

performance review 2019/20

GENERAL CHIROPRACTIC COUNCIL





ABOUT THE PERFORMANCE REVIEW PROCESS

We aim to protect the public by improving the regulation of people who work in health and care. This includes our oversight of 10 organisations that regulate health and care professionals in the UK. As described in our legislation, we have a statutory duty to report annually to Parliament on the performance of each of these 10 regulators.

Our performance reviews look at the regulators' performance against our [Standards of Good Regulation](#), which describe the outcomes we expect regulators to achieve. They cover the key areas of the regulators' work, together with the more general expectations about the way in which we would expect the regulators to act.

In carrying out our reviews, we aim to take a proportionate approach based on the information that is available about the regulator. In doing so, we look at concerns and information available to us from other stakeholders and members of the public. The process is overseen by a panel of the Authority's senior staff. We initially assess the information that we have and which is publicly available about the regulator. We then identify matters on which we might require further information in order to determine whether a Standard is met. This further review might involve an audit of cases considered by the regulator or its processes for carrying out any of its activities. Once we have gathered this further information, we decide whether the individual Standards are met and set out any concerns or areas for improvement. [These decisions are published in a report on our website.](#)

Further information about our review process can be found in a [short guide](#), available on our website.

The regulators we oversee are:

General Chiropractic Council • General Dental Council •
General Medical Council • General Optical Council • General
Osteopathic Council • General Pharmaceutical Council • Health
and Care Professions Council • Nursing and Midwifery Council •
Pharmaceutical Society of Northern Ireland • Social Work England



Find out more about our work
www.professionalstandards.org.uk

General Chiropractic Council

performance review report 2019/20

At the heart
of everything
we do is
one simple
purpose:
protection
of the public
from harm

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The General Chiropractic Council

key facts & stats

The General Chiropractic Council (GCC) regulates chiropractors in the United Kingdom.

As at 31 March 2020:

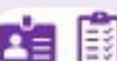
3,356
professionals
on its register

Initial registration fee is £750;
annual retention is £800; there's a
reduced fee of £100 for those who
register as non-practising

The GCC's 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; and
- ▶ Acting to restrict or remove from practice registrants who are not considered to be fit to practise.

Standards of Good Regulation met for 2019/20 performance review

	General Standards	4/5
	Guidance and Standards	2/2
	Education and Training	2/2
	Registration	4/4
	Fitness to Practise	5/5

Meeting, or not meeting, a Standard is not the full story about how a regulator is performing. You can find out more in the full report.

The General Chiropractic Council

Executive summary

How the GCC is protecting the public and meeting the Standards of Good Regulation



This report sets out the findings of our annual performance review of the General Chiropractic Council (GCC), which is one of 10 health and care professional regulatory organisations in the UK which we oversee.

We assessed the GCC's performance against the [Standards of Good Regulation](#) which describe the outcomes we expect regulators to achieve in each of their four core functions. We revised our Standards in 2019; this is the first performance review of the GCC under the new Standards.

To carry out this review, we collated and analysed evidence from the GCC and other interested parties, including Council papers, performance reports and updates, committee reports and meeting minutes, policy, guidance and consultation documents, our statistical performance dataset and third-party feedback. We also utilised information available through our review of final fitness to practise decisions under the Section 29 process¹ and conducted a check of the accuracy of the GCC register. We also sought information from the GCC where we considered this necessary.

Further information about our review process can be found in our [Performance Review Process guide](#), which is available on our website.

General Standards

When we revised the Standards, we introduced a new set of General Standards. There are five Standards covering a range of areas including: providing accurate, accessible information; clarity of purpose; equality, diversity and inclusion; reporting on performance

The GCC's performance during 2019/20

From our initial review, we required further information about the GCC's work in relation to equality and diversity, the monitoring of conditions to education programmes, the publication of sanctions and hearing decisions, its handling of illegal practice cases, and fitness to practise processes and timeliness. Following a targeted review we concluded that the GCC has not met Standard 3, in relation to equality and diversity. It has met the other Standards.

¹ 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 \(as amended\)](#).

and addressing organisational concerns; and consultation and engagement with stakeholders to manage risk.

We saw evidence that the GCC provides accurate and accessible information about its registrants, regulatory requirements, guidance, processes and decisions on its website. We have also seen that the GCC demonstrates that it is clear about its purpose and its business plans are in line with its statutory purpose. We also saw an example of the GCC implementing a policy across its registration and fitness to practise functions.

In this review period the GCC has acted on the findings of an inquest and on concerns we raised in last year's performance review. It has also taken opportunities to obtain feedback from a variety of sources to inform future planning and to drive improvement. The GCC took into account the feedback it received from four consultations in this review period and made changes accordingly.

As a result of our targeted review into Standard 3, we did not see sufficient evidence that the GCC properly considers equality and diversity implications of its initiatives and were not satisfied that the GCC has controls in place to ensure that its processes do not present barriers to people on the basis of protected characteristics. We therefore concluded that this Standard is not met (Standard 3, paragraphs 3.1-3.9).

Other key developments:

Publication of sanctions and hearing decisions

We noticed that, in some cases, sanctions were not published on the GCC's website, which, according to the policy in place at the time, should have been. The GCC told us that this was, in fact, in compliance with a revised publication and disclosure policy, effective from June this year. We had no concerns with the substance of the revised policy (Standard 10, paragraphs 10.2-10.4).

Backlog of illegal practice cases

This Standard was not met last year when we reported that the GCC had identified a backlog of Section 32 (illegal practice) cases. This has been reduced significantly over the year and the GCC has put measures in place to prevent a similar situation arising again, including recruiting more staff and setting new targets. We were satisfied that the GCC has made good progress since last year, and we will continue to monitor developments in this area. The Standard is now met (Standard 12, paragraphs 12.3-12.5).

Advertising cases

Last year we reported that the GCC had received a large number of complaints about advertising. The GCC has completed its consideration of these cases in this review period. It has also published its lessons learned review, which included feedback from the Investigating Committee and GCC staff to shape how such concerns may be dealt with in the future. The review made a number of recommendations, which we have seen the GCC make progress in implementing this year (Standard 15, paragraphs 15.4-15.6).

Fitness to practise processes and timeliness

There has been a deterioration in the timeliness measures reported by the GCC this year. The GCC told us that the earlier stages of the process had been affected by a lack of

stability in staffing. It has now restructured the fitness to practise directorate and addressed these problems. Other changes in the measures are likely to have been caused by outliers affecting the overall numbers in the dataset. However, the GCC's performance in these areas is in line with other regulators and we were satisfied that Standard 15 was met. We will continue to monitor the GCC's performance in this area (Standard 15, paragraphs 15.7-15.10).

How the General Chiropractic Council has performed against the Standards of Good Regulation

General Standards

Standard 1: The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.

