

Annual review of performance 2017/18

General Chiropractic Council



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement, we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.² We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

² *Right-touch regulation revised* (October 2015). Available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation

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About the General Chiropractic Council

The General Chiropractic Council (the GCC) regulates chiropractors in the United Kingdom. Its work includes:

- Setting and maintaining standards of practice and conduct for the chiropractic profession
- Maintaining a register of qualified professionals
- Assuring the quality of chiropractic education and training
- Acting to restrict or remove from practice registrants who are not considered to be fit to practise.

As of 31 March 2018, the GCC was responsible for a register of 3,255 chiropractors. It recognises and assures the quality of five degree programmes at three education institutions.

The GCC's fee for initial registration is £750. The fee for retention is £800. The GCC offers a reduced fee of £100 for those who register as non-practising.³

³ Non-practising registration is a rate of registration fee set out in the fee schedule of the Registration Rules. It is not a distinct category of registration nor is it a Register separate to that containing practising registrants. The sole distinction between practising and non-practising registration is that those registrants not intending to practise as chiropractors within the UK for an entire registration year may pay the reduced fee of £100. The GCC publishes details on its website to indicate to the public and patients which registrants are paying the lower rate and therefore not practising in the UK.



At a glance

Annual review of performance

Regulator reviewed: **General Chiropractic Council**

Standards of good regulation

Core functions

Met

Guidance and Standards

4/4

Education and Training

4/4

Registration

6/6

Fitness to Practise

10/10

1. The annual performance review

- 1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the GCC.⁴ More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.
- 1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our *Standards of Good Regulation* (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
 - It tells everyone how well the regulators are doing
 - It helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
 - Setting and promoting guidance and standards for the profession
 - Setting standards for and quality assuring the provision of education and training
 - Maintaining a register of professionals
 - Taking action where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12 months. We use this to decide the type of performance review we should carry out.

⁴ These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, and the Pharmaceutical Society of Northern Ireland.

- 1.7 When considering information relating to the regulator's timeliness, we consider carefully the data we see, and what it tells us about the regulator's performance over time. In addition to taking a judgement on the data itself, we look at:
 - any trends that we can identify suggesting whether performance is improving or deteriorating
 - how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators
 - the regulator's own key performance indicators or service standards which they set for themselves.
- 1.8 We will recommend that additional review of their performance is unnecessary if:
 - We identify no significant changes to the regulator's practices, processes or policies during the performance review period; and
 - None of the information available to us indicates any concerns about the regulator's performance that we wish to explore in more detail.
- 1.9 We will recommend that we ask the regulator for more information if:
 - There have been one or more significant changes to a regulator's practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator's performance that we wish to explore in more detail) or;
 - We consider that the information we have indicates a concern about the regulator's performance in relation to one or more Standards.
- 1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.
- 1.11 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

- 2.1 During April 2018 we carried out an initial review of the GCC's performance from 1 April 2017 to 31 March 2018. Our review included an analysis of the following:
- Council papers, including performance reports
 - policy and guidance documents
 - statistical performance dataset (see sections below)
 - third party feedback
 - a check of the GCC register
 - information available to us through our review of final fitness to practise decisions under the Section 29 process.⁵
- 2.2 As a result of this analysis, we carried out a targeted review of Standard 3 of the *Standards of Good Regulation* for Registration and Standards 3 and 7 of the *Standards of Good Regulation* for Fitness to Practise.
- 2.3 We obtained further information from the GCC relating to these Standards through targeted written questions. We also audited 23 fitness to practise cases closed by the GCC between 1 April 2017 and 31 March 2018. The cases audited were divided into the following sample categories:
- Cases closed before they reached the Investigating Committee (four cases)
 - Cases closed by the Investigating Committee (19 cases, of which four were advertising cases and 15 were non-advertising cases).
- 2.4 Further detail on these sample categories can be found in the relevant sections below.

Summary of the GCC's performance

- 2.5 For 2017/18 we have concluded that the GCC:
- Met all the *Standards of Good Regulation* for Guidance and Standards
 - Met all the *Standards of Good Regulation* for Education and Training
 - Met all the *Standards of Good Regulation* for Registration.
 - Met all the *Standards of Good Regulation* for Fitness to Practise.

