

**General Chiropractic Council  
Meeting Agenda  
23 June 2022 at 10:00  
Virtual Meeting (MS Teams)**

<b>Item</b>	<b>Action</b>	<b>Presenter</b>	<b>Time</b>
1. <b>Welcome, apologies and declarations of interest</b>		Chair	10:00
2. <b>A. Council Minutes of 15 March 2022 B. Matters Arising</b>	To approve	Chair	10:05
3. <b>Chair's Report</b>	To note	Chair	10:10
4. <b>Chief Executive &amp; Registrar's Report</b>	To note	CER	10:15
5. <b>Performance Updates</b>			
<b>A. Fitness to Practise</b>	To note	D of FtP	10:30
<b>B. Finance – Management Accounts to May 2022</b>	To note	D of CS	10:45
<b>C. Business Plan 2022</b>	To note	D of CS	10:55
6. <b>A. Consultation on Investigating Committee decision-making guidance</b>	To approve	D of FtP	11:05
<b>B. Consultation on hearings protocol</b>	To approve	D of FtP	
<b>BREAK (15mins)</b>			11:35
7. <b>Records Retention Policy Update</b>	To approve	D of CS	11:50
8. <b>Strategic Risk Register</b>	To approve	D of CS	12:00
9. <b>Update Report from the Chair of Committees</b>			
<b>A. Audit and Risk Committee</b>	To approve	Chair, ARC	12:15
<b>B. Education Committee</b>	To note	Chair, EC	12:25
<b>C. Remuneration and HR Committee</b>	To note	Chair, RemCo	12:35
10. <b>Council Work Programme</b>	To note	Chair	12:45
11. <b>Any Other Business</b>		Chair	12:55

**Close of meeting: 13:00**

**Date of next meeting: 28 September 2022**

**[Unconfirmed] Minutes of the meeting of the General Chiropractic Council  
on 15 March 2022 by videoconference**

<b>Members present</b>	Mary Chapman (Chair of Council) Keith Walker Sharon Oliver Phil Yalden Ralph Pottie Annie Newsam Jennie Adams	Keith Richards Elisabeth Angier Fergus Devitt Steven Gould Carl Stychin
<b>Apologies</b>	None	
<b>In attendance</b>	Nick Jones, Chief Executive and Registrar; Penny Bance, Director of Development; Joe Omorodion, Director of Corporate Services; Nirupar Uddin, Director of Fitness to Practise;	Helen Potts, Chair of Professional Conduct Committee; Jill Crawford; Chair of Investigation Committee; Mary Nguyen, Committee Administrator.
<b>Observers</b>	Kate Steele, Partner, Capsticks Solicitors; Alan Clamp, CEO, Professional Standards Authority Steve Wright, Scrutiny Officer, Professional Standards Authority	Pete Freeman, Executive Coach, Praesta; Nigel Holland, Executive, Coach, Praesta; Nick Brown; Executive Coach, Praesta; Elizabeth Austin, Education Officer, GCC.

<b>1.</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting by welcoming all Council members and observers.</p> <p>No apologies were received.</p> <p>Declarations of interest were received as follows:</p> <ul style="list-style-type: none"> <li>Annie Newsam: in relation to Item 5A Part A</li> <li>Jill Crawford: in relation to Item 5A Part A</li> </ul>
<b>2.</b>	<p><b>Draft minutes of the Council meeting of 8 December 2021 and matters arising</b></p>

	<p><b>A. Minutes</b> (Item 2) Council <b>agreed</b> that the minutes were an accurate record of the meeting.</p> <p><b>B. Matters arising</b> (Item 2a) The Chair confirmed most matters arising were completed although the implementation of the Equality, Diversity and Inclusion (EDI) action plan was in progress. The Chair thanked Keith Richards, given his experience in such matters, for his agreement to Chair the EDI working group established.</p>
3.	<p><b>Chair's report, to March 2022</b></p> <p>The Chair presented her report of activities since the meeting with Council in December 2021 (Item 3).</p> <p>In response to the General Chiropractic Council's (GCC) statement on vaccination for Covid-19, Council queried the extent of any reaction from the profession; and whether data of the vaccination rate of registrants was held. The Chief Executive and Registrar (CER) noted there had been very little reaction and data on vaccination rates was not collected.</p> <p>Council welcomed the GCC joining the Institute of Regulation as a founding member, particularly highlighting the benefits it could bring, including widening the pool of potential applicants to staffing vacancies.</p> <p>Council welcomed that the Chair of Council had written to the Secretary of State in support of the Royal College of Chiropractors' application to the Department of Health and Social Care (DHSC) for the chiropractic profession to be recognised as an allied health profession.</p> <p>The Chair of Council drew attention to the themes emerging further to the annual appraisals of Members.</p> <p>Council <b>noted</b> the Chair's report.</p>
4.	<p><b>Chief Executive and Registrar's report</b></p> <p>The CER presented his report (Item 4), highlighting that the performance review for 2021/22 by the Professional Standards Authority (PSA) was underway and that the modifications made to the performance review process was welcomed.</p> <p>The CER clarified that the GCC would continue to be subject to an annual review, albeit a deeper review would usually be carried out every third year.</p> <p>Council noted the success of the disaster recovery simulation, highlighting the importance that organisations were attaching to the issue. The CER confirmed backup frequency was every half an hour and data was stored in multiple sites simultaneously.</p> <p>Council <b>noted</b> the report.</p>

5.

## Performance Report

### A. Director of Fitness to Practise report

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

Part A: The Director of FtP sought approval for the reappointment of three lay chair members of the Investigating Committee (IC) for a further two-year term.

The overall Chair of the Investigating Committee recused herself from the meeting while Council discussed the matter.

The Director of FtP also highlighted that, subject to approval, an extensive recruitment campaign in 2023 would be necessary to appoint suitable Chairs. Council highlighted the importance of maximising the opportunities presented by the approach to equality and diversity. Council also emphasised that appointment terms be staggered to ensure continuity of experienced chairs.

Council **approved** the reappointment of Jill Crawford, Lubna Shuja and Eileen Carr, to Investigating Committee as lay Chairs to 31 May 2024.

Part B: The Director of FtP highlighted aspects of operational performance for the period from November 2021 to the end of January 2022.

The Director of FtP noted progress on the four performance areas within the FtP function.

Council queried whether the set median target of 32 weeks was realistic and whether it was useful to report the median given the outliers. The Director of FtP reaffirmed that the target agreed as part of the approval to the business plan for 2022 was achievable.

In response to a query as to the duration of open complaints, the CER clarified that information was shown at Table 5, with explanations provided by exception.

The turnover of staff drew Council's attention and further queried how this was being managed. The Director of FtP noted temporary staff have been appointed as cover and the process of recruiting permanent positions underway.

Council queried whether the increase in interim suspension hearings, particularly around sexual misconduct, represented a trend. The Director of FtP noted unpredictable nature of such referrals and to date there was nothing to indicate the incidence represented an upward trend.

Council **noted** the report.

### B. Finance Update – Management Accounts to February 2022

The Director of Corporate Services presented the finance update report (Item 5B).

	<p><b>Performance in the period 1 January – 28 February 2022</b> The Director of Corporate Services reported that a headline surplus of £117k was realized in the period, compared to the headline budgeted surplus of £80k for the same period.</p> <p><b>Balance sheet as of 28 February 2022</b> The Director of Corporate Services reported the net assets of £3.418m were represented by the general, restricted, revaluation and designated reserves (December 2021: £3.509m).</p> <p>Council <b>noted</b> the report.</p> <p><b>C. Business Plan 2022</b></p> <p>The Director of Corporate Services presented an update on the progression of the Business Plan 2022 (Item 5C) to Council, highlighting the key activities including the commencement of the implementation of four projects in the two months to February 2022.</p> <p>Council queried whether the Executive had assessed which projects were more business critical than others. Council also sought assurance from the Executive that the projects highlighted were at the stage predicted. The Director of Corporate Services assured Council each project had a detailed plan of milestones, and that each project had been given an ‘external impact ranking’ shown in the dashboard report. The Director of Corporate Services also outlined that in the event of delays in commencing the implementation of the remaining six projects, these would be reported to Council.</p> <p>Council noted there was no project identified that was at risk of not being completed, but suggested the Executive review the reporting format to better present the project progress against expected progress.</p> <p>The Chair of the Education Committee (EC) updated Council with the work involved in the review of Education Standards, reporting there was good progress and there would be opportunities for Members to feed in proposals as the work progresses. The Education Committee would review the progress in further detail at its next meeting on 30 March 2022.</p> <p>Council <b>noted</b> the report.</p>
6.	<p><b>Annual Reports</b></p> <p><b>A. Annual Registrations Report</b></p> <p>The Director of Development presented the Annual Registrations Report for 2021 (Item 6A), noting there was a 2.6% growth in register population and the increase in international graduates.</p> <p>Council welcomed the efforts in improving EDI data collection, noting 99% of registrants had updated their information on their ethnicity and diversity during their annual retention application.</p>

Council was interested to know why there was a substantial number of restorations to the register in 2021. The Director of Development noted the volume was at a similar level to previous years and reasons are assorted, such as parental leave and the uncertainty of Covid-19 now dissipating.

The Director of Development noted that registrants were not required to explain why they were renewing or not renewing registration, and also the high proportion of international graduates in the UK, resulting in the discrepancy between the number of graduates and the number of those then registering in the UK.

Council thanked the Registrations Officer, unable to present the report, for their work.

Council **approved** the report.

### **B. Annual Fitness to Practise Report**

The Director of Fitness to Practise (FtP) presented the Annual Fitness to Practise Report for 2021 (Item 6B), highlighting activity and performance in all areas, drawing attention to the lower volume of complaints received, the nature of complaints and the volume and type of sanctions applied.

In response to a query, the Director of FtP explained that 'admonishment' was a warning and would appear under the registrant's details within the Register for six months.

In response to a query the Director of FtP confirmed that no cases relating to 'professional competence' had been received.

Council **approved** the report.

### **C. Annual Report from the Professional Conduct Committee**

On behalf of the Professional Conduct Committee (PCC), the Chair of the PCC thanked the former overall Chair, David Clark, who passed away in March 2021, for his leadership and kindness.

The Chair of the PCC presented the Annual Report for 2021 (Item 6C), highlighting that with only seven cases listed so far for 2022, a challenge to spread opportunities for members to experience sitting in hearings was foreseen.

The Chair of the PCC recognised the benefits of remote working but noted some benefits to in-person hearings and it would be important the forthcoming consultation on the protocol for hearings considered such matters carefully.

Council inquired how the GCC could further support the Committee to do the work more effectively. The Chair noted that it would be beneficial to increase the interaction between members of PCC between hearings and confirmed this was being considered.

	<p>Council expressed concern as to whether new registrant members felt equipped to carry out their important regulatory work. The Chair of the PCC gave assurances that a mentorship system was in place where less experienced members could be partnered with a registrant experienced in hearings.</p> <p>The Chair of Council thanked the Chair of the PCC for stepping into the role and for their contribution during the term of office, particularly as their tenure was coming to an end in November 2022.</p> <p>Council <b>noted</b> the report.</p> <p><b>D. Annual Report from the Investigation Committee</b></p> <p>The Chair of the Investigating Committee (IC) presented the Annual Report for 2021 (Item 6D). The remote working environment was highlighted as positive but the importance of occasional in-person sessions (for example, training) was highlighted as key to strengthening collaborative working and the building of relationships necessary for the optimal functioning of a committee.</p> <p>The Chair of IC identified that the introduction of draft regulatory concerns was welcomed by the Committee.</p> <p>The Chair of IC highlighted the live issue of the extent to which a registered professional could make personal comments (on social media, say), for example, in relation to the current political climate and Covid-19, before they became problematic. It was expected that more complaints could be received in future.</p> <p>Council recognised that the remote working of the Committee presents an opportunity to broaden the diversity of the Committee further to recruitment in future.</p> <p>Council asked about the collaboration between the Chairs of IC and the PCC. The Chair of IC noted that they had met with the meeting being productive and strategic issues and opportunities for learning had been discussed.</p> <p>In response to how the GCC could further support the Committee to do its work well, the Chair of IC noted the importance of induction of new members to the Committee and the holding of training sessions in-person.</p> <p>The Chair of Council thanked the overall Chair and the Committee, and their commitment to the role.</p> <p>Council <b>noted</b> the report.</p>
7.	<p><b>Report from the Chair of the Audit and Risk Committee</b></p> <p>The Chair of the Audit and Risk Committee (ARC) presented the ARC report (Item 7) to Council further to its meeting on 3 March 2022, noting that it was the first in-person meeting since March 2020.</p>



	<p>The Chair drew particular attention to the draft Annual Report and Accounts, noting it was carefully considered at its meeting and the findings of the external audit were discussed with the auditors without staff present.</p> <p>Council <b>noted</b> that ARC had considered the draft Annual Report and Accounts.</p> <p>Council <b>noted</b> the draft annual risk assessment statement confirming the ARC had reviewed the GCC's risk management strategy and practices, internal controls, internal audit, and assurance map throughout the 2021 financial year.</p> <p>The Chair commended the development of a three-year financial plan for the GCC, addressing cost efficiencies and GCC's future financial sustainability.</p> <p>Council <b>agreed</b> that the Executive produce a three-year financial plan.</p> <p><b>Action:</b> The Executive to present a three-year financial plan to Council at the next meeting in June 2022.</p> <p>The Chair noted the Strategic Risk Review (SRR) was considered by the ARC at its meeting and it would be presented to Council at its afternoon meeting for its consideration.</p> <p>Council <b>noted</b> the ARC considered the SRR.</p>
8.	<p><b>Any Other Business</b></p> <p>The Chair thanked all Council members and GCC staff for their participation and closed the meeting.</p>
	<p><b>Date of next meeting: 23 June 2022. This would be over two days held in-person.</b></p>



**Agenda Item:** CO220623-02a  
**Subject:** Matters Arising from 15 March 2022  
**Presenter:** Mary Chapman, Chair GCC  
**Date:** 23 June 2022

Item	Actions	Update
7	<p><b>Report from the Chair of the Audit and Risk Committee</b></p> <p><b>Action: The Executive to present a three-year financial plan to Council at the next meeting in June 2022.</b></p>	Completed – presented in Council’s private session

# Chair's Report

**Meeting paper for Council on 23 June 2022**

**Agenda Item: 3**

## Introduction

1. As members are aware, it was our intention to hold the two-day set of June meetings in person. Faced with the challenges of planned rail strike action, we will be moving the Council meeting online. However, I am pleased that we are able to have our development day in a more interactive forum. I am grateful to all those members who have had to make adjustments to their travel arrangements and may risk a slow journey home.

## Council Effectiveness Review

2. This was commissioned in March this year, with Praesta (a specialist consultancy) undertaking the review. Members will recall that they joined the Council meeting in March 2022 to observe and subsequently issued a questionnaire and interviewed Members and the Executive team to obtain feedback to inform their conclusions. The report from Praesta will form the basis of a workshop at the Development Day. The review reflects the positive progress made over recent years and goes on to raise interesting questions as to how we might improve further in certain areas. I thank Pete Freeman, Nigel Holland, and Nick Brown from Praesta for their thoughtful approach.

## Governance – succession planning

3. Two members of Council will conclude their second and final terms of appointment at the GCC in early 2023: Carl Stychin on 30 January 2023 and Phil Yalden, on 31 May 2023.
4. While the outcome of the review of regulation for the healthcare professions remains uncertain, we will continue to plan for Council succession within our current framework. In line with Privy Council guidance, we will maintain the number of Members necessary with the right skills and experience to ensure Council and its Committees (in this case the Education Committee and Audit and Risk Committee) function optimally.

5. My preference is to undertake two distinct recruitment campaigns, one in the autumn and a further in early 2023. We are in the planning stages at the moment such that we inform the PSA and Privy Council in due course. I will be forming an Appointments Committee and seeking two members of Council, who are in their second term, to join the selection panel.
6. I am pleased that, as you will have noted from Steven Gould's report, following an open recruitment exercise we have appointed an independent member of the Remuneration and HR Committee. I am grateful to Steven and colleagues on the panel.
7. I also record that following a clear and positive recommendation from Fergus Devitt as Chair, I have reappointed Shelagh Kirkland as the independent Member of the Audit and Risk Committee for a further and final three-year term effective from 12 July 2022. I am grateful to Shelagh for her hard work and contribution to the Committee's work during her first term of office.

### Department of Health and Social Care

8. Mark Bennett, Deputy Director of Professional Regulation at Department of Health and Social Care (DHSC) has left the civil service. Phil Harper takes his place as the new Deputy Director. Nick Jones met with Mr Harper on 23 May 2022. We have been informed that his priorities are to navigate the programme of reform; meet the key stakeholders; and better understand and communicate the expected timetable for reform once the policy has been finalised. We have agreed quarterly meetings to ensure that the GCC is fully engaged with our key Government stakeholder.
9. Council will receive its regular update on reform matters more generally during our briefing session in the afternoon. That said, I remain disappointed and concerned as to the pace of reform activity. I note that a response from the Government on its consultation on proposals to modernise the legislation of the healthcare professional regulators, concluding on 16 June 2021 has not been published, nor have we received feedback on the work reporting late last year on the review of the landscape of regulators.

### Engagement with Education

10. Members are aware of the large volume of work connected with the review of Education Standards and Quality Assurance, amongst various developments affecting the chiropractic education programmes.
11. The Education Committee is leading this work. In order to be personally more connected to the issues and any concerns faced by the universities and institutions offering chiropractic programmes, I am planning a series of visits to chiropractic education providers in the autumn. I am pleased that already

colleagues from Teesside University and AECC University College have welcomed my proposed visit to meet with staff and students.

### Allied Health Professional status

12. I reported at the March meeting that I had written to the Secretary of State of Health and Social Care giving support to the Royal College of Chiropractors' application for chiropractic to be given Allied Health Professional Status.
13. The response noted that there were no current plans by either DHSC or NHS England and NHS improvement to review the representation of those health and care professions that are not currently represented by a chief professional officer.
14. Following a meeting of the UK Chiropractic Forum where the issue was discussed we will pause before taking further action here.

### UK Chiropractic Forum

15. After an interregnum during the pandemic, I was pleased to attend the meeting of the Forum on 8 June 2022 alongside the CER and Director of Development. By way of reminder the Forum is comprised of the leads of the four professional Associations and the CEO and President of the Royal College of Chiropractors. As well as a discussion on AHP matters as above, there was a discussion on the utility of a 'lessons learned' exercise taking into account experiences during the pandemic. It was agreed that a short document to inform the initial stages of a future event would be useful.

### Engagements (all virtual unless stated otherwise\*)

- 12 April 2022 – attended the GCC Remuneration and HR Committee
- 27 April 2022 – Nick Brown, Executive Coach, Praesta
- 27 April 2022 – Sharon Oliver, Chair of Education Committee and Council Member
- 8 June – with the CER and Director of Development attended a meeting of the UK Chiropractic Forum, with representatives from the four professional Associations and the RCC.
- 13 June 2022 – met with Peter Freeman, Executive Coach, Praesta to discuss the findings of the board effectiveness review

**Mary Chapman**

**Chair**

# Chief Executive & Registrar Report

Meeting paper for Council on 23 June 2022

Agenda Item: 4

## Purpose

This regular report summarises key developments in the period since the last Council last met, on 15 March 2022, not covered elsewhere on the agenda.

## Recommendations

Council is asked to note the report.

### General overview

1. The GCC team have settled into the rhythm of hybrid working; it is popular, with most colleagues in the office around two days per week. Colleagues are keen for there to be a purpose in attending the office and this was voiced through the recent employee engagement survey, more on the survey below.
2. There has been an increase in footfall at the office as colleagues at HCPC gradually return on a hybrid basis. We are advised that there are ongoing developments taking place in terms of office and meeting room arrangements, such that there is sufficient hot-desk capacity for their staff, and there may be an impact on availability of the Council chamber.
3. I remind members that as a small organisation, we feel a disproportionate impact because of absences and turnover. That said, risks are being managed and we have been flexible in identifying temporary resource to support, in particular, Fitness to Practise (FtP) activities and related Freedom of Information and Subject Access requests. This is reflected in the financial forecast proposals being considered today.

4. The GCC Annual Report 2021 was laid before Parliament and published on 11 May 2022.

### Staffing Matters

5. **Recruitment:** Over the last five months, we have encountered some difficulty appointing to vacancies with either a poor level responses or abortive offers made. Our experience improved second time around and vacancies have now been filled and postholders now in place.
6. **Staff Engagement Survey:** The annual GCC employee engagement survey took place in April 2022. The survey had 18 questions, based around five factors that relate to employee engagement: Leadership, Enablement, Alignment, Development and Remote Working.
7. Overall, it is positive, like the results achieved in November 2020, with the main concerns expressed relating to workloads and staff turnover. As a follow-up to the findings of the engagement survey, a collaborative workshop was held with all staff to debrief and identify the issues and to develop an action plan.
8. The workshop was positive, and areas of focus were identified and a member of SMT identified to lead a small action planning group to identify improvements to how we work. The three areas are:
  - Review of the recruitment process: Niru Uddin is leading on this and considering how the GCC recruits which will include reviewing candidate packs, looking at our selection process, considering standard pre-interview assessments as well as the pros and cons as to the format of interviews.
  - Workload: Penny is leading on this and considering how individuals and teams experience this, prioritisation, time management tips and tricks; how to cope when feeling over-whelmed and how to ease burdens.
  - Resilience: Joe is leading on this and considers how we identify pressure points as they arise – for example unusual and time-consuming statutory requests for a response; and vacancies – and ways in which we can call upon available resource. Additionally, explore how common processes can be streamlined – ‘do we always have to do things the way we have always done them?’
9. **HR Services:** Following the conclusion of previous arrangements for HR support (due to the engaged consultant departing) we took some time to consider our HR needs. Following a competitive process, inviting pitches from three organisations (all of which were similarly priced and impressive), we engaged [The HR Patch](#), a small consultancy agency to provide a formal call-off arrangement, with effect from 1 April 2022. This looks like being a good appointment.
10. **Pensions:** Further to a consideration last year of staff benefits by Remuneration and HR Committee, it was agreed that an exercise in communicating more detail

to staff on the GCC pension scheme be undertaken. That as a generous non-contributory scheme there are likely to be benefits to staff in making contributions over and above the employer contribution. For a given demographic the (deferred) benefit may seem illusory; however there was good attendance at a session led by our pension provider held on 16 May 2022.

- 11. Mental health and well-being:** To mark Mental Health Awareness week, on 11 May 2022 we held a team lunch and cake bake sale with a fine array of cakes made and good attendance from HCPC colleagues amongst others. Over £120 was raised for MHUK and it was a great experience for those that came together.

### Department of Business, Energy and Industrial Energy (BEIS): Professional Qualifications Act 2022.

- 12.** The Act, receiving Royal Assent recently, revokes an interim system for the recognition of professional qualifications from overseas, derived from EU law, which gave preference to EEA and Swiss professionals. The Act enshrines the autonomy of regulators in determining whether individuals are fit to practise. Amongst other matters, it provides the ability to empower regulators to conclude recognition agreements with their overseas counterparts.
- 13.** BEIS is compiling a list of all regulated professions and their respective regulators. The professions and regulators listed are those covered in the Act, including the Chiropractic profession and the GCC.
- 14.** The register will enable 'professions' to check whether a profession is regulated in the UK and access information related to that profession. It aims to assist people in navigating the UK regulatory landscape and facilitate easier and more accessible communication between professionals and regulators.
- 15.** BEIS has asked each regulator to complete/update background information. We have done so. Running alongside the Register is the establishing of a Regulated Professions Advisory Forum, to provide regulator input to ongoing developments and, importantly, input into the development of UK trade agreements with individual countries. Those agreements may include the 'admission' arrangements, including the recognition of overseas qualifications, for some professions (say nurses and doctors) with the profession and regulator seeking entry standards that maintain quality and safety, amongst other things. I am a Member of the Forum, albeit yet to be invited to my first meeting.
- 16.** In summary, we previously recognised EU qualifications for EU citizens and had in place arrangements for registering non-EU overseas applicants (most applicants historically) by Test of Competence, and those arrangements remain in place for all applicants. We have seen a noticeable increase in applications this year, and it is clear there is substantial demand in the UK for more chiropractors. It is possible that as the UK develops new or revised trade agreements with countries such as Australia, South Africa and USA (where there is a large



professional presence) recognition of qualifications may form part of discussions. We must be ready to consider all opportunities.

### **Survey of registrants on experience of Retention process**

- 17.** Following the 2021 retention campaign, we undertook some registrant-based research to determine if the retention process was fit for purpose from the registrants' perspective, and to consider whether any appropriate changes could be introduced ahead of the 2022 campaign. All 3,400 registrants were contacted and asked to complete 12 questions, four being qualitative. In total, 570 responses were received (16.7%).
- 18.** The GCC retention process requires registrants to complete the retention application online, update their professional indemnity information and pay their registration fee. Overall, the majority of registrants found the retention process easy to understand and complete, with 92% of registrants content with the notice given and the time to complete their application. That said a minority were dissatisfied with their experience.
- 19.** Some registrants commented on the retention processes, but the majority of issues were on the poor functionality of the website, user access via mobile applications, and crashing and log-in issues. Several comments related to payments, the inability to pay online with a card and the lack of awareness of our direct debit pre-payment option.
- 20.** Many registrants viewed the CPD process as part of their retention and took the opportunity to comment on their dislike of that system, which is a bespoke system made to fit the GCC's CPD scheme.
- 21.** In terms of next steps, we have taken action on some of the technical issues with our system provider and make improvements to this year's retention campaign, including addressing payment problems and clarity around outstanding payments. We also plan to promote the option to pre-pay by direct debit.
- 22.** Work is needed to address the registrants' experience of the portal, particularly the CPD system. We will run a CPD myth buster campaign, similar to the one for the Test of Competence, and we have begun to give registrants hints and tips in the June newsletter and in the new graduate guide. To better understand the user experience, we plan to speak with a small number of registrants and follow up with a survey post CPD submissions this year.

### **Professional Standards Authority (PSA): Performance Review Process**

- 23.** The PSA has reviewed and amended its PR process with monitoring reviews undertaken in two years out of three with performance monitored and shorter reports produced - somewhat like reviews undertaken in the last few years. The

third year sees a more intensive periodic review, albeit if the PSA needs to look in more detail at a particular risk identified in a monitoring year, it will do so.

**24.** The GCC's 2021/22 performance review is a monitoring review and runs from 1 April 2021 to 30 June 2022. As in previous years, the assessment will include consideration of the following:

- Information collected during previous performance reviews
- The dataset for the review period
- Checks of the register
- Information available to us through review of cases under the Section 29 process
- Information in the public domain including:
  - Council and Committee papers and minutes
  - Reports issued by the GCC
  - Press releases issued by the GCC, and public statements made by the GCC and its stakeholders
- Feedback received from third parties including concerns raised with the Authority

**25.** We have received initial interim feedback on our performance which is positive, with some areas for discussion, on which we continue to enjoy a dialogue with the PSA.

### Welsh Language Standards Regulations

**26.** In 2020, the Welsh Government consulted upon a draft version of Welsh Language Standards Regulations that would apply to the professional health and care regulators and the Professional Standards Authority.

**27.** The work of progressing with these Regulations was delayed by the Covid pandemic, but the Welsh Government has now published a report summarising the responses to the consultation.

**28.** The Welsh Language Standards Regulations have been laid at the Welsh Senedd as planned. As it stands, a debate on the Regulations will be held at the Senedd on Tuesday 12 July. If approved, they will come into force on 31 October 2022. The Welsh Language Commissioner is responsible for placing requirements on bodies and monitoring their compliance with the standards and will be in contact with us in the summer, issue us with a draft compliance notice, consult with us and then issue a final notice, noting which standards we must comply with and by when.

**29.** We already meet some of the expectations – for example key sections of the GCC website are in the Welsh language. Our understanding is account has been taken as regards the proportionality of expectations to be placed upon us. The main consequence for us will be ensuring that participants subject to formal

regulatory action have the right to request correspondence from us, and to correspond to us, in Welsh.

### Meetings and engagements (all virtual unless stated otherwise\*)

#### March 2022

- 21 March – with Senior Management team (SMT), met with Steve Wright and Michael Humphreys of Professional Standards Authority to discuss the new approach to performance reviews
- 22 March – attended SMT development day, facilitated by Julie Gibbons, Positive Dynamics\*
- 24 March – with SMT, met with Laura Fox, HR Advisor for the HR Patch
- 25 March – attended the monthly CESG meeting
- 30 March – attended the GCC Education Committee meeting

#### April 2022

- 1 April – attended the monthly COPOD meeting
- 4 April – met with John Barwick, CER, Health and Care Professions Council\*
- 7 April – attended draft S60 Order regulator-led workshop (Data)
- 12 April – attended the GCC Remuneration and HR Committee meeting
- 12 April – met with Kate Steele, Partner of Capsticks\*
- 13 April – met with Catherine Quinn, and Tim Button, President and Vice-President respectively of British Chiropractic Association (BCA)\*
- 13 April – attended the SPCE annual lecture\* with Penny Bance and Elizabeth Austin
- 21 April – attended the draft S60 Order regulator-led workshop (Governance)
- 29 April – attended the monthly CEORB meeting

#### May 2022

- 4 May – met with Nigel Holland, Executive Coach of Praesta for the board effectiveness review
- 4 May – delivered a BCA CPD session on putting patients at the heart of care
- 5 May – with Penny Bance, Director of Development, met with RCC
- 5 May – attended the draft S60 Order, regulator-led workshop (Fees)
- 6 May – attended the monthly COPOD meeting
- 13 May – attended the Forum of Chiropractic Deans meeting
- 20 May – met with Richard Brown, Secretary-General of World Federation of Chiropractic (WFC), Daniel Côté, President, and Dr Norman Ouzts, CEO of International Board of Chiropractic Examiners (IBCE)
- 20 May – met with James Hallwood, Head of Policy and External Affairs, Council of Deans of Health

#### June 2022

- 7 June – with the Registration Officer spoke to final year AECC students emphasising professionalism and the route to Registration with GCC

- 8 June – attended the UK Chiropractic Forum
- 9 June – attended the S.60 Order DHSC-led workshop (Data provisions module)
- 16 June – attended the S.60 Order DHSC-led workshop (General Operating Framework module)

**Nick Jones**

**Chief Executive & Registrar**

# Fitness to Practise update

**Meeting paper for Council on 23 June 2022**

**Agenda Item: 5A**

## Purpose

This paper provides Council with an update on the regular Fitness to Practise performance report; an appeal against a judgment of the PCC; operational update.

## Recommendation

Council is asked to note this report

### a) Fitness to Practise performance Report

1. This paper provides Council with an update on the operational performance of the FtP team in the period to end-March, with some indicators showing performance to-date.
2. By way of reminder the report covers five areas:
  - i. Enquiries: these are pre formal complaint communications where there is insufficient information to open as a s.20 complaint. We have no control over these, but a large increase of enquiries may be indicative of 'hotspots' of future s.20 complaints. The proportion of enquiries received then converted to formal s.20 matters will be of interest to Council.
  - ii. S.20 complaints: these are formal complaints. Our interest here is in the number of complaints that are open; and that these are being progressed towards consideration by the Investigating Committee (IC) , and that the IC deals with them on receipt such that we meet our target (30 weeks). If we close more complaints than we receive, the case workers have a smaller caseload to progress extant cases. We are also interested in the 'risk' levels

of those complaints – as high-risk cases might lead to a hearing for an interim suspension, and also tell us whether there are particular areas we should focus on in our communications to the profession. We are very interested in the proportion or ‘conversion rate’ of cases determined by the IC that are referred to the PCC.

- iii. Interim suspensions: Our interest here is the number and that we are dealing with them swiftly following any risks to patients or the public coming to our attention. They represent an important area, and it is important that we prioritise in public safety terms, however an increase in volume has a knock-on effect on the throughput of more routine activity.
- iv. Professional Conduct Committee (PCC) cases: We have an interest in the referrals from IC to PCC, and the outcome of determinations made, including how long it is taking for cases to be dealt with from the receipt of the original complaint to the GCC to the conclusion of the matter at the PCC. We are also interested to ensure that timely progress is made from referral by the IC to listing (a complex endeavour) so that it meets our target (35 weeks).
- v. S.32 misuse of title: Our interest here is the number of complaints we have received and our performance against target for timeliness from receipt to closure or next steps decision point (16 weeks).