- 1.1 The General Chiropractic Council's (GCC's) website² outlines its purpose and strategic aims, its international activities and its legislation. The GCC states that its focus is on delivering against its core strategic aims³ and that it 'regulates chiropractors in the UK, Isle of Man and Gibraltar to ensure the safety of patients undergoing chiropractic treatment'.
- 1.2 The website has a search function to find a chiropractor and explains the problems for which chiropractors can offer treatment. It also makes clear that all chiropractors in the UK must be registered with the GCC and includes a link to enable concerns about someone practising without proper registration to be reported. It states that it is a criminal offence for a person who is not registered with the GCC to describe themselves as a chiropractor, as provided by Section 32(1) of the Chiropractors Act 1994.
- 1.3 The GCC provides information about joining the register which includes guidance about the information required for registration for UK and EU applicants, EU temporary applicants and International (non-EU) applicants. This page also provides information about the register of chiropractors and a link to the published register, a monthly 'registration movement report' and an annual report⁴ with statistics on the register as a whole.
- 1.4 The website has a section titled 'Standards' which describes what graduates must achieve from recognised chiropractic programmes. It also provides information about the GCC's approval and quality assurance process for providers of chiropractic degrees and the institutions approved to award a chiropractic degree are listed. This section of the website also provides a link to the GCC's Code.
- 1.5 The GCC's website provides information on how to make a complaint about a chiropractor. The includes information about the different stages of the process, who can complain and how long the process can take. It also provides examples of the types of complaints that the GCC can and cannot deal with. There are links to upcoming hearings and recent decisions.
- 1.6 The GCC's accessibility statement states that users should be able to navigate most of the website using speech recognition software and screen readers. There is also a 'contact us' button on the website which includes an option for website feedback. We did, however, note that the website is not available in Welsh. The

² www.gcc-uk.org/

³ These are to promote standards, develop the profession, investigate and act and deliver value.

⁴ This is produced every January.

GCC told us that it took the decision to wait until the conclusion of the Welsh Language Standards⁵ consultation to decide how it provides information in Welsh. It said it will provide documents in languages other than English on request.

- 1.7 From the information we have seen, there is evidence that the GCC provides information about its registrants, regulatory requirements, guidance, processes and decisions in a way which, on the whole, appears to be accurate and accessible. We are satisfied that this Standard is met.

Standard 2: The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.

- 2.1 The GCC's purpose is set out in section 1 of the Chiropractors Act 1994⁶ (the Act). On its website, the GCC provides a plain English description of its statutory purpose and sets out the overarching objectives for healthcare regulators to:
- Protect, promote and maintain the health, safety and well-being of the public
 - Promote and maintain public confidence in the profession of chiropractic
 - Promote and maintain proper professional standards and conduct for members of the chiropractic profession.
- 2.2 The GCC also states that as part of fulfilling its duties, it is important that patients and the public are assured they are seeing a well-trained and competent chiropractor, that chiropractors and UK professional bodies feel engaged in work to promote standards and that key stakeholders want to work with the GCC to uphold its core duties to protect patients and improve professional standards.
- 2.3 The GCC's statutory purpose includes a duty 'to develop [...] and regulate the profession of chiropractic'.⁷ The GCC told us that one of its current strategic aims is to develop the profession, and that this involves 'collaborative strategic work planned to support the profession in its development'. It said that it had identified key themes in relation to professional identity, pre-entry and entry into the profession and engaging patients and the public. It considered that these were clearly linked to improvements in standards and professionalism, and its work in these areas would contribute directly to protecting the public. We were concerned that, potentially, the requirement to 'develop' the profession was outside the role of a regulator and might be more suitable for a professional body and present a conflict with its regulatory role. However, we consider that the GCC has interpreted its duty to develop the profession of chiropractic in a way that is consistent with its overarching objectives.
- 2.4 The Act requires the GCC to 'establish and maintain a system for the declaration of private interests of its members'. The interests of the GCC's Council members are published on the website.⁸ The GCC also has a pool of partners (legal assessors, medical assessors, Test of Competence assessors and education visitors) that provide expertise for the GCC in areas of decision making. These

⁵ www.gov.wales/sites/default/files/consultations/2020-03/welsh-language-standards-healthcare-regulators-regulations-consultation-document-2.pdf

⁶ The GCC's legislation can be found at www.gcc-uk.org/about-us/what-we-do/legislation

⁷ Paragraph 1(2). In 2008, the word 'promote' was removed from this paragraph.

⁸ These can be found at www.gcc-uk.org/about-us/how-we-work/council/council-members

partners must also disclose any interests they may have, or may be seen to have, in the outcome of any decision in which they are asked to participate.

- 2.5 We noted in last year's report that the GCC Council had approved the GCC's Strategy 2019-23 in December 2018 and that we would continue to monitor its progress. The GCC's 2019 and 2020 business plans⁹ outline the activities and expected outcomes of the strategic aims, outlined at paragraph 1.1, above. We have seen that updates about the progress of the business plans are considered by the GCC's Council at each meeting.
- 2.6 The GCC has told us that as a small regulator, it can develop, communicate and implement new policies across its functions relatively easily. It told us that its *Health and Good Character Guidance* was drafted by the registrations team and was discussed with the fitness to practise team prior to finalisation to ensure a consistent approach. The GCC also told us that it uses intelligence, for example from its fitness to practise complaints, to inform its Code and guidance as it did recently in respect of cases relating to advertising.
- 2.7 The GCC told us that a review of its fitness to practise function involved developing policies and processes for implementation. Specifically, the GCC said that the introduction of the *Threshold Criteria and Guidance for the Investigating Committee* (IC) would provide clarity for all staff, the GCC Council, complainants and registrants. We noted the GCC's explanation about how it had developed the new policy. However, we did not see evidence about the ongoing monitoring of the process to ensure it is applied consistently.
- 2.8 The GCC holds monthly internal meetings between members from different departments to discuss cases considered by the IC, and that this informs its work and practice as well as identifying areas of practice for registrants to be aware of. Lessons for registrants arising from these meetings are distributed in the monthly newsletter, *The Spinal Column*. In addition, we have seen this year that the GCC has learnt from fitness to practise cases as demonstrated by its *Lessons Learned Review*¹⁰ of the advertising cases.
- 2.9 We have seen that the GCC provides easily accessible information about its statutory purpose as well as links between its strategy, business plans and duties, reinforcing its role in maintaining the confidence of patients, the public, registrants and stakeholders.
- 2.10 We recognise that the GCC is a small regulator, and therefore the risk of inconsistency is likely to be lower than for a larger organisation. It may therefore be unnecessary for the GCC to have highly-developed systems for internal information-sharing. However, we have seen limited information about how the GCC assures itself that its processes, including the examples it gave us of those it has developed and implemented, are applied consistently. Therefore we recommend that the GCC should consider whether it needs a more formal way of ensuring that information is shared appropriately across its functions and policies followed consistently.
- 2.11 Overall we are satisfied from the information we have seen that the GCC is clear about its purpose and that the activities within its business plans are in line with its

⁹ These can be found at www.gcc-uk.org/about-us/what-we-do/our-purpose-strategic-aims

¹⁰ Published here www.gcc-uk.org/about-us/publications/reports

statutory objectives. We have also seen information about how the GCC manages potential conflicts of interest. We are satisfied that this Standard is met.