⁵ Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the [NHS Reform and Health Care Professions Act 2002 \(as amended\)](#).

- 2.6 We are pleased to see that the GCC has improved its performance since last year.⁶

3. Guidance and Standards

- 3.1 The GCC has met all the *Standards of Good Regulation* for Guidance and Standards during 2017/18. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

- 3.2 The GCC's *Code - Standards of conduct, performance and ethics for chiropractors* (the *Code*) became effective on 30 June 2016. We have seen no information to suggest that the GCC's standards have become outdated, and so this Standard continues to be met.

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

- 3.3 We reported last year that the GCC published several pieces of supporting guidance in 2016/17 to help chiropractors understand their obligations around specific issues. This included guidance on advertising, candour, confidentiality, consent, maintaining sexual boundaries and the use of social media.
- 3.4 *Guidance on Advertising to the Public* was updated in January 2018 to reflect the guidance on the use of chiropractic in relation to babies and children issued by the Advertising Standards Authority (ASA)/Committee on Advertising Practice (CAP) in November 2017. The GCC sent a joint letter with the ASA to all GCC registrants, providing information about the new guidance. The guidance was also shared with the four professional chiropractic associations and with the Royal College of Chiropractors ahead of publication.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulator's work

- 3.5 As noted above, the GCC revised its guidance on advertising to reflect updates issued by the ASA/CAP. The draft revised *Guidance on Advertising to the Public* was shared with the ASA/CAP, with the Royal College of Chiropractors (the RCC) and the four professional associations for chiropractors. In February 2018,

⁶ Our performance review for the GCC 2016/17 is available on our website: www.professionalstandards.org.uk/publications/performance-review-detail/performance-review-gcc-2016-17

the professional associations attended a meeting with the GCC and the RCC to share information about their activities to promote compliance with the guidance.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

- 3.6 The GCC's website continues to provide clear information about its standards, how to complain if an individual has concerns about a registrant and what action can be taken under the GCC's fitness to practise procedures. The previous and current versions of the *Code* are published on the GCC's website, along with its supporting guidance.
- 3.7 As part of its 2017 communication activities, the GCC said it would continue to work closely with the other healthcare regulators, the Welsh Government and the Welsh Language Commissioner to enhance the support that the GCC provides to people who wish to engage with it in Welsh.

4. Education and Training

- 4.1 The GCC has met all the *Standards of Good Regulation* for Education and Training during 2017/18. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

- 4.2 The GCC continued to work on the project it began in September 2015 to review its Degree Recognition Criteria and replace them with new Education Standards which related directly to the revised *Code* in terms of the learning outcomes that must be achieved.
- 4.3 In June 2017, the draft Education Standards were agreed by the GCC's Education Committee, together with the *Quality Assurance Handbook* that outlines the policies and processes for the approval and quality assurance of chiropractic degree programmes. The new Education Standards came into force on 1 September 2017, and the *Quality Assurance Handbook* was published on the same date. The preparatory work for this development was undertaken and reported on during the last performance review period.
- 4.4 Last year, the GCC commissioned research to find out whether graduates were as prepared as they could be to treat patients, and what could be done to help graduates be more prepared.

4.5 The GCC expected this research to feed into its goal of developing a system that assured the continuing fitness to practise of all registrants and to help assess whether new graduates might need any additional support. The results of this research were published in December 2017. Key findings included:

- most employers and newly qualified practitioners offered some indication on what they felt being prepared for practice involved and acknowledged that mistakes were likely in early days of practice
- employers understood being prepared for practice involved patient care and good communication. The research suggested they perceived new registrants to be good at the former but less good at the latter
- 84 per cent of newly qualified practitioners reported feeling very well or sufficiently prepared for practice
- employers, newly qualified practitioners and students all agreed that the clinical skill in which new registrants were most prepared was obtaining consent from a patient. Employers and students agreed that the second top clinical skill in terms of feeling most prepared was taking a patient's history
- newly-qualified practitioners and final year students felt most confident about their communication skills with patients, a skill that employers felt somewhat more anxious about in relation to this group.