### **Performance report summary**

- Performance reported at the March meeting of Council was to end January 2022 and shown as Q1. On reflection this is untidy. Reference to Q1 in this report shows performance to end-March 2022.
- New enquiries in are manageable and we are dealing efficiently with extant cases. Only 15 enquiries are open, albeit 12 are advertising concerns which take somewhat longer to resolve – or promote to a formal complaint if necessary (rarely).
- We are receiving expected levels (seven) of complaints. As such our caseload of open s.20 complaints continues to reduce, at 49 cases; keeping the investigations moving and closing cases where possible, and a reduction of the median time of open complaints from 44 weeks to 35 weeks, reflects on the hard work of the FTP team.
- Members are aware a target to close complaints of 30 weeks has been set. The median time to close complaints in the previous reporting period was 44 weeks. Performance of 36 weeks was achieved by end Q1 – somewhat as expected. Whilst somewhat volatile the performance at end-May 2022 has increased to 43 weeks, we remain confident of meeting the target overall by end of 2022.

- The IC met on three occasions, determining in the reporting period 10 substantive IC matters: with 8 closed as 'no case to answer' and two referred to the Professional Conduct Committee (PCC) as a 'case to answer.' The referrals are within expected levels including within assumptions made in the budget for 2022.
- The IC determined fewer cases than the previous reporting period. This is partly due to the increased number of preliminary matters (e.g., health matters) and also those new legal assessors (as approved by Council in September 2021) are now sitting many for the first time, affecting the number and speed with which the cases can be considered. It is likely that we will continue to see a lower number of cases determined by the IC, and for now we must balance slightly lower throughputs with the benefit of more resilience provided by a larger pool of assessors in the medium-term.
- Consideration of matters where an interim suspension may be necessary are an unpredictable area, affecting outputs from both the FTP team and the IC. Only one interim suspension hearing (ISH) was held in the period, compared to four in the previous period. The median time (from information received indicating need for an interim order to the hearing date) was four weeks – a decrease from six weeks in the last period, an important consideration in safeguarding and for the PSA in assessing how quickly we manage risk.
- The PCC concluded three cases, as expected: one removal from the Register, one admonishment and one resulted in a finding of no unacceptable professional conduct.
- The time from receipt of a complaint to final determination by a PCC is important. Our performance is on the PSA radar, and our report to PSA for the financial year 2021-22 showed it took 134 weeks. We also highlighted the cumulative effect of postponement of cases due to Covid. Our ability to improve this performance is limited. If the 11 cases listed in 2022 conclude as predicted, performance is likely to improve to around 114 weeks, a reduction on our current median this calendar year of 129 weeks.
- Our performance in managing s.32 (protection of title) complaints in this period is steady. The current number of open complaints is 22 cases relating to 21 individuals and the median time to close complaints for this period is 11 weeks compared to 30 weeks in the previous period. We would like to reduce the open complaints to single figures in the next quarter.

## **b) PCC Appeal - Update FTP**

3. We are informed that a Registrant has lodged an appeal to the High Court further to a decision of the PCC of 1 February 2022 which determined the Registrant



guilty of unacceptable professional conduct (UPC) with a sanction of admonishment. The headline grounds of appeal relate to the PCC's decision on UPC and the Registrant is seeking this be quashed.

4. The High Court appeal hearing has been listed for 13 October 2022 - Council will be advised as to the outcome of the appeal on conclusion of the hearing.

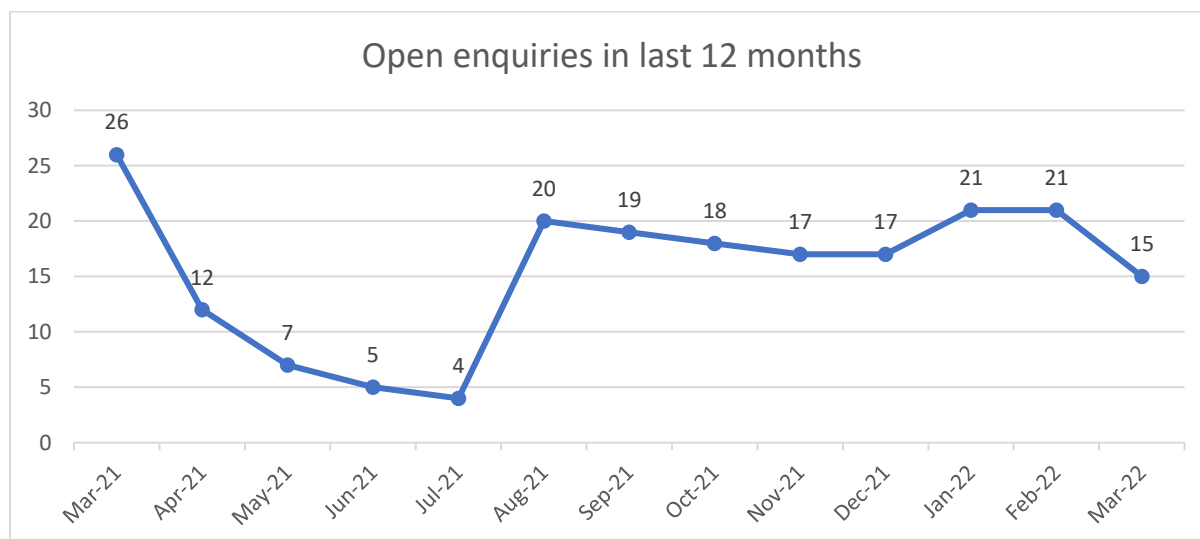
### c) Operational update

5. Some recruitment challenges (following internal promotion) meant that a vacancy was held from December 2021 until recently. This has affected progression of some s20 cases with the impact likely to be felt in the next quarter.
6. The PCC Committee Coordinator and protection of title role is now filled following three months where it was necessarily filled with agency staff – which had a positive impact on S.32 cases, as reported above.
7. The team is responsible for four projects within the business plan commitments for 2022:
  - Project No 5 - Review Fitness to Practise publication policy. Legal advice was sought from the GCC's information lawyers who reviewed the current Publication and Disclosure Policy dated June 2020 and confirmed that the policy is comprehensive requiring no amendments to be made – and this project is therefore complete.
  - Project No 6 - Review of guidance documents for participants in FTP investigations. This project is on track - see separate council paper CO220623-06A.
  - Project No 7- Review and consult on a protocol for hearings. This project is on track - see separate council paper CO220623-06B.
8. Project No 8 - Review use of clinical assessors. This project is due to start in July 2022.

## A. Enquiries

### Open enquiries in last 12 months

Chart 1



In early 2021, the FtP team received several enquiries related to advertising concerns. Those were managed efficiently and have now been closed. The remaining advertising concerns relate to those received in August 2021.

### Total number and breakdown by type of enquiries opened in 2021 & 2022

Table 1

Type	2021			2022
	Q2	Q3	Q4	Q1
Outside of remit	0	1	0	2
No consent	2	4	0	3
Wants to be anonymous	1	0	0	0
No consent and wants to be anonymous	1	0	0	1
General enquiry	2	0	0	1
Unclear if it is a complaint	6	0	8	7
Chiropractor unknown	1	0	0	0
Advertising	0	15	0	0
Other includes advertising	0	18	0	0
<b>Total</b>	<b>13</b>	<b>38</b>	<b>8</b>	<b>14</b>

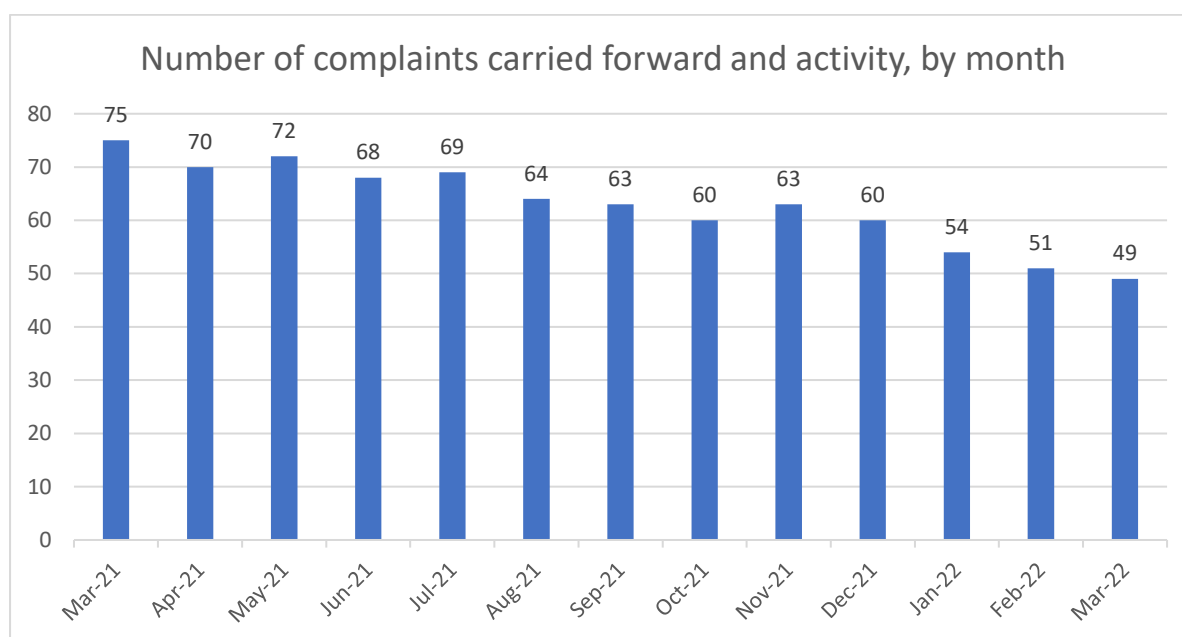
## Total number of enquiries closed/promoted in 2021/2022

Table 2

	2021				2022
	Q1	Q2	Q3	Q4	Q1
Closed with no further action	9	29	16	13	11
Promoted to s.20	4	5	2	2	1
<b>Total closed</b>	<b>13</b>	<b>34</b>	<b>18</b>	<b>15</b>	<b>12</b>

## B. S.20 (IC) Complaints in 2021/2022

Chart 2

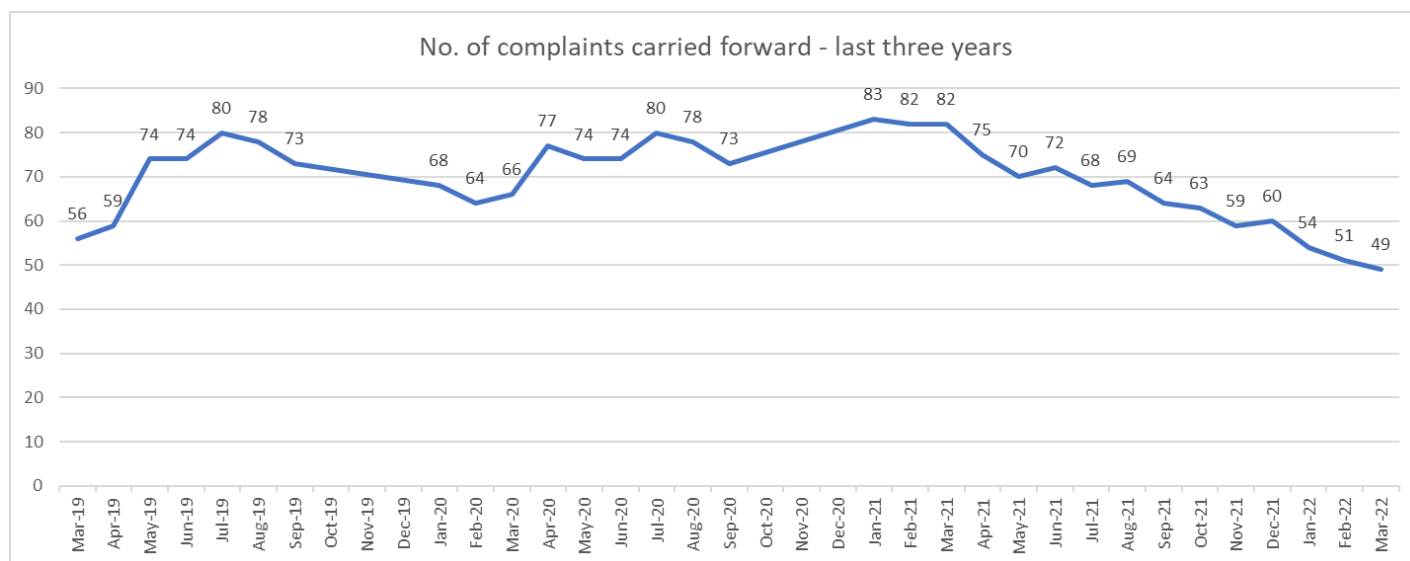


Given the importance of S.20 complaints and the impact on complainants and registrants we have continued to prioritise efficient case management of complaints, resulting in the caseload reducing from 54 in the last period to 49 at the end of this period.

Table 3

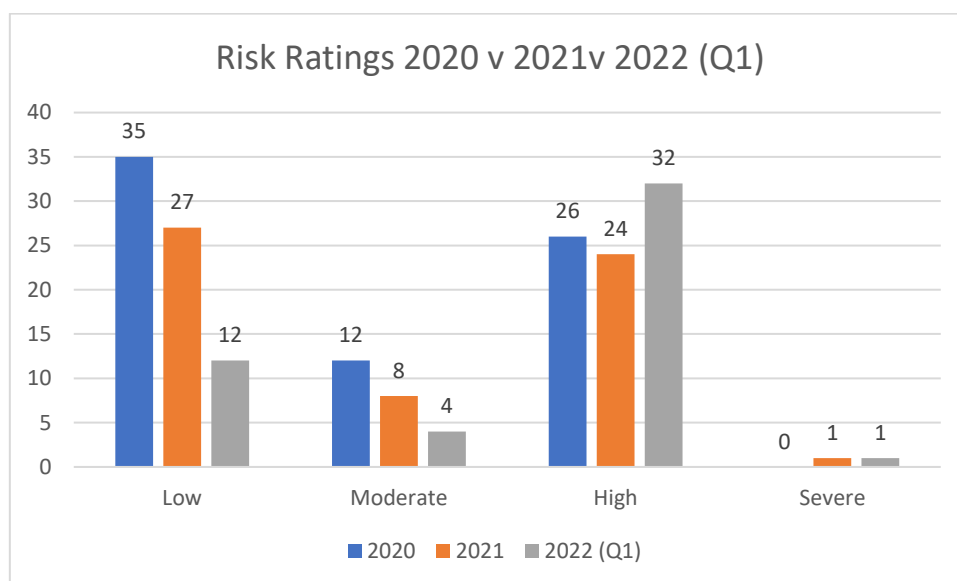
	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
<b>New complaints in (no.)</b>	5	2	10	5	7	4	5	4	5	2	5	3	5
<b>Cases determined (no.)</b>	12	7	8	9	6	9	6	7	2	5	11	4	6

**Chart 3**



## Risk rating of open IC complaints

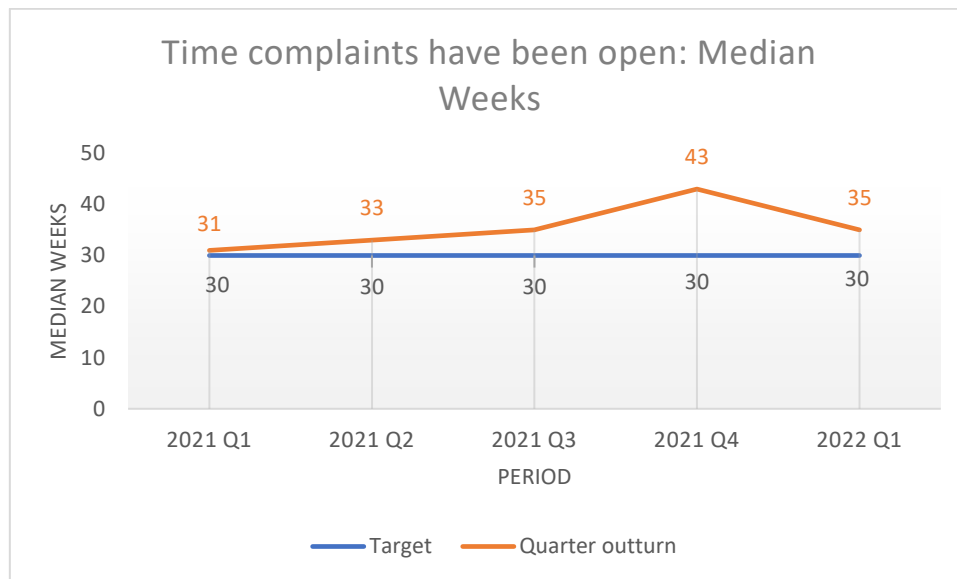
**Chart 4**



There are more high risk cases this year, and fewer moderate and low risk cases. This follows an independent audit of IC cases in October 2021, where the auditor suggested that the absence of injury when assessing risk and identifying the risk rating should be removed as a descriptor and consideration should be given to whether the alleged conduct creates an unwarranted risk of harm. The Auditor also suggested that the matrix proforma include an express indication to take the complaint at its highest. We agreed with these suggestions. This has resulted in more cases being categorised as being high risk but allows for the rating to be amended should further evidence come to light.

## Time complaints have been open: median weeks

Chart 5



## Breakdown of open current complaints

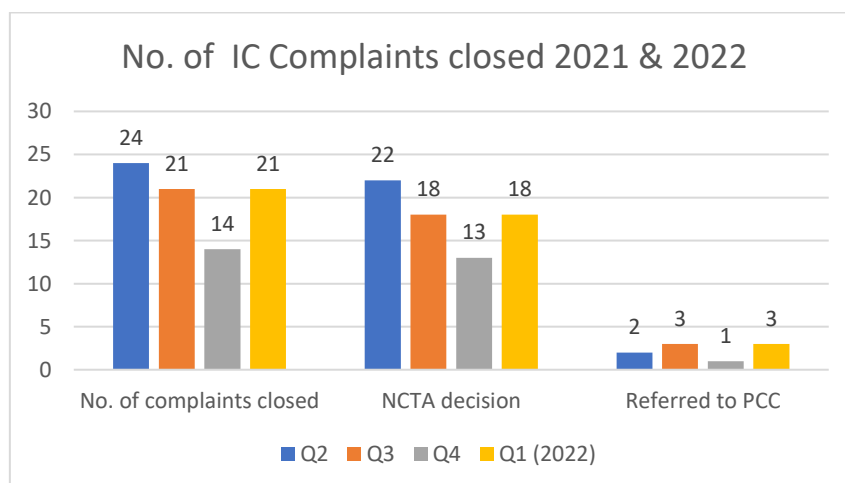
Table 5

	2021	2022
	Q4	Q1
Under 52 weeks	43	36
52 weeks +	13	9
104 weeks +	4	3
152 weeks +	0	1

There are four cases that have been open over 104 weeks, reasons have been reported previously and all are due to be heard by end-July 2022.

## Number of complaints closed by the IC in 2021 & 2022

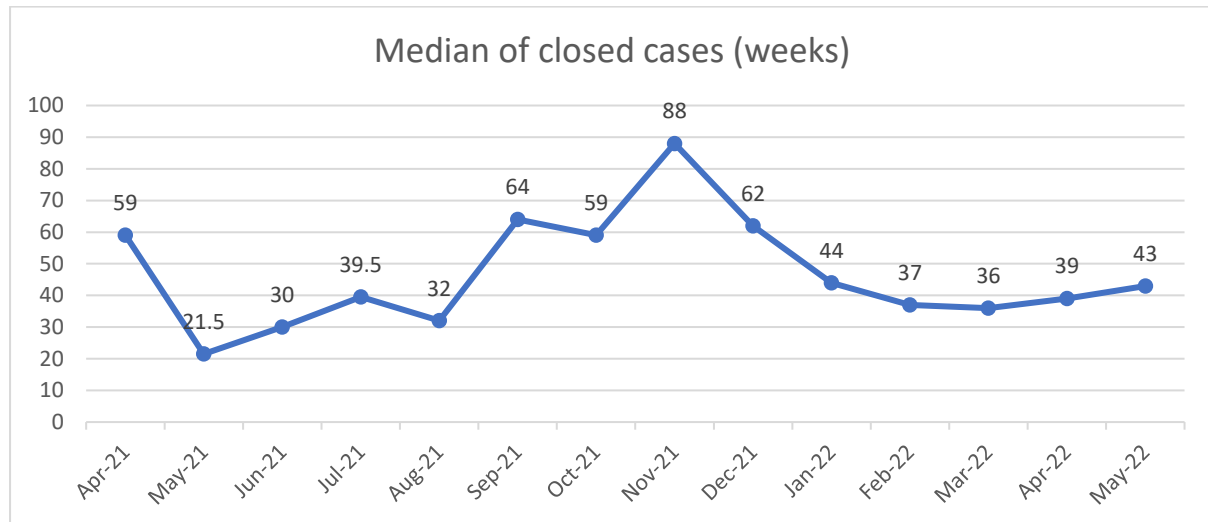
Chart 6



So far in 2022, 21 complaints have been closed by the IC with 18 NCTA and three referred to PCC. This is consistent with previous years.

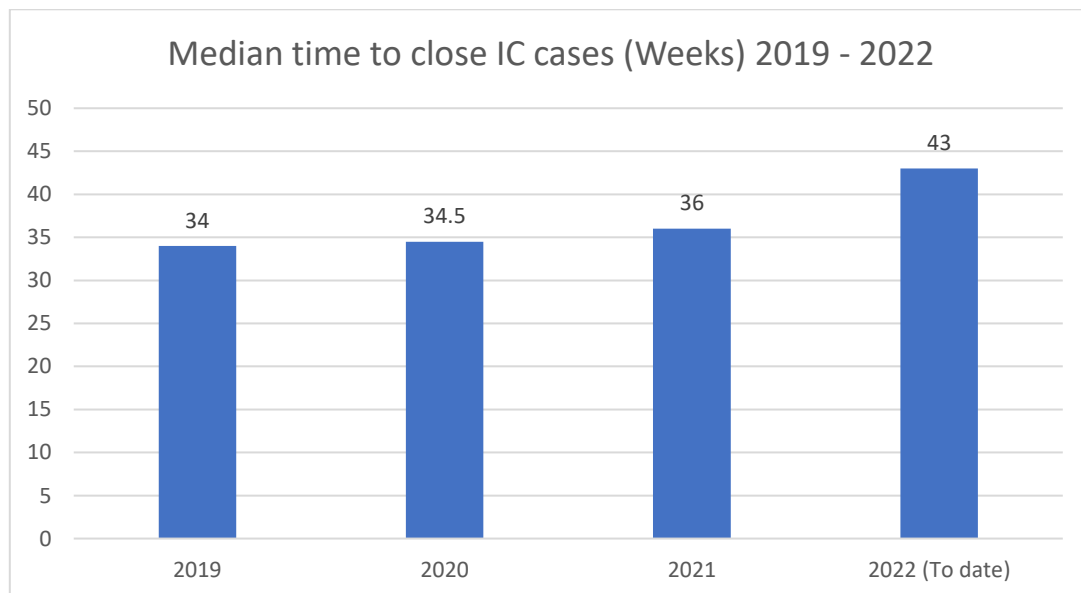
**Median time taken to close cases in last 12 months, by end of month** (*Time taken from the opening of a complaint to closure (either by a decision of no case to answer or referral to PCC) by Investigating Committee*)

Chart 7



**Median time taken to close cases – by calendar year**

Chart 8



Performance this year to date is 43 weeks – the target is 30. As chart 7 shows, performance is somewhat volatile but as we reduce the overall caseload we will close more cases where the open time begins to affect the median performance.

## C. Interim Suspension Hearings

Table 7

	2022		
	Jan	Feb	Mar
ISH hearings	0	1	0
Suspension imposed	0	1	0
Suspension not imposed	0	0	0

In 2021, the median time from date complaint received to ISH was 21 weeks. The median time from date there is enough information received indicating risk to the ISH was 4 weeks. In 2022, the median time from date complaint received to ISH is 131 weeks. The median time from date there is enough information received indicating risk to the ISH is 4 weeks.

## D. Professional Conduct Committee

Here, we are dealing with few cases at any given time, albeit they are significant.

### Number of cases referred from the IC; and closed by PCC in 2021 & 2022

Table 8

	Mar -21	Apr -21	May -21	Jun -21	Jul -21	Aug -21	Sep -21	Oct -21	Nov -21	Dec -21	Jan -22	Feb -22	Mar -22
Number of PCC cases b/f	11	9	9	11	8	9	10	9	9	8	9	9	8
Number of Referrals from the IC	0	0	2	0	1	1	1	0	0	2	1	1	1
PCC Cases Closed	2	0	0	3	0	0	2	0	1	1	1	2	1

### Hearings of the PCC

Table 9

	2022		
	Jan	Feb	Mar
PCC hearings held	1	2	1
Hearings Concluded	1	2	1
Part heard-relisted	0	0	0

In 2022, four PCC cases have concluded. Table 11 shows that we expect to conclude a further eight cases which would match the concluded cases for 2021.



## Decisions of PCC cases concluded in 2022

Table 10












Decision	Number
Removal from Register	1
Suspended	0
Conditions of Practice Order	0
Admonishment	2
No UPC	1

The decisions of the PCC in 2022 so far are consistent with decisions made in 2019, 2020 and 2021.

## Open PCC cases: Listing progress

There are eight open PCC case at the end of this period. The target established for 2022 is that on referral from Investigating Committee it should be listed before the PCC within 35 weeks, applicable from case six onwards.

Table 11

Case	Date referred from IC	Date listed for hearing	Status
Case 1	15/12/2020	08/11/2021	  Postponed (Relisted 20/04/22)
Case 2	17/08/2021	17/10/2022	 Listed
Case 3	29/09/2021	23/11/2022	 Listed
Case 4	14/12/2021	07/04/2022	 Listed
Case 5	14/12/2021	20/06/2022	 Listed
Case 6	18/01/2022	Not listed	  Awaiting Listing (dates proposed for Nov / Dec 2022)
Case 7	15/02/2022	Not listed	  Awaiting Listing (dates proposed for Dec 2022)
Case 8	31/03/2022	Not listed	 Awaiting Listing (dates proposed for Dec 2022)

Our ability to meet targets of cases shown above is affected by several 'part-heard' cases and where the GCC receives unavailability on the part of registrants or their witnesses for the case to be heard within the target date. Further information is set out below:

- Case 2 initially listed for 7 February 2022 (which met the target KPI, however defence made a request for further patient records which resulted in the hearing being vacated. Case has now been relisted for new dates in October – target will not be met.
- Case 3 did not meet target for listing due to personal circumstances of the Registrant resulting in the hearing needing to be delayed to November 2022.

- Case 6 is tentative to meet target as the defence have indicated that Registrant is not available for a hearing before November / December 2022 due to her personal circumstances.
- Case 7 is tentative to meet target as the defence have indicated that the Registrant is not available for a hearing before November due to her personal circumstances.
- Case 8 is not yet listed, awaiting dates from defence but likely to be delayed due to the large volume of papers involved.

## Referral from IC to the final PCC decision

Table 12

Time from IC decision to final PCC decision: Median weeks	2018	2019	2020	2021	2022 (end of Jan)	2022 (end of March)
GCC	33	25	32	68	52	42.5

Our performance declined in 2021; a result of cancelling hearings in 2020 due to the pandemic. From IC decision to final PCC decision, the median is currently at 42.5 weeks which is good progress from the last period.

Table 13

Median weeks from referral of complaint to final PCC decision (end to end)	2018	2019	2020	2021	2022 (end of Jan)	2022 (end of March)
GCC	86	53	91	122	128	129

- The median weeks for cases from receipt of complaint to final PCC decision is 129 weeks. This is high, PSA were concerned about this figure last year and they remain concerned.
- We reported to PSA that GCC activity for the periods 2020-2021 and 2021-2022 relating to hearings of the PCC was disrupted by our response to Covid, alongside others. Our analysis shows that eight cases were materially affected as a result of either the blanket cancellation resulting in cases needing to be relisted, (or a hearing that was not listed prior to lockdown but due to a rescheduled hearing taking priority, the expected hearing date was pushed back taking into account the available capacity of the defence team, witnesses, Chair or panelist). All eight cases were pushed back to 2021.
- We have undertaken an exercise projecting our performance to the end of 2022. The projected median to the end of 2022 is 114 weeks. This projection assumes PCC cases are heard and concluded on their estimated dates but is subject to external factors outside of the control of the GCC such as applications to

postpone a hearing before it starts or an adjournment part way into the hearing resulting in the hearing not concluding within the estimated period.

- In 2022 we have listed / likely to list (based on estimate of cases listed shown in table 11) eleven cases for the period January – December 2022 and if those conclude as predicted, the projected median weeks for cases from receipt of referral to final PCC determination (end to end) is 114 weeks. This would represent a significant reduction on our receipt to completion live median of 129 weeks but is subject to those PCC cases being concluded when listed or estimated.

## E. Section 32 cases

Our target this year is to close a section 32 complaint within 16 Weeks of opening.

- The median time taken to close s.32 cases (discounting 'backlog' cases) in 2021 was 72 weeks. The reason for such a high median in 2021 was that more than half the cases closed were from 2019 (resulting in a higher median).
- The median time to close complaints for this period is 11 weeks compared to 30 weeks in the previous period. Only one 'backlog' case remains.

Table 14





Section 32	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
Number of cases (at the beginning of the month)	8	10	9	9	11	11	7	7	7	23	27	32	37	22
Number of new cases in a month	2	1	0	2	0	0	2	0	16	4	6	5	0	0
Number of cases closed in period	0	2	0	11	0	4	2	0	0	0	1	0	15	0

**Niru Uddin**

**Director of Fitness to Practise**

## Annex A – Glossary

CA 1994	The Chiropractors 1994
Complaint / S.20 (IC) Complaint	<p>An allegation (complaint) under Section 20 of the CA 1994, made against a chiropractor, to the effect that:</p> <ul style="list-style-type: none"> <li>a) he has been guilty of unacceptable professional conduct;</li> <li>b) he has been guilty of professional incompetence;</li> <li>c) he has been convicted of a criminal offence; or</li> <li>d) his ability to practise is seriously impaired due to a physical or mental condition.</li> </ul>
CTA	Case to answer decision by the IC (which are referred for hearings before the PCC)
Enquiries	<p>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.</p> <p>The GCC uses the term 'Enquiry' to describe any professional conduct communication containing information which <u>may</u> amount to an 'allegation' or 'complaint' under the Act however there is insufficient information to open as a s.20 complaint.</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	Jan – March
Quarter 2	April – June
Quarter 3	July – Sept
Quarter 4	October – December

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

# **Finance Update -Management Accounts to May 2022**

**Meeting Paper for the Council Meeting on 07 June 2022**

**Agenda Item:5B**

## **Purpose**

This paper presents our performance against the full year forecast income and expenditure targets for the period to 31 May 2022.

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

## **Recommendations**

The Council is asked to review and note this report.

## **Introduction**

**1.** The management accounts pack is comprised of the:

- Statement of income and expenditure account for the period to 31 May 2022
- Balance sheet as at 31 May 2022
- Recommendations, and

## Statement of income and expenditure account for the period to 31 May 2022

### Summary

2. The actual year-to-date (YTD), projected and budgeted results for the 2022 financial year are presented in the table below.

	A	B	C	D	E
	YTD Actual	YTD Budget	YTD Variance	Full Year Forecast '22	Full Year Budget '22
£'000s	£	£	£	£	£
Income	1,247	1,219	27	2,948	2,851
Expenditure	1,071	1,087	15	2,913	2,807
<b>Headline Surplus /-Deficit</b>	<b>175</b>	<b>133</b>	<b>42</b>	<b>35</b>	<b>44</b>
<b>Underlying Surplus /-Deficit</b>	<b>189</b>	<b>147</b>	<b>42</b>	<b>43</b>	<b>58</b>

3. The realised headline surplus for the period is £175k (column A of the table), compared to the headline budgeted surplus of £133k (column B) for the same period.

The **realised underlying surplus for the period is £189k** (column A). 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).

The accounting rules require relevant items of expenditure which are funded from reserves to be put through the statement of income and expenditure; then, adjusted for in the notes on the reserves in the annual financial statements.

4. The variance between the actual and fixed budgeted income and expenditure is shown in column C. In the period to-date, column C is made up of the positive income and expenditure YTD variance of £27k and £15k respectively. The reasons for the variance are provided from paragraph 12 of this report.
5. **The headline full year forecast surplus for the year is £35k (column D); the underlying dynamic forecast surplus is £43k.**
6. The dynamic projections track how we have performed against the fixed budget during the period under review. The projections also respond to the question, *'what surplus or deficit do we expect to realise at the year-end?'*.
7. The dynamic projections are arrived at by adding each line item of actual income and expenditure in the income statement to the remaining months of budgeted income and expenditure in the year.








8. The fixed headline budgeted surplus for the year is £44k (column E); underlying fixed budget surplus is £58k.

### YTD variance analysis threshold policy

9. From January 2021, the Audit and Risk Committee (ARC) agreed to implement a £10k variance analysis threshold policy. This means that a detailed commentary is to be provided on each cost centre line item of actual income and expenditure which has a positive or adverse cumulative variance of £10k or more in the period under review.
10. Other line items in the income statement which are 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 variance thresholds may be commented on where necessary.
11. Applying the £10k variance analysis threshold, the following comments are provided on the income and expenditure variances in the period.

