open and accountable manner, and in accordance with the agreed terms and conditions of the employees’ contract of employment with the GCC.

Indices

15. Any pay award will be based on the application of the Consumer Price Index including owner occupiers’ housing costs, CPIH\(^1\)). Consideration will additionally be given to other indices, health and care regulators’ awards and other public sector comparisons.

16. The pay award considers the purchasing power of the employees’ salaries and

\(^1\) CPIH ANNUAL RATE 00: ALL ITEMS 2015=100 - Office for National Statistics (ons.gov.uk)
the effect of inflation. It is recognised, however, that inflation may be higher than any award.

**Bonus awards**

17. A non-consolidated one-off bonus pay award to all staff\(^2\), subject to affordability and clear justification, can be awarded at the discretion of the Committee. Such a bonus payment will normally apply to all staff except those staff who are within their probation as of 1 January.

**Equality, diversity and inclusion**

18. The GCC is committed to the principles of fairness, consistency and equality and working within the legislative requirements of the Equality Act 2010 in relation to equality, diversity and inclusion (EDI).

19. In applying the principles of the EDI, we will be open and clear with our employees about our practice of appointing staff on the same salary on a given pay grade. We will also monitor the policy for its effectiveness; for example, in reviewing the potential for disparities of outcomes in relation to protected characteristics because of this pay award policy.

**Review**

20. This pay award policy will be reviewed at the direction of the Remuneration and Human Resources Committee.

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\(^2\) A bonus award is usually a reflection of the performance of the GCC as a whole or the staff team during the last 12 months.
Annex 2 – Pay award procedure note

1. This procedure note sets out the framework for information to be brought forward to the Committee when it is considering pay awards. Information will be presented in a similar format as that shown in this note.

Application of cost-of-living indices

2. The Committee has adopted the Consumer Price Index including owner occupiers’ Housing costs (CPIH)\textsuperscript{3} index for the setting of its annual pay award, and is the Government’s preferred index for measuring inflation. The Committee wished to see other inflation indices for context.

3. Two additional comparative indices will be presented. These are the Consumer Price Index (CPI)\textsuperscript{4} and Retail Price Index (RPI)\textsuperscript{5}.

4. The CPI excludes owner-occupiers’ housing costs. The RPI index tracks changes in the cost of a representative basket of goods and services over time. It is not an official government index but is used to inform cost-of-living considerations and salary negotiations. Their inclusion is to assist the Committee in assessing how the CPIH index compares with the average of the CPI and RPI indices when making its pay award decision.

5. The CPIH, CPI and RPI indices for the past three years are to be included the following format, for example:

<table>
<thead>
<tr>
<th>Year / Price index</th>
<th>CPIH (%)</th>
<th>CPI (%)</th>
<th>RPI (%)</th>
<th>Average (CPI &amp; RPI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2020</td>
<td>1.2</td>
<td>0.6</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>June 2019</td>
<td>1.9</td>
<td>2.0</td>
<td>3.2</td>
<td>2.6</td>
</tr>
<tr>
<td>June 2018</td>
<td>2.3</td>
<td>2.4</td>
<td>1</td>
<td>1.7</td>
</tr>
</tbody>
</table>

Other indices

6. The Committee will also consider public sector pay and other healthcare regulators’ awards as potentially useful comparators.

7. The Executive will conduct a survey of the pay awards of the other healthcare regulators. Where available, the findings will confirm the awards in the current and forthcoming year.

8. The Executive will additionally include any recently agreed pay awards for public sector bodies such as Police, NHS, Armed Forces, and Local Authorities.

\textsuperscript{3} CPIH ANNUAL RATE 00: ALL ITEMS 2015=100 - Office for National Statistics (ons.gov.uk)
\textsuperscript{4} CPI ANNUAL RATE 00: ALL ITEMS 2015=100 - Office for National Statistics (ons.gov.uk)
\textsuperscript{5} RPI: Percentage change over 12 months - all items excluding housing - Office for National Statistics (ons.gov.uk)
<table>
<thead>
<tr>
<th>Organisation</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDC</td>
<td>2.00</td>
<td>0.00</td>
</tr>
<tr>
<td>GMC</td>
<td>3.00</td>
<td>1.70</td>
</tr>
<tr>
<td>GOC</td>
<td>1.40</td>
<td>3.00</td>
</tr>
<tr>
<td>GPhC</td>
<td>2.50</td>
<td>1.50</td>
</tr>
<tr>
<td>NMC</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td>HCPC</td>
<td>2.00</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Sector Average</strong></td>
<td><strong>2.15</strong></td>
<td><strong>1.70</strong></td>
</tr>
<tr>
<td>Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armed Forces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Authorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GCC±</td>
<td>1.00</td>
<td>2.60</td>
</tr>
</tbody>
</table>

±£300 bonus payment per employee

**Affordability**

9. The table below shows how the total cost of any proposed annual pay award will impact on the registrant fee income we receive.

<table>
<thead>
<tr>
<th>% (pay award)</th>
<th>Cost</th>
<th>Registrants' fee equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>£6,140</td>
<td>Equates to 8 registrants’ fees – 0.2% of total registrants of 3,341 as of 31/12/21</td>
</tr>
<tr>
<td>2.0</td>
<td>£12,280</td>
<td>Equates to 15 registrants’ fees – 0.4% of total registrants of 3,341 as of 31/12/21</td>
</tr>
<tr>
<td>3.0</td>
<td>£18,420</td>
<td>Equates to 23 registrants’ fees– 0.7% of total registrants of 3,341 as of 31/12/21</td>
</tr>
</tbody>
</table>

10. The Executive will confirm to the Committee that a provisional pay award of [x%] has been allowed for in the budget that is proposed to Council to be considered at their meeting [in December annually].

11. The Executive will also confirm whether the proposed pay award is/is not affordable within the proposed budget.

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6 The pay award to staff, which will exclude staff whose annual basic salaries exceed the maximum set for their pay grade, will be made up of the basic pay award plus employer pension and national insurance contributions.
Effect of any bonus

12. Any bonus payment that is agreed by the Committee to be recommended to Council will have the effect of increasing the total operating costs of the GCC.

Joe Omorodion  
Director of Corporate Services

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Key Changes</th>
<th>Agreed By/date</th>
<th>Issue Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>New policy developed</td>
<td>Reviewed by the REMUNERATION AND HR COMMITTEE to be recommended to Council on 7 July 2021</td>
<td>30/06/21</td>
</tr>
<tr>
<td>2.00</td>
<td>Revised new policy developed</td>
<td>Reviewed by Steven Gould and Sharon Wilson (of the REMUNERATION AND HR COMMITTEE) on 13 and 14 September 2021.</td>
<td>10/09/21</td>
</tr>
</tbody>
</table>
| 3.00        | Revised new policy developed                     | Circulated to Members of the REMUNERATION AND HR COMMITTEE for agreement prior to the Committee’s meeting on 8 November 2021  

Following the Committee’s agreement of the policy, it would be recommended to Council for approval on 8 December 2021. | 01/10/21 |
| 4.0         | Updated with comments from Committee Members     | All comments were received from the Committee Members by 8/10/21              | 08/10/21   |
| 4.1         | None                                             | Updated version circulated to RemHR Members                                   | 15/10/21   |