Standard 3: The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.

- 3.1 The GCC has an equality and diversity statement on its website.¹¹ The GCC has a statutory duty to include in its annual reporting a description of the arrangements it has to ensure that it adheres to good practice in relation to equality and diversity. We saw that information about equality and diversity is included in the GCC's annual report, 2018 being the most recently published. Until 2017 the GCC published Equality, Diversity and Inclusion reports on its website, however since then it has included this information elsewhere such as within registration reports.
- 3.2 The GCC also routinely collects registrants' equality information upon registration, which it told us has been provided by 74 per cent of registrants. The registration report includes a report on the diversity of the register, including in relation to protected characteristics. The 2019 report includes analysis of diversity data for new registrants and all registrants in relation to gender, age, ethnicity, religion, sexual orientation, disability and gender identity.
- 3.3 The GCC provided us with information about the composition of its Council, committees and assessor pools, but we have not seen consideration of how the data compares with the wider population.
- 3.4 There was limited information available to us about how the GCC took account of equality implications in its work. The GCC told us that all papers to Council have a requirement to consider equality implications. We had seen evidence of the GCC considering the need for Equality Impact Assessments (EIA) in its work, however we had not seen a copy of one it has completed or information about the process for producing an EIA.
- 3.5 We conducted a targeted review of this Standard to understand more about how the GCC uses the data it collects and about how it considers the possible equality implications of its work, including EIAs where appropriate.

Equality and Diversity data

- 3.6 The GCC told us that the information it receives about new registrants enables it to determine trends and plan for future workforce needs, but we have not seen a specific example of how the data it collects is used. As discussed under Standard 11, the GCC has acted on a recommendation for the need for more female Test of Competence assessors, but we did not see an example of it using data about the individuals on its register to consider whether there was any evidence of its processes having differential effects on people with different protected characteristics.

¹¹ www.gcc-uk.org/about-us/how-we-work/demonstrating-accountability/equality-and-diversity

Equality Impact Assessments

- 3.7 The GCC provided us with a copy of an EIA screening evaluation it completed as part of its work to review the Code in 2015, which determined that a formal EIA was not necessary. We have not seen evidence of a completed EIA. We noted that the GCC had undertaken other projects where equality, diversity and inclusion considerations were likely to be relevant since then, such as its review of its website in 2019, and we did not see evidence of systematic consideration of whether EIAs were necessary. Similarly, while we noted that papers to the GCC's Council routinely noted whether there were considered to be equality implications, we saw limited evidence of how these considerations were taken into account in practice.

Conclusion against this Standard

- 3.8 We saw little evidence that the GCC systematically considers equality, diversity and inclusion in its work. We acknowledge that we have not seen evidence of specific concerns in relation to equality, diversity and inclusion, but we have not seen evidence that the GCC has adequate means to identify concerns if they arise.
- 3.9 We have not seen sufficient information to assure us that the GCC has controls in place to ensure that its processes do not present barriers to people on the basis of protected characteristics. We have concluded that this Standard is not met.

Standard 4: The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.

- 4.1 Section 41A of the Act requires the GCC to report, on an annual basis, on its equality and diversity arrangements, the efficiency and effectiveness of fitness to practise processes and its strategic plan. The GCC presents this information in its Annual Report and Accounts published on its website. The GCC also holds four Council meetings per year at which organisational reports are presented including a summary of fitness to practise performance and updates from Committee Chairs. The GCC has four statutory committees¹² and four non-statutory committees¹³ whose work is overseen by Council. We have also seen this year that Council meetings have included an update on the 2019 and 2020 business plans.
- 4.2 The GCC's website provides information about how to make a complaint about the GCC, which encourages those who engage with it to feed back any negative experiences. The process for making a customer service complaint and the levels of escalation are described.
- 4.3 The GCC commissions independent audits of its fitness to practise processes which cover complaints received about the process. In updates reported to Council

¹² The Education Committee, the Investigating Committee, the Professional Conduct Committee and the Health Committee.

¹³ The Audit and Risk Committee, the Reappointments Committee, the Registration Appeals Committee and the Remuneration & HR Committee.

it was noted that the audits conducted in this review period did not identify any major concerns, although the time periods of these audits do not fall within this review period.

- 4.4 The GCC told us that it considers feedback fundamental to its work and that its five-year strategy was based on feedback it received from stakeholders in 2018. Specifically, the GCC told us that it is reviewing feedback from registrants and complainants in relation to their experience during the fitness to practise investigation process and that this project is part of its 2020 business plan. This business plan also includes a number of activities which involve engaging with stakeholders such as patients and students, as well as conducting surveys and research.
- 4.5 The GCC website has feedback pages for both registrants and complainants. We are also aware that the GCC requests feedback in other ways, such as from applicants who have completed the Test of Competence process, education visitors, Test of Competence assessors and members of the Professional Conduct Committee (PCC) after hearings.
- 4.6 Following an inquest, in November 2019, into the death of a patient following chiropractic treatment, the Coroner asked the GCC to consider two matters: chiropractors being given mandatory first aid training and a requirement for pre-treatment imaging. The GCC took action by responding to the Coroner, issuing a bulletin to registrants about expectations in relation to first aid training, preparing draft guidance for Council's approval and drafting a plan to carry out a review of pre-treatment imaging. Furthermore, we have seen that the GCC is establishing an independent review of imaging within chiropractic and this will include clinical input from experts from the radiology, orthopaedic, osteopathy and physiotherapy professions. The GCC reported to its Council in June 2020 that it has drafted the terms of reference for this project. This work is continuing into our next review period, and we will continue to monitor it.
- 4.7 The GCC has also considered findings from the Authority's report on Sexual Misconduct in Health and Social Care, which was featured in an edition of *The Spinal Column*. The GCC has also circulated guidance to its pool of experts about acting as an expert or professional witness. This guidance¹⁴ was published by the Academy of Medical Royal Colleges following a recommendation in the Williams Review of gross negligence manslaughter in healthcare. The GCC included the guidance in *The Spinal Column* in August 2019.
- 4.8 We have seen that the GCC takes opportunities to obtain feedback from a variety of sources, and that it uses this feedback to inform its future planning and to drive improvement. This year the GCC has acted on recommendations by a Coroner, as well as responding to concerns raised by the Authority in last year's performance review.¹⁵ We are satisfied that this Standard is met.