### Commentary on YTD income variance – overall actual income is more than the budget by £27k

12. The breakdown of the total income variance is shown in the *Report by Income & Cost Centre* section of this report.
13. In the Variance column of the report, this icon indicator  shows that the variance amount is (positively) above the agreed income or expenditure analysis threshold during the period. This icon  is the reverse; and this  shows there is no change between the last and current period.

This directional symbol  shows a downward movement on key items on the balance sheet page of the report; the upward icon  indicates an increased position.

14. The total income earned in the period is more than the fixed budget by £27k (i.e. a positive variance) from the following sources:
- a) Registrant fees income – this is £23k more than we profiled to receive from retention (practising) and restorations at this time of the year.
  - b) Test of Competence (TOC) income (£4k) – we received fees for the test from 29 applicants compared to the 27 that we expected at this time of the year.

However, the TOC expenditure for the same period is £3k over budget – resulting in a £1k contribution to central overheads.

### Commentary on YTD expenditure variance – total actual spend is under budget by £15k

- 15.** The breakdown of the total expenditure variance is shown in the *Report by Income & Cost Centre* section of this paper.
- 16.** In this period, the total budgeted expenditure is under-spent by £15k. However, no cost centre is over-spent or under-spent by £5k or more. Hence, we have not provided any further commentary on these items.

### Balance sheet as of 31 May 2022

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

### Investments performance as of 31 May 2022

- 18.** The value of the investments decreased by £149k from £4.884m as of 31 December 2021 to £4.734m on 31 May 2022.
- 19.** The unrealised investment loss (i.e. paper loss) in the period is £91k (December 2021: paper gain of £476k).

### Working capital

- 20.** The current ratio shows that the GCC has £0.58 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 last year but deferred to the 2022 financial year (thus shown as a liability).
- 21.** Therefore, the relatively low current ratio is not considered to be a material solvency issue that should be of immediate concern; but only technical. This is because the registrant fees we deferred from the 2021 financial year into this year's accounts will be fully released into the income statement, month-by-month, by the end of this financial year.

### Total net assets

- 22.** The net assets of £3.546m are represented by the general and designated reserves (December 2021: £3.509m).

## Risks

- 23.** Council approved 10 projects (budgeted to cost £108k; now revised to £120k) to be delivered in the 2022 business plan (BP). If all the projects are successfully delivered and the other costs in the budget are effectively controlled as planned, we should expect to realise the 2022 budgeted surplus at the end of this financial year.
- 24.** However, if some of the BP projects are partially or not delivered at all this year and the planned costs in the income statement remain unchanged, we should expect to realise a higher level of surplus at the end of this year. The affected projects will then, with Council approval, be carried forward as costs to be incurred in the next financial year.

## Date of report circulation

- 25.** This report was circulated to the SMT on 7 June 2022.

**Joe Omorodion**  
**Director of Corporate Services**

Overview - Statement of Income and Expenditure Account

INCOME	May				Year-To-Date (YTD)				Full Year Projected [Dynamic] 2022 <sup>5</sup>	Full Year Budget '22 <sup>6</sup>
	Actual	Budget	Variance	Var %	Actual	Budget	Variance	Var %		
	£	£	£		£	£	£		£	£
Registrant fees	225,138	219,536	5,602	0	1,135,988	1,112,658	✓ 23,330	2%	2,715,899	2,666,383
Investments	10,000	10,000	0	0	50,000	50,000	⇒ 0	0%	120,000	120,000
Test of Competence (ToC)	6,000	6,000	0	0	58,000	54,000	✓ 4,000	7%	106,000	58,000
Other Income	931	545	386	1	2,530	2,725	✗ -195	-7%	6,000	6,540
<b>TOTAL INCOME</b>	<b>242,068</b>	<b>236,081</b>	<b>5,987</b>		<b>1,246,518</b>	<b>1,219,383</b>	<b>27,135</b>		<b>2,947,899</b>	<b>2,850,923</b>
<b>EXPENDITURE</b>										
Governance costs <sup>1</sup>	9,158	8,855	-303	-0	47,103	45,655	✗ -1,448	-3%	121,354	116,864
Shared Central costs <sup>2</sup>	74,820	80,913	6,093	0	359,118	362,945	✓ 3,827	1%	934,985	914,655
Fitness to Practise (FtP) <sup>3</sup>	107,380	105,678	-1,702	-0	473,814	482,251	✓ 8,437	2%	1,236,740	1,217,642
Development costs <sup>4</sup>	31,294	35,820	4,526	0	191,245	195,788	✓ 4,543	2%	618,685	557,594
<b>TOTAL EXPENDITURE</b>	<b>222,652</b>	<b>231,266</b>	<b>8,614</b>		<b>1,071,280</b>	<b>1,086,639</b>	<b>15,359</b>		<b>2,911,763</b>	<b>2,806,754</b>
<b>Underlying Operating Surplus / -Deficit</b>					<b>189,238</b>	<b>146,744</b>	<b>42,494</b>		<b>50,136</b>	<b>58,168</b>
<b>HEADLINE OPERATING SURPLUS / -DEFICIT</b>	<b>19,416</b>	<b>4,815</b>	<b>14,601</b>		<b>175,238</b>	<b>132,744</b>	<b>42,494</b>		<b>36,136</b>	<b>44,168</b>
Percentage	8%	2%	6%		14%	11%	3%			
<b>GAINS/-LOSSES ON INVESTMENTS</b>					<b>-90,898</b>					
<b>SURPLUS / -DEFICIT BEFORE TAXATION</b>					<b>84,342</b>					

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  
May 2022 Management Accounts  
Report by Income & Cost Centre

			May				Year-To-Date (YTD)				Full Year Fixed	Full Year	
Detailed Income Statement Dept			Actual	Budget	Variance	Var %	Actual	Budget	Variance	Variance	Forecast 2022	Budget 2022	
			£	£	£	%	£	£	£	%	£	£	
Income	72	Initial Regn Fees - Practising	7,125	8,674	-1,549	-18%	57,575	58,348	-773	-1%	138,000	136,043	
	72	Initial Regn Fees - Non-practising	100	83	17	20%	300	415	-115	-28%	600	1,000	
	72	Retention Fee- Practising	212,333	206,287	6,046	3%	1,051,267	1,031,435	19,832	2%	2,520,800	2,475,440	
	72	Retention Fee- Non Practising	2,042	2,125	-83	-4%	10,208	10,625	-417	-4%	24,500	25,500	
	72	Non- Practising to Practising	1,600	867	733	85%	3,200	4,335	-1,135	-26%	8,000	10,400	
	72	Restorations	1,938	1,500	438	29%	13,438	7,500	5,938	79%	24,000	18,000	
		Total Registrant Fees	225,138	219,536	5,602		1,135,988	1,112,658	23,330		2,715,899	2,666,383	
	74	ToC Income	6,000	6,000	0	0%	58,000	54,000	4,000	7%	106,000	58,000	
	33	Investments	10,000	10,000	0	0%	50,000	50,000	-	0%	120,000	120,000	
	33	Other	931	545	386	71%	2,530	2,725	-195	-7%	6,000	6,540	
	Total Investments & Other	16,931	16,545	386	2%	110,530	106,725	3,805		232,000	184,540		
TOTAL INCOME			242,068	236,081	5,987	0	1,246,518	1,219,383	27,135	2%	2,947,899	2,850,923	
Governance costs	10	Council	8,858	8,855	-3	0%	44,828	44,155	673	-2%	116,330	113,804	
	11	Audit & Risk Committee	300	0	-300	100%	1,320	1,200	120	-10%	1,620	1,800	
	12	Remuneration Committee	0	0	0	0%	954	300	654	-218%	3,404	1,260	
		Total Governance	9,158	8,855	-303		47,103	45,655	-1,448		121,354	116,864	
CER Office costs	30	CER's Office	13,668	14,294	626	4%	67,818	69,970	-2,152	3%	164,516	167,026	
	Shared Central costs	31	Technology	13,600	14,700	1,100	7%	49,030	51,505	-2,475	5%	143,616	132,496
		32	Human Resources	9,548	7,680	-1,868	-24%	21,352	22,900	-1,548	7%	62,893	73,360
		33	Corporate Services	18,514	24,843	6,329	25%	125,780	121,590	4,190	-3%	331,392	309,017
		34	Property	19,491	19,396	-95	0%	95,139	96,980	-1,841	2%	232,568	232,756
	Total Shared Central Costs	74,820	80,913	6,093		359,118	362,945	3,827		934,985	914,655		
Fitness to Practise costs (FtP)	50	Investigations	28,358	28,962	604	2%	142,928	145,185	-2,257	2%	347,267	349,058	
	51	Investigating Committee	16,333	16,828	495	3%	89,040	89,648	-608	1%	214,622	197,959	
	52	Professional Conduct Committee	60,624	57,880	-2,744	-5%	218,002	220,095	-2,093	1%	608,695	606,959	
	53	Interim Suspension Hearing	1,489	2,008	519	26%	19,432	20,263	-831	4%	44,975	42,486	
	54	Protection of Title	575	0	-575	100%	4,411	7,060	-2,649	38%	21,180	21,180	
	Total FtP	107,380	105,678	-1,702		473,814	482,251	8,437		1,236,740	1,217,642		
Development	70	Policy team	23,337	26,458	3,121	12%	123,335	124,945	-1,610	1%	427,077	403,417	
	73	Quality Assurance	3,881	3,470	-411	-12%	8,783	9,027	-244	3%	29,230	32,798	
	74	Test of Competence	3,187	4,662	1,475	32%	42,912	40,158	2,754	-7%	94,942	57,442	
	75	Communications	180	330	150	45%	9,340	13,338	-3,998	30%	51,410	51,716	
	13	Education Committee	708	900	192	21%	6,875	8,320	-1,445	17%	16,025	12,220	
	Total Education & Regulation	31,294	35,820	4,526		191,245	195,788	4,543		618,685	557,594		
TOTAL OPERATING COSTS			222,652	231,266	8,614	4%	1,071,280	1,086,639	15,359	1%	2,911,763	2,806,754	
Underlying Operating Surplus / -Deficit							189,238	146,744	42,494		44,136	58,168	
HEADLINE OPERATING SURPLUS / -DEFICIT			19,416	4,815	14,601		175,238	132,744	42,494		36,136	44,168	
Percentage			8%	2%	-6%		14%	11%	3%		1%	2%	
GAINS/-LOSSES ON INVESTMENTS			-90,898				-90,898				-	44,136	
			-71,482				84,342						
SURPLUS / -DEFICIT BEFORE TAXATION													

**GCC Balance Sheet**  
**As at 31 May 2022**

	31 December 2021		31 May 2022		Movement
	£	£	£	£	
<b>Fixed Assets</b>					
Tangible Assets	0		0		
Investments	4,883,891		4,734,232		
		4,883,891		4,734,232	↓ -149,658
<b>Current Assets</b>					
Debtors	37,270		75,539		
Bank	1,756,060		1,197,624		↓ -558,436
		1,793,330		1,273,164	
<b>Current Liabilities</b>					
HMRC and pensions	35,033		34,662		
Payments in advance	2,571,550		1,500,013		
Trade creditors	58,324		217,663		
Corporate tax	11,537		11,537		
Other creditors	220,876		425,227		
		2,897,320		2,189,101	↓ -708,219
<b>Current Assets less Current Liabilities:</b>		-1,103,990		-915,937	
<b>Total Assets less Current Liabilities:</b>		3,779,900		3,818,295	↑ 38,395
<b>Long Term Liabilities</b>		270,652		272,007	↑ 1,355
<b>Total Assets less Total Liabilities:</b>		3,509,248		3,546,288	
<b>Funds of The Council</b>					
Total Reserves	3,509,248		3,509,248		
Transfers in the Period			-47,301		
Surplus or -Deficit Account	0		84,340		
		3,509,248		3,546,288	↑ 37,040
		-		-	

# Business Plan 2022 Performance Update

Meeting paper for Council on 23 June 2022

Agenda Item: 5C

## Purpose

The paper provides an update on our performance against the 2022 Business Plan.

## Recommendations

Council is asked to note the report.





## Background

1. Council agreed the 2022 Business Plan, along with the 10 projects to be delivered this year, in January 2022. This is the first year of the three-year strategy 2022-2024. The delivery of the business plan is reported at each meeting of the Council.

## Summary

2. Council received its first update report in March 2022. There are three Annexes to this report.
3. **Annex A** displays the key information on the progress we have made in delivering the projects in 2022 business plan in the period under review.
4. **Annex B** provides a more detailed commentary on the status or progress of each of the projects to be delivered this year. The status of each project is assessed against the agreed measures (e.g., Key Performance Indicators, KPIs, Project Schedule Variance, PSV, and Milestones) in the business plan.
5. **Annex C** outlines the cross-cutting themes update on our ongoing work on EDI and Communications.

**6. Of the 10 projects in the 2022 business plan:**

- **1** project is completed (shaded in green and is denoted by this icon  in Annex A).
- **6** projects have commenced and are being progressed as planned (shaded in green and is denoted by this icon  in Annex A).
- **1** project is yet to commence, and this is in line with the project plan. The status of this project is shaded in white in Annex A and is represented by this icon .
- **2** projects are slightly behind schedule. This is mainly because of the recruitment and retention issues in relation to the Business and Projects Officer (BPO) role. The post was, however, filled in week ending 3 Jun-22. The status of both projects is shaded in amber and is denoted by this icon .

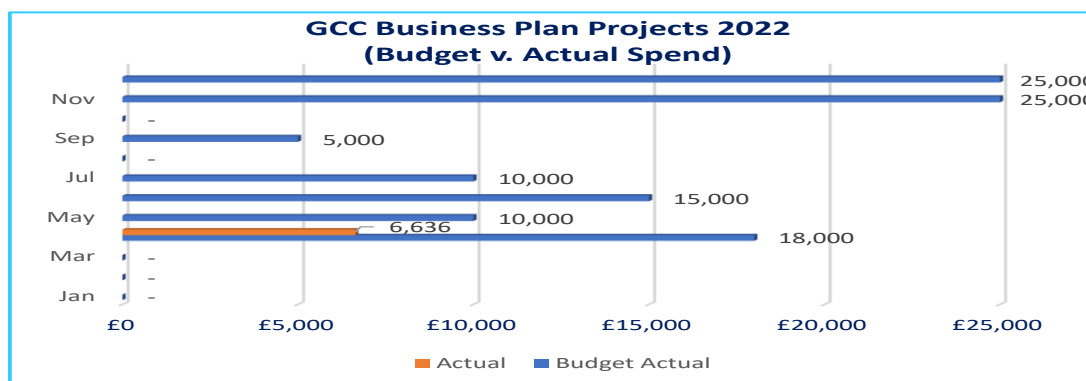
**Joe Omorodion**

**Director of Corporate Services**



### Annex A: Business Plan Dashboard, 23 June 2022

This dashboard presents BP 2022 projects' progress, priority level, external impact and risk of not delivering them 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 BP allocated expenditure by quarter.



### Annex A: Business Plan Dashboard, 23 June 2022

No.	Project	Status	% Completion GAW[1]	External Impact
1	Gain a greater understanding of patients' needs and expectations so these can be reflected in the work of the GCC. <b>Key milestones:</b> August, October, November and December 2022	In progress	✓ 20% Concerns on AECC output re: Aug-22 project deadline	Moderate
2	Develop and implement a patient-focussed engagement and involvement plan providing appropriate learning, guidance and support to patients when seeking and using chiropractic treatment. <b>Key milestones:</b> March, June, September and December 2022	In progress	✓ 30% Targets achieved to-date	High
3	Develop registrant resources to support the theme of 'professionalism' within chiropractic. <b>Key milestones:</b> May and December 2022	In progress	✓ 45% Project is on target	Moderate
4	Review of GCC Education Standards and Consent guidance <b>Key milestones:</b> January, February, July, September, October, November and December 2022	In progress	✓ 25% Parts 1 & 2 (25%) and Part 3 (90%) complete. All targets achieved to-date	High

# Annex A: Business Plan Dashboard, 23 June 2022

No.	Project	Status	% Completion GAW[1]	External Impact
5	Review Fitness to Practise publication policy <b>Key milestones:</b> March, April, June, July, October and December 2022	Complete	✓ 100% Project is completed	Moderate
6	Revision of guidance documents for participants in FTP investigations. <b>Key milestones:</b> March, April, May, June, September, October and December 2022	In progress	✓ 20% Project is on target	High
7	To review and consult on a remote hearings protocol <b>Key milestones:</b> March, April, June, September, October and December 2022	In progress	✓ 20% Project is on target	High
8	Review on the use of clinical assessors to speed up the investigations. <b>Key milestones:</b> July, September, October, November and December 2022	Yet to commence	✗ 0% Project to start Jul-22	High
9	To be a digitally effective organisation <b>Key milestones:</b> June, September and November 2022	Slightly behind schedule	✗ 0% Project to now start in Jul-22 (slight delay)	Moderate
10	Review on migrating the GCC physical documentation to a cloud-based storage <b>Key milestones:</b> February, April, May and June 2022	Behind schedule	✗ 10% Project is currently behind schedule	Low

[1] GAW stands for Green, Amber and White.

## Annexe B – Business Plan 2022 Projects

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
1	To gain a greater understanding of patients' needs and expectations so these can be reflected in the work of the GCC.	<p><b>2022 deliverables and milestones</b></p> <ol style="list-style-type: none"> <li>1. Delivery of the qualitative-based patient experience report from AECC. <b>31 Aug 2022</b></li> <li>2. Publication of the summarised patient concerns report. <b>Oct 2022</b></li> <li>3. Approval of the GCC Registrant-based communications plan. <b>Nov 2022</b></li> <li>4. Approval of the GCC Patient Action Plan (2023-2025). <b>Dec 2022</b></li> </ol> <p><b>Project targets</b></p> <ol style="list-style-type: none"> <li>1. By 2024, to have published GCC resources (e.g. guidance, toolkits, video tutorials etc) on all key themes identified in the research findings.</li> <li>2. Research-based increase in healthcare professionals' perspective of the chiropractic profession (baseline research to be conducted in 2023).</li> </ol>	<p><b>20% complete. This project is on schedule, with concerns.</b></p> <p><b>Council Project Summary (31 May 2022)</b></p> <p>This project will highlight patients' positive and negative experiences of using a chiropractor. Alongside our GCC Patient Community, the outputs from this project will help the GCC determine what additional patient and registrant resources need to be created in 2023.</p> <hr/> <ol style="list-style-type: none"> <li>1. <b>Deliverable 1:</b> The long-delayed GCC-commissioned report has moved from the ethics stage to patient/public engagement. The GCC has promoted the research to registrants (dedicated e-comms and the e-newsletter) and the public via Twitter.</li> <li>2. Although AECC University has provided numerous assurances that the report will be delivered by 31 August, we have concerns about them receiving enough patient engagement to create a valid report and/or the lack of time remaining until the deadline. We have developed contingency plans to allow other project activities and deliverables to continue if a delay does occur.</li> <li>3. <b>Deliverable 2:</b> Work will commence on the patients' concerns case study in July.</li> <li>4. <b>Deliverables 3-4:</b> These projects (which will be activated in 2023) are not scheduled to commence until Q4 2022.</li> </ol>

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
2	<p><b>To develop and implement a patient-focussed engagement and involvement plan providing appropriate learning, guidance and support to patients when seeking and using chiropractic treatment.</b></p>	<p><b>2022 deliverables and milestones</b></p> <ol style="list-style-type: none"> <li>1. Publication of chiropractic guidance for patients, including a checklist. <b>Mar 2022</b> ✓</li> <li>2. Development of additional content for patient portal e.g. blogs, video. <b>June 2022</b></li> <li>3. Publication of a registrant communications plan to promote patient information and guidance. <b>Sept 2022</b></li> <li>4. Publication of a patient communication toolkit for registrants. <b>Dec 2022</b></li> </ol> <p><b>2022 (against targets)</b></p> <ol style="list-style-type: none"> <li>1. Between Jan-Dec 2022, an increase in GCC Patient Portal users by 20%, based on 2021 results (8,500-10,200 users)</li> <li>2. Measures will be determined in 2023 &amp; 2024.</li> </ol> <p><b>Project targets</b></p> <ol style="list-style-type: none"> <li>1. By 2024, an increase in GCC Patient Portal users by <b>100%</b>, based on 2021 results (8,500-17,000 users).</li> <li>2. By 2024, to have <b>10%</b> of registrants (approx. 350) using and promoting GCC patient guidance and 'I'm Registered'</li> </ol>	<p><b>30% complete. This project is on schedule.</b></p> <p><b>Council Project Summary (31 May 2022)</b></p> <ol style="list-style-type: none"> <li>1. <b>Deliverable 1:</b> The GCC Patient Portal was completed in February, with the patient guidance and checklist uploaded in March. In addition, the Welsh language version of the Patient Portal has now been completed and uploaded.</li> <li>2. <b>Deliverables 2:</b> Work has commenced developing additional content for the patient portal. We have opted against creating new patient video/blog content as user rates are very low to justify the cost. Further guidance on what information patients require will come from the new GCC Patient Community activity in June and July. Recruitment is underway for a patient advisory panel of 20 patients across the UK and the first 5-day activity in June will focus on their understanding of professional behaviour/professionalism.</li> </ol> <p><u>Project Targets</u></p> <p>As of 31 May, 6,777 users had accessed the Patient Portal (66% of the 2022 target). We are confident that we will attain this and the stretch target (11,900) by EOY.</p> <p>We have commenced a review of the I'm Registered scheme with a possible redesign in Q3 2022, followed by registrant and public awareness campaigns.</p>

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
3	To develop registrant resources to support the theme of 'professionalism' within chiropractic.	<p><b>2022 deliverables and milestones</b></p> <p><b>Part One: by May 2022</b></p> <ol style="list-style-type: none"> <li>1. Publication of joint HCPC research.</li> <li>2. Publication of registrant-focussed content on professionalism.</li> </ol> <p><b>Part Two: by Dec 2022</b></p> <ol style="list-style-type: none"> <li>1. Publication of new content materials and guidance on the theme of reflection.</li> <li>2. Development of reflective practice workshops.</li> <li>3. Development of a long-term 'professionalism' registrant plan.</li> </ol> <p><b>2022 (against target)</b></p> <ol style="list-style-type: none"> <li>1. Between Jan-Dec 2022, an increase in registrants using Registrant Resource Centre by 30% on 2021 values (7,540-9,800 users).</li> </ol> <p><b>Project target</b></p> <ol style="list-style-type: none"> <li>1. By 2024, an increase in registrants using the GCC Registrant Resource Centre by 100%, based on 2021 values (7,540-15,100 users).</li> </ol>	<p><b>45% complete. This project is on schedule.</b></p> <p><b>Council Project Summary (31 May 2022)</b></p> <p><b>Part One</b></p> <ol style="list-style-type: none"> <li>1. Six films have been completed and discussions were held with HCPC around our respective plans for their publication and linking to both existing and new resources on the key themes of professionalism (communication, competence, leadership, patient centred care and reflection).</li> <li>2. A new professionalism section is being created in the <i>I'm a Chiropractor</i> section of the website, providing an overview of professionalism and outlining why it matters – for both healthcare professionals and patients.</li> <li>3. We have decided on a phased approach to the promotional activity, focusing on a new theme every month. This approach will help to continue driving traffic to the web page and encourage ongoing conversations around professionalism.</li> </ol> <p><b>Part Two</b></p> <ol style="list-style-type: none"> <li>4. Scoping work has begun on this project, scheduled for Q3 2022. Work has begun with the RCC regarding developing content for registrants on reflective practice, building on the new PRT module and tying in with the annual CPD questions that require reflection of registrants.</li> </ol> <p><u>Project Targets</u></p>

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
			<p><b>Amendment:</b> We discovered an anomaly on the website analytics, which resulted in an undercount of the Registrant Resource Centre users in 2021. We have adjusted the baseline figure from 4,500 to 7,540 to ensure accurate reporting.</p> <p>As of 31 May, 9,231 users had accessed the Registrant Resource Centre, achieving 94% of the target and 82% of the stretch target.</p>
4	To review and revise GCC Education Standards, Quality Assurance processes and ethical guidance.	<p><b>2022 deliverables and milestones</b></p> <p><b>Part One: Education Standards</b></p> <ol style="list-style-type: none"> <li>1. Communicate Education Standards scoping review findings and plans. <b>Jan 2022</b> ✓</li> <li>2. Planning/convene Steering Group. <b>Feb 2022</b> ✓</li> <li>3. Draft Education Standards and consultation strategy presented to the Education Committee. <b>Jul 2022</b></li> <li>4. Revised Education Standards public consultation. <b>Jul-Sep 2022</b></li> <li>5. Revised Education Standards to the Education Committee with post consultation amendments. <b>Nov 2022</b></li> <li>6. Education Standards presented to Council for approval (publication in 2023). <b>Dec 2022</b></li> </ol>	<p><b>25% complete, project is on target.</b></p> <p><b>May 2022</b></p> <ol style="list-style-type: none"> <li>1. A further Steering Group meeting was held on 28 April and focused on the proposed domain layout document and the proposed full draft Education Standards for Section One – Standards Related to Learning Outcomes. There was much discussion around the ‘guidance’ in the draft standards and the relationship between standards and guidance. It was agreed that the purpose of the guidance should be to signal the expectation as to what <i>should</i> be included, for each standard to be met. A further Steering Group meeting is scheduled for 16 June 2022 to discuss Section 2 of the Standards.</li> <li>2. As per the comms plan an update was presented to the Forum of Chiropractic Deans, at their meeting on</li> </ol>

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
		<p><b>Part Two: Quality Assurance handbook</b></p> <ol style="list-style-type: none"> <li>1. Revision of Quality Assurance (QA) handbook and consultation. <b>May-Oct 2022</b></li> <li>2. Draft revised QA handbook presented to the Education Committee. <b>Nov 2022</b></li> <li>3. QA handbook presented to Council (publication in 2023). <b>Dec 2022</b></li> </ol> <p><b>Part Three: Guidance on Consent</b></p> <ol style="list-style-type: none"> <li>1. Revision of Guidance on Consent, consultation and registrant and patient resource scoping. <b>Mar-Nov 2022</b></li> <li>2. Final Guidance on Consent presented to Council for approval (publication in 2023). <b>Dec 2022</b></li> </ol> <p><b>Project targets</b></p>	<p>13 May 2022 to seek early views before the public consultation opens in July. The consensus was to continue to use the term 'guidance' and keep the 'outcomes' type approach that was presented.</p> <ol style="list-style-type: none"> <li>3. Following the meeting, the Deans and Education Visitors were sent a draft copy of Section 1 of the Education Standards and were asked to consider six questions and provide feedback by 8 June 2022. This will capture their initial reaction, any positive/negative points and any concerns or areas for us to consider.</li> <li>1. During the April meeting of the Steering Group, discussions were held around the quality assurance process and the approval of new programmes from new providers. There was also focus on the ongoing monitoring of new programmes until the first student cohort graduates. These issues will be discussed further in the June meeting.</li> </ol> <p><b>90% complete, Part Three is on target.</b></p> <ol style="list-style-type: none"> <li>1. Following research, the first draft of the revised Consent Guidance was sent to an external stakeholder on 27 April 2022 for review and feedback. A final draft version of the guidance has been produced and circulated to key internal staff members</li> </ol>

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
		<ol style="list-style-type: none"> <li>By End of Year (EOY) 2023, for implementation of Education Standards by all approved/pending programme providers.</li> <li>By EOY 2024, 1,000 registrants to have downloaded the GCC Consent Guidance.</li> </ol>	<p>at the GCC for their consideration. A document will also be produced to accompany the revised Consent guidance highlighting key areas of change.</p> <ol style="list-style-type: none"> <li>The guidance will be published in July and the theme for the forthcoming CPD year will be Consent.</li> </ol>
5	To review Fitness to Practise publication policy.	<b>2022 deliverables and milestones</b> <ol style="list-style-type: none"> <li>Review Fitness to Practise (FTP) publication policy. <b>Mar 2022</b></li> <li>Communicate any changes to the publication policy to stakeholders. <b>April 2022</b></li> <li>Draft revised policy and consultation framework presented to Council. <b>Jun 2022</b></li> <li>Stage consultation. <b>Jul-Sep 2022</b></li> <li>Consultation outcomes analysed and revisions made to the policy. <b>Oct 2022</b></li> <li>Final policy presented to Council for approval (implementation of policy in 2023). <b>Dec 2022</b></li> </ol>	<b>100% complete, project is completed.</b> <ol style="list-style-type: none"> <li>Internal review of the publication policy (last reviewed June 2020) concluded and sent to external legal advisers for advice as to any developments in information law which would require updates to the current policy.</li> <li>External advisers confirmed that the current policy remains fine and no changes to the policy are required.</li> <li>As the review has been undertaken and no amendments are required, the policy remains in effect. The project is deemed complete.</li> </ol>
6	To revise guidance documents for participants in Fitness to Practise investigations.	<b>2022 deliverables and milestones</b> <ol style="list-style-type: none"> <li>Review Fitness to Practise (FTP) Guidance documents. <b>Mar 2022</b></li> <li>Communicate any Guidance changes to stakeholders. <b>Apr 2022</b></li> </ol>	<b>20% complete, project is on target.</b> <ol style="list-style-type: none"> <li>Internal review of the Investigating Committee (IC) decision making guidance document commenced in March, preliminary discussions with overall Chair of IC on 22/02/22 as to possible areas for amendment/consideration.</li> </ol>



No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
		3. Consider which documents require public consultation. <b>May 2022</b> 4. Draft revised Guidance documents and consultation framework presented to Council. <b>Jun 2022</b> 5. Stage consultation. <b>Jul-Sep 2022</b> 6. Consultation outcomes analysed and revisions made to Guidance documents. <b>Oct 2022</b> 7. Final Guidance presented to Council for approval (implementation in 2023). <b>Dec 2022</b>	2. Mark up of guidance and other ancillary documents finalised by end of April, slight delay due to staff illnesses/resignations. 3. Only document which requires consultation is the IC decision making guidance. Other documents are internal process documents which do not require consultation. 4. Amended IC decision making guidance circulated to key stakeholders (IC members, Legal Assessors and Professional Associations) on 09/05/22 for pre-consultation comments by 27/05/22. 5. Further amendments to be made in light of any pre-consultation comments and presented to Council in June for consultation sign off.
7	To review and consult on a remote hearings protocol.	<b>2022 deliverables and milestones</b> 1. Review protocol on remote hearings. <b>Mar 2022</b> 2. Communicate any changes to stakeholders. <b>Apr 2022</b> 3. Draft revised protocol and consultation framework presented to Council. <b>Jun 2022</b> 4. Stage consultation. <b>Jul-Sep 2022</b>	<b>20% complete, project is on target.</b> 1. Preliminary discussions taken place with stakeholders at last Quarterly Defence meeting on 03/12/21. Overall Chair of Professional Conduct Committee (PCC) briefed as to project on 24/02/22. Internal review of the protocol commenced early March. 2. Draft policy completed and sent to overall chair of PCC on 22/04/22 with response due 03/05/22 and to

No.	Project	Measures (KPIs, PSV, milestones)	Progress (as of 31/05/22)
		<p>5. Consultation outcomes analysed and revisions made to protocol. <b>Oct 2022</b></p> <p>6. Final protocol presented to Council for approval (implementation in 2023). <b>Dec 2022</b></p>	<p>be circulated with other key stakeholders for pre-consultation comments by 05/05/22. Slight delay in drafting policy due to staff illnesses / resignations.</p> <p>3. Amendments made to draft policy following comments from overall chair of PCC. Amended policy circulated to key stakeholders (PCC members, Legal Assessors and Professional Associations) on 06/05/22 for pre-consultation comments by 27/05/22.</p> <p>4. Further amendments to be made in light of any pre consultation comments and presented to Council in June for consultation sign off.</p>

8	<b>Review on the use of clinical assessors to speed up the investigations.</b>	<b>2022 deliverables and milestones</b> <ol style="list-style-type: none"> <li>1. Review the use of clinical assessors by other regulators to determine the cost/benefits experienced by those using this model. <b>Jul 2022</b></li> <li>2. Dependant on outcomes of the review, map internal requirements and arrangements ie. recruitment/contracts and present findings and proposal to Council. <b>Sep 2022</b></li> <li>3. Communicate potential use of clinical assessors to stakeholders. <b>Nov 2022</b></li> <li>4. Report presented to Council for approval (implementation and recruitment in 2023). <b>Dec 2022</b></li> </ol>	<b>Project to start in July 2022, currently on track.</b>
9	<b>Be a digitally effective organisation</b>	<b>2022 deliverables and milestones</b> <ol style="list-style-type: none"> <li>1. Draft and agree full specs, tender the service and report to the Audit and Risk Committee (ARC). <b>Jun and Sep 2022</b></li> <li>2. ARC agrees preferred service provider. <b>Oct 2022</b></li> <li>3. ARC appoints/ re-appoints IT support company. <b>Nov 2022</b></li> </ol> <b>Project target</b> <ol style="list-style-type: none"> <li>1. Like-for-like IT support service with cost optimisation achieved i.e. service less than or equal to £50,000 per annum.</li> <li>2. Following training on use of CRM, reduce CRM consultancy costs by 10% (£3,000) from 2023 per</li> </ol>	<b>Project to commence in Jul-22 – slightly behind schedule. Project is 0% complete.</b> <ol style="list-style-type: none"> <li>1. Experienced some recruitment and retention issues in relation to the Business and Projects Officer (BPO) role. This has caused a delay in starting the project.</li> <li>2. Following the appointment of the BPO in week ending 3 Jun-22, work is proposed to start on this project in Jul-22.</li> </ol>

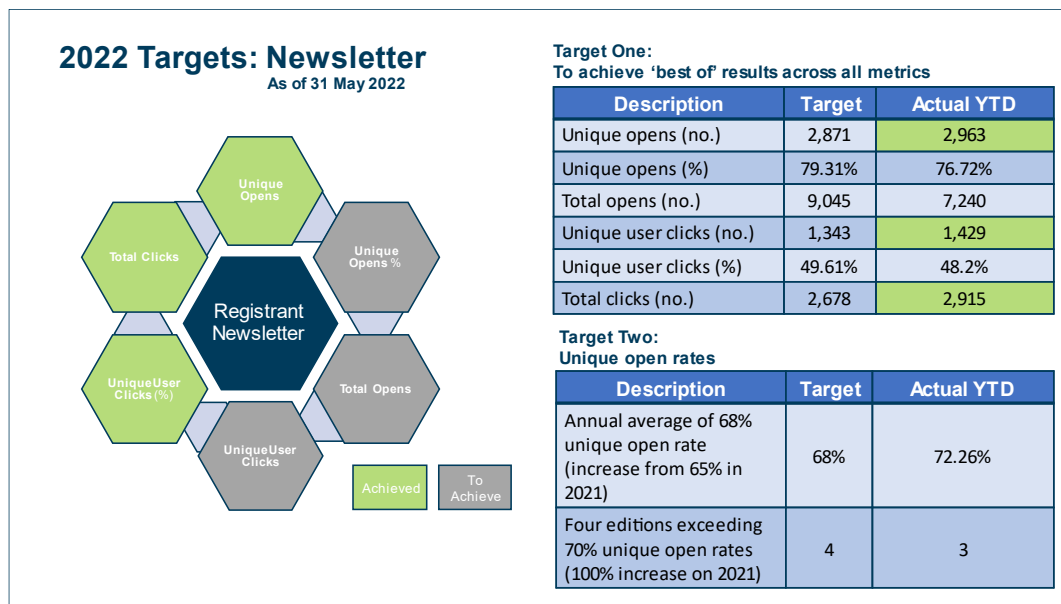
		annum.	
10	Review on migrating the GCC physical documentation in the office and external archive to a cloud-based storage system.	<b>2022</b> 1. Agree document retention policy. <b>Feb 2022</b> 2. Appoint administrative employees at £18,000 p.a. <b>Apr 2022</b> 3. Develop project feasibility report and action plan. <b>May 2022</b> 4. Executive considers report's recommendations and decides on course of action. <b>May 2022</b> 5. Development of a physical storage feasibility report. <b>Jun 2022</b> 6. Executive reports findings and proposed actions to Council. <b>Jun 2022</b> 7. Reduce the cost of external archiving by 100% (£9,400) on project completion (based on 2021 costs).	<b>Project is 10% complete – behind schedule.</b> 1. The Executive completed the draft of the document retention policy in May-22 and signed it off with the GCC's solicitors. The draft records retention policy will be presented to Council in Jun-22 for approval. 2. Recruitment and retention issues around the Business and Projects Officer (BPO) post has caused a delay in the stat of this project. However, appointment was made to the role in week ending 3 Jun-22. The BPO will manage the admin staff who will produce the feasibility report on the project for Council. So, it is proposed that the feasibility report is produced for Council in September instead of June 2022 (that was initially planned in the BP 2022).