A series of recommendations were made. These included:

- to increase the number of work placements, mentoring and role-playing opportunities by which graduates could further develop vital communication skills
- to ensure that the education course content sufficiently covered key patient-centred skills including those areas identified as weakest in newly-qualified practitioners: when and how to make referrals; developing and documenting a plan of care; and legislation relating to chiropractic care
- to widen opportunities for and encourage greater take-up amongst newly qualified practitioners of mentoring, shadowing and other forms of development to broaden experience.

4.6 We will monitor how the GCC uses the findings of this research.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration

4.7 As noted under Standard 1, new Education Standards were implemented in September 2017, alongside new approval and monitoring arrangements. As part of these new arrangements, a pool of 15 education visitors (nine lay and six registrants) have been recruited and trained to quality assure education programmes. The approval and monitoring processes are documented in the GCC's new *Quality Assurance Handbook*, which came into effect in September 2017.

- 4.8 In April 2017, the GCC's Education Committee met with the education providers to discuss issues arising from the annual monitoring returns for 2015/16 and share good practice. The general discussion focused on the potential impact of Brexit; student feedback; and patient engagement in teaching and learning.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

- 4.9 The GCC continues to publish information on its website about how concerns can be raised about an education provider. We have not identified any information during this performance review period to indicate that the GCC has had to act on any such concerns.

Standard 4: Information on approved programmes and the approval process is publicly available

- 4.10 The GCC continues to publish visit reports to education providers on its website, once the reports have been approved by the Privy Council. No visit reports have been published during this review period.

5. Registration

- 5.1 As we set out in Section 2, we considered that more information was required in relation to the GCC's performance against Standard 3 for Registration and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review, we concluded that this Standard was met and therefore the GCC has met all the Standards of Good Regulation for Registration in 2017/18.

Standard 1: Only those who meet the regulator's requirements are registered

- 5.2 We have not seen any information which suggests that the GCC has added anyone to its register who has not met the registration requirements.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

- 5.3 There were no rejected registration applications or registration appeals in 2017/18.
- 5.4 We reported last year that in 2016/17 the GCC received and concluded a registration appeal. The GCC said that the appeal was made by a chiropractor whose name had been removed from the register following a decision made by the Registrar, on the basis that they had failed to meet the continuing professional development (CPD) requirements. We noted that the chiropractor's appeal, which was granted, highlighted to the GCC an issue with the CPD rules in that any registrant can identify 'development of the profession' as a learning need in relation to their CPD.

- 5.5 We said that the GCC has looked at this issue and would be revising the guidance for registrants to include a recommendation that ‘developing the profession’ should only be relied on for the purpose of CPD if a registrant is an educationalist or involved professionally in research. The GCC’s Continuing Professional Development Guidance for CPD Year 2017/18⁷ reflects the change in approach by stating that it would normally only expect those who work in education or are involved in research to use development of the profession towards their CPD.

Standard 3: Through the regulator’s registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice

- 5.6 We carried out a targeted review of this Standard following the GCC’s review of data published on its website search function in June 2017.

The published register

- 5.7 An issue arose during the review in relation to what constituted the GCC’s published register. The GCC has an obligation to publish the registered address of every registrant, including those that are ‘non-practising’.⁸ Until 2006, the GCC published a hardcopy of the register with this information, thereby fulfilling the legal requirements of the published register in accordance with the Chiropractors Act 1994 (the Act). However, this was discontinued because of the cost, and because it was out of date by the time of its publication.
- 5.8 The GCC’s online search function was thereafter considered to be its published register. However, during the review, the GCC identified that not all the information the legislation and rules require to be published was in fact being published through the search function.
- 5.9 The GCC decided that an online document should be published on its website annually with data collected following completion of the retention cycle in early January. This would include all the required data and would be considered the GCC’s ‘published register’. The GCC would continue to provide the online search function on its website, which would be updated throughout the year.
- 5.10 The importance of allowing public access to accurate and up to date information about registrants is an integral part of public protection. We were concerned that there would be significant discrepancies between the published register and the information on the online search function and that this could result in a lack of clarity for members of the public. We were also concerned that the published register did not appear to indicate non-practising registrations or sanctions, and as it would not be updated throughout the year, it would contain information