¹⁴ www.aomrc.org.uk/reports-guidance/acting-as-an-expert-or-professional-witness-guidance-for-healthcare-professionals/

¹⁵ This is discussed in further detail at Standards 12 and 17, below.

Standard 5: The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 The GCC told us that consultations are an important part of its internal decision-making process. When a consultation is live, the GCC will post it on its website and publicise on social media and its monthly newsletter.
- 5.2 In this review period, the GCC conducted four consultations. These related to a review of its approach to Continuing Professional Development (CPD),¹⁶ the reduced registration fee for non-practising chiropractors, developments to the fitness to practise process and a revised publication and disclosure policy.

Reduced fee consultation

- 5.3 The GCC ran a consultation on its reduced fee from 1 July to 12 August 2019. The consultation set out a proposed policy statement which would describe when the reduced fee would apply. In light of responses received, the proposed statement was revised to be made clearer and the GCC published an information note¹⁷ on its website.

Fitness to Practise proposals

- 5.4 The fitness to practise consultation sought views on proposals to introduce guidance to inform decision-making of the GCC Investigating Committee, guidance on threshold criteria on unacceptable professional conduct and an amendment to the GCC Code intended to provide clarification in respect of advertising in light of learning from the advertising cases.
- 5.5 Following the consultation the GCC sought further legal advice and incorporated the responses as appropriate. A final version of the guidance was approved and published in October 2019. The amendment to the Code was also approved.

Publication and Disclosure Policy

- 5.6 This consultation ran from January to February this year and Council agreed to the final version of the policy being published in April 2020. We discuss some aspects of the updated policy at Standard 10, below.

Engaging with patients and service users

- 5.7 The GCC's 2019 and 2020 business plans outline a number of activities which involve engagement with different stakeholders, including registrants, students, the public and its partners. The GCC told us that as part of its 'developing the profession' work, it plans to carry out surveys on public perceptions of the profession, as well as surveying patients about their experiences. It also said it will strengthen the patient voice in its work.
- 5.8 The GCC's website invites patients and the public to be involved with its work and calls for individuals to take part in surveys, to comment on promotional materials, participate in focus groups and to share patient experiences. In July 2019 students

¹⁶ This is discussed in further detail at Standard 13, below.

¹⁷ This can be found at www.gcc-uk.org/i-am-a-chiropractor/changing-status/non-practising-registration

were invited to attend the meeting of the GCC's Education Committee and were asked to share ideas and provide comments of different themes.

- 5.9 We noted in our report last year that the GCC held workshops with the General Osteopathic Council (GOsC) in Spring 2019 about 'how touch is communicated in the context of manual therapy', to which patients were invited to participate.
- 5.10 The GCC told us it has also worked with the GOsC to research patient involvement in education and it is planning further workshops to establish what can be done to involve patients in teaching, learning and assessment.

Working with other organisations

- 5.11 The GCC has worked with a number of organisations this year, both in the UK and internationally. These include other healthcare regulators, the Health and Safety Executive and the Councils on Chiropractic Education International. The GCC is also a member of the International Chiropractic Regulatory Society.
- 5.12 The GCC has a Memorandum of Understanding (MoU) with the Isle of Man Department of Health,¹⁸ the Gibraltar Medical Registration Board¹⁹ and the Disclosure and Barring Service. The GCC told us that it is due to agree an MoU with the Advertising Standards Authority (ASA) and Committees of Advertising Practice (CAP). This aim was outlined in the lessons learned report following the conclusion of the advertising cases.
- 5.13 The GCC has also told us it will signpost complainants to alternative organisations if appropriate and that it will make referrals to the police where a criminal offence is identified.

Conclusion against this Standard

- 5.14 We have seen in this review period that the GCC has conducted consultations relevant to key areas of its work and that it took into account feedback received in those consultations and made changes accordingly. We have also seen that the GCC has engaged with a variety of stakeholders and importantly, invites patients to participate in its work. We are satisfied that this Standard is met.

Guidance and Standards

Standard 6: The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.

- 6.1 The GCC's Code, *Standards of conduct, performance and ethics for chiropractors*, has been effective since June 2016 and it sets out eight principles.²⁰
- 6.2 As noted above, the GCC consulted on amendments to its Code this year. This was in relation to principle B3 which relates to ensuring that advertising is legal, decent, honest and truthful. The amendment, which became effective from

¹⁸ All Chiropractors working in the Isle of Man must be registered with the GCC.

¹⁹ Chiropractors in Gibraltar are required to be registered with both the Gibraltar Medical Registration Board and the GCC

²⁰ These can be found at www.gcc-uk.org/chiropractic-standards/the-code

October 2019 was made to provide clarity to registrants and the new wording makes specific reference to ASA guidance.

- 6.3 We have seen that the GCC's 2020 business plan includes developing a set of competencies for new graduates. The Royal College of Chiropractors will be involved in this project, which is planned for completion in December 2020.
- 6.4 It is evident that the GCC is alive to the need to consult on possible amendments to its Code, and to making such changes to provide clarity to its registrants. We are satisfied that this Standard is met.

Standard 7: The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.

- 7.1 The GCC publishes guidance to be read alongside the Code²¹. In this review period the GCC has produced further guidance for registrants, such as joint guidance with other healthcare regulators, *Benefits of becoming a reflective practitioner*,²² and an update to its Health and Good Character Guidance.
- 7.2 In its monthly newsletter for registrants, the GCC highlights relevant developments including consultations and 'lessons for the profession' as well as updates to guidance and fitness to practise determinations. The GCC's business plan outlines a project to draft a policy on whistleblowing in clinics.
- 7.3 As we have outlined above, the GCC took action in response to the request from the Coroner who led the inquest in November 2019 into the death of a patient receiving chiropractic treatment that the GCC consider making first aid training and pre-treatment imaging mandatory requirements for chiropractors.
- 7.4 In response, the GCC issued a bulletin to registrants in January 2020, which states that chiropractors have a duty to their patients during emergencies and that they must 'develop competencies in recognising, assessing and managing emergency potential medical and traumatic conditions that may be encountered in chiropractic settings'. The GCC added that as part of registrants' CPD information they are to submit in September 2020, they should include a reflection of their first aid knowledge and skills.
- 7.5 In March 2020 the GCC's Council approved new guidance further to the bulletin. The guidance, *Guidance on First Aid in Emergencies*, formalises the information described in the bulletin and was published in April 2020. The GCC has noted that in response to the Coroner's second request, it is establishing an independent review of imaging within chiropractic and that this work is ongoing.
- 7.6 We have seen that the GCC has taken steps to update its guidance in response to the inquest into the death of a patient. The GCC has provided some clarification about the expectations of first aid training for chiropractors, however we note that the work in response to the coroner's notification is still ongoing and we will consider the outcome of this work in next year's review. We have not seen any evidence to suggest that other existing guidance provided by the GCC is outdated

²¹ The GCC's current guidance can be found at www.gcc-uk.org/chiropractic-standards/guidance

²² This can be found at www.gcc-uk.org/chiropractic-standards/guidance/joint-statements

or does not provide registrants with appropriate guidance. We are satisfied that this Standard is met.