## Annexe C – Cross-cutting Themes Update

### Communications

#### Registrant Communications

- The GCC has published five e-newsletters to date, with an average opening rate against circulation of 70% (+5.11% from 2021 and 9.98% from 2020).
- YTD, January and February have been the most opened (2,963 and 2,925) and 2nd/3rd highest click through rates respectively (76.72% and 75.60%) since the e-newsletter's creation.
- March and May newsletters had lower opening (68.92% and 67.40%) and click through rates (32.9% and 21%), primarily due to less relevant user content.
- Following its redesign, the GCC has been able to track registrant interaction with the e-newsletter enabling a better understanding of user interests. From reviewing nine months of user interactions, we can determine that registrants have an interest in:
  - Content which affects their registration or ability to practise i.e. Registration, CPD, guidance and the Registrar update.
  - Fitness to practise learnings
  - PCC determinations, although this is more likely curiosity on who has been before an FtP hearing.
- There is very little interest in the GCC or its activities outside those listed above.



## GCC Website

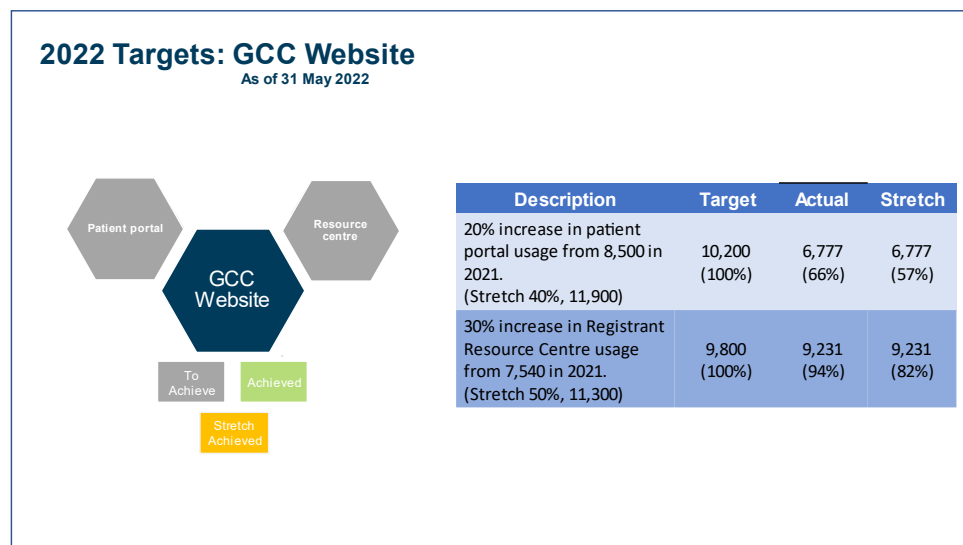
- **Overall:** The GCC website remains the primary content and information source for patients and registrants alike, with user numbers at 59,376 YTD (+1.2% from 2021 and +11.5% from 2020)

- Most popular content YTD, excluding homepage and search:

Website sections (users)	Website pages (users)
1) News (22,795)	1) Recent decisions (5,463)
2) I'm a chiropractor (19,411)	2) Studying to become a chiropractor (4,994)
3) Concerns about a chiropractor (11,111)	3) The Code (4,172)
4) Becoming a chiropractor (9,211)	4) Upcoming hearings (3,076)
5) Patient Portal (6,777)	5) News (2,340)

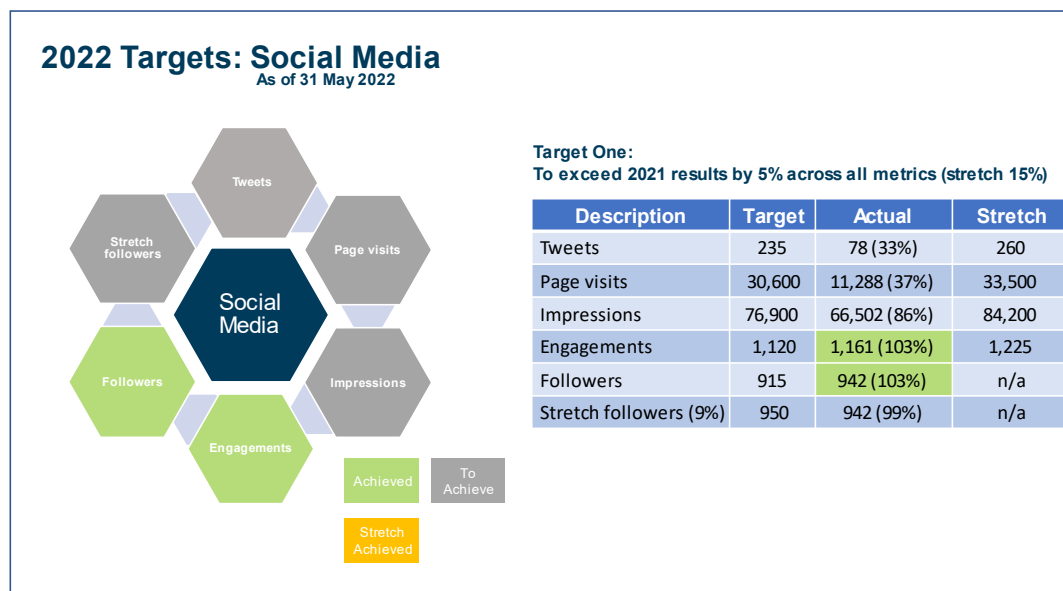
- The increased usage of the GCC News section (+23.3% from 2021) is due to GCC linking e-newsletter content to the website. This click through allows for greater registrant awareness of the GCC website's content and the opportunity to cross-fertilise content.
- **Patient Portal:** The new GCC [patient portal](#) went live in February with revised/new content, a patient [guide](#) and [checklist](#). In March, the portal was promoted in the e-newsletter (registrants) and through a public Twitter campaign (our primary social media platform).
  - A Welsh translation version of the [patient portal](#) was completed and uploaded in April.
  - In Q3-Q4 2022, we plan to add additional guidance and information to the patient portal using feedback from our Patient Community research, scheduled for June/July.
  - YTD, patient portal usage is 6,777 (+51% from 2021), although COVID-19 will have undoubtedly skewed this result.

- **Registrant Resource Centre:** We continue to direct registrants toward the new resource centre but without overstacking content and sections, which would make it confusing.
  - We uploaded and promoted the new Diagnostic Imaging guidance in the [guidance and toolkit](#) section in March.
  - In April, we completed the new [Career Pathways](#) section with content supplied by the Royal College of Chiropractors and promoted via the registrant e-newsletter.
  - In Q4 2022, we plan to add additional toolkits on EDI and communications alongside updated guidance on consent.
  - YTD, Registrant Resource Centre usage is 9,231 (94% of the 2022 and 82% of the stretch targets).
- **I'm Registered:** Work has commenced on a review and the possible revision of the GCC [I'm Registered](#) identity mark which has low usage and awareness among registrants. Registrant research was promoted in the May e-newsletter to establish barriers to use (lack of awareness seemingly the most significant barrier). We plan to relaunch *I'm Registered* in the autumn alongside a public social media campaign to raise awareness of the scheme.
- **Education Portal:** We have mapped out the new [education section](#) of the website, primarily editing the text, with further work planned for Q3-Q4 2022.
- **Graduate Pack:** The new Graduate FAQ guide has been published. It aims to provide concise answers to 13 frequently asked questions about the GCC and to address some common misconceptions about the GCC.



## Social Media

- Twitter is the primary social media platform for the GCC, although we do employ LinkedIn for recruitment purposes. Although a valuable tool for the GCC, especially for public engagement, its deployment is often limited due to other time-sensitive projects within the organisation.
- We have conducted two targeted public trials with Twitter to gauge its use in attracting:
  - Public awareness (impressions) alongside increased traffic to the GCC website (Patient Portal campaign in March)
  - Patient engagement on our forthcoming Patient Satisfaction report in August (AECC campaign in May).
- Both trials proved successful at generating the expected levels of awareness and engagement rates. We plan to undertake additional public awareness campaigns to promote the patient portal in Q3-Q4 2022.





## Equality, Diversity and Inclusion (EDI)

- In summary:
  - The EDI Working Group was established in April and held its introductory meeting in May. Its purpose is to be a registrant 'sounding board' on activities, accessing the Group's considerable experience and knowledge in this area.
  - We have adopted a 4-stage EDI model from project progression to provide more effective tracking of activities.
  - A revised GCC EDI Policy was completed in May and is now undergoing a language and accuracy review before publication.
  - We have aligned the FTP, registrant and employee EDI forms with the identical options and wording and proper use of language, most notably sex and gender.
  - The GCC [EDI webpage](#) has been updated with additional content to be added in Q4 2022.
- The revised GCC Education Standards will have EDI as a theme running through the content.
- Looking forward:
  - We are currently establishing the process and requirements to undertake a thematic review of FTP to determine if unconscious bias and unintentional prejudice exist within the system (from registrant, complainant or processes) and if fairness learnings can be created.
  - We plan to launch a registrant EDI toolkit in Q4 2022 to help registrants better understand what is and what is not acceptable.

# Consultation on Investigating Committee decision-making guidance

Meeting paper for Council on 23 June 2022

Agenda Item: 6A

## Purpose

This paper provides Council with an update on Project 6 of the Business Plan to undertake a review of guidance documents for participants in Fitness to Practise (FTP) investigations.

## Recommendations

Council is asked to:

1. **Approve** the proposed amendments to the Investigating Committee (IC) Decision Making Guidance
2. **Agree** to the proposed consultation on the guidance, including Equality Impact Assessment
3. **Agree** that the final draft of the guidance be brought forward to the December 2022 meeting of the Council, alongside a report of the consultation, for approval.

## Background:

1. Following a review of the IC Decision Making Guidance undertaken by the Executive, this paper provides Council with proposed amendments to the Guidance for approval.

2. A full review of FTP ways of working was undertaken in 2019 further to the GCC strategic plan and business plan that year. That committed us to undertake a review of our FTP process to ensure that our regulatory activity was 'right touch' taking into account our current legal framework.
3. Following the 2019 review and a period of consultation, we introduced Threshold Criteria and Guidance for IC in order to ensure that there was clear consensus with all stakeholders, and particularly with patients and members of the public, about matters that should properly be the concern of the regulator; and the process followed by the IC in deciding the question of whether the registrant has a case to answer.
4. Our business plan this year committed to undertake a review of guidance documents for participants in FTP investigations, taking into account the intervening experience of operating the guidance. The key document in question is the IC decision making guidance, with any material changes required to be put to consultation.
5. Our review indicates some changes. The substantive changes to the guidance relate principally to the GCC's interim suspension hearings (ISH) process. Following discussions at the quarterly defence meetings, instituted to enable regular feedback from the parties involved, we seek to provide clarity for all involved in an ISH as to the process for referral to an ISH (paragraph 89-91). Further, to address issues around potential conflict where members of the IC sit in referring a matter for ISH, and then, later, in consideration at an ISH (paragraph 13). We also propose an update to the list of allegations (paragraph 93) which may result in the IC being asked to consider an interim suspension order (ISO). These are types of allegations which raise immediate concerns about the protection of the public.
6. Other minor changes have also been made to various parts of the guidance.
7. The limited substantive changes (relating to ISH's) may raise a question as to the necessity to consult. We have taken the view that the IC and defence law firms have experience of the guidance being applied in practice and as such, it is important to ventilate the issues arising openly and give our stakeholders an opportunity to comment on the changes.
8. In having greater dialogue with, for example, the professional associations (and the law firms they instruct) over the last few years (and as part of this exercise) it is clear to the GCC that issues will arise during the consultation. Responses to the consultation will be presented to Council at its meeting in December 2022 where we will be asking for approval to the guidance following consultation and our consideration of the issues raised.

## **Stakeholder engagement**

9. We contacted some key stakeholders (Members of IC, legal assessors Professional Associations) in order to seek preliminary comments on the amended guidance prior to the formal consultation process. We see this step as

useful in gauging reactions to maximise the benefit of consulting by ensuring the right questions are asked, and one that has been welcomed by stakeholders.

10. As part of this prior consultation, the responses from the Chairs of the IC were positive, with changes welcomed.
11. We received responses from a professional association on a number of areas in the guidance. Some comments related to areas of the guidance which were not subject to any proposed amendments. For those areas we have given them careful consideration and where the changes are straightforward, we have agreed those proposals, as marked up. Where the proposed changes are significant, these will be a matter for Council and as such need to be reviewed carefully with our legal advisers to determine whether the proposed changes ensure ongoing protection of patients.
12. In summary the areas of focus for stakeholders include:
  - *Minimising the potential for conflict of interest of IC Members (for example in chairing a panel referring a registrant for ISH and then sitting on the ISH).* Our view here is informed by the limited size of our IC pool, and, while we seek to ensure separation, where possible, our advice is it is not necessary as conflict does not arise.
  - *The escalation of apparently trivial, one-off cases (for example a social media post that results in abusive behaviour) to ISH.* Our view is all matters must be considered in the context of the particular circumstances of that case and whether that raises immediate concerns about the protection of the public. If so, that would trigger a decision by the GCC to refer to an IC, that make a decision as to whether to refer for an ISH.
13. The proposed Guidance marked up with all proposed amendments is at Annexe 1. We now seek approval to consult on those amendments. Whilst there is no express statutory duty to consult, doing so with input from a wide range of stakeholders enhances the prospects of more balanced guidance being developed commanding enhanced status and support in practice.
14. The draft consultation document and questions supporting the consultation are at Annexe 2. We propose the consultation takes place between 27 June and 18 August 2022.
15. We have drafted an Equality Impact Assessment (EIA) at Annexe 3. The EIA is to ensure we consider the effect on different groups protected from discrimination by the Equality Act 2010 and whether this guidance will be equally effective for everyone or whether it may disadvantage certain groups. It allows us to assess possible unintended consequences and identify opportunities for positive change.

## Attachments

- Annexe 1 –Investigating Committee Decision-Making Guidance (proposed version displaying amendments)

- Annexe 2 – draft GCC Consultation document: On Investigating Committee Decision-Making Guidance
- Annexe 3 – EIA

## **Recommendations**

The Council is asked to:

- **Approve** the draft IC Decision-Making Guidance, (see Annexe 1) – and for it to be the subject of consultation;
- **Approve** the consultation documents, (see Annexe 2), including the EIA (see Annexe 3).

**Niru Uddin**

**Director of Fitness to Practise**

# Investigating Committee Decision-Making Guidance

~~October~~June 2022~~19~~

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# Investigating Committee Decision-Making Guidance

## Introduction

This Guidance document sets out the statutory duties and regulatory function of the Investigating Committee (IC) in accordance with the Chiropractors Act 1994 (the Act) and the GCC's (Investigating Committee) Rules Order of Council 2000 (the IC Rules).

The IC's role is performed in private. The guidance has been designed to ensure that the IC decision making is more fully understood by all parties involved in a fitness to practise investigation, which in turn will enhance the transparency of our procedures.

The GCC is the statutory regulator of the chiropractic profession in the UK. Its functions are set out in the Act.

The Health and Social Care (Safety and Quality) Act 2015 introduced the same overarching objective for all of the statutory regulators of health and care professionals in the UK. That overarching objective is the protection of the public. The 2015 Act states that the pursuit of protection of the public involves the pursuit of the following:

- a) to protect, promote and maintain the health, safety and well-being of the public;
- b) to promote and maintain public confidence in the profession of chiropractic;
- c) to promote and maintain proper professional standards and conduct for members of the chiropractic profession.

Please see paragraphs 5960-643 regarding the public interest. This Guidance has been produced to facilitate both the quality and consistency of the IC decision-making when determining whether there is a case for the chiropractor (Registrant) to answer. In achieving these objectives, the Guidance has been designed to provide a framework for decision-making by the IC but **does not** impact upon the Committee reaching decisions independently.

## Equality and Diversity Statement

The GCC is listed in the Equality Act 2010 as a public authority and so must have due regard to the need to:

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

The public sector equality duty applies to the GCC in relation to the exercise of its public functions<sup>1</sup>.

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<sup>1</sup> The GCC's published equality scheme can be found on the website – see <https://www.gccuk.org/about-us/equality-and-diversity/>



## **Investigating Committee Constitution**

1. The constitution of the IC is governed by the General Chiropractic Council (Constitution of the Statutory Committees) (Amendment) Rules Order of Council 2009.
2. The quorum<sup>2</sup> for an IC meeting is three members, including at least:
  - one registrant;
  - one lay person (those who are not and never have been chiropractors);
  - one lay member appointed by the GCC to act as an IC panel chair (that person may also fulfil the requirement for the panel to include a lay person).
3. A Legal Assessor attends the IC meeting to advise the IC panel on matters of law. The Legal Assessor plays no role in the IC's decision making.

## **Overview of the function of the Investigating Committee**

4. Section 20(9)(c) of the Act establishes the function of the IC. The IC is to investigate any allegation referred to it and to consider in the light of the information which it has been able to obtain and any observations made to it by the registered chiropractor concerned, whether in its opinion, there is a case to answer<sup>3</sup>.
5. The IC is not a fact finding committee and must only decide whether, in its opinion, there is a case to answer based on an assessment of the evidence and information placed before it.
6. The IC meets in private and its discussions are confidential. The registrant and complainant do not attend the IC meeting nor are they represented at the meeting.
7. Following the consideration of a case the IC can issue one of the outcomes below:
  - adjourn consideration of the allegation, either for further enquiries to be undertaken, or for another reason;
  - decide that there is a case to answer before the Practice Committee (Professional Conduct Committee (PCC) or Health Committee (HC) and, if so, which one;
  - decide that there is no case to answer and close the case.

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<sup>2</sup> See Rule 5(4) of the 2009 Rules as amended

<sup>3</sup> Chiropractors Act 1994 (the Act), section 20(9)(c)

## Conflict of Interest and Bias

8. The concept of natural justice applies to IC meetings, and the Committee must therefore be mindful of ensuring fairness in its decision making at all times.
9. Proceedings may be considered unfair where there is either actual bias, or a real potential for bias or where there is the appearance or perception of bias. The test for whether bias is present relies on an evaluation of whether the fair minded and informed observer, having considered the facts, would conclude that there was a real possibility that the Committee was biased.
10. Examples of potential conflicts include:
  - close personal or professional relationship with any of the parties connected with the case, where this relationship may affect the member's ability to consider the allegation fairly and impartially;
  - financial or personal interest in the outcome of a matter;
  - previous acrimonious personal dealings with one of the parties or the representatives in the matter;
  - being active (for example, by making statements, writing articles or being a representative) in an organisation, which has declared a particular stance on an issue under consideration by the Committee.
11. IC members are provided in advance of IC meetings with a list of registrants and complainants in order to be able to declare any conflicts of interest if they are conflicted.
12. Where an IC member has previously considered other allegations against the registrant (or is otherwise aware of previous fitness to practise history in respect of the registrant), this does not, in itself, create a conflict of interest. Nor does the fact that that IC member has been part of an IC panel considering an application for an interim suspension order in respect of the allegation. However, conflicts of interests may, on occasion, arise in these situations, depending on the individual circumstances of the case.
13. The fact that an IC member has been part of an IC panel which referred the case for consideration at an interim order hearing does not, of itself, create a conflict of interest when that same IC member then sits as part of the panel at the interim order hearing. Where possible, the GCC will try to avoid the same IC member sitting on both the referral panel and the interim order hearing panel in the same case. However, in view of the limited pool of IC members and given the public interest in interim suspension hearings being convened promptly, there may be times where this cannot be accommodated. In those circumstances, it will be for the individual panel members to declare any conflicts.

## Registrant's observations

- ~~13.~~14. The registrant will be given an opportunity to comment on the material to be considered by the IC. Prior to considering a matter, the IC will ensure that the registrant has had such an opportunity to comment in accordance with the IC Rules.

~~14.~~15. The IC must consider any evidence provided by the registrant before determining whether there is a case to answer. If the registrant has not provided evidence by the deadline but the information is received – the day before, or on the morning of the meeting before the IC considers the case – it is at the discretion of the IC whether to include this information or not. Either way, this should be specifically referenced in the IC’s written decision.

~~15.~~16. For reasons of fairness the IC should not consider any evidence which has not been disclosed to the registrant prior to the IC meeting. If necessary, the IC may adjourn to allow time for the Registrant to comment on any new material.

## Investigating Committee Decisions

~~16.~~17. The function of the IC panel is to investigate any allegation made or referred to it and determine whether there is **a case to answer**.

~~17.~~18. The IC essentially has a filtering role, to ensure that only those allegations that are capable of being found proved (“well-founded”) by a Practice Committee (i.e. where there is a “case to answer”) are referred forwards for a hearing.

### Deciding “case to answer” on the facts

~~18.~~19. The IC must first consider whether there is a case to answer in relation to each alleged fact or area of concern. The question for the IC at this stage is: Is there evidence which, taken at its highest, could lead a Practice Committee (PCC/HC) to find the matter proved on the balance of probabilities?

~~19.~~20. The IC should keep in mind, when applying the case to answer test to the alleged facts, that if the allegation is referred to a Practice Committee, the burden of proving the allegation (on the balance of probabilities) will fall on the GCC. In order to discharge the burden of proof to the balance of probabilities standard, the GCC will need to satisfy the Practice Committee that it is more likely than not that the alleged facts occurred.

~~20.~~21. The IC panels should not seek to resolve **substantial** conflicts of evidence because IC panels do not hear live witness evidence and therefore have no opportunity to ask questions or to assess witnesses’ credibility. The IC has no power to make substantive findings on the alleged facts, and should not use language in its decision or reasoning which suggests it has sought to do so.

~~21.~~22. If the IC answers “no” to the question at paragraph ~~18~~19, there is no case to answer. In circumstances where no case to answer is found in relation to all of the alleged facts, the IC cannot refer the allegation to a Practice Committee. See paragraphs ~~67~~6-7~~43~~.

~~22-23.~~ If the IC finds that there is a case to answer on any of the alleged facts, it must then consider whether or not there is a case to answer in relation to the allegation as a whole (i.e. the allegation of Unacceptable Professional Conduct (UPC), Professional Incompetence (PI), conviction, or impairment due to ill health).

### Deciding “case to answer” on UPC, PI or current health impairment

~~23-24.~~ The question for the IC at this stage is: Is there evidence which, taken at its highest, could lead a Practice Committee to make a finding of UPC, PI or impairment by reason of physical and/or mental condition?

~~24-25.~~ There is no burden or legal standard of proof for such issues – they will be matters for the Practice Committee’s professional judgment, if the allegation is referred.

~~25-26.~~ In considering whether or not there is a case to answer in respect of UPC or PI, the IC will be assisted by considering the GCC’s Standards of Performance, Conduct and Ethics (the Code) that was in force at the time of the matters alleged, but will recognise that a failure to comply with the Code does not of itself give rise to UPC or PI and that not every breach of the Code will amount to UPC or PI.

### *Unacceptable Professional Conduct (UPC)*

~~26-27.~~ UPC is conduct which falls short of the standard of a registered chiropractor. The standards of conduct and practice expected of a registered chiropractor are contained in the Code. The Code contains the standards that chiropractors must meet if they wish to join and remain on our register, and call themselves a chiropractor in the UK and it will be used as a guide when determining UPC.

~~27-28.~~ When exercising its judgement as to whether the facts found proved amount to UPC, the IC should have regard<sup>4</sup> to whether, an ordinary, intelligent member of the public and / or other fellow chiropractors would consider the conduct to be morally blameworthy or deplorable.

~~28-29.~~ Case law has established the following principles regarding the concept of UPC:

- a. A breach of the Code shall not be taken of itself to constitute UPC. A breach of the Code is a starting point and is relevant, but it is not determinative of UPC and does not create a presumption of UPC. A breach of the Code may be significant without making it UPC.
- b. Not every minor error or isolated lapse will result in a case to answer.
- c. In determining UPC the critical term is ‘conduct’. ‘Conduct’ is behaviour or the manner of conducting oneself.

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<sup>4</sup> Judicial guidance of Irwin J in *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin)

- d. UPC is not a lower threshold than 'misconduct' in other health professions. To reach the threshold of UPC, the unacceptable conduct must be serious.
- e. A single negligent act or omission is less likely to cross the threshold of UPC than multiple acts or omissions. Nevertheless, and depending on the circumstances, a single negligent act or omission, if particularly grave, could be characterised as UPC.

29-30. To reach the threshold for a finding of UPC to be made the registrant's shortcoming must be serious so as to justify the implication of moral blameworthiness and degree of strong public concern conveyed by such a finding. Mere negligence does not usually amount to UPC unless what is established is "incompetence or negligence of a high degree".

### *Professional Incompetence (PI)*

30-31. PI indicates a standard of professional performance which is unacceptably low. A single incident of negligent treatment would be unlikely to constitute PI, unless it was very serious.

31-32. PI connotes a standard of professional performance which is unacceptably low and which (save in exceptional circumstances) has been demonstrated by reference to a fair sample of the Chiropractor's work~~Except in exceptional circumstances, PI should be based on consideration of a fair sample of the registrant's work.~~

32-33. A number of factors should be taken into consideration when determining whether the facts would amount to ~~professional incompetence~~PI, including:

- the length of the period of the alleged PI;
- the number of patients concerned;
- a number of failings/shortcomings which may not be serious individually, but together might give rise to a pattern of incompetence;
- the seriousness of the alleged clinical failings.

33-34. The registrant's lack of competence must be serious. It should be assessed against the GCC's Code but breach of these standards does not, in itself, raise a presumption that a finding of PI will be made.

### *Health*

34-35. A registrant's ability to practise as a chiropractor may be seriously impaired if they are suffering from a physical or mental health condition.

35-36. The GCC may become aware of a registrant whose fitness to practise may be seriously impaired by ill-health through a variety of sources, including:

- The registrant themselves may report an ill-health problem affecting their fitness to practise, either during the retention process or at another time.

- Another chiropractor or other healthcare professional (or an employer or a patient) may report concerns that a registrant's ill-health is seriously impacting on their fitness to practise.
- The Registrations or FTP teams may receive information regarding a registrant's ill-health problem affecting their fitness to practise or that a registrant has been convicted (or received some other criminal sanction) for an offence involving misuse of alcohol or drugs, either during the registration / retention process or during a fitness to practise investigation.

36:37. All matters that could amount to an allegation of serious impairment of fitness to practise due to ill-health will be referred to the IC, to determine whether or not there is a "case to answer".

37:38. The IC has power<sup>5</sup> to invite a registrant to attend a medical assessment. Medical assessments are undertaken by independent practitioners instructed by the GCC on behalf of the IC to provide a written report indicating their opinion on whether the registrant's fitness to practise is seriously impaired by reason of their physical or mental condition. The cost of a medical assessment is paid for by the GCC.

38:39. The IC will act proportionately in reaching its decision about the extent of the information it needs in order to reach its "case to answer" decision. The IC may in some circumstances consider that it has sufficient information in order to decide whether or not there is a "case to answer" without a medical assessment being undertaken.

39:40. In deciding whether or not a medical assessment is required, the IC will have regard to a number of other factors, including:

- Whether the nature of the health concern appears unlikely to seriously impair the registrant's fitness to practise;
- Whether the nature (including the severity) of the health concern appears to pose a clear risk to patients or is likely to do so in the future;
- The existence and number of any related concerns;
- The length of time that has passed since any relevant conduct/behaviour occurred (including conduct or competence matters which seem likely to be related to the health concern);
- Whether or not there is any allegation of alcohol or drug-related concerns in the workplace;
- The presence of any other factors that might indicate an underlying health concern that might seriously impair fitness to practise;
- Any evidence of non-compliance with medical advice or employer support in relation to the health concern;

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<sup>5</sup> Rule 4(3) of the IC rules

- The presence of significant relevant independent evidence that may mean a medical assessment is not required e.g. up to date medical evidence about the nature and extent of the registrant's health condition and whether or not it seriously impairs their fitness to practise, evidence that the registrant has insight into their health concern, evidence that the concern is being managed effectively (e.g. evidence to that effect from an employer/occupational health) and that the registrant is compliant with any treatment and, if relevant, has restricted their practice appropriately;
- Whether the registrant is currently seriously ill or undergoing inpatient treatment (in which event requiring a medical assessment might be inappropriate/premature);
- Any linked involvement with criminal or dishonest activity (e.g. driving under the influence of alcohol or drugs). There is a presumption that any sanction imposed for a criminal offence related to misuse of alcohol or drugs will mean that a medical assessment is necessary. That presumption can be rebutted in circumstances where the registrant has provided an up to date certificate from the Disclosure and Barring Service which shows that they have not received a criminal sanction for another offence involving alcohol or drugs in the preceding 10 years and where the level of alcohol involved in the current offence (as recorded in police/court documents) was no greater than 20% above the legal limit at the time.