⁷ Find out more from: [Continuing Professional Development Guidance for CPD Year 2017/18](#)

⁸ Non-practising registration is a rate of registration fee set out in the fee schedule of the Registration Rules. It is not a distinct category of registration nor is it a Register separate to that containing practising registrants. The sole distinction between practising and non-practising registration is that those registrants not intending to practise as chiropractors within the UK for an entire registration year may pay the reduced fee of £100. The GCC publishes details on its website to indicate to the public and patients which registrants are paying the lower rate and therefore not practising in the UK.

about people who no longer continued to be registered. This raised the risk that the published register could give the false impression to members of the public that such individuals were registered/had no restrictions.

- 5.11 We obtained further information to understand what action the GCC was taking to ensure it met the requirements to publish information set out in its legislation, and to evaluate how the GCC ensured that clear, accurate and accessible information about registrants was available to the public.
- 5.12 The GCC told us that the published register included only the information required by the Act – the name and address of the registrant, although it also included the registration number. It said that the published register contained a warning advising those accessing it not to use it as a referral tool and instead consult the online search facility for up-to-date information about registrants. The GCC recognised that publishing information that would quickly become out of date had the potential to cause confusion, but stated legislation required it to do so. The GCC also pointed out that the online search function is more readily visible on the GCC's website whereas the link to the published register is in the registration section only under The Chiropractic Register page.
- 5.13 The GCC agreed that publishing information that is out-of-date has the potential to cause confusion. It is not clear why the GCC did not decide to update its online search function to include the information required by its legislation. However, we consider that this is a matter for the GCC, and that the risks arising from the publication of the register in this way are limited by the clear disclaimer on the GCC's website and the indication to users to access up-to-date information through the online search function.

Accuracy of information on the online search function

- 5.14 When we conducted random checks of the published register by using the online search function, we identified irregularities in that the information on the published register did not match the results of the online search. Whilst we recognised that there would be differences between the published register and online search function, the differences were more significant than expected. We asked the GCC what measures it would take to remedy the errors and how it quality assured the information on its online search function.
- 5.15 The GCC investigated the issue and told us that it had identified the source of the problem. It said that an error had been identified whereby the extracted data from its register was not being fully uploaded to the online search function. The issue had been identified and resolved and the GCC said it was actively monitoring the data to ensure that it did not recur.
- 5.16 To ensure that the website information contained up-to-date information, the GCC further explained it routinely checked that the most recently registered chiropractors appeared on its online search facility.

Conclusion

- 5.17 We consider that the GCC has taken steps to ensure that it meets the requirements set out in its legislation regarding the publication of information about registrants through the publication of a register on its website, and that it is

managing the risks associated with having both a published register and an online search facility. We also note that the error identified with the information available on the online searchable register was promptly resolved by the GCC and we do not have evidence of further inaccuracies. As such, this Standard continues to be met.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

- 5.18 As noted above under Standard 3 for Registration, the GCC website includes an online search function as well as a published register. The online search function is clearly displayed on the front page of the GCC website and can easily be found through online searches.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

- 5.19 The GCC's website continues to make clear that the title of 'chiropractor' is protected by law and that it is a criminal offence for anyone to describe themselves as such without being registered with the GCC. The GCC has processes to deal with illegal practice and the misuse of protected titles.

Standard 6: Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

- 5.20 We noted in last year's report that the GCC was in the process of redeveloping its continuing professional development (CPD) programme. The GCC piloted aspects of the redeveloped CPD scheme with registrant volunteers in December 2016, and it was intended that the pilots would continue throughout 2017. In June 2017 the GCC said that it would need to re-evaluate the plans for the pilot because of a lack of participation from registrants. A public consultation on the new scheme, however, remains scheduled for 2018, and it is still anticipated that the new CPD scheme would be implemented in 2019. We will continue to monitor this area and report on developments in next year's review report.
- 5.21 During this review period, the GCC completed its first check of all registrants' 2015/16 CPD record summaries and from this it produced learning points. Whilst the GCC had checked all CPD returns for 2015/16, it did not plan to do this on an annual basis and instead planned to check in full the CPD summaries of around 10 per cent of the profession, which would include those asked to provide evidence of CPD and all registrants who had completed their first full year of CPD.
- 5.22 The GCC said this would allow it to pick up issues and provide feedback, to help recently registered chiropractors complete CPD in future. It did not plan to notify registrants in advance whether they were included in these full CPD checks but

would email those involved either to confirm the summary met its CPD requirements, to provide feedback, or to ask for additional information.