Education and Training

Standard 8: The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.

- 8.1 The GCC's Education Standards were produced in 2017 and are set out in two sections: the content required of a chiropractic degree and the criteria to ensure that chiropractic students receive high-quality education. Section two states that patients and carers should be involved in student teaching and learning where possible.
- 8.2 The GCC's 2019 business plan outlined a project to complete research with the GOsC into the role of patients in osteopathic and chiropractic education. We note that a survey and analysis have been completed but we have not seen any further developments about this.
- 8.3 The GCC also publishes guidance for education and training providers on its website. The Quality Assurance Handbook is aimed at existing and new providers to ensure that the programmes they deliver will meet the GCC standards. It explains the degree approval process, the documentation which must be submitted and that this is to demonstrate fairness, consistency and transparency. It also states that it aims to work in parallel to other quality assurance systems including the European Council on Chiropractic Education.
- 8.4 Additionally, the GCC publishes supplementary guidance for educational institutions, such as guidance for education providers on student fitness to practise, students acting as proxy patients and student clinical placements.
- 8.5 There are activities within the GCC's 2020 business plan which relate to standards for education and training. The GCC says it will review the need for changes to its education standards to include the wider public health agenda.
- 8.6 We have seen that the GCC's Education Standards are clearly set out and are linked to learning outcomes and principles within the Code. We have also seen that the GCC produces guidance in its Quality Assurance Handbook, and that it has included developing its Education Standards in its 2019 and 2020 business plans. We are satisfied that the GCC is keeping its education standards under review and that this Standard is met.

Standard 9: The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for

registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

- 9.1 The GCC publishes a Quality Assurance Handbook which outlines the approval procedure for new education programmes as well as descriptions of the annual monitoring and self-assessment arrangements. The Quality Assurance Handbook outlines a five-stage process (four stages for institutions which already provide approved chiropractic degree programmes) for approval of new programmes.
- 9.2 The GCC publishes approval reports for the programmes delivered at each of the approved institutions. These reports outline any areas of concern and the action taken to address them. During our assessment we noted that one particular programme was approved with one condition but, although the institution was listed on the GCC's website as approved, there was no information about whether the condition had been met. We conducted a targeted review of this Standard to find out whether this condition had been met and to understand more about the GCC's ongoing monitoring of conditions. The GCC confirmed that the condition had been met. It told us that all conditions are monitored and that it is reviewing how it publishes information on the website regarding the meeting of conditions.

Annual monitoring

- 9.3 Chiropractic education providers submit information annually to demonstrate that their programmes meet the GCC's education standards. The GCC's Education Committee meets annually to speak with programme leads following their submission and a summary of the meetings is published on the GCC website, which notes the issues that were explored. We reported in 2017/18 that the GCC had introduced its new quality assurance process and we have seen this year that it plans to refine the processes and procedures 'to ensure they are effective and efficient throughout 2019'.

Conclusion against this Standard

- 9.4 The evidence we have seen indicates that the GCC has a proportionate and transparent mechanism for assuring itself that educational providers and the programmes they deliver are producing students that meet the requirement for registration. We are satisfied that this Standard is met.

Registration

Standard 10: The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 In last year's performance review we reported about a possible confusion between the 'snapshot' of the register published on the GCC's website every January to comply with obligations under the Chiropractors Act 1994 and the online register which is regularly updated. The GCC has now updated its online register so that it now complies with the Act.

Register check

- 10.2 We checked the GCC's register to see whether restrictions on registrants' practice were displayed accurately. We identified that a registrant was issued with an admonishment but this did not appear on the register. We also identified that in one case where an interim order was imposed, the hearing decision was not accessible. There were four instances where an interim order was not imposed and those decisions were also not published on the hearings decision page or on the register. These instances appeared to be contrary to the GCC's disclosure policy. We conducted a targeted review of this Standard to understand why these sanctions did not appear on the GCC's website.
- 10.3 The GCC told us that the disclosure policy at the time made no provision as to whether the admonishment should be included on the register or elsewhere, as long as it is published on the website.²³ As noted under Standard 5 above, the GCC updated its disclosure policy this year, following a consultation. The new policy, published in June this year, makes clear that admonishments should be published in the registrant's entry on the register.
- 10.4 In relation to the interim order decisions, the GCC told us that in April 2016 it decided that the full notice of decision will only be published on the website if an interim order is imposed. Therefore, the cases we identified where the decisions were not published were in line with its decision to override its policy at the time. The updated disclosure policy makes clear that interim order decisions will only be published where an interim order is imposed. This approach is consistent with that of other regulators we oversee.
- 10.5 The issues we identified in our register check indicated a lack of clarity in the requirements of the old disclosure policy, but we did not find that the GCC had failed to publish information it should have done. We consider that the changes the GCC has made to its publication and disclosure policy provide more clarification and transparency. We are satisfied that this Standard is met.

Standard 11: The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

- 11.1 The GCC's website provides information and guidance about the application process for UK, EU/EEA and non-EU applicants. Information is also provided about the explanation and recording of decisions and the appeals, restoration and renewal processes.

Application processing data

- 11.2 In our assessment of this Standard, we looked at the data provided to us by the GCC about its registrations processes. The GCC provides us with data about the number of applications it receives and the time it takes to process them. The table below shows the number of applications received in the last three financial years.

Number of new registration applications received from:	2017/18	2018/19	2019/20
UK graduates	168	131	140

²³ The admonishment in this case was published on the Hearings section of the website.

EU/EEA graduates	6	8	7
Non-EU/EEA graduates	20	10	21
Total	194	149	168

- 11.3 The data shows us that the number of applications received in this review period is slightly higher than last year but consistent with the trend seen over the last few years. In last year's report we noted that the GCC's performance in processing registration applications was consistent. This remains the case this year, with the median time from receipt of application to approval being one day. The GCC received no registration appeals in this review period; this has been the case since 2017/18.
- 11.4 Chiropractors who hold a chiropractic qualification achieved outside the EU must pass the Test of Competence in order to apply for registration with the GCC. The GCC receives reports annually from an independent Test of Competence external examiner as quality assurance of the process. The report from January to December 2019 outlines developments that have been made to the process throughout the year which include four new assessors being appointed, and the launch of the 'myth-buster' campaign.
- 11.5 The report made four suggestions for the future, including that consideration should be given to the potential impact on the number of Test of Competence assessors and panels required following Brexit and the appointment of a female assessor to each panel.
- 11.6 The information available to applicants on the GCC website is clearly laid out and the information we have seen shows the application processing data to be consistent. We are satisfied that this Standard is met.