40.41. When the IC decides to invite the registrant to attend a medical assessment, it will indicate the type of assessment and the type of assessor required, for example a general practitioner, specialist or other healthcare professional, so that it is most helpful to the registrant and IC.

41.42. When the IC decides to invite the registrant to attend a medical assessment, it may decide also to inform the registrant that they can nominate a medical practitioner to examine them and report to the IC (at the registrant's expense), either in place of, or in addition to, the medical assessment<sup>6</sup>.

42.43. If, after the IC has adjourned to issue the invitation for the medical assessment, a registrant refuses to give consent, or is uncooperative with arrangements for a medical assessment, the IC may take that into account when they consider the matter following the adjournment in deciding whether or not there is a "case to answer". Any failure to attend for examination by a medical assessor without good reason may lead to the IC deciding that there is a "case to answer".<sup>7</sup>

43.44. The registrant is provided with the opportunity to submit observations on the medical assessment report, before the IC decides whether or not there is a "case to answer".

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<sup>6</sup> Rule 4(3)(b) of the IC Rules

<sup>7</sup> Rules 4(4) of the IC Rules



## Deciding “case to answer” on material relevance in conviction cases

### Conviction cases

44.45. When an chiropractor is convicted of a criminal offence in the United Kingdom, the IC is required to consider whether the criminal offence has material relevance to the chiropractor’s fitness to practise chiropractic under Section 20 (1)(e) of the Act.

45.46. The IC should bear in mind the Code which requires registrants to maintain public trust and confidence in the profession. The IC may conclude that there is no case to answer if it considers that the criminal offence in question has no material relevance to the fitness of the registrant concerned to practise chiropractic.

46.47. While each case is considered on its own merits, there are certain categories of cases that would engage the public interest and it is expected will be referred to a hearing before the PCC:

- murder, manslaughter or offences against the person
- sexual offences
- offences involving children or vulnerable adults
- fraud/dishonesty
- criminal damage, theft, burglary etc.

47.48. A caution for a criminal offence or a criminal conviction received outside the UK should be considered as capable of giving rise to a case to answer on amounting to UPC ~~matter~~ if it would be regarded as equivalent to an offence within the UK.

48.49. The IC should consider the nature and circumstances of the criminal offence, in deciding whether or not it has material relevance, and should refer to the Code and any guidance in force at the time the criminal offence occurred.

49.50. IC panels will be aware that at a PCC hearing, production of a certificate of conviction (“a certificate purporting to be under the hand of a competent officer of a court in the United Kingdom that a person has been convicted of a criminal offence” or an extract conviction of a court in Scotland) shall ~~must~~ be treated as conclusive evidence of the offence committed. The only evidence which a registrant can present to dispute the conviction in those circumstances is evidence to prove that they are not the person referred to in the certificate or extract.

### Matters which are highly likely to be found to constitute a “case to answer”

50.51. The IC should bear in mind that the following factors may be present in matters which are highly likely to constitute “a case to answer”:

- conduct that would pose a risk to patients if repeated;
- conduct which is likely to undermine public confidence in the profession, even if unconnected to a chiropractor’s professional practice;



- conduct which, if left unmarked, would undermine professional standards.

**51.52.** The following are matters which are viewed by the GCC as being particularly serious. As a result, if the IC is satisfied that there is a case to answer in respect of the factual allegations, it is highly likely to refer the matter for a public hearing:

- The serious abuse of a clinical relationship, including the breach of boundaries with a patient;
- A conviction for certain categories of cases referred to above [in paragraph 47](#);
- Undertaking treatment or procedures beyond competence;
- Serious abuse of the privileged position enjoyed by registered professionals;
- Lack of appropriate indemnity cover/lack of evidence of appropriate indemnity cover;
- Risk of patient harm due to the registrant's alcohol or drug use;
- Failing to co-operate with an employer or the GCC in the investigation of a concern;
- Misleading behaviour, deliberate or otherwise and dishonesty; all of which can include deliberate acts and/or omissions; and/or
- Failure of duty of candour - failing to raise concerns about matters which may (or may have) posed a risk to patient or public safety; and/or by inhibiting others from raising concerns which may (or may have) posed a risk to patient or public safety.

**52.53.** This list is not exhaustive and is not intended to be inflexible. Each allegation must be considered on its own merits, and there may be circumstances associated with allegations falling within these categories which mean that, nonetheless, it is appropriate for an IC panel to decide that there is no case to answer.

## **Matters to Consider**

**53.54.** Whether there is a case to answer is a matter for the IC's judgement.

**54.55.** Each case will turn on its own facts – even if it bears similarities to other cases. The IC must exercise its judgement in each individual case.

**55.56.** It is not the IC's role to determine whether those facts are proved or to determine that they amount to the relevant allegation – that is the remit of the PCC or the HC.

~~56.~~57. The IC should consider each element of the concerns raised, to see whether there is evidence to support the facts alleged and whether those facts would amount to the statutory ground.

~~57.~~58. In applying the Threshold Criteria annexed to this guidance (see Annexe 1) containing factors that may assist the IC, the IC should bear in mind that matters that are not usually capable of amounting to UPC, should generally not be referred to the PCC. The Threshold Criteria are intended to serve as a guide for the IC and are not exhaustive. Each allegation must be considered by the IC on its own merits as to whether there is a case to answer.

~~58.~~59. In the unusual event the IC remains unsure about whether it is satisfied that the evidence taken at its highest, could lead a Practice Committee to make a finding of UPC, PI or impairment by reason of physical and/or mental condition, the IC should consider whether the overriding objectives are better met through it should favour referral to the Practice Committee to consider all the evidence.

## Public Interest

~~59.~~60. The GCC's overarching objective is to protect the public. The public interest consideration is an important part of the decision-making framework. In reaching a decision on outcome, the IC should give appropriate weight to the wider public interest.

~~60.~~61. Public interest considerations include:

- protecting the public
- maintaining public confidence in the profession
- maintaining proper standards of behaviour

~~61.~~62. Consideration of the public interest is part and parcel of the overall question for the IC (whether there is a case to answer) and therefore relevant when looking at paragraph ~~17~~6 onwards of this guidance.

~~62.~~63. When deciding whether it is in the public interest to refer to the PCC, the IC may take into account the following:

- the seriousness, or potential seriousness, of the matter,
- whether referral is the proportionate response,
- the circumstances and setting in which the issue happened,
- the risk of harm to patients caused by the Registrant in the past, how serious the possible harm was, and whether there would be similar risks if the incidents or issues happened again,
- The particular circumstances of the registrant, for example a significant health issue.

***These factors are not exhaustive and not all factors will be applicable in every case.***

~~63.~~64. Please see paragraphs ~~86~~5 - ~~88~~7 with regards to ensuring that the written reasons include any public interest considerations.

## Evidence

**64-65.** In deciding whether or not there is a case to answer the IC should have regard to all the information and evidence before it. If the IC feels that further information is required, please see paragraphs 776 -8079 as to adjourning for further information. The IC should not second guess whether a Practice Committee would exercise its discretion to admit evidence which might not ordinarily be admissible, or what weight it would give to such evidence; these are properly matters for the Practice Committee.

**65-66.** The IC should not try to resolve ~~significant~~ conflicts of evidence. However, in assessing the weight of the evidence, the IC may take into account that there is other information/additional evidence that supports one version of a dispute over another. A conflict of evidence does not necessarily mean that the allegation should be referred to the PCC. The IC should bear in mind that where there is a plain conflict between the two accounts, either one of which may be correct, and on one account there is evidence taken at its highest, that could lead a Practice Committee to make a finding of UPC, PI or impairment by reason of physical and/or mental condition, the conflict should be resolved by the PCC or HC. ~~In contrast~~ However, evidence that is fanciful, irrational, implausible or self-contradictory, as to render it unworthy of belief, may be rejected by the IC.

## No case to answer - Closure of an allegation

**66-67.** An allegation should be closed when the IC considers that there is no case to answer on:

- the facts alleged; and/or
- the allegation as a whole; or
- in the case of a conviction, if the IC concludes that the criminal offence in question has no material relevance to the registrant's fitness to practise chiropractic.

**67-68.** If the IC decides that there is no case to answer, it closes the allegation and no further action is taken.

## No case to answer - advice

**68-69.** There is no explicit power contained within the Act or the Rules which provides that the IC can issue advice to a registrant. However, in *Spencer v General Osteopathic Council*<sup>8</sup>, Mr Justice Irwin considered there was 'nothing to prevent the PCC from giving advice' to a registrant where allegations have been made out, and which constitute a breach of the Osteopathic Practice Standards (OPS), but where neither professional incompetence nor unacceptable professional conduct is made out. Correspondingly, the IC may offer advice to a registrant in connection with his or her future conduct, performance or practice, where it is appropriate.

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<sup>8</sup> *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin)

~~69~~70. Any advice given should be relevant to the allegations that are being considered by the IC. The IC may also wish to consider the extent to which admissions have been made by the registrant when deciding whether advice is appropriate. The advice should be designed to ensure future compliance with the Code and should clearly identify where the registrant needs to reflect on his or her future conduct or performance.

~~70~~71. The IC should carefully consider whether specific advice can adequately deal with the issue. Advice may be appropriate where the evidence, taken at its highest, could not lead a Practice Committee (PCC/HC) to find the matter proved or where there are no aggravating factors or there is some evidence the registrant's conduct has fallen below the standards expected of a chiropractor but not so far below so that it could lead a Practice Committee to make a finding of unacceptable professional conduct.

~~71~~72. If the IC decides advice is appropriate and proportionate, it should clearly set out what that advice should be. It should form part of the IC reasons for its decision, and be included in the outcome letter sent to the registrant.

Note: Any advice issued does not affect a registrant's registration status and will not be recorded on the Register of chiropractors as it is not a formal sanction, nor would any restrictions be placed on the registrant's registration. However, the fact that advice was issued will become part of the registrant's fitness to practise history.

~~72~~73. The IC should be mindful of the impact closing a case can have on the complainant and should ensure that there is sufficient reasoning to justify their decision-making.

~~73~~74. The IC should proceed with caution in closing a case where their decision may be perceived as inconsistent with that of another public body in relation to the same or substantially the same facts (unless the IC is satisfied that the matter has been dealt with by that other body).

### **Matters which are not usually capable of amounting to UPC**

~~74~~75. The matters set out in Annexe 1 are not usually capable of amounting to UPC and should not generally be referred to the PCC.

### **Standards of Conduct and Practice**

~~75~~76. When deciding whether any alleged fact or set of facts may amount to an allegation, the IC should have regard to the standards set out in the Code. These standards will apply to events that took place on or after 30 June 2016<sup>9</sup>.

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<sup>9</sup> For events that occurred before this day, the IC should have regard to the Code of Practice and Standard of Proficiency (June 2010) and (Dec 2005)

## Adjournments for further evidence / investigation of additional concerns

~~76-77.~~ The IC should adjourn a case when it has insufficient evidence on which to reach a decision. It may also be appropriate for the IC to adjourn consideration of a case when additional concerns are apparent but there is inadequate information to suggest that these concerns have been properly investigated to enable the IC to determine whether there is a case to answer. If necessary, the IC may adjourn to allow time for the Registrant to comment on any material.

~~77-78.~~ The IC should set out clearly in its reasons what additional information is required.

~~78-79.~~ In these circumstances the IC must adjourn consideration of the allegation, pending further evidence / the investigation of the additional concerns it has identified.

~~79-80.~~ Once a matter has been referred for a hearing by the IC, there is no mechanism under the GCC legislation (as there is with some regulators) for a case to be referred back to the IC for a review of its decision.

## Amendments

~~80-81.~~ The IC may be provided with a copy of the Regulatory concerns identified by the GCC at an early stage of the investigative process~~Where the IC panel is provided with a draft regulatory concerns allegation by the GCC, those concerns particulars of allegation are drafted at an early stage in the investigative process.~~ The IC should ensure that the regulatory concerns - particulars of concern are a fair and proper representation of the case. If the IC varies or amends a regulatory n-allegation in a materially adverse way, the registrant concerned should be given a further opportunity to make observations on the revised regulatory concernallegation before a final 'case to answer' decision is made.

## Indemnity

~~81-82.~~ Chiropractors are required by law to have appropriate professional indemnity insurance (PII) in place. Section 37 of the Act states that a failure to comply with the appropriate indemnity arrangements may be treated as UPC.

~~82-83.~~ Chiropractors must have appropriate arrangements in place for patients to seek compensation if they suffer harm. The IC should consider whether a registrant had appropriate indemnity insurance during the period alleged and should not be persuaded merely by the fact that a registrant may have ceased working or has since obtained retrospective indemnity cover for the alleged period.

## Referral to a Practice Committee

**83-84.** If the IC decides in accordance with s20 of the Chiropractors Act that there is a case to answer on the allegation under consideration, it should identify to which Practice Committee the allegation should be referred. The IC shall:

- refer an allegation of UPC, PI or conviction to the PCC; and
- refer an allegation of serious impairment of ability to practise due to an adverse physical and/or mental health condition to the HC.

## GCC Executive Recommendations

**84-85.** The Executive (the GCC Executive means staff who are employed by the GCC) may make recommendations to assist the IC with the consideration of a case. The recommendations may offer a suggestion on how to deal with a particular case or offer amendments to the allegations. This information is provided as guidance only and is not intended to fetter the independence of the IC. In all cases the IC must exercise its own independent judgement, with advice from the legal assessor where appropriate, in deciding whether there is a case to answer. Where the GCC make recommendations to assist the IC with consideration of a case, those recommendations will be served on the Registrant for comment at least 14 days before the date set for the IC to meet.

## Providing Written Reasons

**85-86.** The legislative framework within which the IC operates requires the IC to notify both the registrant and the complainant of its decision as to whether or not there is a case to answer<sup>10</sup>. Clear and adequate reasons should be given for every decision an IC makes and reasons should be clear and intelligible but do not need to be lengthy or identify each individual piece of information taken into account.

**86-87.** The IC should aim to provide reasons that are adequate and sufficient to allow readers to understand in broad terms why a particular decision has been reached. The reasons must be appropriate in the circumstances of the case and leave the reader with a clear understanding of:

- the decision made;
- why the decision was made; and
- how the decision was reached.

**87-88.** The reasons should include the following:

- the evidence/information the IC took into consideration;
- the decision made;
- which areas of concern have been referred and which have not;
- why the decision was made, including consideration of the public interest;
- how the decision was reached (including the case to answer test);

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<sup>10</sup> section 20(12)(a) and section 20(13) Chiropractors Act 1994

- why any advice or material (including any expert evidence) was accepted or rejected, if this happened;
- any advice the IC received from the legal assessor;
- why the IC chose not to follow any guidance and/or the advice of the legal assessor;
- if the IC panel has departed from any presumption within this guidance, an explanation.

### Referral to an interim suspension hearing

89. Where an allegation against a registered chiropractor is being investigated which raises immediate concerns about the protection of the public, the matter will be referred to the IC panel as a preliminary matter in order for consideration to be given as to whether to refer the case for an Interim Suspension Hearing (ISH).

90. The IC's role at the preliminary referral stage is not to decide whether an interim suspension order is necessary for public protection, but to make a filtering decision where there is sufficient evidence to warrant consideration of an interim suspension order at a hearing.

91. If the IC at the preliminary referral stage determine that there is evidence which warrants referral for consideration of an interim suspension order, the matter will be listed for an ISH.

### **Interim suspension powers of the IC**

88:92. The Act and the Rules provide that, where the IC is investigating an allegation against a registered chiropractor, it may order the Registrar to suspend the chiropractor's registration if it is satisfied that it is necessary to do so in order to protect members of the public whilst those allegations are investigated.

89:93. The IC will be asked to consider an interim suspension order (ISO) when an allegation has been made about the chiropractor and which raises immediate concerns about the protection of the public. Such allegations may include one or more of the following (which is a non-exhaustive list):

- ~~A criminal investigation, charge or conviction for serious offences;~~
- ~~Sexual or violent misconduct or indecency;~~
- ~~Misuse of the patient / healthcare professional relationship by the chiropractor;~~
- ~~Serious departures from the Code;~~
- ~~Dishonesty or fraudulent behaviour especially where it is linked to the chiropractor's practice or dealings with patients;~~
- ~~Failure to have adequate professional indemnity insurance;~~
- ~~Risk of patient harm due to the chiropractors' health, including alcohol or drug abuse.~~
- Allegation that a chiropractor's ability to practise as a chiropractor is seriously impaired because of a physical or mental condition
- Allegations of a sexual nature
- Inappropriate or sexual relationship with a patient
- Other serious failure to maintain professional boundaries



- Criminal proceedings, conviction for a serious offence (e.g. convictions for crimes motivated by racial or sexual discrimination) or currently serving a criminal sentence
- Serious dishonesty, including related to practice resulting in harm to patient or raising potential of serious harm
- Inappropriate use of X-rays (e.g. pregnant women or excessive routine use etc.)
- Misuse of alcohol and/or drugs including (but not limited to) practising under the influence of alcohol or drugs
- Practising without the required professional indemnity insurance
- Verbal or physical abuse of patients or public
- Clinical complaints where if the allegations are substantiated, there is an ongoing risk to patients from the chiropractor's clinical practice, such as allegations indicating a serious lack of basic chiropractic knowledge or skills.
- Non-clinical complaints, where if the allegations are substantiated, the chiropractor poses a risk to patients if allowed to continue in practice (NB: matters of this kind may normally already be under investigation by the police, for example very serious alleged offences including murder, attempted murder, rape, attempted rape and sexual abuse).
- Negligence resulting in death or serious harm
- Any other matter giving rise to a risk of serious harm to a patient or the public.

~~90-94.~~ The IC panel may only make an ISO if it satisfied that it is necessary to suspend the chiropractor's registration in order to protect members of the public. The IC has no legal power to order an ISO on any other basis, such as the wider public interest<sup>11</sup>.

~~91-95.~~ In addition:

- the ISO must specify the period of suspension, which must not exceed two months;
- The IC panel may not make more than one ISO in respect of the same allegation;
- The IC may not make an ISO in respect of any allegation that it has already referred to a Practice Committee;
- the registrant concerned shall be given an opportunity to appear before it to argue their case against the making of the proposed ISO;
- the registrant has the right to be legally represented at any hearing;
- the IC should ensure that its decision is recorded in writing.

<sup>11</sup> Note that this is a narrower test than that which may apply for other healthcare regulators, who may impose an order if it is in the public interest, or the interests of the registrant, to do so.



## The test to be applied

**92.96.** There is only **one** statutory ground whereby the IC may impose an ISO and that is where it is satisfied that it is necessary to do so in order to protect members of the public. The test is one of necessity. What this means is that the IC must be satisfied that there is a real continuing risk (actual or potential) to patients, colleagues or other members of the public if an ISO is not made. This requires the IC to look to the future, albeit in light of what is alleged to have occurred in the past. What is crucial in any assessment undertaken by the IC is the nature of the wrongdoing alleged against the chiropractor. Assessing the risk involves a consideration of the following:

- The nature and seriousness of the allegation(s) made about the chiropractor;
- The likelihood of the alleged conduct being repeated if an ISO was not imposed;
- The severity of harm likely to result should the alleged conduct be repeated;
- The weight of the information or evidence.

**93.97.** The IC should take into account any concessions made by the registrant about the truth of the allegation. The IC must permit both parties to make their submissions on the need for an interim order. For that purpose it must consider the nature of the evidence on which the allegation is based. The registrant may also give or provide (i.e., statement) evidence to establish that the information before the IC is manifestly unfounded or exaggerated.

**94.98.** However, if an allegation is denied, it is not the function of the IC in interim order hearings to determine the veracity of the allegation or make a finding of fact against the registrant. The IC can expect that the allegation has been made or confirmed in writing, albeit that it might not be reduced to a formal witness statement.

**95.99.** The IC will need to consider the source of the complaint. If there is evidence that the allegation is unfounded the IC must take that evidence into account.

**96.100.** An ISO is capable of giving rise to serious consequences for the future professional career of a chiropractor, as well as creating immediate consequences of hardship. The IC may receive and assess any evidence on the effect of an interim order on the registrant and he / she is entitled to give evidence on this. This must be taken into account by the IC in conducting a balancing exercise as to whether the imposition of the ISO is proportionate to the risk it has identified. For example, would the consequences of an ISO for the registrant be disproportionate to the risk the IC is seeking to prevent.

**97.101.** The IC panel may take advice from a Legal Assessor at ISO hearings. The Legal Assessor plays no role in the IC's decision making.

~~98.102.~~ 102. At a hearing of an application for an ISO either a GCC Committee Secretary or Usher is present to provide support, and to liaise with the parties ~~and witnesses~~ and to facilitate the smooth running of the hearing. They do not retire with the IC and play no part in the decision-making process.

~~99.103.~~ 103. The IC panel must provide reasons, in the form of a written determination, when it considers an ISO application. The reasons should include:

- a summary of the main submissions made by the parties or their representatives;
- any relevant codes;
- the risk posed by the registrant to public protection;
- why the ISO is proportionate to the risk identified by the IC after balancing this with the interests of the registrant;
- reason(s) for any period of time the IC recommends the ISO should be imposed for.

## Useful reading

The following documents may provide useful further information:

- [Chiropractors Act 1994 \(www.gcc-uk.org/act1994\)](http://www.gcc-uk.org/act1994)
- [The Code \(www.gcc-uk.org/the-code\)](http://www.gcc-uk.org/the-code)
- [Code of Practice and Standards of Proficiency Guidance on Sanctions \(www.gcc-uk.org/guidance-sanctions\)](http://www.gcc-uk.org/guidance-sanctions)
- [Conditions Bank \(www.gcc-uk.org/conditions-bank\)](http://www.gcc-uk.org/conditions-bank)
- [Remote Hearing Protocol \(www.gcc-uk.org/remote-hearings-protocol\)](http://www.gcc-uk.org/remote-hearings-protocol)
- [GCC Governance Manual \(www.gcc-uk.org/governance\)](http://www.gcc-uk.org/governance)

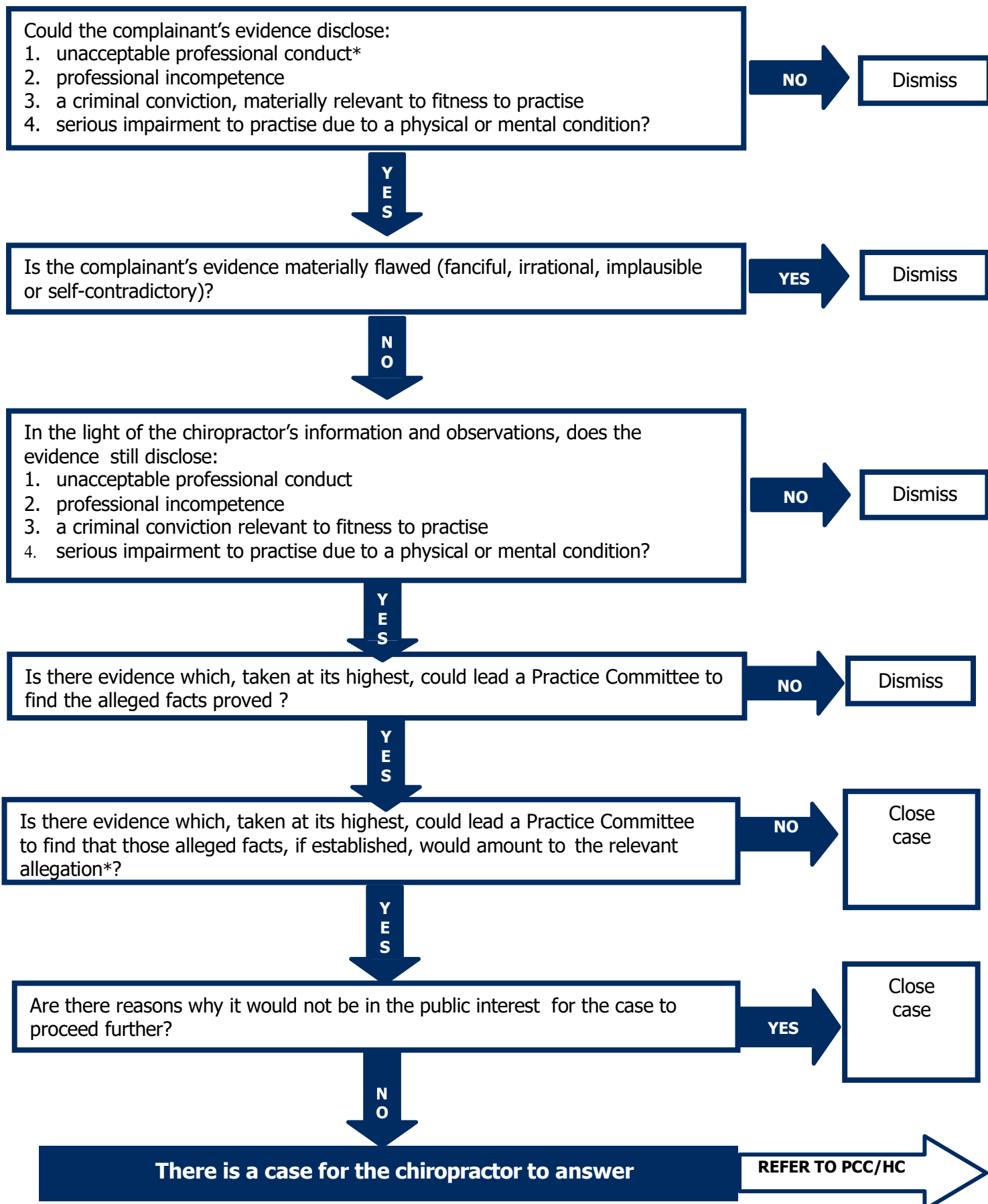
The following guidance and toolkits to help registrants remain Code compliant, as referenced in the GCC's Registrant Resource Centre:

- [Guidance on Advertising \(www.gcc-uk.org/guidance-advertising\)](http://www.gcc-uk.org/guidance-advertising)
- [GCC Registrant Toolkit: –Advertising \(www.gcc-uk.org/toolkit-advertising\)](http://www.gcc-uk.org/toolkit-advertising)
- [Guidance on Candour \(www.gcc-uk.org/guidance-candour\)](http://www.gcc-uk.org/guidance-candour)
- [Joint Statement on Duty of Candour \(www.gcc-uk.org/js-candour\)](http://www.gcc-uk.org/js-candour)
- [Guidance on Confidentiality \(www.gcc-uk.org/guidance-confidentiality\)](http://www.gcc-uk.org/guidance-confidentiality)
- [Joint Statement on Conflicts of Interest Guidance \(www.gcc-uk.org/js-conflicts\)](http://www.gcc-uk.org/js-conflicts)
- [Guidance on Consent \(www.gcc-uk.org/guidance-consent\)](http://www.gcc-uk.org/guidance-consent)
- [GCC Registrant Guidance on– Diagnostic Imaging \(www.gcc-uk.org/guidance-diagnostic-imaging\)](http://www.gcc-uk.org/guidance-diagnostic-imaging)
- [Government Guidance on Female Genital Mutilation \(www.gcc-uk.org/guidance-fgm\)](http://www.gcc-uk.org/guidance-fgm)
- [Guidance on First Aid \(www.gcc-uk.org/guidance-first-aid\)](http://www.gcc-uk.org/guidance-first-aid)
- [Guidance on Maintaining Sexual Boundaries \(www.gcc-uk.org/guidance-sexual-boundaries\)](http://www.gcc-uk.org/guidance-sexual-boundaries)

- [GCC Registrant Toolkit: –Mental Health \(www.gcc-uk.org/toolkit-mental-health\)](http://www.gcc-uk.org/toolkit-mental-health)
- [Joint Statement on Reflective Practice \(www.gcc-uk.org/js-reflective-practice\)](http://www.gcc-uk.org/js-reflective-practice)
- [Guidance on the use of Social Media and Messaging \(www.gcc-uk.org/guidance-social-media\)](http://www.gcc-uk.org/guidance-social-media)
- [GCC Registrant Toolkit: —Social Media and Messaging \(www.gcc-uk.org/toolkit-social-media\)](http://www.gcc-uk.org/toolkit-social-media)
- [Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals \(Council for Healthcare Regulatory Excellence, January 2008\)](#)
- ~~Guidance on Sanctions~~
- ~~GCC Governance Manual~~

## Investigating Committee – decision-making flowchart

(Please note this it is intended as an illustrative summary of the narrative guidance not as a modification of it)



\* The Investigating Committee should apply the Threshold Criteria for unacceptable professional conduct

## Annexe 1 - Threshold Criteria for Unacceptable Professional Conduct

### Purpose of this document

1. The purpose of this document is to provide guidance to complainants and registrants and to the Investigating Committee (IC) of the General Chiropractic Council (GCC), about the sorts of matters that will be considered under the GCC's fitness to practise procedures.
2. In line with its overarching objective<sup>12</sup>, the fitness to practise procedures of the GCC are designed to protect the public. They are not intended to serve as a general complaints resolution process, nor are they designed to resolve civil disputes between registrants and patients.
3. Investigating allegations properly is a resource-intensive process. The public interest requires that such resources should be used effectively to protect the public and should not be diverted towards investigating matters that do not raise cause for concern.
4. In reaching a decision on outcome, the IC should give appropriate weight to the wider public interest. Public interest considerations include:
  - protecting the public
  - maintaining public confidence in the profession
  - maintaining proper standards of behaviour
5. The GCC considers that this approach is a proportionate response to the volume of complaints it receives, and is consistent with the principle of 'right touch regulation' promoted by the Professional Standards Authority.
6. The GCC has, in consultation with its stakeholders including public and patient representatives, produced these 'threshold criteria'.
7. These criteria *will guide* the IC when determining whether or not to close an allegation referred to it and will guide the IC when determining whether or not there is a 'case to answer'.<sup>13</sup>

### The Threshold Criteria

8. The *Chiropractors Act 1994* provides that 'Unacceptable Professional Conduct' is 'conduct which falls short of the standard required of a registered chiropractor'.<sup>14</sup>
9. It also provides that a failure to comply with any provision of the Code of Practice should be taken into account but shall not, of itself, constitute Unacceptable Professional Conduct.<sup>15</sup>
10. When exercising their judgement as to whether the facts found proved amount to Unacceptable Professional Conduct, the IC should have regard<sup>16</sup> to whether, an ordinary, intelligent member of the public and / or other fellow chiropractors would consider the conduct to be morally blameworthy or deplorable.

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<sup>12</sup> The overriding objective of the General Chiropractic Council in exercising its functions is the protection of the public (Section 1 4(A) of the Chiropractors Act 1994).

<sup>13</sup> Section 20 (9) (c) of the Chiropractors Act 1994.

<sup>14</sup> Section 20 1(a) and (2).