6. Fitness to Practise

- 6.1 As we set out in Section 2, we considered that more information was required in relation to the GCC's performance against Standards 3 and 7 and carried out a targeted review and an audit of fitness to practise cases.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

- 6.2 The GCC's website continues to explain how concerns can be raised about registrants and how the GCC investigates complaints. The website provides details about the types of concerns the GCC can deal with, how it investigates concerns, and contains a link to an online form to submit a complaint as well as alternative contact details.
- 6.3 We audited four cases which were closed at an early stage. We did not have any concerns about the decisions to close these cases without referral to the Investigating Committee.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

- 6.4 The GCC continues to have arrangements in place for sharing information with other regulators and during 2017/18, the GCC referred two concerns to another investigating body/regulator.
- 6.5 We have seen no evidence of failures to share information. In August 2017 the Care Quality Commission (the CQC) shared a revised draft information sharing agreement with the GCC after the latter had fed back comments on the previous version. A final version of the agreement is not yet publicly available. Although we note the delay to finalising the agreement, we have not identified any risk to public protection.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

- 6.6 We have carried out a targeted review of this Standard to learn how the GCC is managing complaints about registrant advertising.
- 6.7 The GCC told us that since 2015 it had received 339 complaints about registrant advertising, each sent by the same complainant. As at July 2018, 295 cases remained open and 44 cases had been closed. The GCC places each individual complaint into one of three categories:

- Category one - website claims which raise serious issues of unprofessional conduct which should be investigated immediately, with a view to referring the matter to the Investigating Committee (IC)
 - Category two - website claims which could amount to an allegation of unacceptable professional conduct, but raise issues which should be first referred to the ASA, for a determination as to whether the website claim is or may be misleading
 - Category three - website claims which the GCC thinks could not amount to an allegation of unacceptable professional conduct.
- 6.8 The GCC is processing the complaints in batches of 50 to allow the complainant to engage in the investigation process. The GCC anticipates that all the cases will have been considered by the IC by February 2019.
- 6.9 We audited four advertising cases which had been closed by the IC and identified significant delays in each case. We expect that similar delays will be present across the rest of this caseload, and we intend to monitor the progression of these cases over the next performance review cycle.
- 6.10 Whilst the progress has clearly been slow, the throughput of the cases needs to be considered in the context of the GCC's fitness to practise process which does not allow for the closure of such cases at an early stage. Further, as a small regulator with limited resources, we understand that these cases have put the GCC under significant pressure.
- 6.11 The GCC also provided information about the steps it has taken to ensure registrants comply with relevant advertising guidelines. The GCC has revised its advertising guidance to reflect ASA/CAP guidance and sent a joint letter with the ASA to all registrants to publicise this. In addition, it has promoted the guidance through its newsletters and through the professional associations. The guidance is available on the GCC website.
- 6.12 We are assured that the GCC has developed a plan to progress these cases and it has taken steps to ensure registrants are aware of and comply with current advertising guidelines. Therefore, this Standard is met.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

- 6.13 We ask the regulators to provide us with the median time from receipt of a complaint to the interim order decision, and the median time from receipt of information indicating the need for an interim order and the decision. The former is an indicator of how well the regulator's initial risk assessment process is working – whether it is risk assessing cases promptly on receipt, identifying potential risks and prioritising higher risk cases so that further information can be obtained quickly; the latter indicates whether the regulator is acting as quickly as possible once the need for an interim order application is identified.
- 6.14 The GCC's performance for the median time from receipt of complaint to interim order committee decision has fluctuated, from eight weeks in 2016/17 to 22 weeks in 2017/18. The annual median time from decision that there is information

indicating the need for an interim order to the decision has remained stable for the past three years at four weeks. For small regulators, such as the GCC, which deal with limited numbers of interim orders, it is likely that the medians will fluctuate because one or two lengthy cases can skew the figures. We will continue to monitor this data.