Standard 12: 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.

- 12.1 Section 32(1) of the Act states that it is an offence for an individual to describe themselves as a chiropractor if they are not registered with the GCC. The GCC will investigate concerns raised about someone describing themselves as a chiropractor who is not registered with the GCC.
- 12.2 The GCC did not meet our Standard in relation to illegal practice last year²⁴ because a significant backlog of Section 32 cases had accumulated since 2015, had not been addressed until October 2018 and was only disclosed in Council meeting papers in December 2018. We reported that at the end of the review period, all but one of the of the section 32 cases had been reviewed and that 59 cases remained active amid ongoing review and investigation.
- 12.3 In March 2020 the GCC reported to its Council that there were 36 active cases remaining, 13 of which were 'backlog' cases. It was clear that the GCC had taken

²⁴ This was Standard 5 for Registration in the previous version of our Standards of Good Regulation.

measures such as recruiting dedicated staff and setting new targets to ensure that it effectively manages its illegal practice caseload.

- 12.4 We undertook a targeted review of this Standard this year to understand more about the outstanding illegal practice cases and the anticipated timescale for the completion of the remaining backlog cases. The GCC told us that there are now 12 backlog cases outstanding, relating to six individuals. The GCC told us that it aims to clear the backlog in 2020 and that it now has more stability in its fitness to practise department.
- 12.5 We have seen from Council papers that the GCC has continued to report on its progress in this area in its regular performance dashboard. This addresses the concern we raised last year about the lack of reporting to Council and the public during the backlog build up. The GCC's reports appear to show that it has been able to keep up with the number of new section 32 cases it has been receiving while clearing the backlog.
- 12.6 The GCC appears to have made good progress in addressing the backlog of these cases, as well as improving the transparency in its reporting. We are therefore satisfied that this Standard is met this year, and we will continue to monitor the GCC's progress in this area.

Standard 13: The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 Last year we reported that the GCC had run a consultation on a new approach to Continuing Professional Development (CPD). The GCC's vision was to move from a system which looked at the hours completed to one which focused on the impact of learning on practice. Following the consultation, the GCC revised the structure of the CPD form to ask registrants to reflect on their most significant learning activity together with their first aid knowledge.
- 13.2 The GCC introduced the new CPD forms in October 2019 via the online portal on the new website. As part of its 2020 business plan, the GCC has evaluated whether the changes to the CPD process have led to greater evidence of reflection amongst registrants. The GCC audits its CPD process by randomly selecting a number of chiropractors each year to submit the evidence of learning summarised in their CPD submission. This year's audit reported that 'the findings were very encouraging in terms of compliance and reflective learning', and that the new approach would help the GCC assess the CPD summaries it receives. We understand that the GCC intends to publish information and learning points for the profession arising from the audit.
- 13.3 This year the GCC has made progress in developing a new CPD process. In doing this, the GCC consulted and took on board comments it received and has now implemented the new process. It has also set out and actioned plans to evaluate the effectiveness of the new process. We are satisfied that this Standard is met.

Fitness to Practise

Standard 14: The regulator enables anyone to raise a concern about a registrant.

- 14.1 The GCC's new website has a link on the homepage to information about how to make a complaint about a registered chiropractor or someone describing themselves as a chiropractor. Information is provided about the type of complaints the GCC can deal with and a list of complaints that it cannot deal with. Complaints can be made online and the GCC also provides information about alternative methods, such as an address to write to, an email address and a telephone number.
- 14.2 This year the GCC ran public consultations on two topics relevant to fitness to practise²⁵ which could have improved awareness of the GCC processes. The GCC's Fitness to Practise report 2019 reported that 78 per cent of all complaints are received from patients and the public, which suggests that there is a good awareness of the fitness to practise process amongst these groups. We are satisfied that this Standard is met.

Standard 15: The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.

- 15.1 We carried out a targeted review of this Standard to understand how the GCC intends to evaluate and review its new *Investigating Committee Decision-Making Guidance* introduced in October 2019. We also wanted more information about how the lessons learned from the advertising cases would be monitored in fitness to practise cases and about the trends we had identified in the dataset.

Investigating Committee Decision-Making Guidance and Threshold Criteria

- 15.2 As noted at Standard 5, the GCC consulted on and published its *Investigating Committee Decision-Making Guidance*²⁶ in October 2019. The guidance includes threshold criteria at annexe 1 for determining unacceptable professional conduct. The GCC said in this consultation that it wanted to be more consistent and transparent about the threshold applied in investigating complaints, given that the IC's function is carried out in private.
- 15.3 The introduction of this guidance represents a significant change in the GCC's fitness to practise process. However, it is too early to assess its impact. The GCC has discussed the new guidance with Chairs of the IC and we understand that so far the feedback has been positive. We will continue to monitor the effect of the

²⁵ These were the consultation on a draft publication and disclosure policy and the consultation on the decision-making guidance and threshold criteria.

²⁶ www.gcc-uk.org/assets/publications/IC_Decision_Making_Guidance_October_2019.pdf

new guidance, including how the GCC identifies and responds to any learning, in future reviews.

Advertising cases

- 15.4 Last year we carried out a targeted review to understand how the GCC was managing the large number of complaints it had received about advertising. As noted then, three outstanding cases were considered in August 2019. The GCC published its lessons learned review²⁷ in relation to the advertising cases, as it had intended, in October 2019. This review outlined what the GCC had learned, based on feedback received from the IC and GCC staff, in order to inform how such complaints may be managed in the future.
- 15.5 Eight recommendations were made in the lessons learned review, of which four have been implemented. These are:
- Publication of the lessons learned report
 - Liaison with the expert who assisted the IC, with a view to making the report publicly available
 - Amendments to the GCC Code part B3
 - New operational arrangements for dealing with advertising cases.
- 15.6 The other four recommendations remain outstanding and there are some interdependencies between them. The GCC has not provided a timescale for their completion. However, it would appear that the highest priority recommendations have been completed.

Dataset

- 15.7 Ensuring cases are dealt with as quickly as is consistent with a fair resolution is a key element of this Standard. The data in relation to timeliness for this review period is shown in the tables below.