<sup>15</sup> Section 19 (4)

<sup>16</sup> Judicial guidance of Irwin J in *Spencer v General Osteopathic Council* [2012] EWHC 3147 (Admin)

11. In having regard to the High Court case of *Spencer v the General Osteopathic Council*, matters that are not **usually** capable of amounting to Unacceptable Professional Conduct, and that should therefore not **generally** be referred to the Professional Conduct Committee, include:

a. Complaints about note-taking and record-keeping alone	<p>In the absence of:</p> <ul style="list-style-type: none"> <li>i. 'incompetence or negligence of a high degree';</li> <li>ii. evidence of a failure to comply with relevant information governance legislation such as the <i>Data Protection Act 1998</i> (and any subsequent or amending legislation); or</li> <li>iii. dishonesty or intent to deceive or mislead</li> </ul>
b. Complaints that do not fall within the statutory grounds of section 20 of the <i>Chiropractors Act 1994</i>	
<p>c. Vexatious complaints, including where the complainant:</p> <ul style="list-style-type: none"> <li>i. repeatedly fails to identify the precise issues that he or she wishes to complain about;</li> <li>ii. frequently changes the substance of the complaint or continually seeks to raise new issues; or</li> <li>iii. appears to have brought the complaint solely for the purpose of causing annoyance or disruption to the registrant</li> </ul>	
d. Complaints that have been made anonymously <b>and</b> cannot be otherwise verified	
e. Complaints in which the complainant refuses to participate and provide evidence <b>and</b> in which the allegation cannot otherwise be verified or proved	

f. Complaints that relate to disputes between registrants and patients about fees or the costs of treatment	Provided that there is no allegation of dishonesty or intent to deceive or mislead
g. Complaints that: <ul style="list-style-type: none"> <li>i. seek to reopen matters which have already been the subject of an employment tribunal process or civil proceedings and which do not raise fitness to practise issues;</li> <li>ii. seek to pre-empt or influence the outcome of other regulatory or civil proceedings; or</li> <li>iii. Are within the concurrent jurisdiction of the GCC and another Regulator*</li> </ul>	
h. Complaints that amount to a difference of professional opinion	Provided that the opinion is: <ul style="list-style-type: none"> <li>i. accepted as proper and responsible by a responsible body of chiropractors who are skilled in that particular area of practice and acting responsibly; and</li> <li>ii. reasonably held and capable of withstanding logical analysis</li> </ul>
i. Complaints that relate to employment disputes	
j. Complaints that relate to contractual disputes, including arrangements for lease of premises and facilities	



<p>k. Complaints that relate to business disputes, including:</p> <ul style="list-style-type: none"> <li>i. passing off/similar sounding web domain names or trading names;</li> <li>ii. 'patient poaching'; and</li> <li>iii. matters arising from the break-up of a principal/associate relationship</li> </ul>	<p>Provided that there is no allegation of a breach of patient confidentiality or data protection</p>
<p>l. Complaints about a registrant's personal life (including matters arising out of divorce proceedings)</p>	<p>Unless the complaint relates to abusive behaviour or violence, or engages public confidence in the profession</p>
<p>m. Complaints that have no public protection implications but are made simply on the basis that the complainant is aware that the other party to a dispute is a registrant (e.g. boundary disputes between neighbours)</p>	
<p>n. The following motoring offences:</p> <ul style="list-style-type: none"> <li>i. parking and penalty charge notice contraventions; and</li> <li>ii. fixed penalty (and conditional offer fixed penalty) motoring offences</li> </ul>	<p>Provided that drugs or alcohol are not involved and there are no potential health issues in relation to the registrant</p>
<p>o. Penalty fares imposed under a public transport penalty fare scheme</p>	

12. **The criteria noted above are intended to serve as a guide for the IC and are not exhaustive. Each allegation must be considered by the IC on its own merits as to whether there is a case to answer.**

13. When applying the Threshold Criteria the IC must ensure that:

- a. All complaints are considered separately
- b. All evidence and observations are taken into account
- c. IC decisions are supported by full and proper reasons

**\* Cases where there is concurrent jurisdiction:**

In cases where there is concurrent jurisdiction, such as advertising matters, it makes legal and practical sense for the Advertising Standards Authority ('ASA') which is the more specialist body with regards to advertising, to conduct its own investigation pursuant to its concurrent jurisdiction. It will then be for the GCC to perform its role taking full account of any decision reached by the ASA.

As a result, complaints about advertising should generally be divided into three categories:

Category 1

- Progression for consideration by the IC directly.

Category 2

- Referral to the ASA in the first instance, before the complaint is then considered by the GCC's IC

Category 3

- Closure without further action (*closure being possible only in very limited circumstances, such as where a complaint is made against an individual who is not under the jurisdiction of GCC*).

# **GCC Consultation**

## **Investigating Committee Decision-Making Guidance**

Closing date of consultation: 18 August 2022

## Background and purpose of consultation

The General Chiropractic Council regulates chiropractors in the UK, Isle of Man and Gibraltar to ensure the safety of patients undergoing chiropractic treatment. We are an independent statutory body established by, and accountable to, Parliament to regulate the chiropractic profession. We protect the health and safety of the public; to:

- Promote standards: We will set, assure compliance, and promote educational, professional and registration standards alongside lifelong learning
- Develop the profession: We will facilitate collaborative strategic work to support the profession in its development
- Investigate and act: We will take right touch action on complaints, the misuse of title or where registration standards are not met
- Deliver value: We will be a great place to work, work collaboratively and deliver effective and efficient services.

### Background

In 2019 the GCC introduced new guidance to inform the decision-making of its Investigating Committee (IC) in deciding whether or not there is a case to answer about a registrant's conduct and whether it should be investigated or referred to a formal hearing.

In reviewing this guidance, the GCC conducted a general review of its existing guidance, introduced in October 2019, incorporating feedback and insights from participants of an investigation process, including defence representatives, IC members and legal assessors.

### The Consultation

In this consultation, the GCC invites views on the draft Investigating Committee Decision-Making Guidance, a revision of the Investigating Committee Decision-Making Guidance published in October 2019.

### A summary of the main changes in the draft Investigating Committee Decision-Making Guidance includes:

- A new section on conflict of interest when IC members sit to consider a referral for an interim suspension order and the interim suspension hearing.
- A new section setting out the test to be applied by the IC when determining whether to refer for an interim suspension hearing.
- Additional factors identified as being relevant when the IC is asked to consider an interim suspension order.

## Additional information

The draft guidance on which we are inviting comments is [here \(insert link\)](#).

An equality impact assessment is [here \(insert link\)](#), and comments are invited in answers to the consultation questions.

## Ways to respond

You can respond to this consultation online [\(insert link\)](#) or by email to [enquiries@gcc-uk.org](mailto:enquiries@gcc-uk.org).

## Closing date

The deadline for responses to this consultation on the draft guidance is **18 August 2022 midnight**. The consultation will be publicised, and stakeholders will be invited to comment.

# GCC Consultation: Draft Investigating Committee Decision-Making Guidance

## Part One: Contact details

### Question 1

Your name or organisation if responding on their behalf

### Question 2

Email address

### Question 3

Please indicate below the capacity in which you are responding (Choose one option):

Chiropractor	<input type="checkbox"/>
Committee member	<input type="checkbox"/>
Legal representative	<input type="checkbox"/>
Patient	<input type="checkbox"/>
Member of the public	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

## Part Two: Questions

<b>Question 4</b>	
Did you find the draft IC Decision-Making Guidance clear and accessible?	
Yes	<input type="checkbox"/> (Go to Question 4a)
No	<input type="checkbox"/> (Go to Question 5)

<b>Question 4a</b>
If YES to Question 4, please provide any suggestions about how the draft IC Decision-Making Guidance might be made clearer and/or more accessible

<b>Question 5</b>	
In your view, are there implications for groups with identified protected characteristics resulting from the implementation of this IC Decision-Making Guidance?	
Yes	<input type="checkbox"/> (Go to Question 5a)
No	<input type="checkbox"/> (Go to Question 6)

<b>Question 5a</b>
If Yes to Question 5, please explain what could be done to address these implications for groups with identified protected characteristics from the implementation of this IC Decision-Making Guidance?

<b>Question 6</b>	
Are there any other equality, diversity or inclusion aspects within the IC Decision-Making Guidance which may be unfair or discriminate against people with identified protected characteristics?	
Yes	<input type="checkbox"/> (Go to Question 6a)
No	<input type="checkbox"/> (Go to Question 7)

<b>Question 6a</b>
If YES to Question 6, please outline how you believe these aspects within the IC Decision-Making Guidance may be unfair or discriminate against people with identified protected characteristics and could be mitigated?

<b>Question 7</b>	
Do you consider that the approach proposed in the IC Decision-Making Guidance supports the GCC's overarching objective of public protection and does so proportionately?	
This includes:	
<ul style="list-style-type: none"> <li>a. protecting, promoting and maintaining the health, safety and well-being of the public</li> <li>b. promoting and maintaining public confidence in the profession of chiropractic</li> <li>c. promoting and maintaining proper professional standards and conduct for members of the chiropractic profession</li> </ul>	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/> (Go to Question 7a)

<b>Question 7a</b>
If NO to Question 7, please provide your reasons why the proposed IC Decision-Making Guidance does not support the GCC's overarching objective of public protection?

<b>Question 7a</b>
If NO to Question 7, please provide your reasons why the proposed IC Decision-Making Guidance does not support the GCC's overarching objective of public protection?

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018, and the Environmental Information Regulations 2004). If you would prefer your name not to be made public, please indicate this when sending us your views.

The GCC is a data controller registered with the Information Commissioner's Office. We use personal data to support our work as the regulatory body for chiropractors. We may share data with third parties to meet our statutory aims and objectives and when using our powers and fulfilling our responsibilities.

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# Equality Impact Assessment Template

## Step 1: Scoping the EIA

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices, sometimes unwritten, that contribute to the way our policies are implemented and how our services are delivered.

Published statements of policy are a helpful starting point for equality impact assessments, as they establish the overall purpose of particular activities. Please use this form to document your assessment.

<b>Title of policy or activity</b>	
IC Decision Making Guidance	
<b>Is a new or existing policy/activity?</b>	
Existing policy	
<b>What is the main purpose and what are the intended outcomes of the policy/activity?</b>	
The policy/guidance informs the decision making of the GCC's Investigating Committee in deciding whether or not there is a case to answer about a registrant's conduct and whether it should be investigated or referred for a formal hearing.	
<b>Who is most likely to benefit or be affected by the policy/activity?</b>	
Registrants, those specifically under investigation, witnesses, members of the public, legal representatives, and Regulatory Committee Members.	
<b>Who is doing the assessment?</b>	
Niru Uddin, Director of Fitness to Practise	
<b>Dates of the EQIA</b>	
• When did it start?	07/06/2022
• When was it completed?	09/06/2022
• When should the next review of the policy/activity take place?	Further review post consultation

## Useful information

<b>What information would be useful to assess the impact of the policy/activity on equality?</b>
We do not have any data currently which suggests that people with particular protected characteristics will be impacted as a result of this guidance, although we are taking steps to gather information on whether there are differential

consequences for people with certain protected characteristics in the implementation of activities relating to this guidance
<b>Is there data relating to people with any/each of the protected characteristics?<sup>1</sup></b>
The GCC collects and holds EDI data on its registrants, and this is now virtually 100% complete for all protected characteristics. We now also collect information on participants in fitness to practise cases.
<b>Where can we get this information and who can help?</b>
As part of the consultation, we can check whether the guidance could impact people with particular protected characteristics, whether as chiropractors or patients.

## Step 2 – Involvement and consultation

<b>If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.</b>
<p>The draft guidance was shared with the United Chiropractic Association, Scottish Chiropractic Association, McTimoney Chiropractic Association and the British Chiropractic Association.</p> <p>GCC lawyers also reviewed the guidance and lawyers instructed for some of the professional associations.</p> <p>Council will approve the draft guidance on 23 June 2022 for consultation.</p> <p>To date, the consideration of the draft guidance has primarily been limited to the key stakeholders involved in Investigating Committee work and internally to the GCC and its lawyers. A formal consultation with the profession is planned, over summer 2022, with the GCC reviewing responses before a final draft is presented to Council for approval at its meeting in December 2022.</p>

## Step 3 – Data collection and evidence

<b>What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?</b>
Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.
Key stakeholders have reviewed the guidance and no equality concerns have been raised at this stage.

<sup>1</sup> The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Our knowledge of EDI issues within the chiropractic profession is incomplete. We do not have data to suggest whether minority ethnic chiropractors, for example, are more likely to be the subject of concerns or complaints, or the outcomes of these; although we are working on this issue and towards collating EDI data for registrants and complainants subject to FTP.

The guidance directly requires Equality Act 2010 considerations to be considered when the Investigating Committee of the GCC are exercising its public function.

**What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?**

To make sure that we are not inadvertently discriminating against people with particular protected characteristics (patients or chiropractors) as a result of this guidance, we will explore this issue as part of our consultation.

#### **Step 4 – assessing impact and strengthening the policy**

**What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics?**

This guidance aims to clarify issues to be taken into account by the Investigating Committee when considering if there is a case to answer. We will ensure during formal consultation that we seek feedback specifically relating to the impact on those with protected characteristics. We will include a specific question regarding this as part of our consultation.

**Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act?**

We are not aware of any such implications at this stage.

**What practical changes will help to reduce any adverse impact on particular groups?**

We will explore this during the consultation.

**What could be done to improve the promotion of equality within the policy?**

The guidance directly requires Equality Act 2010 considerations to be considered when exercising its public function.

The focus of the guidance is on the decision making of the Investigating Committee. It is hoped that making the issues more transparent will make decisions in this area clearer for chiropractors and patients involved in a fitness to practise complaint.

## Step 5 – making a decision

<b>Summarise your findings and give an overview of whether the policy will meet the GCC's objectives in relation to equality.</b>
<p>We will review this once the consultation has been completed.</p> <p>We believe the guidance does meet the needs of the GCC's objectives concerning equality because:</p> <ul style="list-style-type: none"><li>○ It has received legal review.</li><li>○ No concerns have been raised about equality impact at this stage and we are seeking further views about this.</li><li>○ The guidance directly requires Equality Act 2010 considerations to be considered when exercising its public function.</li></ul>
<b>What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?</b>
<p>To be considered as a result of the consultation.</p>
<b>What practical actions do you recommend to include or increase potential positive impact?</b>
<p>To be considered as a result of the consultation.</p>

## Step 6 – monitoring, evaluation and review

<b>How will you monitor the impact/effectiveness of the policy/activity?</b>
<p>Should we receive feedback from those that use the policy, either employees in its application or those that raise concerns under it, and that improvement can be made, the policy will be updated where appropriate. The policy will be reviewed regularly to ensure the contents are current.</p>
<b>What is the impact of the policy/activity over time?</b>
<p>The guidance should demonstrate how decisions are made by the GCC's Investigating Committee when deciding whether there is a case for a registrant to answer before the GCC's Professional Conduct Committee or Health Committee ('the Committee').</p> <p>We will monitor and evaluate the impact of the guidance within fitness to practise decision making.</p>
<b>Where/how will this EIA be published and updated?</b>
<p>The EIA will be published on our website alongside the published guidance.</p>

## Step 7 – Action Planning

Please detail any actions that need to be taken as a result of this EIA		
Action	Owner	Date
Review in relation to the consultation process and its outcomes	Director of FTP	

# Consultation on hearings protocol

Meeting paper for Council on 23 June 2022

Agenda Item: 6B

## Purpose

This paper provides Council with an update on Project 7 of the Business Plan to review and consult on a hearings protocol.

## Recommendations

Council is asked to:

1. **Approve** the draft hearings protocol
2. **Agree** to the proposed consultation on the protocol, including Equality Impact Assessment
3. **Agree** that the final draft of the protocol be brought forward to the December 2022 meeting of the Council, alongside a report of the consultation, for approval.

## Background

1. This paper provides Council with a draft hearing protocol for review.
2. As a result of the pandemic and the restrictions imposed by the government in March 2020, we introduced a protocol for the holding of remote hearings in 2021. Since 2021, we have held 21 Professional Conduct Committee (PCC) hearings (and related adjourned hearings) remotely.
3. Our business plan this year committed to undertake a review of the remote hearings protocol and consult as to the way forward for holding PCC hearings in the future.

4. In considering the future format for PCC, we reviewed the remote hearings protocol introduced in March 2021 and in drafting a new hearings protocol we incorporated feedback, insights and learning which we acquired through the experiences of participants including defence representatives, the panel members and legal assessors.
5. In carrying out this review, our starting point in determining the format of a PCC hearing is neutral. We do not feel that there are any disbenefits to holding remote hearings where careful consideration has taken place on individual cases to determine if that case is suitable for a remote hearing. Although there are some cost savings in holding hearings remotely, our starting point is that factors such as fairness and justice should determine which format a hearing should take. For this reason, we have called this the *Hearings Protocol*, to signal a conscious move from a *Remote Hearing Protocol*.
6. We have also expanded on the list of factors identified as being relevant when considering the appropriate hearing format. As well as providing more information on the conduct of the hearing and procedure to be followed.
7. We have taken the view that the PCC, GCC lawyers and defence law firms have experience of the remote hearings protocol being applied in practice and as such, it is important to ventilate any issues arising from the new hearings protocol openly and give our stakeholders an opportunity to comment on the protocol. Responses to the consultation will be presented to Council at its meeting in December 2022 where will be asking for approval to the protocol following consultation and consideration of the issues raised.

## Stakeholder engagement

8. We contacted some key stakeholders (Members of PCC, legal assessors Professional Associations) in order to seek preliminary comments on the hearings protocol prior to the formal consultation process. We see this step as useful in gauging reactions to maximise the benefit of consulting by ensuring the right questions are asked, and is one that has been welcomed by stakeholders.
9. Reactions from members of the PCC were positive, noting its comprehensiveness for example that there is a different dynamic in-play at in-person hearings with *some of the nuances of communication less clear albeit the fairness of the process is not compromised*.
10. There was broad support for taking a neutral position re the hearing format, with advantages and disadvantages to all formats.
11. That said, some concerns as to technical issues impacting a remote hearing which can impact on the flow of proceedings and losing valuable committee time were raised.

12. Although broadly supportive of the protocol, other stakeholders proposed some straightforward changes to the protocol which we have agreed and are reflected in the draft. Points of clarification and reassurance on some points of procedure when holding a remote hearing, such as public access to the hearing and the facility to provide documents to a witness were raised.
13. The draft hearings protocol is at Annexe 1. We have provided a separate guidance document, *Practical arrangements for remote hearings* which sets out the arrangements for parties when taking part in remote or hybrid hearings. Given the Protocol intentionally keeps open the format of the hearing (in-person, remote or hybrid), it is our view that the guidance for practical arrangements for a remote hearing works better as a standalone guidance document on remote hearings rather than as part of the Protocol. This has the advantage that any practical or process changes could more easily be captured and the guidance amended without the need for consultation on changes to the Protocol. Although in due course we will publish separately, the guidance appears together with the protocol as part of a single consultation process.
14. We now seek approval to consult on the hearings protocol. Whilst there is no express statutory duty to consult, doing so with input from a wide range of stakeholders enhances the prospects of more balanced protocol being developed, commanding enhanced status and support in practice.
15. The draft consultation document and questions supporting the consultation are at Annexe 2. We propose the consultation takes place between 27 June and 18 August 2022.
16. We have drafted an Equality Impact Assessment (EIA) at Annexe 3. The EIA is to ensure we consider the effect on different groups protected from discrimination by the Equality Act 2010 and whether this protocol will be equally effective for everyone or whether it may disadvantage certain groups. It allows us to assess possible unintended consequences and identify opportunities for positive change.

## Attachments

- Annexe 1 – Hearings Protocol – (Draft)
- Annexe 2 – Draft GCC Consultation document: On Hearings Protocol
- Annexe 3 – EIA

## Recommendations

The Council is asked to:

- **Approve** the draft Hearings Protocol, (see Annexe 1) – and for it to be the subject of consultation;



- **Approve** the consultation documents, (see Annexe 2), including the EIA (see Annexe 3).

**Niru Uddin**

**Director of Fitness to Practise**

## Draft for consultation

### Protocol for Hearings

#### Introduction

1. The overarching objective of fitness to practise proceedings, and hearings before the Professional Conduct Committee (PCC) or Health Committee, is the protection of the public. We uphold this overarching objective by investigating and adjudicating on concerns and imposing a sanction within a reasonable timeframe.
2. It is vital that delays in proceedings are minimised as they can adversely affect our overarching objective and can have a detrimental effect on all parties to a complaint. It is unfair and can be distressing to registrants, complainants and witnesses if long delays occur.
3. The COVID-19 pandemic prevented the timely hearing of cases in 'physical hearings' (where all parties to the hearing are present in person). In line with the overarching objective, our response to the pandemic necessitated the holding of 'remote hearings' (where all of the hearing takes place via an online video conferencing platform) or 'hybrid hearings' (where some of the parties attend in person while others attend by video conference or where the live evidence, or some of it, is heard in person and the rest of the hearing takes place remotely) to ensure all those involved in a fitness to practise hearing did so safely.
4. This protocol sets out the factors to be considered when deciding the format of substantive hearings before the GCC's Professional Conduct Committee or Health Committee ('the Committee'). The format can be a 'physical hearing', a 'remote hearing', or a 'hybrid' hearing.
5. This protocol is designed to assist all hearing attendees including PCC and Health Committee members, case parties, legal representatives, the legal assessor, witnesses and hearing staff of the GCC. It applies to applications for and reviews of interim orders, substantive hearings, registration appeals, restorations and hearings on the papers and case management hearings.
6. However Interim Suspension Hearings will be listed remotely due to the public interest in these hearings taking place as soon as possible and on shorter notice periods than substantive hearings. Any representations from the parties involved in a Interim Suspension Hearing to request that the hearing is listed as a hybrid hearing or physical hearing will be considered by the GCC.
7. The protocol should be applied in accordance with the fair administration of justice. A separate guidance document *Practical arrangements for remote hearings* sets out the practical arrangements for remote hearings.

8. This protocol will be subject to review, at least annually, and where necessary updated as we learn from our experience to ensure that it continues to be fair and appropriate.

## Overarching considerations

9. The overarching objective of the General Chiropractic Council is:

- to protect the health, safety and well-being of the public;
- to maintain public confidence in the profession of chiropractic; and
- to maintain proper professional standards and conduct for members of the chiropractic profession.

10. When considering if a hearing should proceed physically, remotely or in a hybrid format, we consider several factors:

- Does the complexity of the hearing, including factors such as its length, the number of witnesses, the charges involved, the volume of papers/ size of bundle to be considered by the panel and any physical evidence, indicate that one format may be more appropriate than another?
- Can fairness and justice be achieved?
- Are there sufficient safeguards to ensure the integrity of the process and breaches of privacy can be avoided?
- Will the process protect the safety and wellbeing of our people, partners (decision makers, legal assessors or the individual taking an official note of the hearing), and the parties to the hearing (registrant, legal representatives and any witnesses), including in accordance with any Government guidance in place at the time?
- Can any considerations of duties under the terms of the Equality Act 2010 be adequately provided for in relation to those with protected characteristics?
- Can public access to hearings be supported, for example if there are a large number of observers?

11. Guidance on how to use the video conferencing platform is provided to hearing parties directly.

## Our approach

12. The fitness to practise team of the GCC consider, on a case-by-case basis, the appropriate hearing format. Careful consideration will be given to the individual features and circumstances of each case. The parties to the case, the representatives and any witnesses will be consulted to inform which format of hearing is most appropriate before the case is listed.

13. Having gathered feedback from participants, it is our assessment that in most cases a remote hearing is effective in ensuring fairness and justice. However, for each case the appropriate hearing format will need to be considered.
14. The consideration will include, but is not limited to, the following factors:
- 14.1. **Whether the registrant and other participants have sufficient access to and understanding of technology, and access to an appropriate environment to enable them to take part effectively in a remote hearing, including access to any advice:** depending on the circumstances, the GCC may be able to make provision for registrants or witnesses to attend our offices or those of our legal advisors to participate in a hearing or attend by other means such as audio.
  - 14.2. **Whether there is a reason to believe that there are risks of a breach of privacy that can be more easily overcome at a physical hearing.**
  - 14.3. **Any features of the case which make it particularly difficult for it to be held remotely:** for example, difficulties in presenting evidence which cannot be accommodated at a remote hearing or the number of participants or witnesses.
  - 14.4. **Whether there are any special measures or reasonable adjustments required to allow a participant to engage fully and effectively in the proceedings, which cannot be accommodated remotely.**
  - 14.5. **Evidence suggesting that the integrity or fairness or smooth running of the hearing may be compromised by a remote hearing.**
  - 14.6. **The impact of any disabilities or other vulnerability of any of the participants.**
  - 14.7. **The public interest in the expeditious disposal of cases:** pausing hearings may lead to backlogs of cases and may delay necessary action to protect the public or restore registrants to practice and may impact on the wellbeing of those taking part.
  - 14.8. **The health and well-being of participants :** this may dictate the necessity of a particular hearing format - i.e. remote or hybrid hearing where the health of a participant(s) makes it difficult for us to hold a physical hearing or physical hearing where the health of a participant may be negatively affected by long remote hearings.
  - 14.9. **The ability to ensure that the hearing complies with Government guidance on the safety of all involved:** in the event of the introduction of restrictions, a remote hearing may be the most appropriate option.

**14.10. Any other matters that may affect the smooth running of the hearing.**

15. Aside from 14.1, we do not consider that any single factor above has, of itself, any greater weight than the others. Different conditions will apply in individual cases and will need to be considered accordingly.
16. While the Professional Conduct Committee (Procedure) Rules 2000 are silent as to whether hearings can be held remotely, they do not specifically prohibit virtual hearings and as such the registrant's (the registered chiropractor) consent is not required for hearings to be managed in this way.
17. However, our preference is to proceed taking into account all views. Where there is disagreement, the parties will be invited to raise concerns and present evidence for consideration about the most appropriate format to be heard at a preliminary hearing of the Committee.
18. Decisions taken to proceed by any format will be kept under review throughout the process and the arrangements may be changed or modified, if necessary, for example in the event of implementation of restrictions established by government. Parties must swiftly notify the GCC of any relevant changes to their circumstances.
19. For cases identified as being suitable for remote or hybrid hearings, there are specific risks and processes that need to be managed carefully when dealing with evidence given via video conferencing. In view of this, there is separate guidance *Practical arrangements for remote hearings* which sets out the practical arrangements for parties when taking part in a remote or hybrid hearings.

**General Chiropractic Council  
June 2021**

## Practical arrangements for remote hearings

1. This guidance sets out expectations on the conduct of how remote hearings are organised, what happens during the hearing and other relevant information. These procedures are intended for guidance only and do not constitute a direction to any Committee to take a particular course of action when hearing cases.

### 1.1 Technology

The preferred platform for remote hearings at the GCC is Microsoft Teams ('Teams'). Telephone conferencing facilities may be available and can be used where a participant does not have access to a device with a camera, or in circumstances where Teams is temporarily unavailable for any reason. If an alternative platform is used, this protocol will still apply.

In advance of the hearing, the GCC will set up virtual meetings rooms (including breakout rooms) for the hearing, with individual links sent to the relevant participants.

### 1.2 Timings

Remote hearings will usually be scheduled from 9:30am to 4:30pm, providing the Committee and parties with flexibility to manage the hearing day according to individual circumstances.

Occasionally, these times may be adjusted due to the needs of any party at the direction of the Chair, for example when completing witness evidence or handing down a final determination to obviate the need to adjourn. This will be determined by the Committee Chair taking into account the wellbeing of all participants.

Experience of remote hearings and meetings has shown that hearing cases remotely is more tiring than hearing cases in person. It is important the Committee take account and be responsive to the tiring impact affecting concentration and alertness.

The Committee Chair must ensure consideration is given to holding sufficient breaks, usually no less than every 90 minutes. A minimum 45-minute designated lunch break is expected.

All hearing participants must ensure that they log out of the main hearing link. During extended breaks all participants may be asked to log out and on re-joining must be muted and only engage in conversation when the Chair or the Committee Coordinator opens proceedings.

Prior to any break in proceedings, the Committee Chair will indicate the time that the hearing will resume. All participants must ensure that they return to the virtual hearing room promptly following any break.

### 1.3 Communication

The Committee Chair will ensure that parties are introduced and identify everyone present in the 'virtual' room.

A remote hearing is formal in the same way as a physical hearing and parties should ensure that communication, presentation and appearance is similarly formal. Parties to the hearing are expected to have their cameras on, with microphone muted whilst not speaking to limit background noise.

Participants should give consideration to where they are situated for the hearings. They should ensure that they are in a quiet room by themselves (unless the participant is the registrant and is accompanied by their representative) where they will not be disturbed. The Committee Chair may wish to confirm with a witness whether they are alone in a room and to confirm if they are being assisted. Where the witness is being supported by a friend or family member, this individual should be positioned so that they appear on screen sitting behind the witness giving evidence.

The lighting of the room should be checked to ensure that participants can be seen clearly without obstructions on the screen.

Parties should be alert to not talking over each other and should speak when invited to do so by the Committee Chair.

Where either the registrant's or the GCC's representative wishes to take instructions from instructing solicitors, the Committee Chair should allow appropriate breaks to facilitate this.

Test calls will be arranged with legal representatives (where they have not previously taken part in a GCC hearing), registrants and any other participant if needed to ensure they are familiar with Teams' functionality and to test their connection.

### 1.4 Witnesses

Test calls will be arranged with witnesses in advance of the hearing to ensure the hearing runs as smoothly as possible.

The witness will be asked to take a religious oath or make an affirmation prior to giving evidence. In line with page 277, paragraph 58 of the [Equal Treatment Bench Book](#), the oath can still be taken during a remote hearing if the witness does not have the relevant holy book physically present with them at home.

Witnesses will be provided with an electronic link to the waiting area for the main hearing room to allow them to join the hearing at the designated time. Access to the main hearing room will be controlled by the Committee Coordinator.

A witness will not be permitted to observe the hearing until after they have given their evidence. This is to ensure their evidence is not influenced or tainted.

The witness will have a copy of their witness statement and any exhibits. A witness ought not to have access to other material in advance of the hearing / their evidence being given.

Where the witness is required to be taken to documents within the bundle during questioning by the parties, they will be shown to the witness via the screen sharing facility – see paragraph 1.6 below or sent to the witness by secure email during the hearing.

In some cases it may be appropriate to provide other documents to the witness in advance, by agreement between the parties, but that will be dealt with on a case by case basis.

If a witness requires any reasonable adjustments due to disability or other need which will support them to take part and give best evidence, they should contact the Committee Coordinator in advance.

## 1.5 Documents and bundles

Documents and bundles will be shared with the relevant parties electronically via secure methods prior to the hearing. It is advisable to always have these to hand during the hearing.

If documents need to be handed up on the day, they will need to be sent electronically to the Committee Coordinator, who will then circulate them securely to the Committee, Legal Assessor and any other relevant party.

Hard copies of the bundles will not usually be provided. However, if hard copies are required for accessibility reasons, please inform the Committee Coordinator.



## 1.6 Screen share functionality

Teams allows participants to share their screens. Occasionally, for example, if the GCC's or registrant's representative wants to draw the attention of a witness to a certain document for all parties to see, it may be appropriate for them to share their screen. This can however lead to incorrect information being shared by accident or the right document being shared, but information contained on screen that could breach theirs or someone else's privacy.

Participants must only share their screen with the agreement of the Committee Chair and having taken care to mitigate any potential data security risks.

## 1.7 Public access

Rule 9 of *The General Chiropractic Council (Professional Conduct Committee) Rules Order of Council 2000* requires that hearings in front of the Professional Conduct Committee take place in public by default but the Committee may, where appropriate, choose to conduct some or all of it in private.

Rule 9 of *The General Chiropractic Council (Health Committee) Rules Order of Council 2000* requires that hearings in front of the Health Committee take place in private session by default but the Committee may, where appropriate, choose to hear some or all of it in public session.

All hearings are listed on our website. If a member of the public wishes to attend, they can make a request to [adjudication@gcc-uk.org](mailto:adjudication@gcc-uk.org).

Observers will be sent an agreement form to confirm their agreement to several rules of admittance. **No recording of a hearing of any kind** is permitted— this includes recording audio, video, taking photos of the screen on a second device or taking screenshots. Observers must also confirm they will not share information on social media.

Once the agreement form has been returned, a link for the main hearing room will be shared with the member of the public. The link must not be shared with anyone else. Hearing parties will be notified of the names of observers prior to the hearing commencing. The Committee Chair will also reiterate the rules of admittance at the opening of the hearing. Observers will be ejected from the remote hearing if they breach these rules.

Access to the main hearing room will be controlled by the Committee Coordinator. Anyone attempting to access the main hearing room who has not provided a signed agreement form will be ejected from the virtual lobby.

There may be times where certain information needs to be heard in private session. Any observers will be required to exit the remote hearing at that time and will be notified by the Committee Coordinator when they are permitted to re-join, once the hearing resumes in public session.

Observers should have their camera and audio turned off unless requested to do otherwise by the Committee Chair. Ultimately it will be for the Chair to direct what is appropriate on a case by case basis. For example, the Chair may ask an observer to turn on their camera and audio to identify themselves to the panel/ parties and then direct them to turn it off again.

Interim suspension hearings are held in public by default but the GCC routinely requests that these hearings are heard in private. Public access to these types of hearings is therefore usually restricted.

## 1.8 Technical issues

The Committee and the Committee Coordinator actively monitor if technical issues are occurring during the hearing. If any party experiences technical issues during the hearing, they must be raised with the Committee Chair or Committee Coordinator as soon as possible. This includes poor connectivity issues that impede anyone's ability to hear or see proceedings. Proceedings should be halted until technical issues have been resolved, or, as a last resort, an alternative way to proceed is identified.

This is to ensure that all parties have fair access to proceedings and vital information or evidence is not misheard or missed altogether.

If an observer is unable to hear or see proceedings, they should raise this with the Committee Coordinator as soon as possible to ensure public access to the hearing is maintained.

Despite thorough preparation prior to a hearing, sometimes technical issues arise on the day that cannot be avoided. This can slow or pause proceedings which can be disruptive so patience may on occasion be necessary.

The Committee Coordinator will provide parties and observers with email and telephone contact details in case of technical issues.

## 1.9 Role of the Committee Coordinator

The Committee Coordinator is responsible for the smooth running of the hearing. They will update parties and observers about start and finish times, when to return from breaks or private session so it is imperative that contact details are available to them.

They will also create the virtual meeting rooms and control access to them.