- 6.15 We audited 19 cases closed by the IC. We saw evidence that the GCC had processes in place to regularly monitor risk, including through regular file reviews. However, in 13 cases we found that risk assessments were not always completed when new information was received, or risk assessments were completed but did not contain a full analysis of risk. The GCC's process primarily focuses on whether the risk in a case meets the threshold for referral to an interim order hearing. We consider that whilst a case may not meet the high threshold for referral for an interim order hearing, it may still present risk and require prioritisation, and therefore an analysis of risk beyond whether the case requires referral for an interim order hearing is required.
- 6.16 In response to our feedback, the GCC confirmed that it does not carry out risk ratings of cases. It stated that the GCC's business plan for 2018/19 includes a wider review of fitness to practise processes and as part of this, the GCC will consider whether and how other regulators use risk rating and whether the GCC should implement a similar process.
- 6.17 Despite our concerns, we are assured that the GCC does have a process in place which enables it to identify the highest risk cases. Although risk assessments are limited in scope, we did not identify any cases in the audit where risk was not appropriately managed. Further, we are assured that the GCC intends to review this process. We have concluded that the GCC continues to meet this Standard.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

- 6.18 This Standard continues to be met this year. In December 2017, the GCC said it was seeking comments via a public consultation on suggested changes to its *Indicative Sanctions Guidance (ISG)* before a new version was finalised early in 2018. It said it had reviewed the previous version of the ISG to take account of recent changes such as the introduction of a revised *Code* in 2016, recent Court judgments, and the introduction of the same over-arching objective across all the regulators of health and care professionals from 2015.
- 6.19 The GCC said it had taken the opportunity of reviewing the ISG to make it clear in the revised version that it applies to both the Professional Conduct Committee (PCC) and the Health Committee (HC), and to clarify the stages of the committees' decision-making processes. The GCC said that the section of the ISG which explained conditions of practice orders had significantly changed. It had drafted a proposed bank of template conditions that the PCC and HC could refer to when considering imposing a Conditions of Practice Order and in drafting the conditions to be put in place. This was a separate document on which it was also seeking comments as part of the consultation exercise.

6.20 The consultation, which closed in March 2018, was advertised on the GCC website, promoted in its monthly web-based newsletter and shared on social media. In our response to the consultation, we were supportive of the guidance, but suggested that the GCC could offer further explanation of the importance of professionals adhering to the duty of candour⁹ and that it might be useful for the guidance to refer to the GCC’s guidance for registrants on candour¹⁰ and the regulators’ joint statement on candour.¹¹ The GCC considered our comments and the published version of the guidance, which came into force in May 2018, referred to the GCC guidance on candour and the joint regulatory guidance on candour.

Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

6.21 Last year we conducted a targeted review of this Standard due to an increase in the median time taken from receipt of complaint to the final IC decision, an increase in the number of older cases, and because the GCC had not been meeting its own internal target of concluding 90 per cent of IC cases within nine months of receiving the complaint.

6.22 We considered that this performance was not unexpected given the changes the GCC had made to ‘frontload’ investigations. We also noted that the GCC had taken steps to improve timeliness, including improved oversight of cases, changes to the fitness to practise team, and outsourcing work to a law firm.

The dataset and performance

6.23 We collect a set of annual and quarterly performance data from each regulator. The table below compares the GCC’s performance against the dataset measures of timeliness this year and the previous four years.