	Annual 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Annual 2019/20
Time from receipt of referral to the final decision on whether the regulator's legislation gives it the jurisdiction to investigate that referral	4.5 days	6 days	10 days	24 days	30 days	12 days

- 15.8 The time from receipt to decision on whether the GCC has jurisdiction to investigate a referral has increase from a median of 4.5 days last year to 12 days a year. While this is a decline from its performance over the last two years, the GCC's performance in this area is in line with other regulators. Furthermore, we note that the GCC has received an increase number of referrals this year compared with last year.

²⁷ www.gcc-uk.org/assets/publications/Advertising_lessons_learned_report.pdf

	Annual 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Annual 2019/20
Time from receipt of referral to final IC decision (weeks)	30	26	39	39	38.5	38.5

15.9 The GCC told us that the median time from receipt of a referral to final IC decision has been affected by a lack of stability within its team. This was caused by efforts to clear the advertising cases and a reliance on, and turnover of, temporary staff. The GCC says that these factors impacted its ability to investigate some cases efficiently and that it has since restructured the directorate and made all the roles within fitness to practise permanent. With this stability, we would hope to see an improvement in performance. We also note that the GCC’s performance in this area remains in line with other regulators.

	Annual 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Annual 2019/20
Time taken from final IC decision to final FtPC decision or other final disposal of the case (weeks)	25	32	27	n/a	32	32
Time from receipt of referral to final FtPC determination/or other final disposal of the case (weeks)	53	95	61	n/a	89	91

15.10 The median time to conclude cases at a final hearing also increased this year. The GCC told us that seven cases were closed at final hearings during this review period. Our dataset uses a median average, which should produce the potential for outliers to distort the dataset, but with such small numbers individual cases will affect the averages more significantly than a regulator with larger caseloads. The GCC told us that there were two particularly complex cases that affected the increase in time from IC decision to fitness to practise decision, and from referral to final fitness to practise decision.

15.11 We considered that it is plausible that these reasons explain the increase in the medians. We therefore do not consider that the significant increase in the end-to-end median necessarily indicates a decline in the GCC’s performance. Moreover, the GCC’s annual median for time from receipt to final fitness to practise committee determination is again comparable with that of other regulators.

Conclusion against this Standard

15.12 While the GCC has not yet completed all the recommendations from its lessons learned report, we note this is an ongoing project in its work to improve its approach to advertising cases and that the most urgent appear to have been implemented. We have not seen any evidence of concerns arising from the delay, such as another backlog of cases.

15.13 In respect of the increase in the dataset measures, we consider that the potential for distortion by outliers is greater than for larger regulators and that the GCC’s performance is broadly in line with other regulators. We will continue to monitor the

GCC's performance in this area. We will also continue to monitor the implementation of its new threshold criteria.

15.14 Overall, we are satisfied that the Standard is met.

Standard 16: The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.

- 16.1 The GCC has a number of guidance documents relevant to its fitness to practise processes, such as its Fitness to Practise Procedure Manual and the Guidance on Sanctions.²⁸ The General Chiropractic Council (Constitution of the Statutory Committees) Rules 2009 sets out the composition of the IC, the PCC and the Health Committee.
- 16.2 A decision was made in December 2018 that the GCC would stop using legally qualified chairs and this came into effect in September 2019 when four lay chairs were appointed. The GCC said that this would minimise the risk of not being able to deal with matters in a timely manner. An independent barrister now sits with the PCC to provide legal advice.
- 16.3 We continue to review the GCC's final hearing decisions. We did not appeal any decisions but have shared learning points in relation to three cases that we reviewed. The GCC told us that in two of these cases the learning points had been fed back to the overall Chair of the PCC and Health Committee.²⁹ We have not identified any significant concerns about the final hearing decisions made by the GCC. As noted at Standard 4, the GCC commissions independent audits of its fitness to practise processes which this year did not identify any major concerns.
- 16.4 We have commented in previous reports on a gap in the GCC's legal powers. Its legislation does not allow for a final Fitness to Practise Committee to impose an interim order of conditions. This means 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. We noted last year that the GCC had written to the Department of Health and Social Care (DHSC) to flag this risk and that it had received a response stating that this matter would be picked up as part of the wider reform. We have not seen any further developments during this review period, and we know that work is continuing to reform professional regulation more widely. We note that until changes are made to the GCC's legal framework, it is not able to address this risk.
- 16.5 We have seen that the GCC has processes in place for the latter stages of its fitness to practise processes and that there have been changes in its rules in this review period, in relation to panel composition, which provide it with more flexibility. The external audits this year did not raise major concerns, nor have we identified significant concerns through our section 29 process. We are satisfied that this Standard is met.

²⁸ This can be found here www.gcc-uk.org/about-us/publications/fitness-to-practise

²⁹ This individual is accountable to the GCC Council for the effective operation of panels and is required to report annually to the GCC Council on the work of the PCC and Health Committee.

Standard 17: The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.

Risk assessments

- 17.1 Last year we conducted a targeted review following concerns we had about the GCC’s risk assessment process. We noted improvements following concerns that were raised in an audit we carried out in 2017/18.
- 17.2 We saw from the GCC’s fitness to practise audits that a recommendation had been made to monitor cases at the initial stages to address any risk assessment decisions as quickly as possible. This suggests that risk assessments are taking place, which was one of our concerns following our audit in 2017/18. In addition, we have seen that independent audits commissioned by the GCC this year did not identify any concerns in cases that the public is not protected by the GCC’s investigation processes.

Interim order timeliness

- 17.3 Last year we noted that the GCC’s performance in relation to interim order timeliness had deteriorated since 2015/16 and that this was a serious concern. We concluded on that basis that the relevant Standard was not met last year.³⁰
- 17.4 As the table below shows, there has been a significant improvement in the timeliness of interim order hearings following the concerns that we had raised last year. The GCC has told us that the implementation of its risk rating process has allowed for better oversight and more timely decisions about interim orders. We also note that the GCC’s performance in this area is in line with other regulators. It also told us that it now has ICs booked regularly throughout the year to deal with interim order cases as they arise.

Median time (weeks) to make interim order decisions:	2017/18	2018/19	2019/20
From receipt of complaint	10	21	16.5
From receipt of information indicating the need for an interim order	5	6	4

Conclusion against this Standard

- 17.5 We have not seen any evidence to suggest that there are concerns about the GCC identifying risk or seeking interim orders promptly. From the data we have seen this year, we note the improvement in both interim order timeliness measures. We are satisfied that this Standard is met.

Standard 18: All parties to a complaint are supported to participate effectively in the process.

- 18.1 As we have noted, the GCC’s website provides information about the process for those making a complaint. Information is also available for those due to give

³⁰ This was Standard 4 for Fitness to Practice in the previous version of our Standards of Good Regulation.

evidence at a hearing, including practical arrangements. There is an information page for registrants who are subject to the fitness to practise process, which provides details of several organisations that can offer support. The GCC's internal guidance outlines measures that can be put in place to support witnesses at a hearing and specific guidance for witnesses considered vulnerable. This guidance sets timescales relating to customer service.