Outside of their duties on hearing days, the Committee Coordinator also facilitates the scheduling of the hearing, monitors case management direction deadlines, coordinates disclosure and paperwork and supports all parties with queries, technical support and provides support to witnesses.

The Committee Coordinator will also provide additional support to unrepresented registrants and vulnerable witnesses if required.

## 1.10 Record of the hearing

A formal record of the hearing will be taken by a stenographer, along with an audio recording. Alternatively, the GCC may take the decision to record via the Teams application or other technology. A verbatim written note of proceedings is then produced – this is called a transcript.

**No other party is permitted to record any part of the hearing.**

## 1.11 Adjustments

If any participant to the hearing requires any reasonable adjustments due to disability or other need which will support them taking part in the hearing, they should contact the Committee Coordinator who will be able to assist.

2. For further information or support, please contact the Committee Coordinator at [adjudication@gcc-uk.org](mailto:adjudication@gcc-uk.org).

**General Chiropractic Council  
June 2021**

# **GCC Consultation**

## **Hearings Protocol [Draft]**

Closing date of consultation: 18 August 2022

## Background and purpose of consultation

The General Chiropractic Council regulates chiropractors in the UK, Isle of Man and Gibraltar to ensure the safety of patients undergoing chiropractic treatment. We are an independent statutory body established by, and accountable to, Parliament to regulate the chiropractic profession. We protect the health and safety of the public; to:

- Promote standards: We will set, assure compliance, and promote educational, professional and registration standards alongside lifelong learning
- Develop the profession: We will facilitate collaborative strategic work to support the profession in its development
- Investigate and act: We will take right touch action on complaints, the misuse of title or where registration standards are not met
- Deliver value: We will be a great place to work, work collaboratively and deliver effective and efficient services.

### Background

In 2020, the GCC acted quickly, flexibly, and responsibly in adapting to significant challenges arising from the COVID-19 pandemic and imposed restrictions. Social distancing and other measures introduced by the government in March 2020 meant that Fitness to Practice (FTP) hearings could no longer be held in person. By May 2020, the GCC had determined which FTP hearings could proceed and be heard remotely, alongside providing the necessary training to Committee members.

In drafting this Hearings Protocol, the GCC reviewed its existing protocol for holding remote hearings introduced in March 2021, incorporating feedback, insights and learning acquired through participants' experiences, including defence representatives, panel members and legal assessors.

The GCC also reviewed the [guidance for regulators on fitness to practise hearings during the COVID-19 pandemic](#) published by the Professional Standards Authority in September 2020.

Having held 21 remote PCC hearings since 2021, the GCC believes there are no disbenefits to holding remote hearings, with their suitability for individual cases being carefully assessed and considered each time. Although there are some cost savings in holding hearings remotely, the GCC believes that factors such as fairness and justice should determine which format a hearing should take.

### The Consultation

The GCC invites views on its draft Hearings Protocol in this consultation. Once agreed, it will replace the protocol on remote hearings, published in March 2021.

## In summary:

- We have called this the *Hearings Protocol* to signal a conscious move from a *Remote Hearing Protocol*
- Our starting point in determining the format of a PCC hearing is neutral
- We have seen advantages for participants in the holding of hearings remotely; equally as opposed to a default position to hold remote hearings
- A set of factors are identified as being relevant when considering the appropriate hearing format
- We provide more information on the conduct of the hearing and the procedure to be followed

## Additional information

The draft guidance on which we are inviting comments is [here \(insert link\)](#).

An equality impact assessment is [here \(insert link\)](#), and comments are invited in answers to the consultation questions.

## Ways to respond

You can respond to this consultation online [\(insert link\)](#) or by email to [enquiries@gcc-uk.org](mailto:enquiries@gcc-uk.org).

## Closing date

The deadline for responses to this consultation on the draft hearings protocol is **18 August 2022 midnight**. The consultation will be publicised and stakeholders will be invited to comment.

# GCC Consultation: Draft Hearings Protocol

## Part One: Contact details

### Question 1

Your name or organisation if responding on their behalf

--

### Question 2

Email address

--

### Question 3

Please indicate below the capacity in which you are responding (Choose one option):

Chiropractor	
Committee member	
Legal representative	
Patient	
Member of the public	
Other (please specify)	

## Part Two: Questions

### Question 4

Is the draft Hearings Protocol clear and accessible?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

### Question 4a

Please provide suggestions on how the draft Hearings Protocol might be made clearer and/or more accessible.

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<b>Question 5</b>	
The GCC proposes holding hearings other than only in-person. Do you agree that it should do so?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

<b>Question 5a</b>
Please provide reasons for your answer to Question 5

<b>Question 6</b>	
Have you had direct experience of a remote hearing at the GCC?	
Yes	<input type="checkbox"/> (Go to Question 6a)
No	<input type="checkbox"/> (Go to Question 7)

<b>Question 6a</b>
If YES to Question 6, in what context or in what capacity were you involved within the remote hearing ie. were you a witness, registrant, or legal representative?

<b>Question 6b</b>
What factors of the remote hearing did you think worked well?

<b>Question 6c</b>
What could have been improved within the remote hearing?



<b>Question 7</b>	
Have you had direct experience of an in-person hearing at the GCC?	
Yes	<input type="checkbox"/> (Go to Question 7a)
No	<input type="checkbox"/> (Go to Question 8)

<b>Question 7a</b>
If YES to Question 7, in what context or in what capacity were you involved within the in-person hearing, i.e., were you a witness, registrant, or legal representative?
<b>Question 7b</b>
What factors of the in-person hearing did you think worked well?
<b>Question 7c</b>
What could have been improved within the in-person hearing?

<b>Question 8</b>	
In your view, are there implications for groups with identified protected characteristics resulting from the implementation of this Hearings Protocol?	
Yes	<input type="checkbox"/> (Go to Question 8a)
No	<input type="checkbox"/> (Go to Question 9)

**Question 8a**

If Yes to Question 8, please explain what could be done to address these implications for groups with identified protected characteristics from the implementation of this Hearings Protocol?

**Question 9**

Are there any other equality, diversity or inclusion aspects within the Hearing Protocol which may be unfair or discriminate against people with identified protected characteristics?

Yes ☐ (Go to Question 9a)

No ☐ (Go to Question 10)

**Question 9a**

If YES to Question 9, please outline how you believe these aspects within the Hearings Protocol may be unfair or discriminate against people with identified protected characteristics and could be mitigated?

**Question 10**

Do you consider that the approach proposed in the Hearing Protocol supports the GCC's overarching objective of public protection and does so proportionately?

This includes:

- a. protecting, promoting and maintaining the health, safety and well-being of the public
- b. promoting and maintaining public confidence in the profession of chiropractic
- c. promoting and maintaining proper professional standards and conduct for members of the chiropractic profession

Yes	<input type="checkbox"/>
No	<input type="checkbox"/> (Go to Question 10a)

<b>Question 10a</b>
If NO to Question 10, please provide your reasons why the proposed Hearing Protocol does not support the GCC's overarching objective of public protection?

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018, and the Environmental Information Regulations 2004). If you would prefer your name not to be made public, please indicate this when sending us your views.

The GCC is a data controller registered with the Information Commissioner's Office. We use personal data to support our work as the regulatory body for chiropractors. We may share data with third parties to meet our statutory aims and objectives and when using our powers and fulfilling our responsibilities.

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# Equality Impact Assessment Template

## Step 1 – Scoping the EIA

The term *policy* is interpreted broadly in equality legislation and refers to anything that describes what we do and how we expect to do it. It can range from published policies and procedures to the everyday customs and practices, sometimes unwritten, that contribute to the way our policies are implemented and how our services are delivered.

Published statements of policy are a helpful starting point for equality impact assessments, as they establish the overall purpose of particular activities. Please use this form to document your assessment.

<b>Title of policy or activity</b>	
Hearing Protocol	
<b>Is a new or existing policy/activity?</b>	
New policy	
<b>What is the main purpose and what are the intended outcomes of the policy/activity?</b>	
The protocol outlines the circumstances and factors that are considered when deciding whether to hold a PCC hearing remotely or in person. The protocol also sets out practical information for participants of those hearings.	
<b>Who is most likely to benefit or be affected by the policy/activity</b>	
Registrants, those specifically under investigation, witnesses, members of the public, legal representatives, Regulatory Committee Members.	
<b>Who is doing the assessment?</b>	
Niru Uddin, Director of Fitness to Practise	
<b>Dates of the EQIA</b>	
• When did it start?	07/06/2022
• When was it completed?	09/06/2022
• When should the next review of the policy/activity take place?	Further review post consultation

## Useful information

<b>What information would be useful to assess the impact of the policy/activity on equality?</b>
We do not have any data currently which suggests that people with particular protected characteristics will be impacted as a result of this guidance.

**Is there data relating to people with any/each of the protected characteristics?<sup>1</sup>**

The GCC collects and holds EDI data on its registrants, but this is not 100% complete for all protected characteristics. Activities are being undertaken to encourage registrants to provide more information at the point of registration and retention.

**Where can we get this information and who can help?**

As part of the consultation, we can check whether the guidance could have an impact for people with particular protected characteristics, whether as chiropractors or patients.

## **Step 2 – Involvement and consultation**

**If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.**

The draft protocol was shared with the United Chiropractic Association, Scottish Chiropractic Association, McTimoney Chiropractic Association and the British Chiropractic Association.

GCC lawyers also reviewed the guidance and lawyers instructed for some of the professional associations.

Council will approve the draft guidance on 23 June 2022 for consultation.

To date, the consideration of the draft protocol has largely been limited to the key stakeholders involved in Professional Conduct Committee hearings work and internally to the GCC and its lawyers. Formal consultation with the profession is planned ahead of the GCC reviewing the responses before a final draft is presented to Council for approval.

## **Step 3 – Data collection and evidence**

**What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010?**

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

Key stakeholders have reviewed the guidance and no equality concerns have been raised at this stage.

---

<sup>1</sup> The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The protocol covers remote hearings which operate via the use of technology. We know that some people with some protected characteristics may present barriers ie. age and disability. It is noted in the protocol that alternatives to the technology are available, as is assistance with the technology. See paragraph 14.1. Ultimately, if barriers cannot be removed, a case will not be suitable for a remote hearing. The protocol directly requires Equality Act 2010 considerations to be considered when determining the format of a hearing.

**What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?**

To make sure that we are not inadvertently discriminating against people with particular protected characteristics (patients or chiropractors) as a result of this guidance, we will explore this issue as part of our consultation.

#### **Step 4 – assessing impact and strengthening the policy**

**What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics?**

See Step 3 above.

Where a party does not have the means to use the technology (ie. no device, no internet), in certain circumstances, parties can arrange for them to give evidence in a different location, such as a solicitor's office. Where the party does not have the skills to use the technology, help and support are given via the Committee Coordinator with test calls and technological assistance. As above, provision can be made for parties to take part in the hearing in a different location with physical support on hand.

If we cannot resolve any particular equality consideration, the hearing will be held in a different format.

We will ensure during the formal consultation that we seek feedback specifically relating to the impact on those with protected characteristics. We will include a specific question regarding this as part of our consultation.

**Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act?**

We are not aware of any such implications at this stage.

**What practical changes will help to reduce any adverse impact on particular groups?**

See above. We will explore this during the consultation.

**What could be done to improve the promotion of equality within the policy?**

The protocol focuses on decision making as to the appropriate format for a Professional Conduct Committee hearing. It is hoped that making the issues more transparent will make decisions in this area clearer for chiropractors and patients involved in a hearing.

The protocol also requires the conditions within Equality Act 2010 to be taken into account when determining the format of a hearing.

**Step 5 – making a decision****Summarise your findings and give an overview of whether the policy will meet the GCC's objectives in relation to equality.**

We will review this once the consultation has been completed.

I believe the protocol does meet the needs of the GCC's objectives concerning equality because:

- It has received legal review.
- No concerns have been raised about equality impact at this stage.
- It provides for reasonable adjustments regarding access to technology or ability to use technology.
- The protocol directly requires Equality Act 2010 considerations to be taken into account when determining the format of a hearing.
- Should there be concerns about equality and fair access to the hearing that cannot be overcome, the hearing will not be held remotely.

**What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?**

To be considered as a result of the consultation.

**What practical actions do you recommend to include or increase potential positive impact?**

To be considered as a result of the consultation.

**Step 6 – monitoring, evaluation and review****How will you monitor the impact/effectiveness of the policy/activity?**

Should we receive feedback from those that use the protocol that improvement can be made, the protocol will be updated where appropriate. The protocol will be reviewed annually to ensure the contents are current.

**What is the impact of the policy/activity over time?**

The protocol should demonstrate how decisions are made when deciding the format of substantive hearings before the GCC's Professional Conduct Committee or Health Committee ('the Committee'). The format can be a 'physical hearing', a 'remote hearing', or a 'hybrid' hearing.

We will monitor and evaluate the impact of the protocol on the format of Professional Conduct Committee hearings.

**Where/how will this EIA be published and updated?**

The EIA will be published on our website alongside the published guidance.

**Step 7 – action planning****Please detail any actions that need to be taken as a result of this EIA**

Action	Owner	Date
Review in relation to the consultation process and its outcomes	Director of FTP	



# Records Retention Policy Update

Meeting paper for Council on 23 June 2022

Agenda Item: 7

## Purpose

As part of our effective arrangements for risk management and information governance, the GCC aims to develop and maintain a robust Records Retention policy. This paper presents the updated Records Retention policy, along with a detailed schedule for individual items.

## Recommendations

Council is asked to approve the Records Retention policy.

## Background

1. While the GCC carries out its various functions and activities, a wide range of data/information is collected from individuals and external organisations. These records can take different forms and may be retained as ‘hard’ copy records or in electronic form.
2. At its January 2022 meeting, Council approved the GCC Business Plan for 2022, along with the 10 projects to be delivered this year. This is the first business plan to deliver the three-year 2022-2024 strategy.
3. One of the projects in the Business Plan is to “*Review on migrating the GCC physical documentation in the office and external archive to a cloud-based storage system.*” The first deliverable measure outlined against the project is to agree a document retention policy.

## Process

4. The previous version of the policy was presented to Council on 12 December 2019 for approval. The draft was updated to comply with changes in data

protection legislation and best practice around the retention of records. Council agreed the draft policy and schedule at that time.

5. Subsequently, the Executive have reviewed the draft policy in detail such that it is reflective of relevant extant laws, regulations and best practice. This is in line with GCC's future records retention arrangements and practices.
6. Additionally, for further assurance, Capsticks (the GCC's legal advisers) were commissioned in May 2022 to review the draft policy and retention schedule; this was to ensure that records were being retained in line with applicable laws and regulations.

### **Draft Policy**

7. The draft policy and retention schedule has been finalised by the Executive and is annexed (Annex A).
8. The policy is split into three main categories:
  - Development: Registrations, Education and Quality Assurance
  - Fitness to Practise: Regulation
  - Corporate and Governance: Information Requests, HR, Governance, etc
9. Each category outlines individually the various forms of data collected, reason for the data held and the duration of the records retention period at the GCC.

### **Impact**

10. The key impact this policy will have will be to provide clarity around the retention of records at the GCC.
11. Without the retention schedule, the unstructured approach to retention and destruction of records/documents could cause the Council negative repercussions such as operational problems, difficulty in defending litigious claims, and failure to comply with the Freedom of Information Act and Data Protection Act. Equally, the permanent retention of records risks unlawful use of information.
12. Following the appointment of the Business and Projects Officer, the Executive will appoint an administrator on fixed-term project basis by July 2022 to develop a feasibility report on the project before we commence its implementation (as provided for in the BP 2022).

**Joe Omorodion**

**Director of Corporate Services**

## **GCC Records Retention Policy (draft June 2022)**



This policy covers information acquired and held by the General Chiropractic Council (GCC) for the following functions:

- a.** Development: Registrations, Education and Quality Assurance
- b.** Fitness to Practise: Regulation
- c.** Corporate and Governance: Information Requests, HR, Governance, etc

The policy relates to personal information held about individuals, but also includes other information such as Council papers and minutes. The principles governing this policy are that the GCC should acquire personal information only for a specified purpose or purposes, and only to the extent that it is needed for that purpose or purposes. Having acquired the data, it should be used only for the purpose or purposes for which it was acquired and held for no longer than is necessary.

The schedule to the policy sets out the type of information held by the GCC and the maximum period for records to be retained. At the end of those periods the information will be securely destroyed. We intend to apply this policy retrospectively to information we already hold. Our current approach to emails is that they are non-formal records until they are added to our online data storage system either as part of the GCC's central database or otherwise part of our cloud-based storage system. Once added, they are subject to the retention categories in the records retention schedule.

The policy and the records retention schedule will be presented to Council for approval in June 2022.



## GCC RECORDS RETENTION AND DISPOSAL SCHEDULE (draft June 2022)

Record type/category	Any required or recommended minimum/maximum retention period	Organisation retention period	Retention start period (local jurisdiction / EU)	Retention justification (if not consistent with legislation/regulation/guidance)	Record medium	Location	Secure disposal method (incl proof)	Categories
<b>Development</b>								
<b>Registrations</b>								
<b>Purpose:</b> We hold personal information relating to initial applications for registration and the annual registration retention process. For initial applications this will include a completed application form, certificate of recognised qualification, character and health references.								
Registration records including records relating to registration applications, retention and CPD (admitted to register)	N/A	Permanent		Public interest/discharge of our statutory functions as the professional regulator	Email, paper & other electronic forms		Archive	Registrations
Individuals removed from the Register for reasons not related to fitness to practise matters (e.g. resignation or removal for non-payment of fees, etc)	N/A	Permanent		Information needed if the individual applies for restoration and for protection of title purpose	Email, paper & other electronic forms		Archive	Registrations
Unsuccessful applications for registration including incomplete applications	N/A	Full record for 10 years after the last unsuccessful application. A summary record of applicant's name, date of birth and reasons for unsuccessful application to be kept permanently	From date of application	Information needed if the individual reapplies or for 'protection of title' purposes	Email, paper & other electronic forms		permanently delete and/or shred	Registrations
Test of Competence applications – underlying documentation. (Results/outcome letter to be retained permanently)	N/A	10 years	From panel decision	Public interest/discharge of our statutory functions as the professional regulator	Email, paper & other electronic forms		permanently delete and/or shred	Registrations
<b>Education and Quality Assurance</b>								
<b>Purpose:</b> We acquire and retain information relating to the provision and quality assurance of chiropractic education. Information about chiropractic programmes is generally not 'personal data' (i.e. does not relate to individuals).								
Statutory Education committee minutes, papers and agendas	N/A	Permanent		Of public interest as a record for the profession.	Email, paper & other electronic forms		Archive	Education
Applications for programme recognition	N/A	Permanent		Of public interest as a record for the profession and as part of our regulatory functions.	Email, paper & other electronic forms		Archive	Education
Recognition and monitoring visit reports and decision and Privy Council orders	N/A	Permanent		Of public interest as a record for the profession and as part of our regulatory functions.	Email, paper & other electronic forms		Archive	Education
Publications and guidance to the profession issued by the GCC	N/A	Permanent		Of public interest as a record for the profession and as part of our regulatory functions.	Email, paper & other electronic forms		Archive	Development
Research reports (academic and professional)	N/A	Permanent		Of public interest as a record for the profession and as part of our regulatory functions.	Email, paper & other electronic forms		Archive	Development
<b>Fitness to Practise</b>								

**Purpose:** In the field of fitness to practise particularly, we need to balance our duty to protect the public against statutory privacy requirements such as those imposed by the Data Protection Act and Article 8 of the Human Rights Act on the other. This means that the fitness to practise committees need to have all relevant information when considering complaints against chiropractors, but the length of time for which information is retained should nevertheless be proportionate. Cases can come to an end at different stages along the fitness to practise process. The information acquired and decisions reached at those different stages may become relevant if a registrant is the subject of a new complaint. The relevant legislation, particularly rules governing the functioning of the Professional Conduct Committee (PCC) allows for this. We have also included a provision for information acquired during our 'protection of title' S32 proceedings.

Regulation								
Enquiries / concerns (any professional conduct communication containing information which is capable of amounting to an 'allegation' or 'complaint' under the Act)	N/A	8	Conclusion of enquiry	Public interest/discharge of our statutory functions as the professional regulator.  <i>Information gathered from enquiries / concerns can prove to be important even if the complaint does not proceed. Complainants who may be unwilling to make a formal complaint sometimes say that if others come forward with similar complaints they would be prepared to give witness statements or make their own complaints. Balanced against those reasons for keeping information about concerns for as long as possible, is the fact that memories fade, and so evidence from several years ago may become less valuable, putting into doubt the purpose for which the information is held. The registrant is unlikely to know of the existence of a concern. The recommendation made in relation to concerns seeks to find the right balance. NB there is no time bar on bringing a complaint.</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation
Cases determined at investigating committee with <u>no case to answer</u> found (with or without advice) to include minutes, case files and decision notices.	N/A	8 years	Conclusion of case	Public interest/discharge of our statutory functions as the professional regulator.  Similar arguments apply as above, though the reason for non referral by the IC may be the quality of evidence. Where a number of complaints have been received against the same registrant within a short time period this may indicate wider fitness to practise concerns.  <i>Record of the IC summary sheet and decision and the complainant and witnesses contact details to be retained permanently.</i>  <i>Advice issued to a registrant is designed to ensure future compliance with the GCC Standards. Advice issued does not affect a Registrant's registration status and will not be recorded on the Register as it is not a formal sanction nor would any restrictions be placed on the registrant's registration. However, the fact that advice was issued will become part of the Registrant's fitness to practise history.</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation
Cases determined at Professional Conduct Committee to include master bundle and decision notice	N/A	Anything in public domain to be held permanently (e.g. transcripts in PCC cases, determinations).  Unproven cases - 8 years or where child involved up to age 18,  Proven cases - underlying information held until death of registrant	Conclusion of case	Public interest/discharge of our statutory functions as the professional regulator  <i>Allegations heard by the PCC are in the public domain, while in health cases only the outcome is a matter of public record</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation

Medical records belonging to patients	N/A	After appeal period has ended	Conclusion of case	Public interest/discharge of our statutory functions as the professional regulator  <i>These are considered to be among the most sensitive types of data.</i>  <i>Patients will be offered the records at the conclusion of the case, which would be after any appeal period has ended; if they are not wanted, they should be destroyed immediately.</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation
Fitness to practise decision is appealed (including section 29 Appeals)	N/A	10 years	From conclusion of case	Public interest/discharge of our statutory functions as the professional regulator  <i>Where a decision by a Conduct Committee is appealed by the Registrant or the Professional Standards Authority</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation
Protection of title / Section 32 investigations	N/A	10 years	After investigation into the complaint has been concluded	Public interest/discharge of our statutory functions as the professional regulator  <i>A cease and desist letter may stop the offending in the short term but we need to keep records to check for reoffending</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation
Protection of title / Section 32 prosecutions	N/A	Permanent	Conclusion of case	Public interest/discharge of our statutory functions as the professional regulator  <i>Prosecutions are a matter of public record, but likely to be sufficient to keep all the documents associated with the court case (i.e. no need to keep drafts)</i>	Email, paper & other electronic forms		permanently delete and/or shred	Regulation

Corporate and Governance								
<b>Purpose:</b> To formalise in detail the recommended and GCC records retention period, justification for retaining records, their location and disposal methods. The Corporate and Governance records categories cover: (a) Information Requests (b) Financial Records (c) GCC Investments (d) Governance (e) Health and Safety (f) HR and (g) Insurances (h) Pensions and (i) Contracts and Leases.								
Information Requests								
Data protection / subject access request and disclosure	3 years	3 years	Closure of SAR	Consistent with NHS Records Retention Code of Practice (otherwise, statutory retention period is 1 year following completion of the request under DPA 2018)	Email, paper & other electronic forms		Permanently delete and/or shred bundle of disclosure documents as well as request and any relevant emails	Data protection and Freedom of Information
Freedom of information Act requests and responses	3 years	3 years	Closure of FOI	Consistent with NHS Records Retention Code of Practice	Email, paper & other electronic forms		Permanently delete and/or shred bundle of disclosure documents as well as request and any relevant emails	Data protection and Freedom of Information
Freedom of information Act requests and responses where there has been an appeal	6 years	6 years	Closure of appeal	Consistent with NHS Records Retention Code of Practice	Email, paper & other electronic forms		Permanently delete and/or shred bundle of disclosure documents as well as request and any relevant emails	Data protection and Freedom of Information
Cases that are referred to an ICO Information Tribunal	10 years	Permanent	Closure of case	Ordinarily a matter referred to the Information Tribunal would be repercussive for the GCC.	Email, paper & other electronic forms		Archive	Data protection and Freedom of Information
Previous versions of electronic documents (when superseded by a new updated version)	N/A	14 days	From date of creation of new version	Business continuity purposes, comparison, corporate memory (including in the event of a claim) and a record for the profession.	Email, paper & other electronic forms		permanently delete and/or shred	Data protection and Freedom of Information
Special delivery dispatch book	N/A	10 years	From completion of the book	Establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Facilities
Post log records	N/A	10 years	From completion of log	Establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Facilities
Financial records								
Asset Register	N/A	2 years	From the date the item/asset is disposed of	Health and safety/facilities management, and establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Financial statements	N/A	6 years	From end of financial year	Equivalent to requirements under s.221 of the Companies Act 2006; Legitimate interest to defend possible legal claim; Discharging our statutory responsibilities (including as regards to financial reporting); Corporate memory.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Final approved budget	N/A	3 years	From date of approval	Equivalent to requirements under the Companies Act 2006; Legitimate interest to defend possible legal claim; Discharging our statutory responsibilities (including as regards to financial reporting); Corporate memory.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Summaries of daily banking and lodgement books	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Petty cash records	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Staff expenses	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Invoices	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Refunds	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
VAT	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Corporation tax	Current year plus 6 years	current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance



PAYE	Current year plus 6 years	Current year plus 6 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Monthly management reports	N/A	3 years	From completion of financial year	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance

Theft/fraud	N/A	6 years	From date of determination of incident	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
<b>Investments</b>								
Investment policy and strategy	N/A	10 years	From completion of policy implementation	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Investment portfolios -Transaction deals	N/A	6 years	After investments are liquidated or matured	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
Investment portfolios -Reports and statements	N/A	10 years	After investments are liquidated or matured	In case of audit/financial assessment/to establish exercise and defend legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Finance
<b>Governance</b>								
Public consultations - raw data	N/A	Four months	From date of final decision by Council	Evidence led decision making / prospect of judicial review.	Email, paper & other electronic forms		permanently delete and/or shred	Governance
Public consultations - statistical analysis (anonymised)	N/A	Permanent	From date of final report	Evidence led decision making, of interest to the public and profession.	Email, paper & other electronic forms		Archive	Governance
Public consultations - Final report and associated decision documentation	N/A	Permanent	From date of final report	Evidence led decision making, of interest to the public and profession.	Email, paper & other electronic forms		Archive	Governance
Procedure manuals	N/A	until superseded	until superseded	Corporate memory, establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Governance
Policy	N/A	2 years	From date of amendment or replacement	Corporate memory, potentially of interest to the public and the profession.	Email, paper & other electronic forms		permanently delete and/or shred	Governance
Internal and external audit reports	N/A	6 years	From date of report	To establish exercise and defend legal rights, potentially of interest to the public and the profession and PSA.	Email, paper & other electronic forms		permanently delete and/or shred	Governance
Council committee papers, agendas and minutes	N/A	Permanent		Corporate memory, of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Governance
Non-statutory committee papers, agendas and minutes	N/A	Permanent		Corporate memory, of interest to the public and the profession.	Email, paper & other electronic forms		permanently delete and/or shred	Governance
Informal minutes/notes	N/A	Until superseded	Immediately after formal confirmation of the minutes to which the notes relate.	Corporate memory, effective discharge of our statutory functions, establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Governance
Corporate strategic plans and annual reports (including annual reports and strategic plans prepared further to s. 41 and 41A of the Chiropractors Act 1994.	N/A	Permanent		Discharge of our statutory functions, corporate memory, of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Governance
Draft reports (minutes, reports for Council and Committees, working papers, etc	N/A	Disposed of after report is finalised						
Annual returns and register of Council members' interests	N/A	Permanently	From date of interest declaration	Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Governance
<b>Health &amp; Safety</b>								
Records relating to workplace injury	N/A	7 years	After the employee has left	Establishing exercising and defending our legal rights. Potentially relevant to demonstration of our compliance with health and safety law.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Health and safety inspection audit reports	N/A	6 years	From the date of the report	Compliance with health and safety legislation, establishing exercising or defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Emergency procedures	N/A	Until superseded	Until superseded	Corporate memory, the effective management of our business.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety

Local reportable injuries, diseases and dangerous occurrences	N/A	3 years	From date of report	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)(SI 1995/3163) as amended, and Limitation Act 1980. Establishing, exercising and defending our legal	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Externally reportable injuries, diseases and dangerous occurrences	N/A	10 years	From date of report	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)(SI 1995/3163) as amended, and Limitation Act 1980. Establishing, exercising and defending our legal	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Accident book	3 years	3 years	From date of entry	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)(SI 1995/3163) as amended, and Limitation Act 1980. Establishing, exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Log of maintenance and repairs	N/A	6 years	From date of entry	Establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Assessments under health and safety regulations and records of consultations - including Covid-19 risk assessments	N/A	Kept as long as they remain relevant	From date of assessment	Establishing exercising and defending our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
Fire warden training	6 years	6 years	After employment ends	Fire Precautions (Workplace) regulations 1997.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
First aid training	6 years	6 years	After employment ends	Health and Safety (First Aid) Regulations 1981.	Email, paper & other electronic forms		permanently delete and/or shred	Health and safety
<b>Human Resources</b>								
Personnel files (staff) - including training records, terms and conditions of offer, written particulars and variations	N/A	6 7-years	After the employee has left	Establishing exercising and defending our legal rights. May be relevant for demonstrating compliance with (for instance) pensions and PAYE law. Note it may be unreasonable to refer to expired warnings after two years have elapsed	Email, paper & other electronic forms		Archive	Human resources
Senior executives' records (personal records, performance appraisals, employment contracts)	N/A	6 years	After employee has left	Establishing exercising and defending our legal rights.	Email, paper & other electronic forms		Archive	Human resources

Personal records for members of the Council, partners and non-Council Members	N/A	Possibly longer than 7 years	After the employee has left	Establishing exercising and defending our legal rights. May be relevant for demonstrating compliance with (for instance) pensions and PAYE law. Potentially of relevance as an item of corporate	Email, paper & other electronic forms		Archive	Human resources
Annual leave records	2 years	5 years	From end of calendar year	Establishing exercising and defending our legal rights. May be relevant for demonstrating compliance with (for instance) pensions and PAYE law.	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Sickness absence record	N/A	3 years	After the end of the tax year for statutory sick pay purposes.	Establishing exercising and defending our legal rights. Potentially relevant to demonstration of our compliance with health and safety law.	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Parental leave	N/A	18 years	From the birth of child	Establishing exercising and defending our legal rights. Potentially relevant to demonstration of our compliance with health and safety law.	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Unsuccessful recruitment applications	N/A	1 year	After application refused or relevant position filled	Corporate memory and business management.	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Disciplinary and Grievance investigations -where proved final written warning)	N/A	2 years	Once the relevant time has been "spent"	Establishing, exercising or defending our legal rights	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Disciplinary and Grievance investigations -where proved (written warning)	N/A	1 year	Once the relevant time has been "spent"	Establishing, exercising or defending our legal rights	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Disciplinary and Grievance investigations -where proved (oral warning)	N/A	6 months	Once the relevant time has been "spent"	Establishing, exercising or defending our legal rights	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Disciplinary and Grievance investigations -where unfounded	N/A	immediately	After the investigation with consent of the employee	Establishing, exercising or defending our legal rights	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
The process of termination of staff through voluntary redundancy, dismissal or retirement - including redundancy calculations and payments	N/A	6 years	After the staff member has left	Establishing, exercising or defending our legal rights	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Policies	N/A	3 years	After lapse	Corporate memory, establishing exercising and defending our legal rights.	Email, paper & other electronic forms (including IT policy)		permanently delete and/or shred	Human resources
Whistleblowing documents	6 months	1 year	Following the outcome (if substantiated); if not substantiated, personal data is to be removed immediately.	Public Interest Disclosure Act 1998 and recommended by International Association of Privacy Professions (IAPP) practice.	Email, paper & other electronic forms		permanently delete and/or shred	Human resources
Flexible working requests	N/A	18 months following any appeal	A further request cannot be made for 12 months following a request plus allowing for a 6-month tribunal limitation period on top.	Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Human resources
References	N/A	1 year	After reference is given (to meet defamation claims)	Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Human resources
Right to work in the UK checks	N/A	2 years	After employment ends	Recommended by the Home Office. Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Human resources
<b>Insurances</b>								
Claims correspondence	N/A	3 years	After settlement	Establishing, exercising or defending our legal rights	Email, paper & other electronic forms		permanently delete and/or shred	Insurance
Employers liability insurance certificate	N/A	40 years	After expiry	Obligations under the Health and Safety at Work Act 1974, potentially necessary to establish exercise and defend our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Insurance

Accident reports and relevant correspondence	N/A	3 years	After incident/date of last entry	Obligations under the Health and Safety at Work Act 1974, potentially necessary to establish exercise and defend our legal rights.	Email, paper & other electronic forms		permanently delete and/or shred	Insurance
<b>Pensions</b>								
Press cuttings and media reports- Media statements made by the GCC	N/A	Permanent	After publication	Potentially of interest to the public and the profession. May be relevant to the discharge of our statutory functions.	Email, paper & other electronic forms		permanently delete and/or shred	Media relations
Employee pay history (including tax and NIC)	3 years	Current year plus 6 years	After the end of the pay reference period following the one that the records cover	Whilst the statutory requirement is 3 years (Income Tax Employments Regulations 1993 (SI 1993/744), it is preferable to keep for longer due to the contractual relationship with the employee.	Email, paper & other electronic forms		permanently delete and/or shred	Pension and payroll
Season ticket loan	N/A	current year plus 6 years		Legal obligation under [xxxxx] or legitimate interest to defend possible legal claim.	Email, paper & other electronic forms		permanently delete and/or shred	Pension and payroll
Actuarial valuation reports	N/A	Permanently or until property disposed of		Legal obligation under [xxxxx] or legitimate interest to defend possible legal claim.	Email, paper & other electronic forms		permanently delete and/or shred	Pension and payroll
Money purchase schemes	N/A	6 years after transfer or value taken	Date of transfer or value taken	Legal obligation under [xxxxx] or legitimate interest to defend possible legal claim.	Email, paper & other electronic forms		permanently delete and/or shred	Pension and payroll
Pension records and pension scheme investment policies	N/A	12 years	From date benefit ceases	Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Pension and payroll
<b>Contracts and Leases</b>								
Deeds of title	N/A	Permanently or until property disposed of		Establishing exercising or defending our legal rights and associated limitation periods.	Email, paper & other electronic forms		Archive or permanently delete and/or shred	Property
Leases	15 years	15 years	After expiry	Establishing exercising or defending our legal rights and associated limitation periods.	Email, paper & other electronic forms		permanently delete and/or shred	Property
Contracts, licensing agreements, Rental/hire purchase agreements.	6 years; 12 years	6 years; 12 years	From expiry of contract; From expiry of contract where contract is executed as a deed.	Establishing exercising or defending our legal rights and associated limitation periods.	Email, paper & other electronic forms		permanently delete and/or shred	Suppliers
Major agreements of historic significance	N/A	Permanent		Establishing exercising or defending our legal rights and associated limitation periods; Corporate memory; Potentially of interest to the public and the profession.	Email, paper & other electronic forms		Archive	Suppliers

# Strategic Risk Register

**Meeting paper for Council on 23 June 2022**

**Agenda Item: 8**

## Purpose

This paper presents the six principal risks in the strategic risk register which Council identified and discussed in March 2022.

