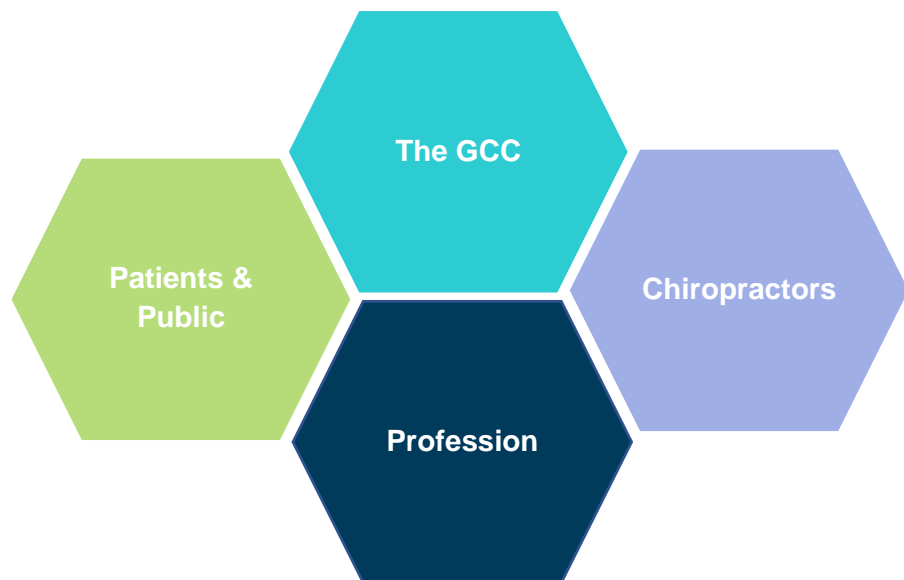


GCC STRATEGY 2022-2024

**Consultation Report
September 2021**



Purpose

To provide a summary of findings from the General Chiropractic Council (GCC) Strategy 2022-24 consultation which was open between 7 July and 7 September 2021.

Background

Development

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

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

Consultation

In June 2021, Council agreed that the draft GCC Strategy 2022-24 should be released for open consultation with the public, registrants and other key stakeholders.

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

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

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

Finally, this report presents themes, issues, comments and feedback from all the consultation activities and submissions. These have all been considered when preparing and presenting the final proposed GCC Strategy 2022-24 document to Council in September 2021.

Consultation activity

The following communication and event-based activities were undertaken during the GCC Strategy 2022-24 consultation.

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

Summary results (as of 7 September 2021)

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

GCC Strategy 2022-24

Consultation Feedback (General)

Overall, the draft GCC Strategy 2022-24 was positively received. It was considered easy to read with the clear division of aims and objectives allowing the document to be accessible and understandable (and in turn, critically assessed).

As a note, the division of aims, objectives and their defined projects will be duplicated in the strategic plan accompanying the GCC Strategy 2022-24.

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

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

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

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

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

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

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

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

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

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

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

Aim One: Patients and Public



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

One A

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

One B

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

One C

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

Purpose of Aim

For the GCC to ensure the views and experiences of patients are central to its regulatory decision-making processes and activities. Our focus will be on seeking meaningful patient input on issues of genuine concern to them, along with maximising opportunities for patients and the public to share their views, thereby improving the quality of care and enhancing the safety of patients. Patients expect registrants to report to the Chiropractic Patient Incident Reporting and Learning System (CPIRLS) when things go wrong and for lessons to be learnt, thereby reducing any potential reoccurrence.

Rationale for Aim

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

Patients and the public offer real-life insight to the profession and an external perspective which the GCC and registrants lack. Without these, the GCC and profession cannot fully understand if their actions and activities meet the needs and expectations of the people that they are legally bound to protect.

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

Consultation Feedback

This aim was purposefully putting patients first. No comments were received regarding this with almost all registrant feedback agreeing that 'a' role of the GCC was to protect patients; albeit some stated that this was to the detriment of

registrants. (Some comments referred to GCC members, rather than registrants, including at a Teams Live event which was addressed).

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

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

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

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

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

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

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

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

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

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

As a note, working with chiropractors to identify 'legitimate expectations' and creating guidance for patients have both been outlined in the Strategic Plan accompanying the Strategy (in Projects One C1 and Two B1)

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

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

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

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

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

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

"CPiRLS is for the association, not the GCC."

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

Aim Two: Chiropractors



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

Two A

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

Two B

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

Two C

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

Purpose of Aim

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

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

Rationale for Aim

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

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

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

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

Consultation Feedback

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

There was a conversation regarding the

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

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

Aim Three: The GCC



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

Three A

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

Three B

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

Three C

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

Purpose of Aim

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

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

Rationale of Aim

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

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

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

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

Consultation Feedback

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

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

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

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

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

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

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

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

Several registrants enquired as to the relative volume of complaints received in other professions and wanted to know the level of chiropractic complaints made against other professions.

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

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

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

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

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

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

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

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

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

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

There were some issues around transparency were raised in the previous Aim, there was also praise for the GCC attempts to become more open with stakeholders.

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

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

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

Aim Four: The Profession



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

Four A

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

Four B

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

Four C

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

Purpose of Aim

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

Rationale of Aim

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

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

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

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

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

Consultation Feedback

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

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

“Hopefully we can survive as independent practitioners going forward.”

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

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

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

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

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

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

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

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

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

“4th aim greatly appreciated and endorse this approach.”

“Has the government requested GCC undertake this review?”

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

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