6.24 The data demonstrates a mixed performance, as although median time from receipt of initial complaint to an IC decision has decreased from 35 weeks last year to 26 weeks this year, the median time from IC decision to final Fitness to Practise Committee decision has slightly increased over the same period from 31 weeks to 33 weeks. Meanwhile, the median time from receipt of initial complaint to final Fitness to Practise Committee decision has significantly increased from 64 weeks in 2016/17 to 86 weeks in 2017/18:

Measure	2013/14	2014/15	2015/16	2016/17	2017/18
Median time from receipt of initial complaint to the final Investigating	23	18	21	35	26

⁹ www.professionalstandards.org.uk/what-we-do/improving-regulation/find-research/duty-of-candour
¹⁰ www.gcc-uk.org/UserFiles/Docs/Guidance/GCC-Guidance-Candour-FINAL.pdf
¹¹ www.gcc-uk.org/good-practice/duty-of-candour/

Committee decision (weeks)					
Median time taken from final Investigating Committee decision to final Fitness to Practise Committee decision (weeks)	56	43	44	31	33
Median time from receipt of initial complaint to final Fitness to Practise Committee determination (weeks)	97	72	61	64	86
Standard met?	No	Yes	Yes	Yes	Yes

6.25 The dataset also captures the number of open cases which are older than 52 weeks. As the following table demonstrates, the GCC has made notable progress each year in reducing the total number of open cases which are older than 52 weeks:

Measure	2013/14	2014/15	2015/16	2016/17	2017/18
Number of open cases which are older than:					
52 weeks	8	5	3	13	3
104 weeks	5	1	1	1	1
156 weeks	1	1	0	0	0
Total number of cases older than 52 weeks	14	7	4	14	4

6.26 The number of older cases has continued to decrease during 2017/18, down from 14 cases in 2016/17 to four cases in 2017/18. We accept that an increase in overall fitness to practise timeframes may be due to the closing of increased numbers of older cases.

Audit findings

6.27 As noted under Standard 3 for Fitness to Practise, we identified significant delays in the four advertising cases closed by the IC. The GCC did not progress these case in a timely manner. However, we are aware that most of this caseload is still open and the GCC now has a clear plan to close those cases over the next few months. It was also clear to us that the concerns in the advertising cases were

not representative of the wider caseload – we only identified avoidable delays in two of 15 non-advertising cases closed by the IC.

Conclusion

- 6.28 We concluded that although there were delays present in the advertising cases we audited, our audit did not identify widespread concerns about timeliness. We note that the median timeframes provided by the GCC have fluctuated, but at this time do not consider that this is an indication of a decline in performance. We will monitor the GCC's progress with its advertising caseload over the next performance review period as well as the relevant data about its wider fitness to practise caseload.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

- 6.29 The GCC has failed to meet this Standard in the three previous performance reviews due to significant shortcomings in customer service, including failing to keep parties updated and responding to correspondence.
- 6.30 Last year the GCC provided a copy of audits (conducted by an external lawyer) from June 2016 and February 2017. The auditor, among other issues, found that there were periods of inactivity in some fitness to practise cases, parties were not updated on a regular basis and that there were several complaints received from parties about the management of their cases, with a common theme being that the investigation had been prolonged and that there had been a lack of regular contact from the GCC.
- 6.31 We considered that the concerns identified by the GCC's auditor raised similar issues to those we identified in our audit of 2015/16. Although we noted the GCC had introduced case reviews and had made changes to its fitness to practise team, we did not consider that these changes had yet resulted in sufficient improvements in performance to meet the Standard.

Audit findings

- 6.32 This year we reviewed 23 cases of which four were closed at the pre-IC stage and 19 were closed at the IC stage.
- 6.33 We identified concerns in all of the four cases closed prior to IC, six of 15 non-advertising cases closed by the IC and all of the four advertising cases closed by the IC. With regards to the cases closed prior to IC, we found that the concerns primarily related to activity which took place prior to the introduction of the current guidance. We considered that the current guidance has introduced new requirements which, if followed, would prevent similar concerns arising in the future. In the sample of cases closed by the IC that did not relate to advertising, we found concerns in a small number of cases, but found a good level of customer service overall. Lastly, we looked at cases closed by IC that related to advertising. We note that over 300 cases were received from a single complainant, and the GCC did not have a clear plan to progress these cases. This impacted on the timeliness of acknowledgements, updates to parties and

taking of witness statements. In these cases, our concerns primarily related to activity undertaken some time ago (in 2015, 2016 and early 2017). We understand that the GCC has now developed a clear plan on how to manage the remaining advertising cases (see Standard 3 for Fitness to Practise).