## Recommendations

The Council is asked to:

- a. approve the updated strategic risk register (SRR).
- b. consider and approve the proposal that the SRR is presented to Council twice a year (i.e. June and December).
- c. consider and approve the proposal that risks which are rated as 'severe' (or red) in the register are presented to Council at each of its meetings.

## Introduction

1. The role of the Council is to ensure that the GCC meets its statutory duties under the Act and other legislation.
2. In the discharge of its duties, Council sets and monitors the delivery of the corporate strategy and the framework for policy and operational performance. These include the setting of the GCC's risk strategy, risk appetite and monitoring their delivery.
3. The GCC maintained 14 principal risks in the strategic risk register until February 2022. At the March 2022 meeting of the Audit and Risk Committee (ARC), members discussed the need to review the number of risks in the register and present their proposals to Council the same month.

4. At the Council meeting on 15 March 2022, each Council member identified the three main risks they considered the GCC was exposed to.
5. Following the Council meeting, the Executive mapped the three top risks each Council member identified at the meeting into six broad risk events/categories.
6. The exercise has resulted in the consolidation of the key risks in the strategic risk register from 14 to 6.
7. The Executive then circulated the new risk register to the Chairs of Council and ARC for their comments.
8. The Executive subsequently presented the updated SRR (with the comments received from the Chairs of Council and ARC) to the ARC meeting on 3 May 2022 for final comments. The ARC considered the updated SRR and was content for it to be presented to Council without further amendments.
9. The updated SRR is presented at **Annex 1**.

### The updated strategic risk register

10. The SRR is comprised of the following entries:

- a. Risk event – the key strategic risk identified at Council
- b. Risk category
- c. Risk owner – the Executive who will be (individually and collectively) responsible for managing the risk on behalf of the ARC and Council
- d. Inherent risk score – the gross risk before any risk mitigation/treatment
- e. Controls we currently have in place
- f. Gaps in controls we have identified
- g. Mitigation response to address the gaps in controls
- h. Response completion date
- i. Residual risk score – the risk score after the mitigation treatment
- j. Assurance body (Council or ARC)
- k. Further actions – i.e. additional actions planned to reduce the risk further
- l. Risk appetite – the risk GCC is prepared to accept in the delivery of its objectives (as approved by Council in March 2022)

### Status of the SRR

11. The new risk categories and their residual ratings in the risk register are outlined in the table on the next page. A **green** rating indicates the residual risk is '**minor**'; **red** means '**severe**'; and an **amber** rating represents a '**moderate**' residual risk.

12. We currently have 4 of the risks in the register rated as 'minor' (green), 1 as 'severe' (red) and 1 as 'moderate' (amber).

No	Risk event / category	Risk rating Mar-22	Risk rating May-22	Comment
1	<b>Failure to protect the public</b> GCC fails to meet core objective of public protection in FtP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	9	9	Unchanged
2	<b>Financial sustainability/solvency</b> GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	6	6	Unchanged
3	<b>Future of the profession</b> The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	20	24	Unchanged (i.e. in the same risk score group)
4	<b>Organisational capacity</b> GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	12	12	Unchanged
5	<b>Cyber security</b> The GCC is subject to a denial of service due to cyber-attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	9	9	Unchanged
6	<b>Governance</b> GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	9	9	Unchanged



## Risks

13. The GCC Risk Management Group (RMG<sup>1</sup>) frequently asks the question, '*What principal and operational risks have we failed to identify?*'.

14. This is because there is a chance that the Group could fail to identify all emerging strategic/operational risks to which the GCC is exposed. The failure to identify such risks is currently assessed as minor (i.e. a risk score of 9).

Identified risk	Risk likelihood*	Impact of risk†	Risk Score	Strategy to mitigate risk
Failure to identify all potential emerging risks, leading to financial loss and/or reputational damage.	2	3	9	The Executive will continue to scan, anticipate and evaluate the GCC's operating business environment for emerging risks.  These will include using appropriate risk identification techniques to try and predict even 'black swan' events.

\* Likelihood ratings: 1 (Rare); 2 (Unlikely); 3 (Possible); 4 (Likely); 5 (Almost Certain)

† Impact ratings: 1 (Insignificant); 2 (Minor); 3 (Moderate); 4 (Major); 5 (Catastrophic)

## GCC's risk tolerance matrix

15. The scoring of each strategic risk noted at Points 11 and 12 above is summarised in the risk tolerance matrix below.

GCC RISK TOLERANCE MATRIX								
<div>Transfer these risks</div> <div>Accept these risks</div>	IMPACT	Certain	5	6	12	18	24	30
		Probable	4	5	10	15	20	25
		Possible	3	4	8	12	16	20
		Unlikely	2	3	6	9	12	15
		Remote	1	2	4	6	8	10
GCC Risk Matrix [L x I + I]			Insignificant	Minor	Moderate	Major	Disastrous	
Nov 2020			1	2	3	4	5	
			PROBABILITY					

Eliminate or avoid these risks if possible

Control or reduce these risks

Joe Omorodion

Director of Corporate Services

<sup>1</sup> The RMG is comprised of the CER and the three Directors of the GCC

GCC - STRATEGIC RISK REGISTER (SRR) MAY 2022																			
ID	Risk Event	Date Identified / Re-categorised	Risk Category	Risk Owner	Probability: Inherent		Inherent Score	Controls in operation	Gaps in controls	Mitigation Response	Response Completion Date	Residual score					Council and/or Committee Assurance	Further actions planned to reduce the risk to a tolerable level and progress to date	Risk Appetite
												Last Period	Trend	Value This Period					
					L	I	S=LxI+I					Value: FEB-22	<div><div></div><div></div><div></div></div>	L	I	S=LxI+I			
SR1	Failure to protect the public GCC fails to meet core objective of public protection in FtP, Education and Registration. This may result in adverse publicity, critical reports by PSA, loss of confidence by stakeholders and ultimately reputational damage.	Mar-22	Reputational risk	D, DEV D, FTP	4	4	20	Clear strategy and business planning cycle.	Partial business continuity arrangements in some key functions, notably data management and registration.	Fully implemented CRM system digitising core tasks; training of wider group of staff on system.	Completed in 2020. Wider group of staff training by Nov-22	9	<div><div></div><div></div><div></div></div>	2	3	9	COUNCIL / ARC		Low
								Regular reporting of performance through monthly executive and quarterly Council scrutiny.		Schedule of meetings being established for 2022.									
								Formal contractual relationship with legal advisers – handling all PCC matters and general advice available on request.											
								Close scrutiny of the performance by Education Committee on education programme and registration activities including CPD. Committee draws on advice of											
								Formal consultation on significant changes to approach and a focus on stakeholder relationships: Regular meeting cycle with PSA scrutiny team, defence organisations, Deans' Forum, RCC and UK chiropractic forum. Feedback to Council by statutory committee Chairs and GCC Chair meetings with stakeholders.											
SR2	Financial sustainability/solvency GCC fails to generate sufficient income from fees and investments to cover annual operating costs; with the external environment significantly affecting wage inflation, energy costs and general rises in operating costs.	Mar-22	Financial / Liquidity	DCS	3	4	16	Prepare annual budget for Council approval.	Prepare a new 5-year financial strategy for the GCC to replace the current 2019-2023 strategy by Jun-22	Produce a new 5-year financial strategy for Council approval.	June 2022	6	<div><div></div><div></div><div></div></div>	1	3	6	COUNCIL / ARC		Low
								Produce forecast income statement for Council approval.		Prepare a 'balanced' budget for the next financial year and have Council's sign-off by December of the prior year.	December each year								
								Produce monthly management accounts for the SMT and GCC Chair, and take corrective actions as they arise. Circulate quarterly management accounts to Council.		Produce a 'balanced' forecast income statement half-way through the financial year.	May each year								
								Produce management accounts report for review by the Audit and Risk Committee at its meetings.		Stress-test the key variables in the budget and forecast statements (to identify when balanced budget targets may not be achieved; therefore, alert Council of potential risk).	December each year								
										Achieve the reserves policy of holding six months annual operating costs.	February each year								
										In a financial emergency, Council to decide how much of the investment portfolio is to be drawdown from reserves each year.	When required								
SR3	Future of the profession The identity, voice and legitimacy of the profession, alongside the potential for regulatory reform and changes to regulation, lead to a fracturing of the profession and increased risks faced by patients.	Mar-22	Business risk	CER	3	4	20	Regular and sustained involvement in reform developments notably the S.60 Order and review of regulators, including meeting with Director General.	The Executive capacity is limited. As soon as we get additional requirements as a result of reform (i.e. s60 becomes real), we will need to act swiftly to provide the needed additional capacity.	Business case to Council to release some funds from reserves to meet capacity needs.		20	<div><div></div><div></div><div></div></div>	5	4	24	COUNCIL		Medium
								Surveillance of the professional and regulatory landscape – monitoring of social media; regular meetings with stakeholders (as SR1) and CERs group.											
								Routine reporting of developments to Council.											
SR4	Organisational capacity GCC is unable to meet core functions due to a lack of capacity – principally, sufficiency of staff with the competence and skills to deliver the business plan.	Mar-22	Operational risk	CER	4	4	20	Executive arrangements for performance scrutiny - monthly performance board to act as early warning.	1. The BP 2022 document storage project (i.e. migration of physical documentation to a cloud-based storage system) will draw upon the technical knowledge of core staff.  2. Insufficient business continuity arrangements held by individuals in core roles.	Close management of the document storage project to limit the exposure of key individuals within flexible windows.	Daily	12	<div><div></div><div></div><div></div></div>	3	3	12	COUNCIL		Medium
								Suite of employment policies including probation, performance appraisal and objective-setting and consistent application by Directors for their teams.		Development of procedure guides on data systems – that is FtP data system and CRM.	Jun-21								
								GCC operating model intended to ensure optimal working patterns in place.											
								Ability to use temporary staff to cover for prolonged staff											
								Business continuity plans.											

Mapped to SRR of Feb-22

SR1 / SR4 and SR5

SR11 / SR12

SR3 / SR6 and SR7

SR9 / SR10

SR5	Cyber security The GCC is subject to a denial of service due to cyber attack disrupting operational capability for a lengthy period and/or loss of data. This results in our inability to meet core statutory objectives which causes significant reputational damage.	Mar-22	Operational risk	DCS	4	4	20	IT support and data storage systems are outsourced.	Lack of control over business continuity arrangements of IT support company.	To manage third party IT supplier risks, agree a business continuity plan with current IT support company to cover continuity of service and data back-ups (for cloud-based and offline systems).	Oct-21 (Policy agreed with current IT support company)	9	=	2	3	9	EXECUTIVE / ARC / COUNCIL		Low
								All data storage off-site in secure data centres and in											
								No information is stored on employee's devices. Access to GCC systems subject to multi-stage authentication.											
								Obtain recognised cyber certifications annually and display on GCC website.		Obtain Cyber essentials (CE) and CE+ certifications each year and display on GCC website. CE is the self-certified standard version. Cyber Essentials Plus is awarded following an on-site visit by an assessor (such as Cyber Strategies). CE Plus standard is optional but often required when working with Government agencies and platforms.	June of each year (last certifications: Jun-21)								
								If a cyber event occurs (i.e. data loss), GCC is restored to normal operating capacity within a maximum period of 4 hours.		Work with GCC IT support company to simulate a cyber attack/data loss event (i.e. a data recovery test); investigate and confirm whether the existing plan and staff response are fit for purpose. Agree Recovery Point Objective (RPO) is 2 hours with IT support company - i.e. to restrict data loss or loss of work to a maximum of 2 hours. Also, agree a Recovery Time Objective, RTO (i.e. target time for the resumption of service delivery after a risk event) of between 0 - 4 hours for different system failure items.	1. Simulation test: Nov/Dec yearly (last test: Dec-21) 2. RPO and RTI targets agreed Oct-21								
								Penetration testing of GCC IT infrastructure is carried out at pre-determined intervals (last conducted in 2021) - with assessed low risk of 'rogue actors' penetrating our IT architecture.		Conduct penetration tests on the GCC's IT infrastructure.	Last test: Oct-20								
								Staff training on cyber security.		Organise cyber training for staff.	Nov-22								
								GCC to work with other regulator-organisations to collaborate on conducting internal audit on non-financial areas of work (i.e. cyber attack, BCP, procurement, HR, etc).		Focus on one area of benchmarking exercise/internal audit with comparable regulator-organisation - at least once every three years.	Last internal audit: Oct-21								
								Review risk financing mechanisms to ensure retained risks can be funded from unrestricted reserves each financial year.		Review annual business risk policy with insurers.	Last review: Dec-21								
								GCC will not pay 'rogue actors' in the event of a ransomware attack.		Activate agreed action when risk arises.									
SR6	Governance GCC does not have sufficient arrangements for effective governance to ensure the delivery of strategic and operational objectives.	Mar-22	Governance risk	CER	4	4	18	Annual effectiveness reviews of Council and Committees undertaken.	1. Formalise the process of communicating findings from annual appraisals (to inform budget-setting so CPD costs can be allowed for in the budget). 2. Non-alignment of dates for conducting and reporting Committee and Council effectiveness surveys.	In 2022: Mar-22: Conduct annual effectiveness survey of Committees (i.e. IC, PCC, EC, and RemHR). Report to Council in June. Nov-22 - Jan-23: Council and ARC surveys. Report to Council in June 2023. From 2023: Conduct all Committee effectiveness review surveys between Nov-23 and Jan-24. Report to Council in Jun-24	Mar-22 (IC, PCC,EC and RemHR: Report to Council in Jun-22 Nov-22 (Council and ARC): Report to Council Jun-23 Nov-23 All Committees and Council: Report to Council Jun-24	9	=	2	3	9	EXECUTIVE / ARC / COUNCIL		Medium
								Succession planning arrangements in place.		Conduct annual appraisals of Council and Committee members between November and January of each year. Report on actionable findings to Council in June.	Jan-23: Conclude appraisals and report to Council in Jun-23								
								Governance policies and procedures in place.		Undertake review of Council performance by external consultant at least once every three years (or as the Chair of Council sees fit).	2022 (currently being conducted) (next review as determined by Chair of Council, say, 2025)								
								Compliance with PSA authorisation processes met consistently.											
								Additional meetings with Council (if required) to maintain contact and focus on strategy.											
<b>KEY</b> Inherent risk: Gross risk exposure before we put mitigation controls in place Residual risk: Net risk exposure after we put mitigation controls in place Risk appetite: This is the amount of risk GCC Council is willing to take in order to achieve its strategic objectives. Risk tolerance: This is the amount of risk the GCC is prepared to accept in order to achieve its financial objectives. We can best understand risk tolerance when linked to our RAG reporting: intolerable, if the risk score is in the red zone; tolerable, if in the amber zone; green zone shows preferred limit of tolerance. Risk attitude: Our response to a single decision (i.e. GCC's investment decision and how much risk to take) which could result in a potential positive or negative outcome (i.e. portfolio growth or decline). Business/disruptive risk: Risk arising from changes in current and potential registrants' interests in the Chiropractic profession, changes in UK economic and political conditions. Financial/liquidity risk: Risk that the GCC is unable to fund its short and long-term liabilities due to insufficient funds. Operational risk: Risk arising from inadequate internal processes and systems leading to loss events. Reputational risk: Risk from loss of damages to GCC's reputation, its brand name and perceived goodwill.																			

SR8 / SR13
SR2
Not mapped: SR14 (pension deficit)

# Report from the Chair of the Audit and Risk Committee

Meeting paper for Council on 23 June 2022

Agenda Item: 9A

## Purpose

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

## Recommendations

Council is asked to:

- **Note** that the Audit and Risk Committee reviewed the new GCC Strategic Risk Register on 25 May 2022 and **agreed** to put forward the register to Council for approval.
- **Note** that the new Strategic Risk Register is proposed by the Audit and Risk Committee to be presented in full form to Council twice a year. Any risks identified as “major” will be presented to Council at each meeting.

## Committee Meetings

1. The Committee has met once, on 25 May 2022, since the last Council meeting.

## Investment Update

2. The Committee received an update from the Investment Managers at Cazenove Capital about GCC’s investment portfolio. Members welcomed the insightful and transparent report.
3. The Committee **noted** the value of the portfolio and how it was being impacted by factors including the increase in inflation (which is continuing to rise), interest rates and the continuing international conflict.

4. The Investment Managers observed that it was expected the international conflict would continue to be felt in the economy for some time to come. The Managers additionally noted that the GCC's investment strategy would receive income which was equal or better than their peers' returns.
5. The Committee **enquired** about the screening of companies for Environmental, Social and Governance credentials (and avoiding unethical investments) before investing funds in their stocks. The Investment Managers noted that investments made were consistent with the mandate specifying such requirements in relation to direct investments in funds. The Committee discussed the concept and risks of investments resulting in a negative social dividend and requested further information relating to any investments not directly overseen by fund managers.
6. The Committee **enquired** about the possibility of achieving the returns target of CPI +3%, given that in the current inflationary climate, this translated to approximately 13%. It was confirmed that the returns target was a long-term target, and they would not change the current risk appetite mandate without consulting with the Committee and Council.
7. In relation to the mix of capital and income returns, the Investment Managers confirmed that the annual income of £120k drawn from the portfolio each year was made up of 83% income and 17% capital (compared to the ratio of 99%:1% about a year ago).

## CER Report

8. The Committee received and **noted** the CER's report covering the period since its last meeting in March 2022.
9. In particular, the Committee **noted**:
  - The risks of the permanent position vacancies being carried and the external support commissioned to mitigate the risk identified for one of the roles.
  - In consideration of the staff turnover, the recruitment process needed to be reviewed.

## 2021 Review of Effectiveness of External Audits

10. The Committee received the findings of the ARC 2021 review of the effectiveness of the external audit process.
11. Based on the responses to the questions in the Deloitte's effectiveness questionnaire that was used for the survey, the Executive concluded that the 2021 external audit process was very effective.

12. The Committee commented that it was good discipline to conduct this review annually and it provided a level of assurance to the Committee.

### Management Accounts for the Period to April 2022

13. The Committee **noted** that that for the period 1 January 2022 to 30 April 2022, there was a realised headline surplus of £156k in comparison the headline budgeted surplus of £128k.
14. The Committee was pleased to see the positive progress towards the achievement of the budgeted surplus for the year.

### New Strategic Risk Register

15. The Committee received the revised Strategic Risk Register (SRR) following Council's discussion at its last meeting in March 2022.
16. The Committee observed that the new SRR was more compact and focused.
17. The Committee was concerned about how the Executive would ensure the mitigating actions in the register were being achieved as they should. The Executive provided assurance noting that they met monthly to track the progress being made towards achieving the mitigating actions and completion dates outlined in the register.
18. It was **suggested** by the Committee that the Executive should provide further narrative to each of the risks in the *Further Action* section of the register, and comment on the status of the assurance map when the risk register is presented to the Committee and Council.
19. The Committee **considered** the new SRR as a whole and (as covered earlier in the agenda) **agreed** the proposed SRR to be presented to Council for its approval at this meeting, and thereafter presented in its full form to Council twice per year.

### Strategic Risk Register – Managing the Risks Assigned to Fitness to Practise and Impact on ARC Work

20. The Committee received a report from the Director of Fitness to Practise (FtP) outlining how the strategic risks assigned to FtP were being managed.
21. The Committee **noted** the main risk with regards to FtP was the budget for hearings as there was no certainty as to how many complaints would be referred by the Investigation Committee to Professional Conduct Committee.
22. The Committee received assurance that the budget for PCC hearings in previous years had been close to the forecast budget and continued to do so. Additionally,

any new incoming referrals were unlikely to be scheduled this calendar year.

- 23.** The Committee commended the Director for the report and its structure. They welcomed this additional reporting to the Committee as it provided a good grasp of the issues.

#### **Assurance Map Update**

- 24.** The Committee **noted** improvements had been made to four areas of the assurance map. The Four areas were – Information Technology, Education Providers, Register of Registrants and Processing and Recording of Registrants' CPD with iMIS.

#### **Information Governance Update**

- 25.** The Committee **noted** that there was one data breach incident which was managed appropriately and successfully resolved.
- 26.** The Committee further **noted** that an appeal had been lodged with the High Court against a PCC decision (i.e., Unacceptable Professional Conduct) of 1 February 2021. The estimated costs for the hearing will be allowed for in the forecast income statement presented at this meeting with Council.

#### **Next Meeting**

- 27.** The next meeting will be on 8 November 2022, remotely via MS Teams.

**Fergus Devitt**

**Chair of the Audit and Risk Committee**

# Report from the Chair of the Education Committee

**Meeting paper for Council on 23 June 2022**

**Agenda Item: 9B**

## **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 November. Updates included a progress report from Teesside University and the monitoring visit report from the meeting with London South Bank University on 3 December 2021.

## **Review of the Education Standards and Quality Assurance Procedures**

2. The Committee discussed the Review of Education Standards and Quality Assurance Handbook, which is being carried out by Gay Swait and overseen by a small Steering group of members.
3. The Committee agreed the proposed domain framework for the Standards and discussed the proposed domain layout. The Communications plan was noted and further engagement is planned to keep stakeholders informed of progress. Further Steering group meetings will consider the draft Standards in detail.

## **CPD update**

4. The Committee noted the conclusion of the 2020/21 CPD cycle and the audit by the Royal College of Chiropractors 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 Committee discussed the focus for CPD for 2022/23 and agreed that this would be Consent. Registrants would be asked to reflect on their understanding and application of the consent process and areas for CPD. Future topics were also considered.

### **Test of Competence update**

6. The Committee received the Test of Competence Annual Report and the External Examiner's report along with the progress made on her recommendations and work on the Test of Competence generally. The reports have been published on the GCC website. The number of applications had increased by 50% and there was a pass rate of 82% in 2021.
7. TOC interviews continue to be held monthly and virtually via MS Teams. Further assessors and chairs have been recruited and a further recruitment round will be necessary in 2022. A mentoring system was in development for assessors aspiring to become chairs.
8. The Committee approved the new Plagiarism and Collusion policy.

### **Scotland College of Chiropractic Charitable Trust – application as a provider of a chiropractic qualification (Stage 3)**

9. The Committee considered in great detail the submission from the Scotland College of Chiropractic Charitable Trust (SCCCT) relating to Stage 3 of the approval process and received on 21 June 2021. The Committee did not approve the Stage 3 programme submission.

### **Education Provider Annual Monitoring 2020-21**

10. The Committee reviewed each of the reports of the meetings held with each education provider and agreed points of feedback to the provider.
11. The Committee agreed to each education provider submitting one report covering all their programmes in the future and that a new annual monitoring overview report would be published.

**Sharon Oliver**

**Chair of the Education Committee**

# Report from the Chair of the Remuneration and HR Committee

Meeting paper for Council on 23 June 2022

Agenda Item: 9C

## Purpose

This paper provides an update to Council from the Chair of the Remuneration and HR Committee.

## Committee Meetings

1. The Committee has met once, on 12 April 2022, since the last Council meeting.

## CER Operational Report

2. The CER informed the Committee that:
  - There was a reasonably high level of staff absence, mainly due to sickness. The Executive had been backfilling gaps identified with temporary resource.
  - The GCC has appointed the HR Patch [HR Specialist company] to provide HR services in a more formal call-off arrangement.
  - Development activities are underway for the senior management team including the completion of 360-degree feedback process, a coach-facilitated away day and a follow up session scheduled for October 2022.
  - A limit of 5 days of annual leave is permitted to carryover in the new calendar year and is required to be used by March of that new year.

The Committee noted the points above.

3. The Committee considered the proposed change in the death-in-service benefit from one to three times an employee's annual salary given the relatively small cost increase (an increase of £1,931), and the perceived value to employees. The Committee agreed to the change and noted that the Executive will

incorporate the new death-in-service benefit into the Pay and Reward policy and procedure note from 2023.

### **Committee Membership – Independent Member**

4. As reported by the Chair of Council in their report, The GCC has conducted an open recruitment process to appoint a new independent member to the committee. The pool of interviewed candidates was of a good standard, and we were able to make an appointment.
5. I am pleased to have Andrea Sillars join us and bring a wealth of experience to assist us and to contribute to the committee and the Executive. I look forward to working with her.

### **Annual Staff Engagement Survey**

6. The Committee received the findings from the employment engagement survey conducted for the year 2021 to April 2022.
7. The Committee noted that the feedback was generally positive and reflected well on staff and management given the problems of the of the pandemic – particularly in a small organisation. However, there was a common theme about workload pressure and the Committee asked whether this was reflected in turnover rate.
8. The Executive told the Committee that a collaborative workshop session with all staff is planned where a shared action plan will be developed to address this issue. [Subsequently, this session took place and staff agreed on three areas of focused review. These are the recruitment process, managing workload and resilience in a small organisation. Staff have been encouraged to volunteer to work on one of the areas, with a member of the Executive taking lead]. We expect an update on progress at our July meeting.

### **NED External Remuneration Benchmarking**

9. The Committee received the findings from the benchmarking exercise that was undertaken in-house for the remuneration of Non-Executive Directors (NED).
10. The Committee noted that there had been no structured review and benchmarking of NED remuneration by the GCC for almost 10 years and there was an opportunity to consider affordability when the draft budget is presented to Council for review.
11. The Committee discussed and agreed that an external consultant should conduct the review and consider the Committee's conclusions on Council member, Council Chair and Committee Chair remuneration using both the evidence available to the Committee and any other data they regard as relevant.

12. Because of the conflicts of interest involved, the Committee agreed that, if possible, the new independent member of the Committee should review the consultant's conclusions on NED, Committee Chair and Council Chair remuneration and ensure they are evidence based and appropriate within the GCC financial framework. Additionally, it is appropriate the new independent member should present formal recommendations to Council.
13. The Committee also agreed to introduce a policy to cover the remuneration of non-executives. The policy should contain a commitment to review the remuneration on a regular basis (i.e., every 3 years).
14. The review by the external consultant is in progress and the Committee will be able to discuss its conclusions at the next meeting. It will then make recommendations to Council.

### Next Meeting

15. The next meeting will take place on 5 July 2022 in-person at the General Chiropractic Council office.

### Recommendation

Council is asked to note the report.

**Steven Gould**

**Chair of the Remuneration and HR Committee**

# Council – Work Programme

Meeting paper for Council on 23 June 2022

Agenda Item: 10

## Purpose

The table below outlines the key activities that will be coming to Council meetings for the remainder of 2022 and the first meeting of 2023. This enables Council to have sight of annual standing items as well as strategic items which will require Council's approval. Additionally, the proposed meeting dates for 2023 are included for Members' consideration.

## Recommendation

Council is asked to:

- note the forward look
- consider and agree the proposed meeting dates for Council in 2023

## Council Forward Look – 2022 and 2023

### Strategic Items for discussion or approval

Item	September 2022	December 2022	March 2023
Business Plan 2023	To <b>discuss</b> – first draft	To <b>approve</b> – final draft	To <b>note</b>
Quarterly Management Accounts	To <b>note</b>	To <b>note</b>	To <b>note</b>
Financial Forecast 2022			
Budget 2023	To <b>note</b> – first draft	To <b>approve</b> – final draft	
GCC Financial Strategy 2023 – 2025	To <b>approve</b> – final draft (if necessary)		

Strategic Risk Register		To <b>note</b>	
Review and Revise Education Standards and Quality Assurance (QA)	To <b>note</b> – update	To <b>approve</b> – Education Standards	To <b>note</b> – update
		To <b>approve</b> - final guidance on Consent	
		To <b>note</b> – revised QA handbook	
Revise guidance documents for participants in Fitness to practise investigations	To <b>note</b> - update	To <b>approve</b> - final Guidance for implementation in 2023	To <b>note</b> - update
Review and consult on a remote hearings protocol	To <b>note</b> - update	To <b>approve</b> - final protocol for implementation in 2023	To <b>note</b> - update
Review on the use of clinical assessors to speed up the investigations	To <b>note</b> - update	To <b>approve</b> - implementation and recruitment in 2023	To <b>note</b> - update
Appointment for Council Member(s)		To <b>note</b> - update	To <b>note</b> - update
Appointment of new Lay Chair for Investigation Committee (IC)	To <b>approve</b> - recommendations		
Appointment of new lay Chair for Professional Conduct Committee (PCC)	To <b>approve</b> - recommendations		
Regulatory Reform	To <b>note</b> - update (if any)	To <b>note</b> - update (if any)	To <b>note</b> - update (if any)
Council / Committee Remuneration	To <b>discuss</b> – Independent Member to present recommendation		

## Performance Reporting and Review

Item	September 2022	December 2022	March 2023
Business Plan 2022	To <b>note</b>	To <b>note</b>	To <b>note</b>
Fitness to Practise Data	To <b>note</b>	To <b>note</b>	To <b>note</b>
Professional Standards Authority Review	To <b>note</b> - report on the outcome review	To <b>note</b> - finalised report	
Committee Chair Update Report - Education	To <b>note</b>	To <b>note</b>	
Committee Chair Update Report - Audit and Risk		To <b>note</b>	To <b>note</b>
Committee Chair Update Report - Remuneration and HR	To <b>note</b>	To <b>note</b>	
Operational Update (private session)	To <b>note</b>	To <b>note</b>	To <b>note</b>

## Annual Reporting

Item	September 2022	December 2022	March 2023
Annual Report - IC			To <b>note</b>
Annual Report - PCC			To <b>note</b>
Annual Report - EC		To <b>note</b>	
Annual Report - Registration			To <b>note</b>

## Council Meeting Dates 2023

Meeting	Date	Meeting	Date
<b>First Meeting</b>	Wednesday 15 March	<b>Third Meeting</b>	Wednesday 27 September
Development Day	Wednesday 14 June	Development Day	Wednesday 6 December
<b>Second Meeting</b>	Thursday 15 June	<b>Fourth Meeting</b>	Thursday 7 December