- 18.2 The GCC's website includes a feedback service for complainants when a complaint is closed by the Investigating Committee. The GCC uses this feedback to monitor and improve its services.
- 18.3 As we have noted above the GCC commissioned two audits of its fitness to practise activity in this review period which related to complaints received. We have not received any concerns about the GCC's customer service or support provisions.
- 18.4 While there is limited information available about how the GCC's support arrangements are operating in practice, we have not seen evidence of complaints raised with the GCC, nor have we received concerns relating to the GCC's customer service or support. We are satisfied that this Standard is met.

Glossary/Useful information

The nature of our work means that we often use acronyms and abbreviations. We also use technical language and terminology related to legislation or regulatory processes. We have compiled this glossary below, spelling out abbreviations, but also adding some explanations.

Below the glossary you will find some helpful links where you can find out more about our work with the 10 regulators.

Glossary

A

Advertising Standards Authority (ASA)

The regulatory organisation of the advertising industry in the UK.

Assessment

In our **performance reviews**, the assessment is the first stage, where we decide the scope of our review. You can find more information about our performance review process on our website.

C

Case to answer

A professional has a case to answer about their **fitness to practise** if the regulator decides that there is a reasonable chance that a serious concern about the professional might be found proved at a hearing.

'Cease and desist' letter

A letter telling someone to stop doing something, because it is or may be illegal. Regulators sometimes send 'cease and desist' letters when they think someone who is not registered may be using a **protected title** or carrying out a **protected act**.

Chiropractors Act 1994

The law that gives the GCC its powers and responsibilities. You can find the Chiropractors Act at https://www.gcc-uk.org/assets/publications/Chiropractors_Act_1994.pdf

The Code

The Code sets out the standards of conduct, performance and ethics that chiropractors are required to meet.

Consultation

A formal process by which an organisation invites comments on proposed changes to how it works.

Continuing Professional Development (CPD)

Learning activities professionals undertake to keep their knowledge and skills up to date.

Corporate complaint

A complaint to a regulator about something the regulator has done, for example a service it has provided.

Council

The GCC's Council is responsible for ensuring that the GCC fulfils its statutory objectives. It sets the strategic direction for the organisation and oversees the implementation of that strategy.

D

Duty of Candour (professional)

The duty of professionals to be open and honest when things go wrong.

E

Education Committee

The GCC's Education Committee is responsible for promoting high standards of education and training in chiropractic and reviewing chiropractic education and training institutes.

Equality Act 2010

The law that protects people from discrimination in the UK.

Equality Impact Assessment (EIA)

A process of considering the likely impact on different groups of people of a project or piece of work, intended to ensure that the work does not discriminate against anyone.

F

Fitness to Practise

Regulators have a duty to consider information, such as complaints, which indicates that a **registrant** may not be fit to practise. If a regulator decides that a **registrant's** fitness to practise is impaired, it may take action to protect the public, to maintain public trust in the profession and/or declare and uphold professional standards.

G

The GOsC Professional Conduct Committee (Procedure) Rules 2000

The legal rules which set out how the GOsC's fitness to practise hearings work.

H

Health Committee

An independent committee of the GCC which makes final decisions about whether a **registrant's fitness to practise** is impaired because of their health.

I

Inquest

A formal legal inquiry, under the responsibility of a coroner, to determine the cause of someone's death.

Interim Order (IO)

A decision by a regulator to restrict the practice of a professional while the regulator investigates a concern about their **fitness to practise**. Interim Orders can only be imposed if they are necessary to address serious risks.

Investigating Committee (IC)

The GCC's Investigating Committee considers **fitness to practise** complaints to decide whether a professional has a **case to answer**.

K

Key Performance Indicator (KPI)

Regulators measure and report on their own performance, including to their Council. A regulator may set and report on performance targets in areas of its work it considers particularly important. These are known as KPIs.

M

Median

The middle number in a set of data: for example, the median time it takes a regulator to process registration applications means that half the applications were processed within that time.

Memorandum of Understanding (MoU)

An agreement between two or more organisations about how they will work together.

O

Over-arching objective

The over-arching objective of the regulators and the Authority is the protection of the public.

P

Performance Review

Our annual review of how well a regulator is performing. You can find more information about our performance review process on our website.

Professional Conduct Committee (PCC)

An independent committee of the GCC which makes final decisions about whether a **registrant's fitness to practise** is impaired (except in cases about their health, which are considered by the **Health Committee**).

Professional indemnity insurance

Insurance that covers a professional for legal and associated costs if a concern is raised or claim is made about the service they provide.

Protected act

An activity which only a registered professional is allowed by law to carry out. For example, only registered dentists can legally carry out dentistry in the UK.

Protected characteristic

The **Equality Act 2010** makes it illegal to discriminate against someone on the basis of any of the following: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. These are known as protected characteristics.

Protected title

A title which only a registered professional is allowed by law to use. For example, only a registered osteopath can use the title osteopath in the UK.

Public Liability Insurance

Insurance that covers a professional for legal and associated costs if someone suffers an injury or damage to property as a result of their business activities.

R

Register

Each regulator maintains a register, that is, a list of the professionals who are allowed to practise the regulated profession.

Registrant A professional on a register is known as a **registrant**.

Restoration The process by which someone who has left or been removed from a **register** can go back on it.

S

Section 29 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).

Stakeholder A person or organisation who has an interest in a regulator's activities, for example a group that represents patients or professionals.

Statutory functions The activities a regulator must carry out by law. The regulators we oversee are required to set standards for the professions they regulate, hold a **register** of professionals who meet those standards, assure the quality of training for entry to the **register**, and take action if a **registrant** may not be **fit to practise**. Some regulators have other statutory functions as well.

Statutory regulators The regulators we look at in our **performance reviews** are statutory regulators. This means that their powers and responsibilities are set out in law.

T

Targeted review Part of our **performance review** where we seek more information about how a regulator is performing. You can find more information about our performance review process on our website.

Test of competence Chiropractors who qualified outside the UK must pass the GCC's Test of Competence to be eligible to join its **register**. The Test of Competence is designed to ensure that applicants meet the standards in the GCC's **Code**.

U

Unacceptable professional conduct

Conduct which falls short of the standard expected of a registered chiropractor. To reach the level of unacceptable professional conduct, the shortcoming must be serious.

W

Whistleblowing

Disclosing information about wrongdoing within an organisation.

Useful links

Find out more about:

- [the 10 regulators we oversee](#)
- [the General Chiropractic Council](#)
- [the evidence framework we use as part of our performance review process](#)
- [the most recent performance review reports published](#)
- [our scrutiny of the regulators' fitness to practise processes, including latest appeals](#)

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