Conclusion

- 6.34 Although the audit continued to identify concerns with the customer service provided by the GCC, we consider that the concerns identified have reduced when compared to our last audit. Further, those concerns we did identify primarily relate to activity which took place some time ago and prior to updates to the guidance for staff. We did not identify any serious customer service concerns and considered that there was evidence that the GCC considered the needs of parties, as well as provided a generally good level of customer service in its communications. This evidence of an improvement in the customer service provided by the GCC enabled us to conclude that this Standard is met.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

Conviction cases

- 6.35 Last year we reported that the GCC had advised us that it had identified an issue regarding some decisions made by its Registrar. For several years, until early 2017, the GCC's Registrar had been closing some conviction matters without referring them to the IC. These matters were considered by the GCC to involve less serious convictions.
- 6.36 The GCC had received advice that the primary legislation did not permit the Registrar to make such decisions, and the Act required that all criminal convictions be considered by the IC. We were told by the GCC that it had acted to rectify this issue and was in the process of reviewing affected cases in order to progress them to the IC for consideration.
- 6.37 In March 2018, the GCC's Council was informed that, because of the checks that were undertaken to establish which previous convictions had not been referred to the IC as they should have been under the GCC's legislative framework, the GCC had now identified 27 such matters, of which eight had been passed over to its fitness to practise team to progress to the IC. A further seven matters were under ongoing review, as the information held on the registration file was insufficient to confirm whether the matters involved require referral to the IC, while the remaining 12 matters had been handed to the fitness to practise team.
- 6.38 It is concerning that the GCC failed to follow the legislation which provides its powers when determining the outcome of several cases involving convictions. However, the GCC has so far taken reasonable steps to remedy the situation and we will continue to monitor its actions in ensuring that those cases which are required by law to be referred to the IC are properly considered.

Interim orders to cover appeal period for substantive sanctions

6.39 An issue with the GCC's primary legislation, the Act, has been identified during this performance review. The Act does not allow for a final Fitness to Practise Committee to impose an interim order of conditions, meaning that a registrant subject to a substantive sanction of conditions, can practise without restriction until the end of the 28-day appeal window, or if an appeal is made, until that appeal is resolved. The relevant part of the legislation, Section 24 (1) and (2) states:

24 Interim suspension powers of the Professional Conduct Committee and the Health Committee

(1) *This section applies where —*

(a) *an allegation against a registered chiropractor has been referred under section 20, or by virtue of any rule made under section 26(2)(a), to the Professional Conduct Committee or the Health Committee and the Committee has not reached a decision on the matter; or*

(b) *the Professional Conduct Committee or the Health Committee reaches a relevant decision on any such allegation.*

(2) *The Committee concerned may, if it is satisfied that it is necessary to do so in order to protect members of the public, order the Registrar to suspend the registration of the chiropractor concerned.*

6.40 The GCC's website hearing page indicates that interim suspension orders are made where a substantive order is suspension or removal, but that in those cases where conditions are imposed the registrant can continue to practise until an appeal is heard/disposed of or the expiry of the appeal period. In 2015/16 three cases resulted in conditions being imposed. No figures were provided through the dataset for 2016/17 and for 2017/18. However, a March 2018 GCC council paper indicated that no conditions of practice decisions were made in 2017.

6.41 We note that the imposition of conditions appears to be a rare occurrence among GCC cases, but we consider that this issue arising from the GCC's legislation, with which it is required to comply, has the potential to put the public at risk of harm. The GCC may wish to consider raising this with Government.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

6.42 The GCC continues to publish fitness to practise decisions on its website (apart from those that relate to the registrant's health). We have seen no evidence to suggest that the GCC has failed to publish or communicate any fitness to practise decisions. No concerns have been identified through our check of the register, and this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

- 6.43 During the period of this performance review, no data breaches have been reported to the Information Commissioner's Office.¹² We have not identified any other concerns or developments and therefore consider that this Standard is met.

¹² The Information Commissioner's Office is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

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